

IHP news 877 : May 1st

(1 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,

It's the 1st of May today, a holiday in my country - and an important one. Nevertheless, as I get older and perhaps a bit more rigid, I prefer to send out this newsletter on Friday morning :)

I still want to celebrate May 1st properly, though, and so I suggest you read the following [interview between Dirk Holemans and Céline Marty](#) in the Green European Journal, **“To save the planet, we must liberate time”**: *“...The capitalist emphasis on working hard as the key to success comfortably ignores an ugly reality: that the workforce faces worsening conditions and increasing precarity, while extractivism has brought the planet to the verge of ecological collapse. **From the teachings of André Gorz to Gen Z's quest for work-life balance, liberating time** is at the centre of endeavours to achieve a better life – not just to consume freely as individuals, but to come together as a community.”*

A quote from the article: *“...If we can put forward serious environmental projects that assert that the environmentally friendly way forward is working less, then that's a very attractive idea. I think **this idea of “work austerity”** is one of the most appealing proposals that can be made as part of the ecological transition. It feels good when you take a break from work or work less, and that's something we need to stand by.....”*

Let's call it our small contribution to 'global health reimagining' for this week :)

But that's **the world “as it should be”**. As we know from the past, in order to reach this eco-social nirvana, people have to fight, and fight really hard, in social movements and otherwise. And all this while some trends are clearly [going in the opposite direction](#). Just mentioning one here: what experts tend to call **'tail-end AI scenarios'**, and common people like me, *“Hey, we didn't sign up for [the Matrix](#) ànd Black Mirror !”*.

Over to 'the week in global health' then.

This week's issue focuses obviously on the latest (and all-important) **PABS round** in Geneva. The WHO DG himself called for a **'landing zone'** (see also last week's issue) at the start of the round. But for some reason, that old band **'Status Quo'** also kept popping up in my rusty brain. Civil society and some [delegations](#) [seemed to agree](#) by the end of the week (*i.e. that Status Quo is a rubbish band*).

We also zoom in on the [regional World Health Summit conference](#) in Nairobi. Feeling slightly under the weather recently, the 'changemaker/thought leader' in me (*ahum*) tried to follow some of the key action from a distance. Under the theme *“Reimagining Africa's Health Systems: Innovation,*

Integration and Interdependence,” the opening session in Nairobi already set a clear focus: **moving from dialogue to coordinated, practical action**. It was a [milestone event](#), no less. You can read all about it in this newsletter.

Still in Africa, yet **another country (Ghana) rejected the bilateral health agreement with the US** this week, citing data concerns. And on the way back from his tour in 4 African countries, [pope Leo](#) once again positively surprised us (*though arguably, these days it's not that hard to positively impress for an American, at least against the "benchmark" of the peculiar American blend of Benito, Louis XIV & Hermann Göring that is currently occupying the White House*).

We also cover the **Women Deliver** conference in Melbourne, [the World Hepatitis summit in Bangkok](#) (with a related new **WHO report**) and, more extensively, the **Santa Marta** conference in Colombia, where ["the UN Deadlock and Iran Oil Shocks Push\(ed\) 54 Nations to Chart a Fossil Fuel Phase Out"](#). Santa Marta was also an [interesting experiment in climate diplomacy](#) by the way, excluding the nations most responsible for holding it back. *"...Coincidence or not, the US, China, Russia, India and Saudi Arabia are not attending. Neither are the battalions of fossil fuel lobbyists who've turned Cops into networking events...."* Sounds like a brilliant idea.

And oh yes, I almost forgot: the **WHO DG race** has now really [kicked off](#). Let the 'WHOsplaining' begin (*or rather continue*) :)

Enjoy your reading.

Kristof Decoster

Featured Article

Launching a Collaborative Learning Network on Health Financing and Fiscal Sovereignty in LMICs: why a different conversation is needed now

Hints G. Gebremariam, Catherine E. Khanoba & Amir H. Sohail

[As development assistance for health declines](#), many low- and middle-income countries (LMICs) are rethinking how to finance health systems that are equitable, resilient, and increasingly self-reliant. [The shift from aid dependence towards fiscal sovereignty is not merely financial](#); it reflects a deeper transformation in governance, accountability, and ownership within global health. At the same time, [constrained domestic fiscal space](#), [increasing geopolitical conflicts](#), and wider political economy pressures are forcing tougher questions about [how health systems can be financed more sustainably](#) and governed more sovereignly. Yet too much of the current debate on health financing remains technocratic, focusing on instruments, models, and efficiency gains without sufficiently grappling with the political realities that shape reform. What is needed now is a more grounded understanding of how countries navigate trade-offs, build coalitions, and make difficult choices under conditions of fiscal constraint.

Countries are expected to do more with less: sustain essential services as aid declines, protect equity under fiscal constraint, and pursue reform in politically contested systems where existing financing arrangements are already fragmented and fragile. In many settings, this means confronting difficult dilemmas: whether to preserve donor-supported programmes or redirect scarce resources towards broader system priorities; how to expand pooled or domestic financing without worsening exclusion; and how to pursue reforms that may be fiscally rational but politically costly. Part of what is not working is that health financing transitions are still too often treated as a question of replacing external funds with domestic resources, rather than confronting the political and institutional conditions that shape whether such a shift is possible. In many countries, donor-supported programmes have operated through fragmented arrangements, while domestic financing systems remain too weak, unequal, or politically constrained to absorb those functions fairly. The challenge, therefore, is not only how to mobilise more money, but how to govern it, reallocate it, and build the legitimacy needed to sustain reform. These are not simply technical questions; they are questions of politics, prioritisation, and power.

It was in this context that, in February 2026, we launched the **Collaborative Learning Network on Health Financing and Fiscal Sovereignty in LMICs (CLN)**, hosted by the [Centre for Global Health Systems and Policy](#) at [UCL Global Business School for Health](#)...

- To continue the read, see IHP: [Launching a Collaborative Learning Network on Health Financing and Fiscal Sovereignty in LMICs: why a different conversation is needed now](#)

Highlights of the week

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- Trump 2.0
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- Human Resources for Health
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- More on Planetary Health
- Access to Medicines, Vaccines & other health technologies
- Conflict/War & Health
- AI & Health
- Miscellaneous

Read of the week

Habib Benzian – Bullshit Bingo

[Habib Benzian](#);

“Not all global health buzzwords are empty - but some were designed to be.” Fabulous post again.

“Not all ambiguous language is empty, and not all buzzwords are bullshit. In health diplomacy, ambiguity can be both, a tool of progress or a shield against it. The difference matters....”

World Malaria Day (25 April)

With a few more news snippets from **World Malaria Day**, celebrated **last Saturday** (see also the previous IHP newsletter issue).

WHO prequalifies first-ever malaria treatment for newborns and infants, adds new diagnostic tests

<https://www.who.int/news/item/24-04-2026-who-prequalifies-first-ever-malaria-treatment-for-newborns-and-infants-adds-new-diagnostic-tests>

“Ahead of World Malaria Day on 25 April, the World Health Organization (WHO) has announced a significant step forward in the fight against malaria with the prequalification of the first treatment developed specifically for newborns and young infants weighing between two and five kilograms... The newly prequalified treatment, artemether-lumefantrine, is the first antimalarial formulation designed specifically for the youngest malaria patients. Until now, infants with malaria have been treated with formulations intended for older children, which increase the risk of dosing errors, side effects and toxicity. WHO prequalification will enable public sector procurement, contributing to closing a long-standing treatment gap for some 30 million babies born each year in malaria-endemic areas of Africa.”

Nature Africa – Malaria vaccines scale up in Africa amid new threats

<https://www.nature.com/articles/d44148-026-00108-w>

“As rollout expands to millions of children, **emerging resistance is challenging prevention, treatment** across the continent.”

HPW - Malaria Funding Crisis and Drug Resistance Compel African Investment

<https://healthpolicy-watch.news/malaria-funding-crisis/>

“As global health leaders gathered in Geneva on Monday to commemorate this year’s World Malaria Day, an **advocacy forum** featuring high-level diplomats addressed the **rising threat of antimalarial drug resistance**. Celebrations of medical progress and clinical discussions quickly gave way to **discussion about a rapidly escalating malaria funding crisis, with more funding cuts are on the horizon.**” “... The high-level event, co-hosted by the **RBM Partnership to End Malaria** and **Medicines for Malaria Venture (MMV)**, balanced stark clinical realism with a pragmatic call to action...”

“Faced with retreating Western donors and mutating parasites, **African diplomats demanded a decisive shift towards health sovereignty, local manufacturing, and integrated regional investments....**”

“...In **2024, total malaria funding reached \$3.9 billion, a mere 42% of the \$9.3 billion required annually to remain on track** toward global elimination targets, directly compounding the malaria funding crisis....”

PS: “**Charlotte Rasmussen, technical officer at the World Health Organization**, took the stage early in the event to confirm that **artemisinin partial resistance** is steadily spreading across Africa....”

“... If this genetic resistance is allowed to progress to full treatment failure, **experts warn of a catastrophic surge in mortality that would entirely reverse decades of public health progress, potentially leading to more than 50 million treatment failures in the year 2060 alone.** Mathematical modelling from Imperial College London suggests that **delaying a transition to alternative therapies could rapidly overwhelm fragile medical infrastructure, costing affected nations well over \$1 billion over the next 15 years....**”

World Immunization week (24-30 April)

HPW – Making Better Vaccine Choices in a Shifting Global Health Landscape

C Weller (*Head of Prevention in Wellcome’s Infectious Disease team.*) ; <https://healthpolicy-watch.news/making-better-vaccine-choices-in-a-shifting-global-health-landscape/>

“*In an era of big global health budget cuts that often demand tough choices, identifying vaccine needs and priorities at national level is increasingly important. As we observe **World Immunization Week**, it’s time to recognize the **pivotal role that National Immunization Technical Advisory Groups***”

(NITAGs) can play in guiding effective, evidence-based decisions – alongside global guidance from the World Health Organization.”

“... This is why Wellcome is investing in the [African-led NITAG Support Hub, or NISH](#), which helps strengthen NITAGs across Africa.”

Run-up to the 79th World Health Assembly (18-23 May)

Still some weeks, but tension is rising :)

WHO - Some preparatory documents are already online

https://apps.who.int/gb/e/e_wha79.html

With more to come.

- Including for example: [Collaboration within the United Nations system and with other intergovernmental organizations report by the Director-General](#)

G2H2 - Series of policy debates hosted by the Geneva Global Health Hub (G2H2), 4 – 8 May 2026, ahead of WHA79

<https://g2h2.org/posts/policy-debates-may-2026/>

“Ahead of the 79th session of the WHO Executive Board, this series of G2H2 policy debates offers a platform for civil society to engage with key questions concerning global health, connecting policy discussions with their implications for health systems, communities, and equity worldwide. **Spanning from the assessment of “hot” topics to be addressed at the upcoming WHA, to a detailed analysis of other burning technical or political matters that have been left out**, each session will feature selected speakers which will guide us into an enriching discussion....”

WHO DG race

Devex - [Let the race begin](#)

“The [World Health Organization](#) has finally opened nominations for its next director-general, with the call for proposals now circulating among permanent missions in Geneva, Devex has confirmed. The move follows the election timeline already set out by WHO. According to the document shared with member states and seen by Devex, **any country may nominate one or more candidates, but submissions must reach WHO headquarters by 18:00 CEST on Sept. 24 — exactly four months before the executive board convenes in January 2027 to shortlist up to three candidates** for the World Health Assembly. Candidate names will be disclosed after the last WHO regional committee meetings in October....”

“The document also states that the incumbent WHO director-general “**intends to place internal candidates on leave** to ensure a clear separation between their campaign activities and their WHO functions.””

“While no officials have publicly announced their candidacy, the rumor mill is already spinning. Names being floated include WHO officials such as **Dr. Hanan H. Balkhy** and **Dr. Hans Kluge**, as well as Indonesian health minister **Budi Gunadi Sadikin**. Others have also mentioned former Qatar health minister **Hanan Mohamed Al Kuwari**, PAHO Director **Dr. Jarbas Barbosa da Silva Jr.**, and Gavi CEO **Sania Nishtar**...”

HPW – WHO Opens Nominations for Next Director General; Germany May Advance Former Merkel Aide, Helge Braun

<https://healthpolicy-watch.news/germany-who-dg-elections/>

With some info on this **Braun**, former chief of staff in the government of then Chancellor Angela Merkel. One of three potential German candidates. (*His chance to become the next DG: nil.*)

PS: “meanwhile, **the list is still growing. Among the newer names being floated is that of Dr Hanan Mohamed al-Kuwari, who served as Qatar’s Minister of Public Health** until November 2024 and chaired the 153rd Session of the WHO Executive Board. Holding a PhD in healthcare management and bringing early career experience from the WHO, she represents a highly networked voice from the Arab world. She is personally celebrated for her crisis resilience and for shaping the WHO’s recent global work programme.”

“Another candidate who has been mentioned is **Spain’s Dr Maria Neira, who recently retired from WHO as the director of Climate, Environment and Health**...”

Resumed sixth meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement (27 April-1 May)

“The resumed session of the sixth meeting of the [Intergovernmental Working Group \(IGWG\) on the WHO Pandemic Agreement](#) [takes place] in a **hybrid format from 27 April to 1 May 2026**. The outcome of the **PABS annex negotiations** will be submitted to the Seventy-ninth World Health Assembly in May 2026 for its consideration.”

Ending today normally.

Starting from some **pre-analysis** end of last week (including on the state of affairs after the ‘informals’), and then **coverage/analysis from this week**.

And no, there was no agreement by Friday morning ... as one might have expected.

HPW - Developed Countries Propose 'Hybrid' Model Ahead of Pandemic Agreement Talks

<https://healthpolicy-watch.news/developed-countries-propose-hybrid-model-ahead-of-pandemic-agreement-talks/>

With this **coverage of a High-level webinar** (hosted by the University of Miami's Public Health Policy Lab) from end of last week, yet another crucial "PABS" week began. **Recommended read.**

"Yet another negotiating session on the outstanding annex of the Pandemic Agreement begins at the World Health Organization's (WHO) headquarters on Monday (27 April) – and **developed nations have presented a "hybrid" solution in an attempt to find consensus. The "hybrid" proposal consists of a mix of mandatory and voluntary measures for sharing pathogen information and any benefits that flow from this information...."**

PS: **"...the PABS system was a contentious issue that evaded negotiators, who packaged it into an annex and kicked it down the road to new negotiations.** This enabled the World Health Assembly to adopt the Pandemic Agreement last year, described by some observers as the Pandemic Agreement Lite precisely because it dodged the detail about PABS. **Adopting a vague PABS annex and kicking further details down the road again – this time to the COP – might save face for multilateralism. But it simply delays the adoption of the Pandemic Agreement to yet another set of talks,** leaving all member states vulnerable to public health emergencies in the meantime."

- See also [TWN: WHO: EU proposes burdensome "Blended model" - access to pathogen samples and sequence data without benefit sharing contracts](#) (by S Shashikant & N Ramakrishnan);

(29 April) **"Members of the European Union informally circulated a document titled the "Blended model for the sharing of PABS Material and Sequence Information", the much-discussed hybrid compromise, in the lead-up to the resumed session of the 6th meeting of Intergovernmental Working Group (IGWG6R) negotiating the Pathogen Access and Benefit-Sharing (PABS) Annex to Pandemic Agreement. Disregarding the mandate in Article 12 of the Pandemic Agreement (PA), the document was presented as a landing zone for the EU and Norway (and possibly other developed countries).** It proposes a PABS system with two parallel pathways for sharing pathogen materials and sequence information: one subject to contractual obligations including benefit-sharing requirements, and another that permits access without such conditions."

