

IHP news 880 : 79th World Health Assembly (part 1)

(19 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,

With the **79th World Health Assembly** now in full swing in Geneva, for once we send you an early update on Tuesday, mostly compiling the great work of colleagues from **Devex, Health Policy Watch, Geneva Health Files and many others**, split between the 'Palais' and the WHO headquarters this year (for the official sessions), and also no doubt in many side events in the city. Occasionally, I watch the odd **hybrid event** here and there, like the **Graduate institute's [pre-WHA briefing](#)** on Sunday, themed "*Can global health (still) make progress under rupture?*", or the **Accra Reset ['clarion call'](#)** (with a rather vigorous 'MC') on Monday evening. There's quite some buzz around the **Accra Reset** – and for good reason. The Ghana president, John Mahama, certainly gives the impression he means business.

You get some of the main info from these and other sessions in our curated compilation – stay tuned for the **follow-up (part 2) on Friday**. You will notice that in this issue, **we split up the WHA79 content** in a first subsection with more or less chronological focus on the 'main highlights' so far, and then dig a bit deeper into various agenda items (and related publications) in follow-up subsections.

By the way, we quite enjoyed Suerie Moon's "*termites in the wood*" metaphor (on the impact of bilateral health agreements of the US, vs some of the multilateralism needed), at the pre-WHA briefing on Sunday, and it also struck us that Wellcome's John-Arne Røttingen, usually fairly diplomatic and nuanced, grumbled "**['bullocks'](#)**" when describing the limits to the mandate of the **[Joint Process on global health reform](#)**. We agree with him 'tinkering at the edges' is no longer an option.

Finally, while clearly the **new and worrying Ebola PHEIC** gets a lot of attention at the WHA (and in this newsletter), we would also like to draw your attention here to the **[Pan-European Commission on Climate Change and Health](#)**, which argued we need to "***Confront climate change as a catastrophic threat to human health, security, and social stability***". Among its (17) recommendations: "**[Declare the climate crisis a global public health emergency](#)**" (PHEIC).

Would be long overdue, moreover.

Enjoy your reading.

Kristof Decoster

Featured Article

What India's Transgender Amendment Act Means for Public Health, Rights, and Recognition

[Pratishtha Singh](#)

In March 2026, India amended its Transgender Persons (Protection of Rights) Act, a law that governs how transgender people are legally recognised by the state. What unsettled me the most about it was how easily it changed and how little time it took to do so. There was criticism, there were protests, there were warnings from activists. And yet the amendment passed almost quietly amid the resistance. In a policy environment where even incremental health reforms can stagnate for years, this “efficiency” should give us pause....

- For the full read, see IHP: [What India's Transgender Amendment Act Means for Public Health, Rights, and Recognition](#)

Highlights of the week

Structure of Highlights

- 79th WHA: key events & highlights so far
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- More on UHC & PHC
- Access to Medicines, Vaccines & other Health technologies

79th World Health Assembly : key events & highlights so far

We start with a more or less **chronological overview**, since last weekend. Focusing on some of the main highlights & key events first of all. In **next WHA79 related sections**, we'll then **delve deeper into some of the key agenda items**.

PS: resource: WHO Tracker: <https://who-track.phmovement.org/node/699> With PHM views on various agenda items. The WHO Watchers also publish daily briefs.

PS: we start this subsection with some **'agenda/backdrop' related overviews, as the WHA was about to kick off**. And then provide a chronological overview of some of the key highlights so far (till Tuesday lunchtime). (*obviously: no way we can be comprehensive...*)

Geneva Health Files - Ebola Declared a Public Health Emergency of International Concern; Hantavirus Outbreak Foreshadows the World Health Assembly

<https://newsletter.genevahealthfiles.com/ebola-hantavirus-outbreaks-foreshadow-the-world-health-assembly/?ref=geneva-health-files-newsletter>

Starting from a **WHO media briefing** last Friday and then **the PHEIC announcement on Saturday**. Which provided for an even more worrying backdrop of this WHA than already was the case. "...quick update on the **outbreaks of Ebola and the Hantavirus**, from a **briefing by the World Health Organization, yesterday, on May 15, 2026**. ... **At the cusp of the World Health Assembly**, when 192 member states of the World Health Organization gather in Geneva starting Monday, **these outbreaks are as much a sombre reminder of the fragility of health, as they are about the importance of collective efforts to safeguard health....**"

PS: re the Ebola outbreak: **"WHO Response: DG Tedros said WHO has released \$500,000 from the WHO contingency fund** for immediate response, including surveillance, contact tracing, and laboratory capacity...." **Operational Challenges:** The region is highly volatile with significant population mobility due to mining and cross-border trade, which increases the risk of transmission. **Vaccination Status:** Testing is underway to confirm the specific strain; while Zaire strain vaccines are licensed, protocols are being readied for experimental vaccines should they be required for other strains...."

HPW - Outbreak Threats, Geopolitical Divides and Financial Crises Hover Over 79th World Health Assembly

<https://healthpolicy-watch.news/outbreak-threats-geopolitical-divides-and-financial-crises-hover-over-79th-world-health-assembly/>

Must-read analysis as WHA79 was kicking off. With also some **key quotes from a pre-WHA high-level event at the Graduate institute (Sunday)**.