"During Tuesday's informal discussions, this "blended" approach came under sustained questioning and criticism from multiple delegations and was reportedly rejected by the Africa Group, according to diplomatic sources. However, the proposal may yet resurface, with or without modifications, during the formal sessions in the week...."

TWN - WHO: PABS negotiation set to resume, consensus elusive during 'informals'

<https://www.twn.my/title2/health.info/2026/hi260404.htm>

(27 April) With focus on the **'informals'** of the past days. "The stage is set to resume the negotiations on the Pathogen Access and Benefit Sharing (PABS) System with **consensus remaining elusive during the informal meetings of WHO Member States co-facilitated by France and South Africa. Informal sessions were organised in a hybrid mode at the WHO Headquarters in Geneva from 21 to 24 April**, ahead of the resumed session of the 6th meeting of the Intergovernmental Working Group (IGWG6). "

"Little movement was seen on the contentious issues related to benefit sharing during the initial days of the informal meetings. The meetings were fruitless since developed countries continue to oppose key elements such as standard contracts that would make benefit-sharing obligatory on the recipients of the biological materials of pathogens with pandemic potential and their digital sequence information (PABS materials and sequence information)...."

"The following subjects were dealt with during the informal sessions: (a) Benefit sharing during public health emergencies of international concern (PHEIC), (b) Benefit sharing during non-pandemic, non-emergency situations, (c) Monetary benefit sharing, (d) Access to PABS materials, and (e) Access to PABS sequence information."

"The informal sessions focussed on reaching consensus on the above conceptual issues instead of the draft negotiating text..."

GHF - The PABS Cheat Sheet; Perspectives from Negotiators

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

(27 April) Geneva Health Files **Monday edition & obligatory reading**, as this important PABS week was about to start.

This edition has two parts: **Part I: ... a cheat sheet on what to expect. Part II: Perspectives of some negotiators from an event that took place last week** (by my colleague Anjan Wilfrid D. Rosario – with some long quotes from the abovementioned webinar organized by the University of Miami)...

TWN – WHO: Director-General steps up efforts for a compromise on PABS System

<https://www.twn.my/title2/health.info/2026/hi260405.htm>

With **coverage of the opening day** (27 April) of this last PABS round.

"The WHO Director-General Dr Tedros Adhanom Ghebreyesus has stepped up his efforts to bring a compromise among Member States to reach consensus on various differing positions on the side-lines of the resumed negotiations on the Pandemic Agreement's Pathogen Access and Benefit Sharing (PABS) System. ... **During the opening session of the negotiations the DG called upon countries to find a landing zone."**

The article also has **some other opening statements of the day.**

GHF – Examining The Narrative of Incentivizing Pharma Industry Participation in The WHO Pathogen Access Benefit Sharing System

[Geneva Health Files](#);

“Guest essay from South African scholar Lauren Paremoer, who offers for our readers a critical examination of the narrative on incentivising the pharmaceutical industry for their participation in the WHO Pathogen Access Benefit Sharing System. She argues why it is important to look more closely at the diverse actors funding research and development, and manufacturing, and how the PABS system can be made applicable to them....”

A few quotes from the essay:

“Throughout the negotiations for the Pandemic Agreement (PA), Global North countries – especially those with big pharmaceutical manufacturing industries – insisted that the Agreement had to be structured in a manner that would incentivize pharma to participate. They have repeatedly echoed this sentiment over the last year in the context of the PABS Annex negotiations. But which “industry” is being spoken about here? And is the fairness and functionality of the PABS Annex completely dependent on them?” **“The pharmaceutical manufacturing industry is dominated by a few large corporations and manufacturing sites. These are largely situated in the Global North, with China and India being the major exceptions to this with their capability in generic production. It is exactly this over-concentration of the pharma supply chain that contributed to vaccine apartheid during the Covid-19 pandemic. ...”**

“Speaking in [January 2021](#), DG Tedros noted that “hoarding, a chaotic market, an uncoordinated response, and continued social and economic disruption” resulted from vaccine nationalism on the part of Global North countries and prioritisation of supply to these markets by pharmaceutical corporations. This is presumably the “industry” that the Global North is referring to when saying that commercial entities should be incentivised to join the PABS system, otherwise it will fail. The Global North – notably the EU and others – have so far opposed proposals having the potential to change the *status quo*. This includes ear marking of health products to be shared during the early stages of an outbreak and public health emergency of international concern (PHEIC), user registration when access PABS materials and digital sequencing information, and legally binding contracts at the point of access. According to Global North arguments, incorporating such elements in the PABS framework may effectively cause the industry to boycott PABS...”

PS: this GHF issue also has **some statements made at the opening of the resumed session on the PABS negotiations** earlier this week in Geneva.

HPW - No Pandemic Agreement Annex by World Health Assembly, Says Civil Society

<https://healthpolicy-watch.news/no-pandemic-agreement-annex-by-world-health-assembly-says-civil-society/>

“The final missing piece of the Pandemic Agreement – a pathogen access and benefit-sharing (PABS) system – is unlikely to be agreed on by the World Health Assembly (WHA) later this month.

This was the **view of civil society observers of the talks** taking place at the World Health Organisation (WHO) headquarters in Geneva, **who briefed the media on Thursday**. The sixth round of talks is scheduled to end late on Friday night (1 May)....”

“Although the notion of a “hybrid” PABS system is being discussed informally, its proponent, the European Union (EU), has not presented any formal text, Third World Network’s (TWN) KM Gopakumar told the media briefing, which was hosted by TWN and the AIDS Healthcare Foundation.

While Brazil and Botswana have apparently indicated that they might support a hybrid or “blended” compromise, the Africa Group is opposed to it, according to the civil society representatives....”

PS: “Earlier in the day, the Intergovernmental Working Group (IGWG) briefed civil society on text-based negotiations, but very little of the text they shared had been “greened” to show agreement.”

TWN – WHO: Member States propose extending PABS Negotiations beyond WHA79

<https://www.twn.my/title2/health.info/2026/hi260408.htm>

(30 April) “Members of the World Health Organization (WHO) proposed extending the timeline for the negotiations on the Pathogens Access and Benefit Sharing (PABS) System, beyond the 79th World Health Assembly (WHA79) scheduled to take place in May. Member states proposed the extension during the stocktaking session on the third day of the resumed session of the 6th meeting of the intergovernmental working group (IGWG) negotiating the PABS system, taking place in Geneva at the WHO headquarters from 27 April-1 May.”

“Delegates participating in the closed stocktaking session report that several countries—both developing and developed—expressed concern over the limited progress to date, citing persistent and wide divergences among WHO Member States on key aspects of the PABS system....”

More on PPPR & GHS

Telegraph - Why are we seeing more outbreaks of the deadliest diseases?

<https://www.telegraph.co.uk/global-health/science-and-disease/why-are-we-seeing-more-outbreaks-of-the-deadliest-diseases/>

“Cases of illnesses like haemorrhagic fever were once sporadic but have been increasing in frequency... “

“Haemorrhagic outbreaks of Ebola and Marburg go back 50 years, but now their frequency is increasing. Data analysed by *The Telegraph* found that clusters of Ebola and Marburg have increased significantly decade-on-decade since the 1960s. “

““Outbreaks of diseases like Ebola were once sporadic,” says **Laura Appleby, head of epidemiology and preparedness at the Coalition for Epidemic Preparedness Innovations (CEPI)**. “However, since 2010, an outbreak of a filovirus, the family to which Ebola, as well as its deadly relatives, Marburg and Sudan, belong, has occurred every year almost exclusively in Africa, and the diseases are extremely lethal. They are “not only occurring more frequently but also becoming more widespread”, she added. “Last year Ethiopia reported its first-ever Marburg outbreak.”...”

The analysis then discusses **some of the hypotheses**.

Telegraph - World Cup health security hub launched as measles surges

<https://www.telegraph.co.uk/global-health/science-and-disease/world-cup-health-security-hub-launched-as-measles-surges/>

“A World Cup health security hub to track threats including measles, dengue and Zika virus among football fans is being established by academics for the first time. Millions of fans are expected to travel to and across North America for the tournament, which is being held in 16 cities in Canada, Mexico and the United States in June and July. With 48 teams, it will be the biggest World Cup in history. **Yet there are concerns the competition could become a super-spreader event.** Mass gatherings from Glastonbury and the Rugby World Cup to the Hajj pilgrimage and mega-church services have all seen outbreaks of diseases, including norovirus, meningitis and Covid-19.”

“Now, global health academics at Georgetown University in Washington DC are setting up a temporary surveillance hub to monitor these risks this summer. Called the **Health Security Operations Centre**, the unit will operate from a repurposed microbiology lab. The aim is to track, warn and support health officials if any disease runs the risk of spiralling out of control. **It is the first non-government led initiative to monitor and respond to infectious disease outbreaks during a mass event like the World Cup.** “

Regional World Health Summit Nairobi (27-29 April)

Lots of important news, including on some meetings that took place on the margins of the regional WHS.

WHS press release - World Health Summit Regional Meeting 2026 Opens in Nairobi with Strong Call for Action on Resilient Health Systems

<https://a.storyblok.com/f/305196/x/5976ed681c/whs-press-release-rm-27-april.pdf>

(27 April) With some **quotes from the opening session** by Kenya’s president Ruto, Axel Pries (WHS), WHO Afro’s boss Janabi, Jean Kaseya and others.

HPW – African Leaders Declare End of Aid Era at Nairobi World Health Summit, But The Data Tell a More Complicated Story

<https://healthpolicy-watch.news/african-leaders-declare-end-of-aid-era-at-nairobi-world-health-summit/>

“African leaders opened the World Health Summit Regional Meeting at the United Nations complex in Nairobi this week with a **unified declaration that two decades of dependence on foreign aid for health is over**. The Nairobi meeting, the **first co-organised** by the World Health Organization (WHO) and the World Health Summit, has **positioned itself as the continent’s first high-level response to the collapse of official development assistance (ODA) for health**, which fell by an estimated \$31.1 billion in 2025, **according** to the Africa Centres for Disease Control and Prevention (Africa CDC). Over 2,000 delegates from more than 50 countries, including health and finance ministers from 17 nations, are **convening in the Kenyan capital to coordinate a united African position ahead of next month’s World Health Assembly in Geneva**.”

“... On the sidelines of the summit, Africa CDC **launched** the African High-Level Ministerial Committee on Global Health Architecture Reform. The body **brings together health and finance ministers from across the continent to coordinate African positions ahead of the World Health Assembly and broader UN reform processes**. Convening both portfolios in the same room is a long-standing demand of global health advocates, who have struggled for decades to make the economic case for health investment to treasuries that hold the purse strings....” “The **committee, chaired by former Liberian president Ellen Johnson Sirleaf, will produce coordinated African position papers on health architecture reform and a 2026–2030 reform roadmap focused on five axes: governance, financial sovereignty, data sovereignty, local manufacturing, and pandemic preparedness**.”

PS: “A Centre for Global Development (CGD) **audit** of 442 government actions across all 54 African countries found a **continental reaction to the historic aid cuts split in radically uneven ways**, a story of inequality within Africa as much as between Africa and its donors. **The countries that moved fastest are those with the deepest pockets and most diversified economies, including Nigeria, Ghana and Ethiopia**. Lower-income, debt-burdened countries, many of which were the largest per-capita recipients of foreign assistance, have largely absorbed the loss in silence.... “Governments with limited fiscal space and weaker administrative capacity have less room to cushion abrupt external shocks,” the analysis found. “What is slightly surprising is that they were not only doing little about the aid cuts, they are also saying little about them.””

“A separate **CGD study** published in February examined the budget statements of 18 sub-Saharan African countries: among the world’s poorest, most heavily aid-dependent and exposed to the cuts. It found that **only two, Tanzania and Sierra Leone, proposed new revenue measures to replace lost financing in their 2025 budgets**. None reprioritised spending from other sectors to protect health.... “

PS: “**Thirty-two African nations now spend more servicing external debt than funding healthcare**. The continent paid almost \$90 billion in external debt service in 2024 alone, with African governments now spending an average of 17% of state revenue on debt servicing, **according to leading estimates**.....” “**The IMF warned** last week that **more than a third of African countries are at high risk of, or already in, debt distress**, with rising interest bills “crowding out essential development spending, healthcare above all.” ...”

Journal of Public Health in Africa (Editorial) - Reshaping global health architecture: African health sovereignty as the foundation of global health equity and security

Jean Kaseya et al ; <https://publichealthinafrica.org/index.php/jphia/article/view/1976>

This editorial **set the scene well** for the regional WHS in Nairobi. « ... **We propose six interlocking reforms to realign global health architecture with epidemiological reality and African sovereignty** ...”: « Equity as a binding operating principle; restructuring financing mechanisms; bringing African institutions in decision-making; reinforcing technology transfer & regional manufacturing; streamlining political leadership; maintaining data equity and digital sovereignty. ... “

Africa CDC Launches African High-Level Ministerial Committee to Shape Global Health Architecture Reform

<https://africacdc.org/news-item/africa-cdc-launches-african-high-level-ministerial-committee-to-shape-global-health-architecture-reform/>

See above. **Africa CDC’s press release: “Africa Centres for Disease Control and Prevention (Africa CDC) today launched the African High-Level Ministerial Committee on Global Health Architecture Reform (AHLMC) on the margins of the World Health Summit Regional Meeting 2026 in Nairobi, Kenya.” “The Committee brings together Ministers of Health and Finance from across the continent to consolidate Africa’s voice, strengthen political coordination, and advance a unified African position on global health governance reform. It is designed to provide stewardship, strategic coherence, and accountability for Africa’s engagement across interconnected reform processes, including the Pandemic Agreement and related annexes, International Health Regulations implementation discussions, UN80-linked reforms, and wider global health financing debates.....”**

“... The AHLMC is a central pillar of Africa’s Health Security and Sovereignty agenda and will drive action across five thematic workstreams: leadership reform and governance; financial sovereignty; data sovereignty and digitalisation; product sovereignty and local manufacturing; and pandemic prevention, preparedness, and response. Across these areas, the Committee will help define a consolidated African reform platform, coordinate ministerial engagement, develop guidance on common negotiating positions, and support reforms that strengthen African representation, reduce duplication, align financing, and reinforce continental institutions.....”

“... The Committee’s work will be results-oriented. Expected outputs include a consolidated African Position Paper on global health architecture reform, engagement and negotiation packages for priority global processes, a Reform Roadmap 2026–2030, a Financing Alignment and Mutual Accountability Framework aligned with the “One Plan, One Budget, One Report” approach, and regular progress reports to Africa CDC governance organs and African Union policy organs....”

Africa CDC and Africa Frontline First Strengthen Partnership to Accelerate Community Health Workforce Expansion

<https://africacdc.org/news-item/africa-cdc-and-africa-frontline-first-strengthen-partnership-to-accelerate-community-health-workforce-expansion/>

“The Africa Centres for Disease Control and Prevention (Africa CDC) and Africa Frontline First (AFF) have strengthened their strategic partnership through the signing of a Memorandum of Understanding (MoU). The agreement will support the deployment of 200,000 Community Health Workers (CHWs) across Africa. The signing took place on the margins of the World Health Summit Regional Meeting 2026 in Nairobi, marking a significant step forward in advancing Africa’s community health agenda. ...”

“Building on the achievements of the 2023–2025 collaboration, the agreement sets out a joint action plan for 2026–2028. It will combine AFF’s financing and technical expertise with Africa CDC’s convening power and leadership **to accelerate the institutionalisation of CHWs within national health systems and support the African Union’s target of deploying 2 million polyvalent CHWs by 2030.**”

Devex Check up – with some snippets from Nairobi

[Devex](#)

Partly self-inflicted problems? “The 2026 World Health Summit regional meeting kicked off in Nairobi, Kenya, this week, where African leaders are recognizing that some of the continent’s health development gaps **are, at least in part, self-inflicted.**

“ Devex contributor David Njagi, who was on the ground, didn’t quite walk in on a full-blown “it’s me, hi, I’m the problem” moment à la Taylor Swift’s “Anti-Hero” — but the sentiment wasn’t far off. He captured Kenyan President **William Ruto** sharing the gibberish explanations he got after digging into **why Kenya is not buying health products from Kenyan companies.** “Many leaders in Africa believe health is somebody else’s responsibility. You are producing a commodity that is being imported globally, and you cannot buy it in Kenya. These are Kenyan companies owned by Kenyans. But when you ask the people at the Ministry of Health, why are we not buying from these people? **There is a lot of ‘English’ that has no substance,**” he said...”

“The problem extends beyond manufacturing to access to treatment...”

And some more snippets from the WHS in Nairobi:

- **launch of the Continental Immunisation Strategy (CIS).**

“The CIS is Africa’s response to closing equity gaps, reaching zero-dose children, and integrating immunisation within resilient primary health care systems. ... With the support of [UNICEF](#), [Gavi](#), [the Vaccine Alliance](#), this Strategy marks a shift toward stronger country ownership, sustainable financing, and long-term health security...”

- **Re the Africa CDC Ministerial Dialogue on Health Financing**

Tweet **Jean Kaseya**: “Africa carries 22% of the global disease burden, yet accounts for just 1% of global health expenditure. At the same time, external support is shrinking, debt is rising, and climate risks are accelerating. **This morning at the World Health Summit Regional Meeting in Nairobi, I convened African Ministers of Health, development partners, and financing experts for the [Africa CDC Ministerial Dialogue on Health Financing.](#)”**

“The discussion was clear: the tools are within reach. **Domestic resources, efficiency gains, debt-for-health swaps, and the African Sovereign Health Fund** can help turn commitments into results.”

More on Global Health reform & reimagining (& international development/post-2030 brainstorm)

Partnership for International Politics and Diplomacy for Health- 4th issue -
Insights on global health reform discussions, trends and perspectives: April 2026

<https://globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-april-2026>

With a good overview of the past month. Even if it's only “one take”/perspective too.

“Discussions on global health reform remain highly active and continue to garner high-level political attention. **The intent behind reform initiatives is starting to shift from inspiring thinking to seeking action.** The **Accra Reset** and the **WHO-hosted process** stand out in this regard, both promising to deliver on a much-needed roadmap. Nonetheless, **as these two distinct initiatives develop, it is crucial to ensure complementarity.** “

“**The WHO-hosted process** is a time-bound, multilateral effort, aspiring for broad geographical and institutional engagement. Yet it may struggle to achieve this in practice given the asymmetries in Member States' capacities and interests to engage. By contrast, **the Accra Reset** reflects a stronger Global South anchoring with Head of State leadership and diverse representation in its high-level panel. Progress updates from the Accra Reset are anticipated during major global governance moments. **The upcoming 79th World Health Assembly will be a key chance to assess whether processes intend to converge.** “

“The US continues to reaffirm that its interest is not to retreat from global health, but to engage on its own terms. **The ‘America First’ approach should not be treated as an unspoken or negligible factor in reform discussions.** Its tensions with multilateral cooperation for health have been apparent, not least through the bilateral health compacts. Clarifying and navigating the US' red lines could help manage the volatility in the current landscape. “

“The international system for health must sustain the gains it has helped to achieve, as well as deliver new health improvements. **Reform will be incremental, driven by cumulative decisions taken across institutions and levels, rather than one decisive moment. These efforts must be aligned around a shared direction,** shaped by voices across regions. “

Lancet Comment – A WHO worth fighting for: the case for focused, ambitious reform

A Nordström, J Nkengasong, P Piot et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00805-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00805-6/fulltext)

Must-read. « The world needs WHO. This should be an unambiguous and uncontroversial statement. But it is not. There are signals that WHO's perceived value has eroded, and that its central position in the international system for health is under threat. Some critiques of the organisation have been politically natured, but that should not inhibit debate over legitimate concerns: WHO's lack of agility, insufficient transparency in key processes and decision making, and the absence of a clear narrative of the indispensable benefit the agency provides to the world. **WHO urgently needs reforms or risks a decline into irrelevance.** »

« **The calls for reforms are not new. Yet the imperative to act has never been greater and the environment for delivering change rarely more conducive—at a time when the global health ecosystem is shifting.** Discussions about reforms of the international system for health and of the multilateral system at large are active, partly due to the political imperative to navigate the sharp decline in official development assistance. **The future of WHO must be a central part of the broader reform efforts.** This is not a question of technical design, but of political choice—and it is WHO member states that must make that choice. **The build-up to the 2026 World Health Assembly in May, 2026, and the forthcoming election of WHO's next Director-General in May, 2027 are an opportunity to debate the vision for the organisation.....**

“ **We propose three key functions and six structural reforms** (panel) to guide the path ahead. These reforms need to be sequenced over time, a recognition that change is not immediate, but that the work must start now....”

(small side comment: I don't recall at least of a few these high-profile global health experts being equally 'vocal' on the Gaza genocide – maybe it wasn't 'global health' for them)

Lancet Letter – Decentralisation must be the future of global health

J P Allen & S Asimwe; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00745-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00745-2/fulltext)

Nailing it in many ways, this short letter. Including with respect to the serious concern they flag.

Lancet Letter - The need for a new global health narrative

S L Jensen ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00746-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00746-4/fulltext)

“**Richard Horton calls for a new narrative for global health to replace the narrative from the turn of the century that “rooted in macroeconomics” turned attention to the strategic importance of global health.** Horton summarises the older narrative as follows: “extreme poverty is the biggest obstacle to sustainable economic growth; the causes of extreme poverty are a small number of preventable and treatable diseases; by tackling those diseases, poverty can be defeated and economic growth secured”. As the world now faces multiple crises (eg, climate, conflict, and migration) Horton calls for “the story of global health...to be rewritten”

“**Horton misses a vital point. A new narrative emerged over the past 25 years, namely that global health is the international community's only major success this century—an era defined by forever wars, terrorism, financial crisis, displacement, and climate disasters.** This success was driven forward by the responses to HIV/AIDS, tuberculosis, and malaria...”

Jensen concludes: “... **Global health is that 21st century success that has wider strategic significance. Without being triumphant, we should insist on the enduring relevance of the 21st century story of global health. A new narrative for global health can rightly start from here.**”

G20 & G7 Health & Development partnership -Beyond Aid: Restructuring Global Health for an Uncertain Future

By **Emmanuel Lacresse**, Global Ambassador and **Alan Donnelly**, Chairman

<https://g20healthpartnership.com/beyond-aid-restructuring-global-health-for-an-uncertain-future/>

With a fair amount of blabla. “We gather in Paris today for the **G7 France 2026 Conference on International Development Assistance** at a critical juncture for international development and for global health...”

Sketching **three pillars for reform**. And a **roadmap with 6 key commitments**. “The G20-G7 Health and Development Partnership is committed to delivering on six key areas, **including the creation of a global taxonomy for health investments and the development of the International Development Aid Council....**”

CGD- Partnering with Philanthropy: Strategies and Lessons from Development Agencies

R Calleja et al ; <https://www.cgdev.org/blog/partnering-philanthropy-strategies-and-lessons-development-agencies>

“In early February, the **Rethinking Development Cooperation (RDC) Working Group** convened a meeting on how development agencies are engaging with philanthropic organizations as partners in development. At a time when official development budgets are declining and needs remain high, development agencies are increasingly **looking to new forms of partnerships** to make the best use of the resources available.”

“In this blog, we draw on our recent RDC conversation to highlight current approaches for **partnering with philanthropy**. Our discussion revealed that while most recognize that philanthropic funding is **unlikely to fill the sizeable gap** left by public sector withdrawal, the distinctive characteristics of philanthropic actors – including higher risk tolerance and greater flexibility – offer opportunities to leverage complementary strengths to support shared development aims....

Featuring **three recommendations for working with philanthropy**.

LSE (working paper) - Gender justice and the wellbeing economy: the feminist case for an alternative economic paradigm

Kabeer Naila et al ; <https://researchonline.lse.ac.uk/id/eprint/138143/>

Exploring the interactions between economic inequality, climate change and gender injustice.

Ecological Economics - An international plan for sustainable development

Adrien Fabre et al; <https://www.sciencedirect.com/science/article/abs/pii/S092180092600128X>

“International cooperation on climate and taxation remains inadequate to deliver decarbonisation, reduce poverty, and finance sustainable development at the required scale. **We propose a Sustainable Union among willing countries, combining carbon pricing, new taxes on wealth, polluting fuels, financial transactions, and corporate income, with international revenue-sharing and conditional cooperation mechanisms.** Most revenues would remain with participating governments for domestic spending, while a defined share would be pooled internationally. **Specifically, participating countries would contribute 1% of gross national income (GNI) to a common pool redistributed in proportion to population, generating net transfers from richer to poorer countries.** Meanwhile, the remainder of the revenue would increase domestic fiscal space by on average 2.2% of GNI.”

WHO Bulletin - Systemic path to global health 2050

J Sturmberg, E Paul et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.293951.pdf?sfvrsn=7337b1bf_3

“In this paper, we approach the goal of improving global health from a foundation that is both **epistemological** (that is, how we know and understand health) **and normative**, in that it makes claims about how health systems ought to be designed and governed.....”

“In 2024, the Lancet Commission on Investing in Health proposed targeting investment in 15 priority conditions through 19 modular interventions to improve global health by 2050. While pragmatic, this approach may not fully capture the complex, adaptive nature of health and health systems, nor their social, economic and political determinants. **In an iterative, interpretive analysis, proposed global health investment frameworks were mapped against complexity, systems thinking and health epistemology frameworks; five thematic areas were identified for further development: (i) health as emergent from interdependent, social–biological systems; (ii) the non-biomedical determinants driving inequities; (iii) health systems' adaptive requirements; (iv) epistemic injustices that marginalize non-Western perspectives; and (v) the need for context-sensitive, community-led implementation of health measures.** Recent major disruptions to international aid financing, while challenging, present a unique opportunity to redesign health investment on more sustainable and locally grounded foundations, where national governments deliberately invest in the social determinants of health as direct health improvement strategies rather than merely as adjacent social policy. **To seize this opportunity, we propose five guiding principles for policy-makers: (i) community coproduction of interventions; (ii) adaptive governance structures; (iii) complex systems literacy in workforce training to navigate interdependencies and uncertainty; (iv) cross-sectoral partnerships to address determinants of health; and (v) context-sensitive metrics that incorporate community engagement to support learning within health systems.** These are not optional enhancements to existing approaches; they are **the foundations without which any health investment strategy will continue to treat the symptoms of inequity rather than its causes.**”

A Roadmap for Eradicating Poverty Beyond Growth

<https://www.neep-poverty.org/roadmap-for-eradicating-poverty-beyond-growth/>

“The **Roadmap for Eradicating Poverty Beyond Growth** (an advance copy of which can be downloaded here) is a **project spearheaded by the UN Special Rapporteur on extreme poverty and human rights** to expand the range of policy options available in the fight against poverty, beyond those that rely on economic growth....”

With five pillars.

More on Global Health Governance & Financing/Funding

Devex – US threatens UN funding halt unless conditions met

<https://www.devex.com/news/exclusive-us-threatens-un-funding-halt-unless-conditions-met-112382>

“Internal Trump admin memos demand deeper cost cuts, insist U.N. chief reject China funds.”

“The Trump administration has threatened to withhold hundreds of millions of dollars in funding to the United Nations unless it agrees to a slate of nine “quick win” reforms — ranging from deeper cost cuts to measures that would block China from channeling tens of millions of dollars each year to a discretionary fund housed in the office of the U.N. secretary-general. The threat is laid out in one of two diplomatic notes circulated by the U.S. over the past week to diplomats in Geneva and New York, both of which were obtained by Devex in recent days. “

“The documents detail Washington’s priorities at the world body through the end of 2026 — and while the U.S. acknowledges recent steps by the U.N. to reduce staff benefits by 15% and eliminate as many as 3,000 posts, it makes clear that more will be required if Washington is to meet its treaty obligations to pay its U.N. dues in full....”

“... conditions include overhauling the U.N. pension system, ending long-distance business class travel for some senior and all mid-level professionals, and imposing additional cuts in posts in the U.N.’s senior ranks....”

PS: “... The U.S. owes the U.N. \$2.2 billion toward its regular budget, along with \$1.8 billion for a separate budget to support U.N. peacekeeping missions. It also has accumulated well over \$1.5 billion in long-standing arrears, the result of a congressionally-imposed 25% cap on U.N. peacekeeping contributions, below the rate assessed by the United Nations, according to the Better World Campaign. ...”

PS: “... One of the priorities — which appears in both lists — is to push the U.N. secretary-general to stop accepting single-donor trust funds held within his executive office and to relocate any existing trust funds out of his domain. A well-placed diplomatic source told Devex the policy is largely aimed at the U.N. Peace and Development Trust Fund. Neither the U.S. Mission to the U.N. nor the U.S. State Department responded to requests for comment in time for publication. Still, the push fits squarely within the Trump administration’s broader strategy of countering China’s influence at the U.N., and would drive a key pot of Chinese money from a privileged perch inside the U.N. secretary-general’s office....”

CGD (blog) – Dealing With the Legacy of Billions to Trillions

C Kenny; <https://www.cgdev.org/blog/dealing-legacy-billions-trillions>

Kenny concludes: **“Everyone involved in global development should by now understand that “we are going to leverage the private sector to deliver this” most often means “we are not paying to deliver this.” And especially if the outcome is in a sector like education or health or most of infrastructure, where the private sector isn't already a dominant player, it nearly always means “this isn't going to get delivered.””**

“It is time for more than the [odd acknowledgement](#) that the billions-to-trillions [slogan over-promised](#). The idea lives on even if the slogan is being left behind, causing immense harm to the effective delivery of aid finance and the credibility of climate agreements, as well as [refocusing support](#) away from where it can do the most good. It sets up a narrative of failure for an international system, reduces trust, and provides an excuse not to act.”