"As the World Health Assembly Opens Monday in Geneva **it will have to grapple with shrinking global health budgets; new outbreak threats, including a new WHO-declaration of a public health**

emergency in Africa over an Ebola virus strain that lacks any vaccine; and an increasingly fractured geopolitical space with deep disputes over Iran, Ukraine, Gaza, and Taiwan spilling into debates. “

PS: “... In the last round of PABS talks in early May, some member states led by Colombia **appealed for a ‘new method’ for approving the agreement** that departs from the traditional “all or nothing” consensus modes of negotiations – **including voting in stages over portions of the text where there is general agreement.** Indeed **consensus has become more and more difficult to reach in a sharply polarized world, said WHO’s former Legal Counsel, Gian Luca Burci, speaking at a high-level WHA preview event staged Sunday by the Global Health Centre of the Geneva Graduate Institute. ...**” “**“Consensus is difficult and it can create imbalances,”** Burci observed, noting that just one or two powerful nations can block agreement by all of remaining WHA member states. **“There are many different views. Is that a good approach, or is it sometimes better to vote?** Because consensus gives a veto, and vetoes sometimes are used by big, powerful countries. It’s very difficult for a weak country to stand in the way, and so, in a way, it creates imbalances.” **“The increased politicization of global health agendas has also led to more stalemates, stand-offs and bitter member state confrontations, leading to more voting as well,** Burci noted. **And this year’s 79th session is likely to continue that trend. ...”**

PS: re the **funding situation:** “The good news is that following reductions of nearly a quarter of its workforce, **WHO’s \$4.2 billion budget for 2026-27 is now 90% funded, according to a report to the WHA by the Director General.** At the same time, the figure includes \$739.8 million in projected resources from commitments that have not yet been definitively secured....”

PS: re Global Health reform: “ As an initial response by WHO, **WHA will consider approval of a new joint UN-WHO process to support review and reforms in the “global health architecture”.** **But the initiative lacks ambition in terms of actually taking a hard look at institutional mandates and how they could be streamlined, said Wellcome’s CEO, John-Arne Røttingen,** also speaking at the GHC event. He noted that the **WHA mandate doesn’t extend to any serious examination of the oft-competing roles and responsibilities of the UN’s global health institutions.** These institutions include not only WHO, but also UNAIDS, UNICEF, UNDP, UN Women and the UN Population Fund (UNFPA). **“I am concerned about the risk being that we are not bold enough, really, and that we become incremental instead of going for bolder reforms,”** Røttingen observed. **“I’m really concerned about the current drafted mandate for the joint WHO process – because it’s really, from an architecture point of view, about changing the wallpaper and the colors of the painting.”**

PS: “...**At the same time, reforms need to go far beyond making global health institutions more efficient. Reforms need to ensure that national health systems regain “sovereignty” over their health services in terms of both financing and programmatic control, pointed out Magda Roballo,** co-chair of the UHC 2030 Steering Committee, also speaking at the GHC event. **And that can only happen through bigger changes in trade, debt structures and employment.** “The health ecosystem depends on structures that have been built over eighty years,” she noted, “and they all have a major influence on health. **If we don’t look into the bigger picture, that’s a very high risk to health reform,” she said.** “It is true that as health agents we don’t have the power to change what is going to happen in the fiscal and the financial space, **but we need to interact with the reforms in the global financial architecture and the UN 80 initiative. If we are going to change what is the landscape for the future of the health sector.”**

PS: “More profoundly, both rich and poor nations still have to come to terms with the fact that while health ‘sovereignty’ is an increasingly popular slogan today in many nations, countries

remain deeply interdependent in terms of the health security everyone craves, added **GHC Director Suerie Moon**, at the event. **And this requires cooperation on almost every front** – from the financing of health systems to the health products nations produce and consume and capacity to conduct surveillance, research and collaborations that protect everyone better from disease threats. **“Covid kick-started this move towards “health sovereignty,” and recent events have made some hit the accelerator,” ... “However, the desire for health sovereignty is bumping up against the hard reality of health interdependence. No country can fully protect the health of its people on its own. “**

HPW - Zero for 52: WHO Warns World Set to Miss Every Global Health Target by 2030

<https://healthpolicy-watch.news/zero-for-52-who-warns-world-set-to-miss-every-global-health-target-by-2030/>

With some **key messages from the World Health Statistics report**, published last Wednesday.

“The world is on course to miss every one of the 52 health-related Sustainable Development Goal targets by 2030, the World Health Organization has warned, as ministers from its 194 member states gather in Geneva for an assembly tasked with reversing that trajectory. **With malaria cases rising**, maternal deaths still occurring at nearly three times the targeted rate and childhood vaccination coverage plateauing or falling in some regions, **progress on global health goals has slowed, stalled or reversed across virtually every measure since 2015**, according to the 2026 edition of the WHO’s [World Health Statistics](#) report....”

HPW - Tedros: ‘We Live in Difficult, Dangerous and Divisive Times’

<https://healthpolicy-watch.news/tedros-we-live-in-difficult-dangerous-and-divisive-times/>

““From conflicts to economic crises to climate change and aid cuts, we live in difficult, dangerous and divisive times,” World Health Organization (WHO) **Director General Dr Tedros Adhanom Ghebreyesus** told the **opening plenary** of the World Health Assembly (WHA) on Monday.”

“While geopolitical disagreements have delayed Tedros’s official WHA address until Tuesday morning, the Director General acknowledged in a **brief welcome** that the WHO “has been through a difficult period as a result of sudden and steep cuts to our funding””

“The organisation’s budget is 90% funded, although some of the funds are pledged rather than in the bank....”

“Spain’s Prime Minister Pedro Sánchez, a WHA special guest speaker, appealed for solidarity and multilateral support for global health to combat “the pandemic of egotism and selfishness”....”