“We need an honest reckoning: about what is affordable, about where it makes more sense for the public sector to directly invest, about more realistic ways to spark structural transformation in the poorest countries—and about the role of development finance institutions. **A real reckoning would accept that, especially in the countries that need both development assistance and a stronger private sector the most, the current donor model of private sector engagement isn’t working.** As well as thinking through [what that implies for engagement models](#), it suggests the need for [realism about the level of public sector investment](#) to meet sustainable development targets and how to find resources for that investment. **The [simple math of development finance](#) suggests that public finance is more sustainable at scale. Such a reckoning seems a worthy subject for a [G20 high-level panel](#).....”**

SSM Health Systems - International Monetary Fund and World Bank influence on domestic health financing sources: A mixed-methods case study of Senegal

Frederik Federspiel et al; <https://www.sciencedirect.com/science/article/pii/S2949856226000139>

“IMF/WB influence on health financing policy in Senegal has evolved from promoting cost sharing before 2002 to expanding government health spending and community-based health insurance after 2002. General public sector austerity and promotion of private health service delivery has however been maintained over time. Within this mixed IMF/WB influence, domestic government health spending has not increased in real terms between 2006 and 19, and user fees remain the predominant source of health financing. Broad IMF social sector spending floors have been ineffective at raising real-term government health spending levels, and a specific government health expenditure floor at 10–15 % of general government expenditure could be considered.”

BMJ GH – Aid withdrawal: an event study of mortality, vaccine coverage and DALY following transitioning from Gavi support

K Ming Isabel Yan, Erin Bendavid et al; <https://gh.bmj.com/content/11/4/e020781>

“This study investigates the health impacts of transitioning from Gavi, the Vaccine Alliance, on vaccination coverage, infant and under-5 mortality, and disability-adjusted life years (DALYs) in low and middle-income countries between 2000 and 2021. “

“This study provides robust evidence that transitioning out of Gavi support leads to significant short-term and medium-term negative effects, including a 1.94 percentage point increase in children receiving no basic vaccines, rises in infant and under-5 mortality by 7.59 and 17.31 per 1000 live births, respectively, and an increase in disability-adjusted life years by 1264 units per 100 000 population, with the most pronounced impacts during the accelerated transition phase.”

Aidspan - "Transition" is the Word: What the Global Fund's new allocation letters really mean

<https://www.linkedin.com/pulse/transition-word-what-global-funds-new-allocation-letters-really-brwcf/>

“Since 13 March 2026, the Global Fund to Fight AIDS, Tuberculosis and Malaria has been sending out its Grant Cycle 8 (GC8) Allocation Letters to countries around the world. These letters are not just routine paperwork; **they are the roadmap for how countries will spend money from 2027 to 2029 to fight these three diseases.** However, **this year’s letters come with a stark warning: there is less money available, and the era of relying on foreign aid is coming to an end for many nations.** This article breaks down what these letters say, what has changed, and what it means for people who are affected by the three diseases....”

The *Lancet* Commission on the European Health Union: strengthening the union for and through health

T Bärnighausen et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00807-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00807-X/fulltext)

“We have thus formed the *Lancet* Commission on the European Health Union, bringing together 23 Commissioners from 15 countries with expertise spanning health policy, health economics, health systems research, clinical practice, public health, behavioural science, social and structural determinants of health, data science, innovation research, global health governance, economics, and ethics. **The Commissioners are supported by a Secretariat at the Heidelberg Institute of Global Health, Heidelberg University, Germany.** Working across a range of thematic areas, **this Commission aims to make the case for a substantially expanded and strengthened European Health Union and recommend concrete policies and actions to implement it.** Our work spans several broad themes”

Including: **“... the seventh theme addresses the responsibility and roles of the EU in global health,** building on the EU Global Health Strategy (2022) and working with partners worldwide to boost health care and health in countries connected to Europe through history, trade, and shared health risk exposures...”

David Clarke – Accountability Systems Under Pressure

<https://www.linkedin.com/pulse/accountability-systems-under-pressure-david-clarke-3g5ie/>

“Two stories this week. Different sectors, different jurisdictions, different policy mechanisms. Together, they raise a question that governance practitioners across health systems are actively

working on: **how do accountability frameworks keep pace with complex, fast-moving industries?** ... **"How do accountability frameworks adapt as the industries they govern become more complex, more global, and more technically sophisticated?** That is the tractable policy question this week's evidence helps to sharpen."...

More in particular, in this newsletter issue Clarke focuses on: "... **Pharmaceutical bribery enforcement and AI health regulation** are different problems. But they surface a related **governance challenge that practitioners across health systems are actively engaging with**: how do accountability frameworks, designed at a particular moment, for a particular set of conditions, adapt as the industries they govern become more complex, more global, and more technically sophisticated?..."

Focus 2030 (special edition) – French Presidency of the G7: what are its ambitions in terms of combating global inequality and promoting development?

[Focus 2030](#);

With [Evian approaching \(15-17 June\)](#), this issue provides an overview of some of the priorities of the French G7 presidency. More in particular, re (1) Reducing global macroeconomic imbalances & (2) Reforming the global development framework. Also exploring whether the G7 provides an opportunity to reform the international financial architecture.

PS: a **G7 Development Ministers meeting** took place on 29 April.

The Conversation – Philanthropy is reshaping global health. Here's how

A Littoz-Monet; <https://theconversation.com/philanthropy-is-reshaping-global-health-heres-how-280942>

With focus on: "...**philanthropic organisations are increasingly producing the data, research, and knowledge infrastructures through which global health problems are known, prioritised and eventually governed.** This shift is often presented as pragmatic, in the face of constrained budgets and an [urgent global health crisis](#). Yet **the expanding epistemic presence of philanthropic actors in global health is interrogating, when it shapes the very frameworks through which health issues are understood...."**

Financing for Development Forum New York (20-24 April)

Took place last week.

IISD - ECOSOC Financing for Development Forum Reaffirms Sevilla Commitment

<https://sdg.iisd.org/news/ecosoc-financing-for-development-forum-reaffirms-sevilla-commitment/>

“The FfD Forum’s outcome document **emphasizes the potential of actions listed in the Sevilla Commitment to close the SDG financing gap** and accelerate the Goals’ delivery. It **also prioritizes mobilizing private capital at scale and calls for blended finance to be more closely aligned with national priorities and development impact**. The text **recommits Member States to**, inter alia: preserve the multilateral trading system; advance reform of the international financial architecture; strengthen developing countries’ voice in global economic governance; and improve data and statistical systems to support evidence-based policymaking.”

- See also [In brief - Forum on Financing for Development](#)

“**UN Member States concluded the Financing for Development Forum by adopting a consensus outcome document reaffirming the 2025 Sevilla Commitment as the global road map to fund sustainable development**. The agreement targets **closing a \$4 trillion annual financing gap and advancing the SDGs, with a focus on mobilizing private capital, reforming global financial systems and strengthening data capacity**. Contentious negotiations over language on conflict and tax cooperation were resolved through votes and amendments...”

- And we already flagged this **UN News report**, in a previous IHP newsletter issue - [Time running out on development goals as finance dries up, UN warns](#). (20 April)

Global Policy – While Official Development Assistance collapses, work on alternatives is too slow

Bodo Ellmers; <https://www.globalpolicy.org/en/news/2026-04-14/while-official-development-assistance-collapses-work-alternatives-too-slow>

(15 April) This analysis was written **ahead of the Financing for Development Forum in New York**.

“**This month, the United Nations (UN) and the Organisation for Economic Co-operation and Development (OECD) almost simultaneously released reports on development finance**. The OECD’s data on official development assistance (ODA) for 2025 revealed a dramatic 23.1 percent decline in a single year – the largest drop the world has ever seen. **The UN’s Financing Sustainable Development Report 2026 explores whether other sources of finance might fill this growing development financing gap.**”

“The **Financing for Development Forum [is being] convened in New York from 20-24 April 2026**. In preparation, the UN’s **Financing for Sustainable Development (FSD) Report** was launched on 9 April. **The report focuses on three action areas of the FfD agenda, namely private finance, trade, and data and follow-up. ...**”

“Mobilising more **private capital** is often presented as an alternative to declining ODA. However, research carried out for the FSD report shows that private capital is not a viable alternative for low-income countries as long as borrowing costs remain at such an elevated level. ... Private capital remains unaffordable for many countries as the **price of money** is simply too high. “

“Even **foreign direct investment** by transnational corporations – most of it in the form of equity investment where investors want to make profit but carry the risk – is **on a downward trend**. The **Compromiso de Sevilla**, the political agreement made at FfD4, contains commitments that aim to reduce the costs of capital – for example, by addressing the system of credit ratings and harmful

financial regulation that put unnecessary burdens on banks and drive up the risk premiums for investments in the global South.

Taxation – the other alternative to ODA – is making some progress, but it is very slowly indeed. In the 22 years from 2000 to 2022, the average tax ratio in LDCs increased by just two percentage points, from 10 percent to 12 percent of Gross Domestic Product (GDP). It remains a fraction of the ratio seen in OECD countries. **To make things worse, tax systems in developed economies are around six times more redistributive than in developing countries.** In other words, the tax system does little to transfer wealth or income from the rich to the poor, particularly in countries where a large part of the population lives in poverty. The Compromiso includes commitments to address tax evasion by the super-rich, and to improve tax transparency and international cooperation so that developing countries can collect more tax. ...“

Impact aid cuts

NYT – AIDS Creeps Back in Parts of Zambia, a Year After U.S. Cuts to H.I.V. Assistance

https://www.nytimes.com/2026/04/25/health/pepfar-hiv-aids-zambia.html?unlocked_article_code=1.dIA.Yxc.kc8erneqlZRC&smid=nytcore-ios-share

This article went viral over the weekend. **“A once-robust H.I.V. treatment and prevention system, credited with saving hundreds of thousands of lives, has begun to crumble.”**

PS: **“... The State Department is negotiating new health assistance funding agreements with countries that used to have U.S.A.I.D. support.** These come with conditions, and Zambia’s has proved particularly thorny, because the State Department has tied support for the H.I.V. program to access to the country’s minerals. **The department has warned Zambia that if no agreement is signed by April 30, all U.S. support will end.** Zambia still has the support of the **Global Fund to Fight AIDS, Tuberculosis and Malaria**, but that fund is also heavily reliant on the United States and is cutting its budget...”

“... Without a deal, Zambia will have to take over buying and moving antiretroviral drugs, laboratory chemicals, and H.I.V. tests itself; it is entirely ill prepared to do so. “If the stocks we have are the last we will get, what will we do?” Ms. Lubwasha said. “I always think about it. It will mean death.” ... **Under the terms of a draft agreement seen by The New York Times, Zambia would agree to hire thousands of new health workers, to replace those once paid by the United States.** Dr. Mulenga hopes many will be community health workers who can restore some of the outreach that kept people in care.”

Devex – Aid cuts and a failed deal: Zimbabwe’s frontline health care under strain

<https://www.devex.com/news/aid-cuts-and-a-failed-deal-zimbabwe-s-frontline-health-care-under-strain-112357>

“Deep U.S. foreign assistance cuts and the collapse of a \$367 million health deal have disrupted the system sustaining Zimbabwe’s community health workforce.” In-depth report.

CGD – Cholera Deaths Nearly Doubled in Africa in 2025. Cuts to Aid May Have Contributed

E Kandpal et al ; <https://www.cgdev.org/blog/cholera-deaths-nearly-doubled-africa-2025-cuts-aid-may-have-contributed>

“In October 2025, [we published a blog](#) documenting an emerging but as yet incomplete picture: cholera deaths were on the rise across several sub-Saharan African countries as US aid for water, sanitation, and hygiene (WASH) contracts were cancelled across the continent. Angola, the Democratic Republic of the Congo (DRC), Sudan, and South Sudan, alone, had accounted for over 3,500 deaths by mid-year. [The full-year data](#) are now in for 2025. The picture is, if anything, worse.”

“Across the continent, cholera killed approximately 7,500 people in 2025—nearly twice the roughly 3,800 deaths recorded in both 2023 and 2024. And while case counts are somewhat higher in 2025 than in 2023 or 2024, the death count is markedly higher: people who contracted cholera in 2025 were substantially more likely to die from it than in prior years. **One likely reason: sick people are not getting the help they need. In 2023 and 2024 there were about 16 deaths per 1,000 cholera cases. In 2025, there were 23 deaths per thousand cases....”**

PS: “Our original analysis of the link between cholera mortality and USAID cuts focused on **WASH-specific US contract cancellations**. This update takes a **broader view, using Financial Tracking Service data on total humanitarian funding paid to cholera-affected countries from 2022 to 2025....”**

Bilateral health agreements & US Global health strategy

Reuters – Ghana rejects proposed US health aid deal, citing data concerns, source says

[Reuters](#);

“Ghana has rejected a bilateral health deal with the U.S., a source familiar with the negotiations told Reuters, the latest stumbling block to the Trump administration's effort to overhaul foreign aid.

The government of President John Dramani Mahama balked at terms requiring the sharing of sensitive health data, the source said....”

“... The same issue sank talks with Zimbabwe this year and also prompted a court to suspend implementation of Kenya's deal pending the hearing of a case filed by a consumer protection group.....”

- See also HPW - [Ghana Rebuffs US Health Deal – But South Africa and Zambia Struggle Without Aid](#)

“Trade over aid’: The terms of the Memorandums of Understanding (MOU) that the US is seeking with key countries, as part of its “America First Global Health Strategy” (AFGHSD), are

overwhelmingly transactional. **This week, the US entrenched this approach at the [launch of its 'Trade over Aid' initiative](#) at the New York Stock Exchange, asserting that the free market is the "surest route to economic prosperity"**

"Ghana is Africa's largest gold producer. It is unclear whether the US tried to use its aid offer to extract minerals, as it has in other countries. However, this is unlikely to have gone down well as **Ghana is clamping down on foreign mining operations.** In the past few weeks, the country's Minerals Commission [has given three international firms](#) until the end of the year to transfer their gold mining operations to locals...."

"Ghanaian President John Mahama is also championing the "Accra Reset", launched last year to encourage African countries to invest more of their domestic budgets in their health and depend less on aid. At the same time, Ghana is heavily indebted and recently held off paying newly recruited nurses as it lacked the finances...."

Devex Pro - Scoop: USAID watchdog launches system to flag diverted health supplies

<https://www.devex.com/news/scoop-usaid-watchdog-launches-system-to-flag-diverted-health-supplies-112405>

"For the first six months, the project will focus on the U.S. government's Global Health Supply Chain project, an initiative whose future is still up for debate."

"The [USAID Office of Inspector General](#) is launching a new partnership to detect diversion across the global health commodities that the U.S. ships abroad, creating a system that will flag medications if they show up in a place they aren't supposed to be. "This [memorandum of understanding] will strengthen USAID OIG's investigations into diversion, fraud, and other risks to the pharmaceutical supply chain by leveraging technology to improve visibility, oversight, and coordinated action against the misuse or theft of U.S.-funded global health commodities worldwide," **Sean Bottary, the OIG's acting assistant inspector general for investigations,** wrote in a statement.

Trump 2.0

Devex - House foreign affairs funding bill takes aim at UN, 6% cuts overall

<https://www.devex.com/news/house-foreign-affairs-funding-bill-takes-aim-at-un-6-cuts-overall-112412>

(gated) "The House Appropriations Committee approved the NSRP appropriations bill on a party-line vote on Tuesday. **The bill proposes \$47.32 billion, with multilateral institutions, global health, and humanitarian assistance all taking a hit.**"

Politico – RFK Jr. is holding up \$600M in vaccines for poor countries

<https://www.politico.com/news/2026/04/28/rfk-vaccines-gavi-thimerosal-00893645>

RFK Jr ... “is holding up \$600 million Congress appropriated for the vaccines to pressure the international humanitarian group, Gavi, that distributes them....”

“The U.S. co-founded Gavi a quarter-century ago to get vaccines to the world’s poorest nations and Congress has long provided a big chunk of its budget. But **Gavi says it hasn’t received the money it’s due for the current and last fiscal years, which makes up about 15 percent of its budget. The funds are set to expire on Sept. 30 if the Trump administration doesn’t release them....** Gavi’s funding is officially controlled by the State Department, but Kennedy’s influence shows how his skeptical views about vaccines are still affecting government policy....”

PS: “Kennedy told Shaheen that his **health department and the State Department are also concerned Gavi would funnel U.S. funding to the WHO.** Kennedy said Gavi has refused to say whether it would do that. Both Gavi and the WHO are based in Geneva, Switzerland. **Gavi declined to comment on the issue. “We are continuing to engage with the U.S. government and cannot comment further at this stage,” Gavi said in its statement.**”

“**Sania Nishtar, its CEO,** told the newswire AFP in an interview Friday that **the lack of U.S. funding combined with cuts from other donors has hit Gavi’s malaria program the most.** Gavi has helped deliver 39 million doses of a new malaria vaccine to 25 African countries where the disease is endemic and has been killing mostly children under 5 years old....”

Stat – AIDS group sues Trump administration over undisclosed agreement with Gilead

<https://www.statnews.com/pharmalot/2026/04/28/aids-activist-group-sues-trump-administration-gilead-agreement/>

“The agreement was at the heart of a settlement between the government and Gilead over patents for HIV prevention.”

“An AIDS activist group filed a lawsuit against the Trump administration for failing to disclose a research and development agreement that was at the heart of a settlement between the U.S. government and Gilead Sciences over patents for HIV prevention. The settlement resolved a contentious lawsuit that was filed six years ago by the previous Trump administration after the Centers for Disease Control and Prevention maintained that Gilead infringed its patent rights. The agency had helped fund academic research that later formed the basis for two Gilead HIV pills, Truvada and Descovy. The administration had alleged that Gilead ignored the contributions by CDC scientists, exaggerated its own role in developing HIV prevention drugs, and refused to sign a licensing agreement despite “multiple attempts” at reaching a deal after unfairly reaping hundreds of millions of dollars from research funded by taxpayers....”

Stat - Fauci adviser David Morens indicted on charges of concealing emails, avoiding records requests

<https://www.statnews.com/2026/04/28/fauci-adviser-david-morens-indicted-concealing-emails-avoiding-foia/>

“Charges come after lengthy congressional probes related to the origins of SARS-CoV-2.” *(well, you can't expect anything less from Trump's criminal henchmen)*

“David Morens, a former top National Institute of Allergy and Infectious Diseases official, was indicted yesterday on allegations that he concealed records from Freedom of Information Act requests. In the legal filing, Trump administration officials claim that Morens hid and falsified records to undermine debate about the origins of the virus that spurred the Covid-19 pandemic — and received kickbacks for doing so. Morens' indictment comes after lengthy congressional investigations into the Department of Health and Human Services' handling of the pandemic — especially [issues](#) related to the origins of the virus.”

UHC & PHC

Lancet – WHO global rehabilitation indicators meet rising health needs

W de Groote et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00744-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00744-0/fulltext)

“At its 158th Executive Board, the Director-General of WHO presented a report outlining global indicators to monitor the integration of rehabilitation into health systems. The indicators were selected following a member states consultation between November, 2024, and March, 2025. This milestone follows the 2023 World Health Assembly (WHA) 76.6 Resolution for strengthening rehabilitation in health systems, which calls for developing rehabilitation services at all levels of the health system to address huge unmet population needs.... “

“In response to the WHA Resolution's request, an additional effective coverage indicator was developed, methodologically requiring the selection of a tracer health condition, to serve as a tracer indicator for health system performance assessment. The WHO global rehabilitation indicators are intended to **shift the focus of global health assessment from mortality and morbidity to include functioning as a third fundamental health outcome....** ... The WHA Resolution requests the WHO Director-General to **publish the first global status report on rehabilitation and the global indicators could serve as a baseline.** These metrics must be integrated into national health information systems with the support of WHO, non-state actors, development partners, and academic institutions. **By adopting and funding data collection for these indicators, countries can make rehabilitation visible, ensuring that every person affected by disease or injury, every ageing person, and everyone experiencing disability has a measurable path to a life of independence and participation.”**

TB Vaccine Accelerator Forum (27-28 April) & more on TB

“WHO hosted the first global [Tuberculosis Vaccine Accelerator Forum](#) from 27-28 April 2026. The Forum [brought] together global, regional and country-level health leaders, stakeholders, funders, representatives of TB Vaccine Accelerator working groups and other vaccine development partners to review progress made, from product development through to implementation preparedness for novel TB vaccines for adults and adolescents....”

- For more, see WHO - [Global forum takes stock of progress on new TB vaccines for adults and adolescents](#)

“Participants at a technical summit on progress to accelerate availability of and access to novel tuberculosis (TB) vaccines for adults and adolescents reviewed activities underway through the TB Vaccine Accelerator working groups and other initiatives. “

...“For the first time in over a century, new, effective TB vaccines for adults and adolescents are within reach that have the potential to drive down illness and deaths and generate significant savings for health systems and households alike,” said **Dr Jeremy Farrar**, WHO Assistant Director-General for Health Promotion, Disease Prevention and Care, in his opening remarks at the Forum. ...”

BMJ GH - Orchestrating faster access to products of non-profit R&D: a case study of a novel regimen for drug-resistant tuberculosis

S Moon et al; <https://gh.bmj.com/content/11/4/e021596>

“Non-profit product development partnerships (PDPs) have succeeded in bringing nearly 80 new drugs, vaccines and diagnostics for neglected diseases through regulatory approval, but arrangements to ensure they reach patients are unclear since the usual commercial incentives do not apply. We conducted a case study of how unusually fast access was achieved to a new treatment regimen for drug-resistant tuberculosis (DR-TB) developed by the TB Alliance (TBA). Over 100 countries procured the regimen in quantities to reach 67% of global demand by 2024, 5 years after first regulatory approval and 2 years after the WHO recommended it for routine use. What interventions contributed to this rapid rollout, and what role did the PDP play?...”

- And related **press release:** [TB Alliance - Academic Study Finds TB Alliance’s Access Approach Successfully Accelerated Uptake of New TB Treatments](#)

“A new peer-reviewed study led by the Geneva Graduate Institute finds that TB Alliance’s approach to expanding access to new treatments for drug-resistant tuberculosis (DR-TB) has been highly effective, demonstrating how coordinated, nonprofit-led efforts can rapidly translate scientific innovation into real-world impact on people affected by TB.”

“Published in BMJ Global Health, the study examines how access to pretomanid and the BPaL/M regimens, developed by TB Alliance, expanded at an unprecedented speed. These newer regimens shorten DR-TB treatment, reduce the burden on people and health systems, and improve treatment outcomes. By 2024, more than 100 countries had ordered pretomanid in volumes sufficient to meet approximately 63% of global demand—just two years after the World Health Organization

recommended the BPaL/M regimens for the treatment of most forms of DR-TB. This represented a significantly faster pace than had typically been seen in global health, where access to new innovations historically took 7-9 years to scale broadly.”

“... The study identifies TB Alliance as a central orchestrator in accelerating access, coordinating a wide range of interventions across regulatory, market, and country implementation domains. These included supporting regulatory and normative processes, shaping markets to ensure affordability and availability, and enabling countries to adopt and scale new regimens through knowledge generation, stakeholder engagement, and technical assistance.”

PS: “Lead author, Professor Suerie Moon, Co-Director of the Global Health Centre at the Geneva Graduate Institute, emphasized the broader implications of the findings, noting, “This study shows that nonprofit drug developers can deliver rapid patient access, but it’s far from simple. It requires orchestrating a complex set of interventions and actors across multiple levels over many years, starting already in the R&D phase. Nonprofit product developers, like TB Alliance, are well positioned to do so because of their knowledge, relationships, and public interest missions, but they need clear mandates and sustained support to do so effectively.....”

More on Health Emergencies

TGH – Tracking Measles and the World's Vaccine-Preventable Diseases

<https://www.thinkglobalhealth.org/article/vaccine-preventable-disease-a-global-tracker>

(IHME Resource) “Think Global Health's disease tracker allows people from all regions to follow how and where these outbreaks develop alongside global shifts in access to vaccines. **This weekly map visualizes outbreaks of nine childhood diseases in collaboration with the International Society for Infectious Diseases....”**

Covid

Stat – What happened to Covid?

[Stat](#) ;

Interesting & recommended analysis. “The threat of the virus has clearly subsided, but opinions vary on how much and who remains at risk.”

“In 2020 and 2021, the SARS-CoV-2 virus killed an estimated 15 million people across the globe. Six years later, it’s mostly a political football. Over the past two winters, the flu sickened more people than Covid. So what happened? STAT’s Helen Branswell spoke with experts about the changing Covid landscape, including the latest on immunity, deaths, booster shots, and more. “The patterns indicate that new strains are relatively more capable of overcoming our immune responses, but the infection outcomes are more mild,” virologist Vineet Menachery wrote in an email. **While some**

experts believe that Covid has developed into more of a nuisance illness than a perilous threat, not everyone agrees. ...”

“... Most experts suggested we and the virus have changed so much in the years since SARS-2 first emerged that, **for many people, it’s effectively become one of the panoply of respiratory viruses that can sicken us, like flu or RSV or the viruses that cause what we call the common cold.** But for some individuals, it still represents a significant risk....”

PS: “A further sign of the times: **Gavi, the Vaccine Alliance, which helps lower-income countries purchase vaccines, discontinued its support for Covid vaccine purchases at the end of 2025....”**

NCDs & Commercial Determinants of Health

WHO - Efforts to eliminate hepatitis delivers gains but more action needed to meet 2030 targets

<https://www.who.int/news/item/28-04-2026-efforts-to-eliminate-hepatitis-delivers-gains-but-more-action-needed-to-meet-2030-targets>

“Global efforts to combat viral hepatitis are delivering measurable progress in reducing infections and deaths, but the disease remains a major global health challenge, according to a new World Health Organization (WHO) [report](#) released today at the World Hepatitis Summit.”

“Viral hepatitis B and C – the two infections responsible for 95% of hepatitis-related deaths worldwide – claimed 1.34 million lives in 2024, the latest data show. At the same time, transmission continues, with more than 4900 new infections every day, or 1.8 million each year.”

“The 2026 Global hepatitis report documents significant gains made since 2015. The annual number of new hepatitis B infections has dropped by 32% and hepatitis C-related deaths have fallen by 12% globally. Hepatitis B prevalence among children under five has also decreased to 0.6%, with 85 countries achieving or surpassing the 2030 target of 0.1%....”

“ ... Updated WHO estimates indicate that 287 million people were living with chronic hepatitis B or C infection in 2024. That year, 0.9 million people were newly infected with hepatitis B. The WHO African Region accounted for 68% of new hepatitis B infections, yet only 17% of newborns in the region received the hepatitis B birth-dose vaccination. A further 0.9 million hepatitis C infections were recorded in 2024. People who inject drugs accounted for 44% of new infections, highlighting the urgent need for stronger harm reduction services and safe injection practices.

“Of the 240 million people with chronic hepatitis B in 2024, fewer than 5% were receiving treatment. Only 20% of people with hepatitis C have been treated since 2015, when a new 12-week treatment with a cure rate of about 95% became available..... As a result of limited access to prevention and care, in 2024 an estimated 1.1 million people died from hepatitis B and 240 000 from hepatitis C.”

Lancet (Diabetes & Endocrinology) series on Diabetes

<https://www.thelancet.com/series-do/diabetes-in-sub-saharan-africa>

“Diabetes is one of the fastest growing global health challenges of the 21st Century with the rate of increase projected to be highest in Sub-Saharan Africa in the coming years. This rise is driven by a combination of biological, social, and economic factors, many of which are unique to the region and contribute to distinct and emerging clinical phenotypes that require context specific approaches. Current challenges include a scarcity of high-quality country data sources, weak healthcare infrastructure leading to delayed diagnosis, limited access to essential medicines and devices, and a high burden of diabetes-related complications. This four paper Series (in *The Lancet Diabetes & Endocrinology*) builds upon our previous Series published in 2017 and examines the burden and determinants of diabetes in sub-Saharan Africa, diabetes-related complications and multimorbidity, and strategies to strengthen diabetes care.”

Lancet Editorial – Liver health: a neglected aspect of the NCD agenda

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00710-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00710-5/fulltext)

Editorial linked to the second EASL–*Lancet* Liver Commission with the aim of moving from evidence to implementation to achieve improved and sustainable liver health in Europe. (EASL stands for ‘European Association for the Study of the Liver’)

PS: “... There is now an opportunity for concerted action. **Countries should adopt the upcoming WHA resolution and incorporate liver health into their NCD strategies....”**

- Related Lancet Commission: [Implementing sustainable liver health in Europe: a second EASL–Lancet Commission](#)

Lancet Letter - Ultra-processed food policy must regulate the screen as well as the street

Y Hu ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00686-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00686-0/fulltext)

“Gyorgy Scrinis and colleagues make a strong case for moving ultra-processed food (UPF) policy beyond narrow reformulation agendas towards broader fiscal, labelling, marketing, and retail measures. Yet one policy domain remains underdeveloped in this discussion: the digital food environment....”

“I therefore suggest one addition to the policy agenda proposed by Scrinis and colleagues: treat digital food environments as a policy domain in their own right...”

Human Resources for Health

BMJ GH - No health without workforce: reinforcing public health capacity amidst global shifts

T Correia et al ; <https://gh.bmj.com/content/11/4/e020402>

“Global shifts in funding, geopolitics and health priorities are threatening the sustainability of public health systems. A **resilient public health system depends on a skilled, professionalised workforce capable of delivering essential public health functions. National Public Health Institutes, academic institutions and associations play a critical role in strengthening workforce capacity.** Urgent policy action is needed to **embed public health workforce development into national health planning and investment agendas.**”

Women Deliver (Melbourne)

Devex Pro - The CEO reshaping Women Deliver after its reckoning

<https://www.devex.com/news/the-ceo-reshaping-women-deliver-after-its-reckoning-112373>

(gated) “Taking the helm after allegations of racism and harassment rocked the organization, **Maliha Khan is steering a transformation — questioning power, aid, and who should lead gender equality efforts.**”

“**Maliha Khan arrived as president and CEO of [Women Deliver](#) in 2022** as a “direct result” and as part of an “existential transformation” following allegations of racism and harassment within the global advocacy organization, she said. A queer immigrant woman of color and a Muslim, her candid acknowledgement of her sexuality from the first day in the job marked a milestone in her professional journey. **Nearly four years on, as the group gears up to host its flagship conference in Melbourne from April 27-30, during a time of heightened global instability, growing attacks on women’s rights, and funding pressures, Khan said that the organization had to ask some hard questions and is now a very different organization as a result.**”

“**“Women Deliver became a little bit of a poster child for something that’s very, very endemic within the system,** within so many institutions and organizations,” says Khan, a queer immigrant woman of color and a Muslim. “I’m not saying that those things weren’t true,” she adds. “It was symptomatic of so many other institutions and organizations. It just became a lot more public for Women Deliver, and therefore became a lot more existential for the organization to radically transform.”...”

“... But Khan was **clear about what she thinks large development organizations should deliver, stressing that it’s on local people and national governments to cement change.** “I hope that the time of asking an international organization that frankly has no business to have accountability or to do work in these contexts is gone, and we actually move the right question, which is **how have those institutions that are grounded in Africa, that are run by Africans, have that accountability,**” she says....”