“... The WHA is considering how to reform the “global health architecture”. Ghanaian President John Dramani Mahama, also a special guest speaker at the plenary, appealed for a more inclusive system of multilateralism. “I’m concerned about whispers I have heard that the draft resolution [on global health reform] seeks to protect existing organisational mandates and prohibit the

recommendation of mergers or consolidations,” said Mahama, who is championing Africa’s health sovereignty through the **Accra Reset Initiative**.....”

- Related: [WHO Director-General's opening remarks at the 79th World Health Assembly high-level welcome – 18 May 2026](#)

Devex – John Mahama warns health reforms must consider mergers, new mandates

<https://www.devex.com/news/john-mahama-warns-health-reforms-must-consider-mergers-new-mandates-112517>

“The Ghanaian president, who is pushing for bold reforms in global health governance, told countries at the 79th World Health Assembly that **“we must be brave enough to look at institutional mandates and mergers without fears.”**”

“During this week’s meetings, **WHO is proposing a joint process on reforming the global health architecture**, which will culminate in a final report to be considered by the World Health Assembly in 2027. **But [some have criticized the proposal](#) because it won’t include recommendations on revising the mandates of specific organizations, or propose mergers or consolidations — ostensibly because those are under the purview of the governing bodies of each institution....”**

“Mahama — who has **been the face of [the Accra Reset](#)**, a reimagining of global health governance where individual countries have more sovereignty — **raised concerns about this limitation and warned against protecting institutional mandates over pursuing meaningful reform....**

PS: “... It is this **“gloomy outlook,” he said, that prompted the launch of the Accra Reset and sets the backdrop for this year’s WHA**. Mahama **touted multiple health reforms in Ghana**, including a fund to support healthcare for people with noncommunicable diseases, and said the country is on track to no longer need funding from [Gavi, the Vaccine Alliance](#) by 2030.....”

HPW - Member States Support Extended Deadline for Talks on Pandemic Agreement Annex

<https://healthpolicy-watch.news/member-states-support-extended-deadline-for-talks-on-pandemic-agreement-annex/>

“All World Health Organization (WHO) member states supported the extension of talks on the last outstanding piece of the [Pandemic Agreement](#), the Pathogen Access and Benefit-Sharing (PABS) annex, at the World Health Assembly’s (WHA) Committee A on Monday. ... A draft annex will either be presented at next year’s WHA or at a special WHA if agreement is reached beforehand, according to the report....”

“Several of the many member states speaking on PABS in Committee A expressed confidence that the annex would be completed by the end of the year. However, **divisions between developed and developing countries remained stark....”**

WHO Director-General's address to Member States at the 79th World Health Assembly – 19 May 2026

https://hq_who_departmentofcommunications.cmail20.com/t/d-e-guddh1k-ikudkhlul-t/

On Tuesday morning. Do read in full. Overview of everything WHO did the past year.

Guardian - WHO head 'deeply concerned' by Ebola outbreak as cases and deaths rise in DRC

<https://www.theguardian.com/world/2026/may/19/ebola-outbreak-drc-who-tedros-adhanom-ghebreyesus-deeply-concerned>

“At least 130 people thought to have been killed, says Tedros Adhanom Ghebreyesus before emergency meeting.”

Geneva Health Files - Health Emergencies & Political Votes Intersect to Spark Off Tense Start to the World Health Assembly

<https://newsletter.genevahealthfiles.com/health-emergencies-political-votes-intersect-to-spark-off-tense-start-to-the-world-health-assembly/>

“**The political aspects of global health essentially blew up at the plenary discussion on the very first day of the Assembly. There were three votes on Russia-Ukraine, Iran-Gulf Countries, and Palestine-Israel. In the midst of these raw debates, countries are also putting out their vision on reforming how global health should be governed.** And the discussions on reforms will be one of the most significant this year....”

“**So contentious was the plenary session [on Monday] that there was no time for the DG’s main speech on day one. ...”**

WHA79 - Ebola outbreak in the DRC

WHO - Epidemic of Ebola Disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda determined a public health emergency of international concern

<https://www.who.int/news/item/17-05-2026-epidemic-of-ebola-disease-in-the-democratic-republic-of-the-congo-and-uganda-determined-a-public-health-emergency-of-international-concern>

(17 May) The official PHEIC announcement by Tedros. “Pursuant to paragraph 2 of Article 12 - Determination of a public health emergency of international concern, including a pandemic emergency of the International Health Regulations (2005) (IHR), the Director-General of the World Health Organization (WHO), after having consulted the States Parties where the event is known to be currently occurring, is hereby determining that **the Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo and Uganda constitutes a public health emergency of**

international concern (PHEIC), but does not meet the criteria of pandemic emergency, as defined in the IHR....”

- Coverage & analysis via [Stat](#): **“An Ebola species called Bundibugyo is causing the cases. Health officials have less experience dealing with this strain — there have only been two documented Bundibugyo outbreaks before — and there are no licensed vaccines or therapeutics for the viral species. ... ”**

“... There are a number of signs, the WHO said, of “a potentially much larger outbreak than what is currently being detected and reported, with significant local and regional risk of spread.....”

- And via [Science News](#) - [WHO declares major outbreak of rare Ebola virus species an international emergency](#) (16 May)

“... But the apparent scale of the outbreak makes a response harder, given the number of contacts that need to be traced and tests that need to be run, says Jason Kindrachuk, a virologist at the University of Manitoba. It also suggests the outbreak may have started many weeks ago. “It’s a heck of a lot of cases to be under the radar,” Rimoin says.”

“Part of the reason appears to be that early tests didn’t detect Ebola Bundibugyo, says Placide Mbala, head of epidemiology and global health at INRB. The regional health center of Bunia, where the cases were first tested, uses a diagnostic machine called Genexpert that only recognizes Ebola Zaire, the most common Ebola virus species and the cause of almost all previous outbreaks in the DRC.”