Melbourne Declaration for Gender equality

<https://womendeliver.org/wp-content/uploads/2026/04/The-Melbourne-Declaration-for-Gender-Equality.pdf>

The **Melbourne Declaration for Gender Equality was launched** earlier this week at the Women Deliver conference: “... the result of that collective work, our **shared vision for gender equality rooted in care, solidarity and justice**. A commitment to centering States’ human rights obligations to all people and the planet in the work we all do.”

“Rebalancing the Ecosystem for Accountability, Rights, and a Future of Gender Equality A world where States respect, protect, and fulfill human rights; where feminist movements and civil society have the resources, space, and legitimacy to hold States accountable; and where the wider gender equality ecosystem aligns its resources and influence behind that work.”

SRHR

Reuters - Pope Leo signals shift away from Catholic Church's focus on sex

[Reuters](#)

“Pope Leo says sexual ethics should not take priority for Church; First U.S. pope says Church should focus on inequality, justice; LGBTQ Catholics praise pope's approach.”

“Pope Leo's four-nation Africa tour featured firm denunciations by the pontiff of despotism and war and also unprecedented attacks from U.S. President Donald Trump that grabbed headlines. But a **smaller moment, in which the pope said the Catholic Church should prioritise questions of inequality and justice over those of sexual ethics, may prove to be of longer-lasting importance for the Church's 1.4 billion members, said experts....”**

““The unity or division of the Church should not revolve around sexual matters,” Leo, the first U.S. pope, said in a press conference on his flight home on Thursday, answering a question about how the Church considers same-sex marriage. **“I believe there are much greater and more important issues such as justice, equality... that would all take priority before that particular issue,”** he said.”

“Marianne Duddy-Burke, executive director of Dignity USA, a group that supports LGBTQ Catholics, called the pope's remarks “a **very significant and overdue reorientation of priorities**”. **Priests and bishops in the global Church have long emphasised as high priorities its teachings on sexual issues, including its bans on abortion, birth control and same-sex marriage....”**

“... Rev. James Keenan, an academic at Boston College, called **Leo's approach new for the global Church**. **The pope is “stating that the Vatican has a hierarchy of concerns and the perception that matters of sexuality have singular priority of place is not the case,”** said Keenan, a Jesuit priest who founded a global network of Catholic academics focused on ethical issues. **“This is clearly a prudential judgment by the pontiff... that issues of blessing gay marriage ought not eclipse more immediate challenges of dictatorships and war,”** said Keenan....”

Lancet Offline – Ten lessons for women's and children's health

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00801-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00801-9/fulltext)

Five lessons from the past from Horton (building on the work so far of the RMNCAH movement), and **five for the future**.

Must-read.

Guardian – Toxins plus climate harms likely cause of reduced fertility, study finds

<https://www.theguardian.com/science/2026/apr/26/toxic-exposure-climate-crisis-study>

“Researchers find ‘alarming’ effect on fertility across global species from simultaneous exposures.”

“Simultaneous exposure to toxic chemicals and climate change’s impacts likely generates an additive or synergistic effect that increases reproductive harm, and may contribute to the broad global drop in fertility, new [peer-reviewed research finds](#). The review of scientific literature considers how **endocrine-disrupting chemicals, often found in plastic, coupled with climate change’s effects, such as heat stress, are each linked to reductions in fertility and fecundity** across global species – including in humans, wildlife and invertebrates....”

Devex Pro - Who decides how midwives are funded?

<https://www.devex.com/news/who-decides-how-midwives-are-funded-112350>

(gated) “Global health agencies agree on the need for more midwives, but fragmented budgets, donor dependence, and fiscal constraints are shaping who actually gets hired.”

“When global health leaders [gathered in Nairobi](#), Kenya, for **the International Maternal Newborn Health Conference**, discussions reflected a growing urgency to accelerate progress in maternal and newborn health — but also **exposed persistent gaps in how health systems are financed and sustained**. One area where that gap is particularly visible is the midwifery workforce. The latest estimates point to a **global shortage of nearly 1 million**, a deficit that continues to widen even as **midwives are widely recognized as capable of delivering up to 90%** of essential maternal and newborn health services. But this consensus on their value hasn’t translated into consensus on who pays....”

Santa Marta conference in Colombia (28-29 April)

With some **news snippets** from the conference, and towards the end of this subsection, **overall analysis**.

Guardian – New global panel aims to accelerate move away from fossil fuels

<https://www.theguardian.com/environment/2026/apr/25/new-global-panel-aims-to-accelerate-move-away-from-fossil-fuels>

“A panel of global experts has been launched to provide scientific input for countries that want to reduce their dependence on fossil fuels and manage the growing risks of high oil prices, geopolitical conflict and extreme weather damage. The initiative was announced on the opening day of a groundbreaking climate action meeting in Santa Marta, where the Colombian hosts set out a draft roadmap for their own national energy transition....”

“... The new science panel for global energy transition is intended to add intellectual weight to those efforts. Experts in climate, economics and technology will offer advice to policymakers looking to create roadmaps out of the fossil fuel era. Based partly on the model of the UK’s climate change committee, it includes national and sector-level milestones for eliminating fossil fuels in line with scenarios that return global heating to 1.5C by the end of the century.”

“The panel will be chaired by Vera Songwe, the Cameroonian co-chair of the High Level Expert Panel on Climate Finance; Ottmar Edenhofer, the German director and chief economist of the Potsdam Institute for Climate Impact Research; and Gilberto M Jannuzzi, a Brazilian professor of energy systems at Universidade Estadual de Campinas.... the initiative ... has been convened by Johan Rockström of the Potsdam Institute for Climate Impact Research and Carlos Nobre of the University of São Paulo.....”

- See also [Climate Change News - New panel of climate scientists calls for fossil fuel transition roadmaps](#)

“A new panel of experts, bringing together some of the world’s top climate scientists, has called on governments to develop roadmaps for phasing out fossil fuels “anchored in science and justice”. Launched on Friday in Santa Marta, Colombia, along with a set of 12 initial policy recommendations, the panel’s appeal came ahead of a key ministerial meeting on equitable ways to reduce dependence on coal, oil and gas during next week’s “First Conference on Transitioning Away from Fossil Fuels”

“Science is here to serve,” Rockström said. “We’re today launching the Science Panel for the Global Energy Transition (SPGET) as a service, as a global common good for all countries, all sectors, all regions to connect to the best science enabling a transition away from fossil fuels.” The panel is urging countries to create “whole-of-government” plans to “dismantle legal, financial and political barriers” to the energy transition. Its insights are intended to inform top officials from 57 governments who will gather in Santa Marta for high-level discussions on Tuesday and Wednesday.”

“... Under the 12 insights for the Santa Marta process, the panel recommended banning new fossil fuel infrastructure, mandating “deep cuts” in methane emissions, implementing carbon levies on imports, and de-risking clean energy investments via interventions from central banks, among others.”

Geneva Solutions - Nations committed to fossil fuel exit to gather in Santa Marta as new climate diplomacy takes shape

<https://genevasolutions.news/climate-environment/nations-committed-to-fossil-fuel-exit-gather-in-santa-marta-as-new-climate-diplomacy-takes-shape>

re a new kind of multilateralism.

“Colombia's Caribbean port city is **hosting an experiment in climate diplomacy this week – excluding the nations most responsible for holding it back.....**

PS: **“Campaigners are also pushing for the conference to lay the diplomatic groundwork for a fossil fuel non-proliferation treaty – a binding agreement to halt new coal, oil and gas extraction while phasing out current production in a just manner. The proposal has broad backing from civil society and international organisations, including the World Health Organization. But government support has been slow to follow. Only a few dozen nations, mostly small island states with the most to lose, have thrown their weight behind it. That may be shifting. Colombia became the first major oil-producing nation to join in 2023.....”**

Guardian – Middle East crisis could cost world \$1tn while oil firms make ‘obscene’ profit, analysis finds

<https://www.theguardian.com/environment/2026/apr/28/middle-east-crisis-oil-firms-profit-colombia-conference>

“Climate group calls for urgent windfall tax on excess fossil fuel profits, as delegates tell Colombia conference their nations are suffering.”

“Even if the strait of Hormuz swiftly returns to normal operations, the burden of elevated oil and gas prices will reach about \$600bn, according to recent International Monetary Fund figures analysed by the climate campaign organisation 350.org. Should the supply disruption continue, the economic hit to households, businesses and governments could surge above \$1tn, it said.”

“350.org has called for an urgent windfall tax on excess profits, which could raise money for social protection and investments in renewables that are cheaper, cleaner and more reliable than fossil alternatives....”

Ps: **“In the longer term, the Planetary Guardians group of former statespeople, scientists and activists warned against propping up industries that were a cause of many of the world’s problems. Even before the Iran war, they calculated governments were spending \$1.9m every minute, about \$1.05tn a year, subsidising the fossil fuel system. Mary Robinson, a former president of Ireland, said: “Citizens pay for this three times over: at the gas pump, through taxes, and through the damage fossil fuels cause to public health, the planet, and economies.” The Planetary Guardians estimate that for every dollar spent on direct fossil fuel subsidies, the poorest 20% of households receive just 8 cents, while the wealthiest 50%, who use more cars, air conditioning and planes, capture nearly 75% of the benefits....”**

Guardian – Clean energy switch must not be excuse to plunder Indigenous lands, say leaders

<https://www.theguardian.com/world/2026/apr/27/clean-energy-switch-must-not-be-excuse-to-plunder-indigenous-lands-say-leaders>

“Global conference told benefits should not come at expense of well-protected environments.”

PS: “... The International Institute for Sustainable Development (IISD) published research at the conference showing the vast financial support planet-heating fossil fuels continue to receive. In 2024, the report says, fossil fuels globally received \$1.2tn of subsidies and other forms of support from the public purse, in contrast to the \$254bn of support that went towards clean energy...”

Global movements unite in Santa Marta to launch “People’s Declaration for a Rapid, Equitable, and Just Transition for a Fossil-Free Future” ahead of historic climate conference

<https://fossilfreerising.org/declaration-press-release>

“The Declaration frames the climate crisis as a direct consequence of a global system rooted in capitalism, colonialism, and militarism, explicitly linking fossil fuel dependence to geopolitical aggression. It issues an urgent call to governments to recognize the massive ecological debt owed by the Global North to the Global South. “The coalition demands that the upcoming “coalition of the willing” commit to concrete binding mechanisms for a fast, fair, and funded fossil fuel phaseout—one that rejects false solutions and delivers unconditional, non-debt-creating public finance and full reparations essential for the survival of communities and the planet....”

The declaration **outlines 15 principles for a just transition.**

Climate Change News - Santa Marta: Ministers grapple with practicalities of fossil fuel phase-out

<https://www.climatechangenews.com/2026/04/28/santa-marta-ministers-grapple-with-practicalities-of-fossil-fuel-phase-out/>

“Around 60 governments that want to make progress on transitioning away from coal, oil and gas are meeting in Colombia to **work out how they can do it an equitable way.**”

“Meanwhile, a group of 18 nations – made up mostly of small island states and the host country Colombia – called on the summit to recognise the “urgent need to negotiate a new international instrument” for leaving coal, oil and gas beneath the ground. They are pushing for the conference to back a formal negotiation process for a binding “Fossil Fuel Treaty” and to make progress on new mechanisms for international cooperation and finance, including an importers-exporters club, a global just transition fund and a debt resolution facility. ...”

Guardian – ‘Suicidal’ model of capitalism leading to war and fascism, climate summit told

<https://www.theguardian.com/environment/2026/apr/29/capitalism-colombia-climate-summit-gustavo-petro>

“Colombia president Gustavo Petro tells 57-country talks on a green energy transition that fossil fuel interests could destroy humanity ... The world is threatened by a “suicidal” model of capitalism that is leading to war, fascism and the potential extinction of humanity, Colombia’s president has said....”.

“Gustavo Petro blamed fossil fuel interests for taking ever more desperate measures to prevent a transition to green energy. “There is inertia in the power and the economy of this archaic form of energy – fossil fuels – that lead to death. Undoubtedly, that form of capital can commit suicide, taking with it humanity and [other] life,” he said. **“The question that needs to be asked is whether capitalism can truly adapt to a non-fossil energy model.”** “

Ps: **“Some countries have already started working on roadmaps to phase out fossil fuels. Colombia published its draft plan last week and, on Tuesday, France became the first developed country to release a national roadmap to phase out fossil fuels,** which included a timetable to remove coal from its national grid by 2027, end oil dependency by 2045 and fossil gas by 2050.”

PS: “... As countries got down to detailed discussions of timetables for action, and boosting low-carbon technologies, **one key message emerged from developing countries and finance experts: that addressing debt must be a central plank of any global platform of climate action.** Tzeporah Berman, founder and chair of the Fossil Fuel Treaty Initiative, said: “There are many fossil-fuel producing countries in the global south that are being pushed into expanding fossil fuel production just to feed their debt. **“There is an expanding debt crisis in the global south. It is impossible for countries to even imagine a fossil fuel transition with such limited fiscal space.”** **Debt in Africa alone has doubled in the last five years to more than \$1tn.** Rising interest rates, imposed by central banks to dampen inflation caused in part by fossil fuel crises, are adding to the burden, while soaring fuel and food prices are placing further demands on stricken economies....”

AP – Countries end Colombia fossil fuel summit with focus on next steps and financing

<https://apnews.com/article/climate-change-fossil-fuels-colombia-takeaways-fa4bc18a9ca20abcb61b26ba3aa9717a>

Overall analysis & recommended.

“A first-of-its-kind international conference on [moving away from fossil fuels](#) wrapped up in Colombia Wednesday with a clear message: the **global conversation has shifted from whether to phase out oil, gas and coal to how to do it, [with financing emerging](#) as one of the biggest obstacles....”**

- See also the Guardian – [‘Historic breakthrough’: Colombia climate talks end with hopes raised for fossil fuel phaseout](#)

“Nearly 60 countries back voluntary roadmaps to wean world off coal, oil and gas, at conference prompted by frustration with UN climate summits.”

- And for an **overview of all the key outcomes in Santa Marta**, see Carbon Brief - [Key outcomes from first summit on ‘transitioning away’ from fossil fuels](#)

“Countries attending a first-of-its-kind summit have walked away with plans to develop national roadmaps away from fossil fuels, along with new tools to address harmful subsidies and carbon-intensive trade.”

More on Planetary Health

Climate Change News – New loss and damage fund could run out of money next year

<https://www.climatechangenews.com/2026/04/24/new-loss-and-damage-fund-could-run-out-of-money-next-year/>

“Unless there are more donations, the Fund for Responding to Loss and Damage could give out all its money by the end of 2027.”

Devex Pro - Could the 2026 Brazilian election derail COP30’s crown jewel?

<https://www.devex.com/news/could-the-2026-brazilian-election-derail-cop30-s-crown-jewel-112384>

“With Brazil’s election looming, the Tropical Forest Forever Facility faces a race to secure \$10 billion, formalize governance, and prove it can survive a political shift.”

“Brazil is heading toward an Oct. 4 election in which opposition candidate Sen. Flávio Bolsonaro — the son of the former President Jair Bolsonaro, whose administration was widely criticized for weakening environmental enforcement — is statistically tied with Lula, according to a BTG Pactual/Nexus poll released Monday. Now, some fear that under a Bolsonaro presidency, Brazil could pull out of TFFF, depriving it of its most fundamental leader. With donor countries under fiscal pressure and aid budgets shrinking, TFFF’s coffers hold \$6.7 billion — short of the \$10 billion needed by the end of 2026. The vehicle meant to receive those funds has also yet to be formalized....”

Guardian – Critical minerals are ‘oil of 21st century’ as demand fuels poverty and pollution in poorer countries

<https://www.theguardian.com/global-development/2026/apr/29/critical-minerals-are-oil-of-21st-century-as-demand-fuels-poverty-and-pollution-in-poorer-countries>

“Rush for lithium, cobalt and nickel is ravaging livelihoods, water and health of world’s most vulnerable, UN study says.”

“Critical minerals such as lithium, cobalt and nickel are becoming the “oil of the 21st century” as the scramble for precious metals deepens poverty and creates public health crises in some of the world’s most vulnerable communities, a [report by the UN’s water thinktank](#) has found. The investigation by the United Nations University Institute for Water, Environment and Health ([UNU-INWEH](#)) concluded that the growing demand for [lithium, cobalt and nickel](#) used in batteries and microchips is draining water supplies, eroding agriculture and exposing communities to toxic heavy metals....”

“... The report found that while EVs may reduce emissions by consumers in North America and Europe, the **environmental and health costs are borne by communities far away, in the mining regions of Africa and Latin America....”**

Access to medicines, vaccines & other health technologies

Aidspan (on LinkedIn)- Lenacapavir and the real access test

C D Kamgain; <https://www.linkedin.com/pulse/lenacapavir-real-access-test-aidspan-u8ntf/>

Must-read analysis. With **focus on South-Africa**. A few excerpts:

“For a country hoping to bend the curve of a generalized epidemic, a few hundred thousand doses are a beginning, not a solution. **The practical concern raised by South African officials and advocates is therefore well founded: if the country is serious about ending AIDS as a public health threat, it needs a far larger, more reliable and more affordable supply base than the current arrangements provide. This also explains why the licensing question has become so contentious.** In 2024, Gilead granted six voluntary licences to manufacturers in India, Egypt and Pakistan to supply 120 low- and middle-income countries. No South African manufacturer was included, despite South Africa’s major role in the epidemic, its research contribution, and its existing pharmaceutical base. Reuters reported that Gilead later indicated it was open to an additional licence for a South African producer, subject to assessment of manufacturing standards. That matters, because the issue is not only fairness. It is whether supply can be expanded in a way proportionate to need....”

“.... **There is of course a political dimension, and it resonates strongly in South Africa. The argument over Lenacapavir recalls the country’s earlier battle over access to antiretroviral medicines**, when 39 pharmaceutical companies challenged the South African government over the 1997 Medicines Act in a case that became a defining moment in the global access-to-medicines movement. That history matters because it reminds us that South Africa has long had to fight not only the virus, but also the rules governing who may produce and distribute life-saving tools....”

“**But the present dispute is not a simple replay of that earlier struggle. South Africa today is not merely demanding lower prices for imported products. It already manufactures antiretrovirals and pays for most of its HIV response from domestic resources. The stronger argument, then, is not just that Africa should not remain dependent on others in principle. It is that South Africa has both the epidemic burden and the institutional basis to justify a more central role in production.** Putting such a country at the mercy of limited external allocations makes little strategic sense for South Africa or for the wider African response....”

And re the **Global Fund & market shaping**: “... **market shaping has limits**. It is most effective when there are multiple producers, expanding manufacturing capacity and a pathway from donor-supported introduction to durable, large-volume supply. **In the case of Lenacapavir, the problem is that supply still originates from a tightly controlled licensing architecture, with too few producers and volumes that remain small relative to need in high-burden settings.** The Global Fund can shape that market; it cannot by itself create full manufacturing pluralism or override the strategic choices of the patent holder. That is why South Africa’s push for local production matters so much. It is not an alternative to market shaping. It is what market shaping needs to become structurally meaningful....”

And so, this is “... **the real access test**. If Lenacapavir remains scarce, centrally controlled and dependent on narrow licensing decisions, it will remain a breakthrough for some rather than a turning point for the epidemic. If, however, South Africa can secure reliable supply, build or prove manufacturing readiness, and integrate the product into a response it already largely finances itself, then Lenacapavir could become something more important: not just a scientific advance, but a practical tool deployed at the scale a generalized epidemic demand.”

A Biopharmaceutical Superpower: China’s Rise, Its Limits, and What Comes Next

Yanzhong Huang ; <https://cirsd.org/horizon-article/a-biopharmaceutical-superpower-chinas-rise-its-limits-and-what-comes-next/>

“...This essay examines how China became a biopharmaceutical superpower, the drivers behind its rise, the implications for global health governance, the limits of its model, and the policy choices facing China and the United States....”

- And a link: [Canada becomes the first G7 country to approve a generic version of semaglutide](#)

Conflict/War & Health

Guardian – Calls for humanitarian corridor through strait of Hormuz as Iran war hits vital aid

<https://www.theguardian.com/global-development/2026/apr/29/humanitarian-corridor-strait-of-hormuz-iran-war-hits-vital-aid>

“Soaring oil prices and the blockade are preventing food, fuel and medicine being delivered to millions of people in desperate need, say NGOs.”

AI & Health

Nature Medicine (News) - Who owns my health data?

<https://www.nature.com/articles/s41591-026-04378-7>

“The geopolitics driving artificial intelligence superpowers is reshaping biomedical datasets, and who has access to them.”

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

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

“OpenAI has announced plans to introduce advertising within free and low-cost versions of ChatGPT, alongside voluntary safeguards including separation of advertisements from responses, privacy protections, exclusion of users younger than 18 years, and limits on advertising around sensitive topics such as health. **This shift was predictable, given the substantial losses associated with capital-intensive artificial intelligence (AI) models and the proven profitability of targeted advertising on digital platforms, and could signal a broader industry pivot, with other providers likely to follow. From a commercial determinants of health perspective, this development warrants urgent scrutiny.** The change extends advertising infrastructures that have long shaped social norms and consumption of health-harming products into conversational systems increasingly relied upon for therapeutic support, companionship, and sensitive advice....”

Miscellaneous

WB - Regional Launch of “Fit to Prosper”: Investing in Health for Jobs and Development in Western and Central Africa

<https://www.worldbank.org/en/news/press-release/2026/04/27/regional-launch-of-fit-to-prosper-investing-in-health-for-jobs-and-development-in-western-central-africa>

Coming up next week (4 May): “**Countries in Western and Central Africa** face growing pressure on their health systems as financing tightens and health needs expand due to population growth, disease outbreaks, climate shocks, and a rising dual burden of disease. **In response, the World Bank Health, Nutrition and Population strategy, *Fit to Prosper: Investing in Health for Jobs and Development in Western & Central Africa***—aligned with the Accra Reset, the Lusaka Agenda, and the World Bank Group’s commitment to Universal Health Coverage—**provides a framework to help countries prioritize and make strategic shifts within constrained fiscal space, while advancing the Africa Initiative for Medical Access and Manufacturing (AIM2030)** to support local manufacturing of essential health products, strengthen health security, and create jobs....”

“The **World Bank Group, in partnership with the Government of Ghana and the Global Financing Facility (GFF), will convene a high-level regional launch of the Strategy on Monday, May 4th, 2026,**

in Accra. The launch will be presided by **H.E. John Dramani Mahama**, President of the Republic of Ghana....”

Devex (Opinion)- Why don't proven health interventions reach people who need them?

By Dr. Tom Frieden et al; <https://www.devex.com/news/why-don-t-proven-health-interventions-reach-people-who-need-them-112315>

“The “**best buys**” approach in global health has led to progress but is fragmented, inefficient, and incomplete. **Investing in specific, accountable delivery platforms outperforms funding interventions alone.**”

Reuters – HIV patients in Senegal skip treatment, fearing arrest amid anti-LGBTQ crackdown

Reuters:

“**Unpublished data shows drop in visits to HIV treatment centres; Scores arrested on suspicion of 'acts against nature'**. Anti-LGBTQ law passed in March doubles maximum prison term. **Senegal seeing rise in new HIV infections.**”

UN News - Afghanistan risks losing 25,000 women teachers and health workers

<https://news.un.org/en/story/2026/04/1167389>

“**Restrictions on girls' education and women's employment in Afghanistan could leave the country with a deficit of over 25,000 female teachers and health workers by 2030, the UN Children's Fund (UNICEF) warned on Tuesday.**”

“The agency said the crisis is already depriving children of learning and healthcare, while also weakening Afghanistan's economy and the essential services that depend on trained women professionals.” Cfr **A new UNICEF analysis, *The Cost of Inaction on Girls' Education and Women's Labour Force Participation in Afghanistan...***”

... The report says that **Afghanistan faces a dual crisis: losing trained female professionals while preventing the next generation from replacing them.** By 2030, the country could lose up to 20,000 women teachers and 5,400 healthcare workers, according to the analysis....”

Global health governance & Governance of Health

UN80 - Comprehensive Guide - UN80 Initiative: Progress and Next Steps

27 April; <https://www.un.org/un80-initiative/en/media/587>

“This comprehensive guide brings together **one-page summaries of all the work packages that together make up the UN80 Initiative Action Plan**. It provides comprehensive coverage of all three UN80 Initiative workstreams. Its purpose is to provide Member States with a clear and practical overview of where work packages stand and the pathways to decision-making.”

- Related: **UN News - [UN80 Initiative: Real progress made on tackling complex issues facing the UN system](#)**

WHO Bulletin - Diplomatic roles of regional coordinators for WHO Member States

Nikica Daraboš et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294847.pdf?sfvrsn=d2663e3d_3

Aim: “To examine the coordination functions, decision-making processes and consensus-building strategies of World Health Organization (WHO) regional coordinators of Member States in Geneva within the WHO’s federal governance structure.”

Authors identified **eight main coordination functions**.

UK Aid and Development Assistance in a Fracturing World: Strengthening Resilience and Cooperation

<https://publications.parliament.uk/pa/cm5901/cmselect/cmintdev/1835/report.html#heading-0>

International Development Committee report, with recommendations for the government.

The EU charting its course in a geopolitical world - Health and Security: New Perspectives on the EU’s Internal and External Action

L Bengtsson; https://link.springer.com/chapter/10.1007/978-3-032-18648-5_8

“**This chapter explores the evolving role of the European Union (EU) at the intersection of health and security in the wake of the COVID-19 pandemic**. It analyses how the health crisis was followed by deepened integration and a new geopolitical and security-oriented discursive shift, leading to the **emergence of the so-called European Health Union, a new Global Health Strategy and recent initiatives to combat hybrid threats, such as health disinformation and cyberattacks on hospitals**. The chapter draws on both integration theory and securitisation to gain a deeper understanding of the EU’s increased involvement in health governance. **The findings highlight the geopolitical dynamics of this development, including the EU’s concern for strategic autonomy when it comes to pharmaceuticals as well as the use of the Team Europe model and the Global Gateway to strengthen strategic partnerships with the Global South**. The chapter concludes by reflecting on the balance between EU’s strategic interests and its commitment to global development and equity in a turbulent world with widening financing gaps and soaring humanitarian needs.”

Journal of Political Studies - Exploring Health Policy as a Critical Mechanism of Expression of Right-Wing Government Policy

AM Sandoval; <https://scarab.bates.edu/cgi/viewcontent.cgi?article=1065&context=bjps#page=329>

Chapter with focus on **Trump's US and Bolsonaro's Brazil**.

Global health financing

Devex – Money Matters: What's happening at the EU's main aid funder?

<https://www.devex.com/news/money-matters-what-s-happening-at-the-eu-s-main-aid-funder-112259>

“We bring you a **new analysis of funding from the EU Directorate-General for International Partnerships, or DG INTPA...** Money flows into the commission from member states, and is then disbursed by any number of different directorates, including the **Directorate-General for International Partnerships**, commonly known by the not-especially-catchy moniker **DG INTPA**, which we've reviewed [in a new analysis](#) published today.... There are **two other important directorates**, both seem to have been named by someone with a bit more of an ear for words — the **humanitarian aid directorate, known as DG ECHO**, and the **director responsible for dealing with the EU's neighbors, known as DG NEAR**.”

“One thing to say is that **INTPA seems no more immune to cuts than anywhere else**, after being **subject to recent spending reductions** aimed at funneling more cash to Ukraine. So **where does the money go?** Looking at funding disbursed over a period up to early 2025, which predates those spending reductions, we can see that **it mostly went to other bilateral and multilateral aid funders**. The **biggest recipient was Gavi, the Vaccine Alliance**, which received **€1 billion in the period**, but the **second- and third-largest recipients were, respectively, GIZ**, one of Germany's key development agencies, and **AFD**, the most important French development agency. The majority of the other large recipients were **U.N. agencies....”**

UHC & PHC

The African Review - Foreign Policy as a Tool for Health Negotiations in Promoting Universal Health Coverage in Kenya

S Nyaga et al; <https://brill.com/view/journals/tare/aop/article-10.1163-1821889x-bja10173/article-10.1163-1821889x-bja10173.xml>

“Universal Health Coverage (UHC) is increasingly recognized as a global public good, requiring international cooperation and strategic negotiation. Kenya has actively engaged in health diplomacy to secure external technical and financial support for UHC, leveraging multilateral institutions, bilateral partnerships, and regional frameworks. **This article examines Kenya's negotiation strategies within global health governance, focusing on its role in international health protocol negotiations, challenges in mobilizing domestic resources, and external support mechanisms...**”

Uganda Launches Unified Health Financing Framework to Tackle Funding Gaps

[Nilepost](#);

“The Ministry of Health in Uganda has launched the **One Plan One Budget One Report** framework to streamline sector planning and resource management. Developed with support from Seed Global Health this initiative integrates domestic and external funding into a single coordinated resource envelope. The strategy employs joint performance and financial reviews to address funding gaps and improve service delivery across the national health system.....”

Vox Dev – Understanding China’s huge expansion of health insurance

Hui Ding et al ; <https://voxdev.org/topic/health/understanding-chinas-huge-expansion-health-insurance>

“A government-endorsed supplemental insurance scheme in China expanded coverage for hundreds of millions of people, but also crowded out private insurance purchases, suggesting that enrolment growth alone overstates the true gains in risk protection.”

Pandemic preparedness & response/ Global Health Security

WHO - Practicing today for tomorrow’s emergencies – WHO convenes countries and partners to simulate response to major disease outbreak

<https://www.who.int/news/item/27-04-2026-practicing-today-for-tomorrow-s-emergencies-who-convenes-countries-and-partners-to-simulate-response-to-major-disease-outbreak>

“The World Health Organization (WHO) wrapped up Exercise Polaris II, a 2-day high-level simulation exercise, based around an outbreak of a fictional new bacterium spreading across the world. Bringing together 26 countries and territories, 600 health emergency experts and over 25 partners, the exercise, which took place on 22 and 23 April, allowed countries to test their preparedness for pandemics and other major health emergencies, including activating their emergency workforce structures, information flow and coordination with each other, partners and WHO.”

“...The simulation put two key WHO frameworks into practice, the [Global Health Emergency Corps \(GHEC\) framework](#) and the [National health emergency alert and response framework](#), and explored the use of AI-enabled tools to support workforce organization and planning.”

GAVI – Scientists have found a safer way to hunt for the next pandemic virus

<https://www.gavi.org/vaccineswork/scientists-have-found-safer-way-hunt-next-pandemic-virus>

“Scientists are learning to spot pandemic threats without touching dangerous pathogens.”