PS: **“This is the ninth time a Public Health Emergency of International Concern has been declared since the special designation system was introduced in 2005, and the third one for an Ebola outbreak. Tedros appears to have invoked the emergency status based on information from the two countries, without awaiting the advice of a special Emergency Committee, which is the normal procedure....”**

“The lack of a licensed vaccine—which helped bring recent Ebola Zaire outbreaks under control—will make the fight harder, Kindrachuk says. “

Africa CDC Calls for Urgent Regional Coordination Following Ebola Virus Disease Outbreak in Ituri Province, DRC, and Imported Ebola Bundibugyo Case Reported by Uganda

[Africa CDC](#);

(15 May) **Africa CDC is clearly also very concerned.** “The Africa Centres for Disease Control and Prevention (Africa CDC) is closely monitoring the confirmed Ebola Virus Disease outbreak in Ituri Province, Democratic Republic of the Congo (DRC), and the imported Ebola Bundibugyo case reported by the Uganda Ministry of Health. **Africa CDC is working with national authorities and partners to support a rapid, coordinated regional response aimed at interrupting transmission, protecting communities and reducing the risk of cross-border spread.....”**

Africa CDC - Africa CDC Declares the Ongoing Bundibugyo Ebola Outbreak a Public Health Emergency of Continental Security

<https://africacdc.org/news-item/africa-cdc-declares-the-ongoing-bundibugyo-ebola-outbreak-a-public-health-emergency-of-continental-security/>

“ **The Africa Centres for Disease Control and Prevention (Africa CDC), acting on the recommendations of its Emergency Consultative Group (ECG),** has officially declared the ongoing *Bundibugyo ebolavirus* disease outbreak affecting the Democratic Republic of the Congo (DRC) and Uganda **a Public Health Emergency of Continental Security (PHECS)**. This declaration, under Article 3, Paragraph F of the Africa CDC Statute, empowers the organisation to lead and coordinate responses to significant public health emergencies across the continent...”

“... The declaration follows extensive consultations at political, strategic and technical levels, including consultations with H.E. Mahmoud Ali Youssouf, the African Union Commission chairperson; H.E. Cyril Ramaphosa, President of South Africa and the African Union Champion for Pandemic Preparedness, Prevention and Response (PPPR); and consultations with Member States affected or at risk. This declaration was built on recommendations from the ECG, chaired by Professor Salim Abdool Karim, which reviewed the evolving epidemiological situation, regional risks, response capacities, and the implications of the confirmed *Bundibugyo ebolavirus* strain. ...”

PS: Jean Kaseya decided to fly back from Geneva (where he was going to attend the WHA) to manage the Ebola outbreak.

Reuters - Flawed tests and funerals allowed Ebola to spread undetected, sources say

[Reuters:](#)

“**First known case died April 24, outbreak declared May 15; Lab used testing cartridges for wrong Ebola strain; Funeral gathering caused cases to 'explode', official says; WHO laments 'critical four-week detection gap'.**”

FT: Lethal Ebola virus outbreak triggers urgent international quest for vaccine

<https://www.ft.com/content/d777cf65-4c8e-40ea-a173-92905d1684ab>

“A World Health Organization advisory group is due to meet on Tuesday to recommend candidate jabs to prioritise for clinical trials, the global health body said. It will assess data including an analysis by the Coalition for Epidemic Preparedness Innovations (Cepi), which was set up after failures in the international response to a previous Ebola crisis. ...”

“... “If there was ever a time that we could show the world **why Cepi is needed and show the world why the 100-day mission is needed, it's now,**” **Nicole Lurie, the organisation's executive director for preparedness and response,** told the FT. “We're happy to accept that responsibility, but obviously we need help from partners — particularly financial help in the long run.””

“DR Congo and Uganda would make the final decision on whether to press ahead with any vaccine candidates endorsed for clinical trials by the WHO experts, the global health body said...”

“... Lurie said Cepi had provided information from a survey of research teams and companies working on drugs that might be effective against the Bundibugyo virus behind the outbreak. The organisation hoped soon to announce partners in the quest for a jab, she added, although she declined to give a timescale for when one might be developed...”

- See also [Stat - With no approved vaccine for Ebola outbreak, experts weigh testing a long shot](#)

“Animal study suggests Merck’s Ervebo, designed for another strain of the virus, may offer some protection.”

“... there is a **tiny bit of scientific evidence that suggests the existing licensed Ebola vaccine, Merck’s Ervebo, might offer some protection against this virus, even though it is designed to target a different species of Ebola, Zaire ebolavirus.** ... The World Health Organization and scientists who study these viruses are debating whether Ervebo could help contain this outbreak. A meeting of a group of experts who advise the WHO on development of needed vaccines is scheduled for Tuesday, and the question of whether Ervebo should be put to the test will be on the agenda, Vasee Moorthy, acting lead of WHO’s R&D Blueprint group told STAT.....

Science Insider – Scientists play catch-up to startling Ebola outbreak

<https://www.science.org/content/article/scientists-play-catch-startling-ebola-outbreak>

Must-read analysis. **“Testing, sequencing, and clinical trial efforts spring to life as Bundibugyo virus spreads.”**

“... By Friday night, the World Health Organization (WHO) and Africa Centres for Disease Control and Prevention (Africa CDC) had convened a meeting and chosen the most promising candidate drugs to test in a clinical trial. The next morning, a trial protocol had been adapted to those drugs for submission to regulatory authorities in the DRC and Uganda. By this evening, two teams from Uganda and the DRC had published three genome sequences from the virus online, which should help scientists track how it is spreading. “Amazing work from those two teams—bloody fast turnaround!” says Kristian Andersen, an evolutionary biologist at Scripps Research...”

“... At WHO’s Friday night meeting, a monoclonal antibody cocktail called MBP134 and the antiviral drug remdesivir were chosen as the best candidates for a clinical trial. A trial protocol called PARTNERS, developed at the University of Oxford for an emergency situation like the current outbreak, could be used to test both...”

PS: **“Karim says his team is feeling the absence of the United States Agency for International Development (USAID), which played a role in managing the mpox emergency in 2024 but was dismantled last year.** “Basically, the U.S. has become unreliable as a partner, so we have to carry on.”...”

- See also [Nature News – Exclusive: Race begins to trial Ebola drugs amid current outbreak](#)

“Clinical trials for treatments against Ebola Bundibugyo virus are ‘in a strong position’ to be launched quickly in the Democratic Republic of the Congo and Uganda.”

Stat - U.S. bans entry from Ebola-affected countries as American patient is identified

<https://www.statnews.com/2026/05/18/cdc-ebola-travel-ban-announced-uganda-congo-south-sudan/>

“The ban, which affects the DRC, Uganda, and South Sudan, is in effect for 30 days.”

WHA79 - Hantavirus outbreak

HPW – WHO to Coordinate Research on ‘Natural History’ of Hantavirus Transmission

<https://healthpolicy-watch.news/who-to-coordinate-research-on-natural-history-of-hantavirus-transmission/>

“The World Health Organization said Friday it is embarking on a plan to coordinate studies in more than 20 countries to “better understand the natural history of the disease” following an outbreak of the Andes strain of the hantavirus linked to the cruise ship MV *Hondius*. While stressing that the risks to the public remain low, officials also warned that more infections could still emerge during a six-week long incubation period.”

“Speaking at a press briefing, WHO Director-General Tedros Adhanom Ghebreyesus said the agency’s “current priorities are to continue to better understand the epidemiology of the Andes virus, including how this outbreak began and spread,” adding that WHO is “working with more than 20 countries to coordinate studies to better understand the natural history of the disease.” More needs to be understood about potential human-to-human modes of transmission of this particular species of hantavirus, he and other WHO officials at the briefing acknowledged. While hantavirus is usually transmitted by rodents, the Andes species can be transmitted between people. But key questions remain regarding modes of virus transmission and the length of time that an infected person could remain infectious to others, even after testing negative for the virus.”

PS: **“Since the outbreak has so far been contained, and no dangerous virus mutation has been identified, WHO has not called for an emergency meeting of hantavirus experts, said Abdirahman Mahamud, Director Health Emergency Response Operations. Convening an emergency committee would be a required step to any WHO declaration of a global public health emergency...”**

Geneva Solutions –Hantavirus: what happens when countries walk away from WHO

<https://genevasolutions.news/global-health/hantavirus-what-happens-when-countries-walk-away-from-who>

“... the hantavirus may become a litmus test for the organisation as it raises a fundamental question about what international health cooperation looks like when the institutions designed to facilitate it are called into question....” (eg: by US and Argentina the past year, first of all).

“... a media storm has fuelled speculations of another Covid-19, including a wave of finger-pointing reminiscent of the pandemic. The governments of Uruguay and Chile, where the ship’s suspected patient zero, a Dutch ornithologist, had travelled in the preceding weeks, have both denied that the chain of transmission could have originated in their territories, while authorities in Ushuaia have argued the incubation period should also rule out the town as the source. So far, investigations have not confirmed anything....”

“Suerie Moon, director of the Global Health Centre at the Geneva Graduate Institute, says this reaction is normal. “All countries have an interest in not being blamed or not being stigmatised, so you need a neutral, independent, impartial body to say this is what the evidence is showing us,” she says. That is the WHO’s role precisely – an information broker between countries party to the International Health Regulations, which requires them to flag these types of events. “In an outbreak and in a crisis, information flow is one of the single most important and strategic areas,” says Moon. Despite Argentina’s exit from the WHO, it remains a party to the IHR and, according to Biscayart, continues to comply with its information-sharing regime.....”

“... Despite the political noise, cooperation appears to be continuing on a technical level. (with Argentina & the US)...”

“... This week, countries will consider how to handle Argentina’s exit formally. Buenos Aires, with the backing of Israel, is pushing for the World Health Assembly to acknowledge the withdrawal, but some states are wary of endorsing a text that could make it look easy and embolden others to follow suit. “A solution has to be found that keeps the pathway open for countries to return,” says Moon. “If the message is too hardline, saying no country can withdraw, I think you risk a backlash from that.” While other political leaders may certainly be tempted in the future to go down that path, she doesn’t believe “an epidemic of withdrawals” is afoot. “WHO is too important for protecting public health at the national level for too many countries,” she says....”

Telegraph - Top WHO official: I’m relieved it isn’t bird flu, but we’re in a ‘make or break’ phase for hantavirus

<https://www.telegraph.co.uk/global-health/science-and-disease/maria-van-kerkhove-who-official-hantavirus-outbreak/>

“Maria Van Kerkhove says diagnosis felt like dodging a bullet, but warned the outbreak’s evolution is at a critical juncture.”

“... while the world may have escaped a worst case scenario for now (i.e. bird flu), the Andes virus still poses very real risks – and the response has just entered a “make or break” phase, says Dr Van Kerkhove. Soon, it will be clear if the outbreak is going to burn out or spark a new transmission chain. ...”