Plos GPH – Implementing public health emergency operations centres according to an international framework in Ethiopia, Nigeria, and Senegal: Best practices and achievements, 2021

S T Fekadu et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006211>

« A public health emergency operations centre (PHEOC) is a hub for effective coordination of information and resources. Countries have established PHEOCs as part of the effort to strengthen their emergency management capabilities. However, there is limited documented evidence of best practices in PHEOC implementation in accordance with the world health organization PHEOC framework. A survey was conducted to document best practices and experiences in implementing PHEOCs in Ethiopia, Nigeria, and Senegal....”

Planetary health

Lancet Planetary Health – March issue

[https://www.thelancet.com/issue/S2542-5196\(26\)X2003-4](https://www.thelancet.com/issue/S2542-5196(26)X2003-4)

- Editorial – [Reendangerment](#)

re the US.

PS: most articles already appeared online before.

Health-framed messages are twice as effective at shifting people's attitudes and policy support on climate change than non-health climate messages, study finds

[Global Climate and Health Alliance](#);

“ Evidence of the increasingly severe health impacts of climate change increases public concern and support for government action **across Brazil, India, Japan and South Africa according to a [major study](#) conducted for Wellcome by the Climate Opinion Research Exchange (CORE).**

Public concern around climate change and support for climate action **shifts people’s attitudes twice as often when people are informed about climate change’s impacts on their health, compared to when they receive other information about climate risks.”**

Lancet Regional Health Africa - Extreme heat, ageing, and the blind spots in South Africa’s health system

Solomon D. Danga et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00037-4/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00037-4/fulltext)

« **Extreme heat is emerging as a major but under-recognised public health threat in South Africa, with disproportionate consequences for older adults.** South Africa’s population is ageing steadily, with the number of individuals aged 60 years and older increasing, thereby expanding the population at risk of climate-sensitive health outcomes. At the same time, climate projections indicate rising temperatures and more frequent heatwaves across southern Africa, intensifying exposure to extreme heat events. **Despite this convergence of demographic and environmental risk, South Africa’s the health system remains poorly equipped to detect, monitor, and respond to heat-related illness. ...»**

New Political Economy - Financing ‘sustainable welfare’: a critical review of the options

Nicholas Langridge et al; <https://www.tandfonline.com/doi/full/10.1080/13563467.2026.2659887>

“The literature on ‘sustainable welfare’ argues that meeting everyone’s needs within planetary boundaries requires the financing of welfare to become independent from economic growth. However, it remains contested how this is possible given the mutual dependency between growth and welfare in current economies. ... To address this gap, this article conducts a systematic literature search to identify proposed options for financing welfare in a post-growth context. It then critically assesses these options against four sustainable welfare criteria: growth independence, redistribution, needs satisfaction and reduction of ecological harms. We find that while the proposed financing options perform differently against the latter three criteria, none of them, on their own, fully resolve the current growth dependency of welfare provision. However, this could be addressed by combining some of these options, extending the revenue base, balancing the supply of financing and demand for welfare, adopting preventative approaches to reduce ‘unnecessary’ welfare demand, and redistributing economic resources towards needs satisfaction. **Overall, this will likely require a more fundamental reorganisation of the economy.**”

SSM Health Systems - Strengthening institutional coordination for climate resilient health systems: Comparative experience from Bangladesh, Nepal and Pakistan

<https://www.sciencedirect.com/science/article/pii/S2949856226000607>

By Kate Gooding, S Witter et al.

Plos GPH – An international and interdisciplinary framework for nature prescribing in healthcare: A modified Delphi study

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006361>

By N A Struthers et al.

Covid

Global Public Health - Who writes the pandemic? State power, individual subjectivity, and the history of the present in China's COVID-19 response

Xu Liu; <https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2665873>

“In this article, I employ Michel Foucault’s notion of the ‘history of the present’ to examine how state power and individual experiences intersected during China’s COVID-19 pandemic....”

Infectious diseases & NTDs

Science - How an HIV/AIDS tragedy spurred human evolution

<https://www.science.org/content/article/how-hiv-aids-tragedy-spurred-human-evolution>

“Before antiretroviral drugs reached South Africa, high death toll shaped immune system genes.”

“Before the arrival of powerful anti-HIV drugs, AIDS took such a heavy toll in one region of South Africa that, in just over a decade, it left a mark on the human genome, changing the frequency of immune-system genes, a new study shows. As access to the drugs increased 2 decades ago, those evolutionary forces eased, and the genetic changes slowed. **The study is a striking glimpse of rapid human evolution.** “It’s fantastic,” says Michael Worobey, an evolutionary biologist at the University of Arizona who studies HIV and was not involved with the work. “It’s such a clear demonstration of natural selection in action, and then natural selection being stopped by a drug intervention.” **The researchers assessed gene changes in the population of KwaZulu-Natal, the hardest hit province in South Africa,** a country that today is home to 20% of the estimated 40.8 million people worldwide living with HIV. ...”

PS: The University of Oxford [led the study](#) in the *Proceedings of the National Academy of Sciences*.

Guardian - ‘Astonishing’ discovery could help save children from deadly disfiguring condition

<https://www.theguardian.com/global-development/2026/apr/25/discovery-children-fatal-disfiguring-disease-noma-unknown-bacteria>

“A previously unknown species of bacteria found in patients with noma could be key to creating treatments for the neglected tropical disease.” See also a previous IHP newsletter issue. Coming back on the **study in Plos NTDs** from a few weeks ago from the Liverpool school of Tropical medicine.

NPR - Long a dream, it's now real: a fast and accurate TB test that doesn't need phlegm

<https://www.npr.org/2026/04/29/nx-s1-5802789/tb-tuberculosis-rapid-test>

Coverage of a new study in NEJM - [Pulmonary Tuberculosis Detection with MiniDock MTB Using Swab Samples](#)

“... the **Chinese company Pluslife announced a new tuberculosis test called the [MiniDock MTB](#)**. It works by taking a sample of someone's phlegm or — if the patient is unable to produce phlegm — a mere tongue swab, heating and spinning it down, and then machine scanning it for DNA from the TB bacteria. It's **faster than conventional tests and is portable, allowing health workers to use it in a wider variety of settings**. "It's cheaper than a microscope," says Cattamanchi, since swabs are easy to process. He explains that the device itself costs \$300, and the fee per test is \$3 to \$4. **"So it's more affordable, it's more accessible."** **And it's more accurate, according to a new study** that Cattamanchi, Andama and their colleagues published in the NEJM.”

NCDs

Lancet Editorial – Creating a smoke-free generation

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00854-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00854-8/fulltext)

This week’s Lancet Editorial, with focus on the related UK Bill.

GAVI - Eight vaccines linked to a lower risk of dementia

<https://www.gavi.org/vaccineswork/eight-vaccines-linked-lower-risk-dementia>

“A growing body of research is beginning to reveal the impact that regular routine vaccines could be having on the likelihood of conditions like dementia. Here are the jabs with the strongest evidence so far.”

“Multiple large observational studies have found that routine adult vaccines are associated with a reduced risk of dementia, with some showing risk reductions of 25% to 40%. The strongest evidence exists for shingles, flu, RSV, pneumococcal and diphtheria, tetanus and pertussis-containing (DTP) vaccines. **Researchers believe vaccination may reduce dementia risk by preventing infections that cause brain inflammation, though some evidence points to a more general immune effect.**”

Stat –New obesity tool aims to predict risk of 18 serious complications

[Stat News](#) ;

“Model goes beyond BMI, using range of signals to say who might benefit from GLP-1 drugs.”

Cfr a new [study](#) in Nature Medicine.

Social & commercial determinants of health

Global Public Health - Rural-urban disparities in population practising open defecation across 47 African countries: a secondary analysis using the WHO health equity assessment toolkit

Augustus Osborne et al; <https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2666958>

“Access to safe sanitation is a human right, yet millions in Africa practice open defecation, risking disease and environmental harm. Despite global efforts, rural-urban disparities remain, especially in low-income countries. **This study examines these disparities to inform policies for equitable sanitation access.**”

Sexual & Reproductive health rights

Health Research Policy & Systems - Advancing knowledge translation practices to accelerate change in adolescent and youth sexual and reproductive health practice: a scoping review

<https://link.springer.com/article/10.1186/s12961-026-01481-6>

By A Musau et al.

Economist – A treatment for pre-eclampsia may be on the horizon

<https://www.economist.com/science-and-technology/2026/04/27/a-treatment-for-pre-eclampsia-may-be-on-the-horizon>

“Blood filtering has performed well in early trials.”

Human resources for health

Human Resources for Health - Rehabilitation in primary health care: workforce and pathways toward 2030

<https://link.springer.com/article/10.1186/s12960-026-01067-x>

Study in Brazil.

AI & health

Lancet Comment – From prediction to navigation for artificial intelligence in medicine

Girish N Nadkarni et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00756-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00756-7/fulltext)

“Whether estimating the probability that a disease is present or forecasting risk of deterioration, readmission, or death, **most contemporary clinical artificial intelligence (AI) systems are designed to predict and estimate clinical status and outcomes.** These systems include applications in diagnosis and medical image interpretation, which is important, but **only provides information about what is present or what might happen and does not support clinicians in decision making about how best to help the patient.** Selecting the right action from a set of potential clinical actions requires synthesising patient characteristics, trajectory, and context, which is a cognitively demanding task in time-constrained clinical settings. For example, an AI model might suggest diabetic retinopathy without indicating which treatment approach is most likely to benefit a specific patient. Similarly, a model could indicate that a hypotensive patient is at high risk of death but offer no guidance on whether, in that moment, the patient is more likely to benefit from fluids or vasopressors, and in what dose. **Thus, what is required is a transition from predictive to navigational AI, in which we move beyond estimating risks to providing decision support for clinical actions.** As clinicians use data to make decisions, **these systems should support clinical judgement by highlighting actions most likely to help a particular patient at a particular time, rather than merely identifying who is at risk....”**

Lancet Viewpoint – Who's really in the loop? Rethinking oversight in AI-assisted health care

R Abulibdeh et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00204-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00204-7/abstract)

“**Human-in-the-loop oversight is widely invoked as a safeguard against potential harm from artificial intelligence (AI) used in health care, yet it functions more as symbolic reassurance than substantive protection.** We argue that **human-in-the-loop fails for three interconnected reasons:** AI used in health care can amplify existing structural inequities at unprecedented scale, intersectional harms elude detection by oversight models premised on neutral singular reviewers, and clinicians operate under constraints that preclude meaningful interrogation of algorithmic outputs. Drawing on actor–network theory, feminist epistemology, and political philosopher Iris Marion Young's social connection model of justice, we show that current governance individualises responsibility while obscuring institutional complicity. **We propose three pathways towards more substantive accountability...**”

Miscellaneous

IISD - UN Reports Shine Spotlight on Africa's Sustainable Development

<https://sdg.iisd.org/news/un-reports-shine-spotlight-on-africas-sustainable-development/>

“The ‘Summary of the Report on African Progress Towards Achieving the Goals of the 2030 Agenda and Agenda 2063’ focuses on the five Goals undergoing in-depth reviews at HLPF 2026. The 2026 edition of UNECA’s flagship Economic Report on Africa focuses on the theme, ‘Growth Through Innovation: Harnessing Data and Frontier Technologies for Africa’s Economic Transformation’. The UN Secretary-General’s report titled, ‘United Nations System Support for Agenda 2063: The Africa We Want,’ provides an update on the UN’s efforts to enhance the coherence of development cooperation in Africa, with a particular focus on climate action.”

Devex - Global hunger is becoming more concentrated and more severe, UN says

<https://www.devex.com/news/global-hunger-is-becoming-more-concentrated-and-more-severe-un-says-112378>

Coverage of the **2026 Global Report on Food Crises**. “Ten countries account for two-thirds of all people facing high levels of acute hunger in 2025, and conflict was one of the biggest reasons.”

Devex – A parasitic wasp saved papaya crops in East Africa. Here’s how

<https://www.devex.com/news/a-parasitic-wasp-saved-papaya-crops-in-east-africa-here-s-how-112328>

“An invasive pest known as the papaya mealybug arrived in Kenya in 2016 and devastated farms. To combat the pest, scientists turned to a tiny biocontrol agent: a parasitic wasp.”

Papers & reports

Nine lessons from 40 studies on corruption in health systems

Anti-Corruption Evidence (ACE) Research Consortium – SOAS;

<https://www.linkedin.com/pulse/nine-lessons-from-40-studies-corruption-bqjge/>

“Corruption in health systems causes serious harm — yet conventional responses have repeatedly fallen short. **Drawing on 40 studies across Africa and Asia, a new [research synthesis](#) authored by [Alan Hudson](#), brings together a substantial body of evidence on how corruption actually works in health systems — and what effective reform might require....”**

This LinkedIn post provides **9 lessons for anti-corruption strategies** based on the synthesis.

SSM Health Systems – Evolution of Health Policy and Systems Research (HPSR) capacity in West Africa and authorship pattern: A bibliometric analysis from 2015-2024

S Defor, U Lehmann et al; <https://www.sciencedirect.com/science/article/pii/S2949856226000589>

“The generation of HPSR evidence in West Africa has historically been driven by external institutions, with limited leadership from local researchers. Recent investments, including the establishment of the West African Network of Emerging Leaders in Health Policy and Systems Research (WANEL), aimed to strengthen local research capacity. **The objective of this study was to assess how authorship patterns and publication outputs have evolved over the past decade....”**

International Journal of Development & Sustainability - Post-COVID health system resilience in Sub-Saharan Africa: Policy priorities for advancing sustainable development goal 3 (good health and well-being)

Beauty Zindi; <https://isdsnet.com/ijds-v15n3-01.pdf>

“This chapter examines how rebuilding health systems in the post-COVID era can serve as a strategic pathway to achieving Sustainable Development Goal 3 (SDG 3) (Good Health and Well-being) in the region. The article explores the multidimensional impact of the pandemic on healthcare delivery, financing, human resources, and access to essential services, particularly for vulnerable populations. Drawing from a **regional narrative synthesis & countries such as South Africa, Kenya, Nigeria and Zimbabwe** the article identifies innovative recovery strategies, including investments in primary healthcare, digital health solutions, localized manufacturing of medical supplies, and strengthened health governance. It further discusses the role of international cooperation, regional integration, and community engagement in reinforcing system-wide resilience....”

Book - Policy Innovations from the Global South: Will the North Ever Learn?

A Kemmerling et al; <https://link.springer.com/book/10.1007/978-3-032-11061-9>

(open access)

- You might want to start with the [Introduction: The Global South, East, North: Asymmetries in International Policy Learning and Transfer](#)
- Also with this chapter - [The Paradox of So-Called Weak Governance: What West African Experiences in Fighting Pandemics Can Show to the Global North](#) (by L O Ceesay)

“ In this chapter, I argue that the Global North has yet to capitalise on Africa’s entrepreneurial and exemplary experience in adopting the prominent One Health approach to develop sustainable health care systems.....”

Nature Health - A global survey on trust, digital health literacy and health information quality

R Piltch-Loeb et al; <https://www.nature.com/articles/s44360-026-00102-4>

“An online cross-sectional survey across 30 countries, including 31,000 adults, explores perceptions of quality health information, with respect to source type and inclusion of AI-generated content.”

Plos GPH – Health service responses and help-seeking for women experiencing violence during outbreaks in low- and middle-income settings: A scoping review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004482>

By R Burns et al.