Milbank Quarterly - The Hondius Outbreak Shows What Happens When the CDC Retreats from the World

L Gostin; <https://www.milbank.org/quarterly/opinions/the-hondius-outbreak-shows-what-happens-when-the-cdc-retreats-from-the-world/>

Also with a path towards restoration.

- And a link: [The Conversation - Hantavirus in Africa: why climate change, rats and weak surveillance are worrying scientists](#) by W Preiser et al.

WHA79: More on PPPR & GHS

2026 GPMB report - The world is on the edge of even greater pandemic damage

https://hq_who_departmentofcommunications.cmail19.com/t/d-e-gudykkd-ikudkhlul-j/

“Expert group tasked with global monitoring warns pandemic risk is outpacing investments.”

The 2026 GPMB report was **launched on Monday in the margins of the 79th World Health Assembly.**

“A decade after Ebola exposed dangerous gaps in outbreak preparedness – and six years after COVID-19 turned those gaps into a global catastrophe – the evidence is clear: **the world is not safer** from pandemics. A **new report from the Global Preparedness Monitoring Board (GPMB), *A World on the Edge: Priorities for a Pandemic-Resilient Future***, finds that as infectious disease outbreaks become more frequent they are also becoming more damaging, with widening health, economic, political and social impacts, and less capacity to recover from them.”

“**The Board warns that a decade of investment has not kept pace with rising pandemic risk.** New initiatives have improved aspects of preparedness, but overall these **efforts are being offset by the growing effects of rising geopolitical fragmentation, ecological disruption, and global travel, especially as development assistance falls to levels not seen since 2009 ...**

“**The report analyses a decade of Public Health Emergencies of International Concern (PHEICs),** from Ebola in West Africa to COVID-19 to mpox, assessing their impacts on health systems, economies and societies. **On key measures – such as equitable access to diagnostics, vaccines and therapeutics – the world is moving backwards....”**

“**... The GPMB – which will conclude its mandate in 2026 – identifies 3 concrete priorities for political leaders to reverse these trends:** establish a permanent, independent monitoring mechanism to track pandemic risk; advance equitable access to life-saving vaccines, tests and treatments by concluding the Pandemic Agreement; and secure robust financing for both preparedness & ‘Day Zero’ response activities.”

- Coverage via the [Guardian - Infectious diseases such as hantavirus and Ebola becoming more frequent and damaging, say experts](#)

PS: “... In Geneva, Prof Matthew Kavanagh, director of the Georgetown University Center for Global Health Policy & Politics, said aid cuts may have played a role in leaving the world “playing catch-up against a very dangerous pathogen”. “Because early tests looked for the wrong strain of Ebola, we got false negatives and lost weeks of response time. By the time the alarm was raised, the virus had already moved along major transport routes and crossed borders. **“This crisis didn’t happen in a vacuum. When you pull billions out of the WHO and dismantle frontline USAID programmes, you gut the exact surveillance system meant to catch these viruses early. We are seeing the direct, deadly consequences of treating global health security as an optional expense.”...**”

Devex – Germany pledges an additional €25 million to WHO

<https://www.devex.com/news/germany-pledges-an-additional-25-million-to-who-112524>

“Germany adds €25 million to WHO to shore up outbreak surveillance and emergency response as the agency grapples with widening budget pressures.”

“Germany has pledged an additional €25 million (\$29 million) to the [World Health Organization](#) in 2026 to help fund core functions that remain chronically underfunded, particularly in health security. These include surveillance systems, outbreak prevention, and emergency response. **Announcing the contribution at an event cohosted with WHO’s Hub for Pandemic and Epidemic Intelligence in Geneva**, German Health Minister Nina Warken said that recent outbreaks of hantavirus and Ebola “have shown us that the safety of patients worldwide also depends on WHO activities and infrastructure.”...

PS: **“The new commitment comes after Germany had halved its 2026 contribution to the Berlin-based pandemic hub [from €30 million to €15 million.](#)”**

“Sandra Gallina, director-general for health and food safety at the [European Commission](#), said the hub needs to have sustainable financing and be recognized in the institutional setup of WHO and not just be financed as a project. ... Dr. Chikwe Ihekweazu, executive director of WHO’s health emergencies program, added that the agency is currently responding to 36 graded health emergencies worldwide....”

WHA79 - Global Health Reform

African Health leaders forge unified position on Global Health Reform ahead of WHA79 in Geneva

<https://techreviewafrica.com/news/5486/african-health-leaders-forge-unified-position-on-global-health-reform-ahead-of-wha79-in-geneva#0>

(17 May) **“African health and finance leaders have convened in Geneva to align a unified continental position on reforms to the global health architecture ahead of the 79th World Health Assembly (WHA79). The high-level meeting of the African High-Level Ministerial Committee (AHLMC) on Reform of the Global Health Architecture** brought together ministers and senior officials to consolidate Africa’s priorities and strengthen its collective voice in global health negotiations....”

Paper - Navigating Global Health Architecture Reform Efforts – Between Reform and Fragmentation

S Grude, V Kerry et al; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=6753079

“... we aimed to map 11 key initiatives of global health architecture reform through predefined categories, addressing domains, mechanisms, thematic areas, governance and financing. The 11 initiatives included are: Accra Reset; Africa CDC Health Security and Sovereignty Initiative; European Donor Alignment; Gavi Leap; Health Works Leaders Coalition; HEAR CSO Consortium; Lusaka Agenda; Sevilla Platform of Action; US Bilateral Health Agreements; WHO Global Health Architecture Reform Process; Wellcome Trust Convening Dialogues. Applying a comparative analysis, we identified key areas of consensus, duplication, fragmentation, gaps and emerging themes. To help further understanding, we share details of the current experience in Uganda with a focus on financing as a case-study. We find that most initiatives target shaping alignment/efficiency or financing/funding as primary domains, while capacity building is largely missing. This creates a disconnect between reform ambitions and capacity to deliver. While governance is intrinsic to any architecture reform, we found diverse approaches leading to unclear governance and accountability overall. Further, while financing and funding underpins any capacity for realistic reform and progress, there is a lack of concrete detail on how increased fiscal space and such capacity will be created nor a strong acknowledgment of the need for increased financing amid ongoing cuts. We conclude by highlighting critical outstanding questions to further guide the reform process, including design, governance, mandates, financing, milestones, financing, and accountability.”

Wellcome (Report summary) - Rethinking the future of global health: a global dialogue

[Wellcome;](#)

“This report distils key insights from Wellcome’s global dialogue on global health reform. The meeting brought together stakeholders from around the world to explore practical pathways for strengthening the global health architecture. “

With **6 key takeaways.**

WHS Perspectives - It’s about power – not architecture

I Kickbusch; <https://www.worldhealthsummit.org/whs-perspectives/ilona-kickbusch-it-s-about-power-not-architecture>

Must-read analysis from end of last week. Excerpts:

“The current debate about reforming the global health architecture is, at its core, a debate about power — who holds it, who is losing it, and who intends to use this moment of rupture to consolidate it on new terms. It is remarkable how thoroughly this political reality has been obscured by the procedural vocabulary in which the present architecture debate is conducted: “coherence,” “coordination,” “efficiency,” “fit for purpose.” These are the preferred terms of those who benefit from keeping the structural conditions producing health inequity off the table. These are intellectual property regimes that restrict technology transfer, financial architectures that extract capital from low- and middle-income countries at rates vastly exceeding development assistance, care workforce supply chains organized around the systematic export of trained health workers from countries that cannot afford to lose them and data extraction through tech companies and b-lateral deals. **A serious reform agenda would require confronting the political and economic interests of precisely the states that dominate global health governance.”**

“... The US withdrawal from WHO and bilateral deals are best understood as chokepoint politics: the systematic leveraging of indispensable positions — financing, data flows, regulatory standard-setting, pathogen access — to reorder global dependencies....”

“WHO’s constitutional uniqueness must be defended, not diluted: ... Strengthening WHO means **strengthening its assessed contribution base even further, thus creating an institution that would be harder to instrumentalize.** That is why the recent — albeit still insufficient — increase of assessed contributions was such a breakthrough. It will be the most important legacy of the present Director-General to his successor. **A well-resourced, politically independent WHO with genuine enforcement capacity and a broad assessed contribution base would challenge the states and industries that currently profit from the absence of binding global health law. WHO’s constitutional uniqueness must be defended, not diluted.** The impulse to “streamline” and “coordinate” the broader ecosystem frequently means reducing WHO to a technical secretariat — stripping it precisely of its unique legal authority....”

“As Antonio Gramsci predicted, in times of change «a great variety of morbid symptoms appear”. **The architecture debate lacks a political theory of change adequate to the rupture, but there is perhaps one priority goal that all architecture initiatives should commit to take forward: how to build the material conditions — manufacturing, surveillance, workforce, data sovereignty — that make equity structural and tangible. These are the building blocks of a serious reform agenda. A critical part of this is to create the material conditions for WHO to support this agenda for change** by playing a key role in building the foresight and organizational designs to apply when political windows of opportunity open and to use its convening power to support the building of new coalitions to move forward.”

Devex Pro – What does WHO need to do to actually remain relevant?

<https://www.devex.com/news/what-does-who-need-to-do-to-actually-remain-relevant-112505>

(gated) “During a Devex Pro Briefing, **Pete Baker and Anders Nordström** argued that **while no institution can replace WHO, it must refocus on its core functions, rethink its geographic structure, and overhaul its financing model.**” They do lay different emphases, though.

“Most experts who spoke to Devex agreed: The world needs the [World Health Organization](#), and **no other institution can replace it.** But with a financing model akin to a “negative circular death spiral,” the organization’s leadership is **being severely hampered by those who fund it.** “I would say **most**

of the blame on most of these issues lies with the member states ... and beyond that, philanthropy,” said Pete Baker, the deputy director of the global health policy program at the [Center for Global Development](#), during a recent Devex Pro Briefing. “The way they fund WHO does not allow that leadership and prioritization that they claim to want the WHO to do.” **“Baker worries WHO is not aligning resources with its core mandate, particularly as staffing cuts appear to fall disproportionately on Geneva (HQ).”**

“WHO relies heavily on earmarked voluntary contributions, writes Devex Senior Editor Rumbi Chakamba, which means donors often determine what gets funded. **Last year, only \$214 million of the \$2.5 billion WHO received in voluntary contributions was flexible — a situation that limits the organization’s ability to lead.** **“The debate over funding is closely tied to a broader issue: trust,”** Rumbi writes.”

“Anders Nordström, the senior adviser for international politics and diplomacy for health at Karolinska Institutet, **said such lapses in confidence could be fixed by high-quality staff and transparency — adding that when WHO leadership worked closely with member states on budget negotiations, countries were more willing to support the organization as a whole....”**

- And via Devex: [Meet me in the lobby](#)

“One item generating plenty of buzz on this year’s agenda is **WHO’s proposed process to transform the global health architecture,** ... But in my meetings ahead of the assembly, **one source offered a reality check: The “real decisions” about the future of global health are unlikely to happen in formal committee rooms. Instead, they’ll happen in the lobby of the InterContinental hotel, the unofficial headquarters of global health dealmaking....”**

Delivery Associates (paper) - From Consensus to Capability: Closing the Gap Between Global Health Reform and Results

<https://www.deliveryassociates.com/news-insights/closing-the-gap-between-global-health-reform-and-results>

“Health system reform has produced real consensus. **What’s missing is the delivery capacity** that makes country leadership — and better health outcomes — possible.”

WHA79 - WHO DG race

BMJ Feat article – Who will be the next leader of the beleaguered WHO?

<https://www.bmj.com/content/393/bmj.s911>

“Amid global disorder and heightened demands for reform, **the campaign for the next director general of the world’s health agency is perhaps its most important ever.** Jocalyn Clark reports.”

Includes a box with the potential candidates. Timeline of the race.

“Commentators with deep experience of WHO who spoke to *The BMJ* agree that **restoring stability to global health efforts and reforming the organisation are urgent priorities in this leadership campaign**. But simmering underneath the growing campaign chatter is **divided opinion on how political WHO—and its next director general—should be.**”

With the views of J Nkengasong, S Harman, P Patnaik, L Gostin and many others.

Bangkok Post - Thailand seeks candidate for top WHO job

<https://www.bangkokpost.com/thailand/general/3248864/thailand-seeks-candidate-for-top-who-job>

From early May already. **“Thailand has begun the process of selecting a candidate to run on behalf of the country for the post of director-general of the World Health Organization (WHO), with a joint committee established to oversee the search.** The move follows a Cabinet resolution on April 28 approving Thailand’s nomination of a candidate for the top position at the WHO, Public Health Minister Pattana Promphat said on Sunday. **The Ministry of Public Health has been tasked with leading the selection process, with support from the Ministry of Foreign Affairs and other relevant agencies.”**

WHA79 – Climate & health

Guardian - Declare climate crisis a global public health emergency, experts tell WHO

<https://www.theguardian.com/environment/2026/may/16/who-should-declare-climate-crisis-global-public-health-emergency-experts-say>

“The climate crisis should be declared a global public health emergency by the World Health Organization, or millions more people will die unnecessarily, leading international experts have said. The independent pan-European commission on climate and health, which was convened by the WHO, concluded the climate crisis was such a worldwide threat to health that the WHO should declare it “a public health emergency of international concern” (PHEIC).

“... The **11-strong independent commission, which includes former health and climate ministers**, said: “Far from being a fading priority or fake news, climate change poses an immediate and long-term threat to health, economic, food, water, environmental, personal, community and national security.” **The commission also urged governments to stop subsidising fossil fuels...**”

- **The Lancet (Comment) - [Pan-European Commission on Climate and Health: recommendations for accelerating climate action for health](#)** (by K Jakobsdottir & A Haines)

“The independent Pan-European Commission on Climate Change and Health was instigated by the WHO Regional Director for Europe, Hans Kluge, in response to growing concerns about the effects of climate change on health in the region, which encompasses 53 countries extending into central Asia....” “ ... The report of the Pan-European Commission on Climate Change and Health, *Call to*

Action, launched on May 17, 2026, recommends actions in four domains ([panel](#)). ... The reports also lists some implementation challenges.

HPW - WHO Member States Should Treat Fossil Fuels like Tobacco – as a Public Health Threat

J Miller (Executive Director of the Global Climate and Health Alliance) ; <https://healthpolicy-watch.news/who-member-states-should-treat-fossil-fuels-like-tobacco-as-a-public-health-threat/>

*“Just as health leaders reframed tobacco from a consumer product to a public health threat, **they can now help shift the narrative on fossil fuels.**”*

“In the coming days, the annual **World Health Assembly** will convene in Geneva. Following the recent **Santa Marta Conference on Transitioning Away from Fossil Fuels**, **national health ministers and global health leaders have both an opportunity and responsibility to address the root cause of the climate-induced health crisis: fossil fuels....”**

WHA79: more analysis, reports, advocacy...

Geneva Rules (3): Power, Proximity, Priority

Habib Benzian ; [on Substack](#) ;

“The **formal and informal diplomacy** of the World Health Assembly.”

“**The World Health Assembly operates in two diplomatic theatres: the formal Assembly and the ecosystem of side-events around it.** The **first** has an agenda, rules of procedure, committees, regional consultation groups, and resolutions. It is where Member States speak, negotiate, endorse, delay, soften, and decide. **The second** is less formal, but not less consequential. It unfolds through side events, diplomatic breakfasts, donor lunches, closed roundtables, civil society briefings, receptions, corridor conversations, hotel meetings, and quiet bilateral exchanges. **It is where issues compete for visibility before they acquire formal standing, where coalitions are built before they are announced, and where proximity to power begins to look like political relevance.**”

“**Together, these two theatres tell us something about power, proximity, and priority in global health.** **Priority** is what the official agenda seems to establish. **Proximity** is what the informal ecosystem makes visible. **Power** is what determines whether either one changes anything...”

In conclusion: “... **The official World Health Assembly** is where global health speaks in resolutions. **The Assembly around the Assembly** is where it tests which issues, actors, and framings are ready to be recognised...”

Stat (Opinion)– First hantavirus, now Ebola: What two outbreaks reveal about global preparedness

K Kuppali; <https://www.statnews.com/2026/05/15/ebola-outbreak-drc-hantavirus-who/>

“International health emergencies cannot be managed by countries acting alone.”

“These outbreaks are biologically different, geographically distant, and epidemiologically unrelated. But together they reveal something deeply important about the current state of global health: Outbreaks are becoming more frequent, more complex, and increasingly difficult to contain in a world that is less prepared than it should be. ... And perhaps most concerning, many outbreaks are now unfolding in environments already weakened by overlapping crises and political and health insecurity leading to fragile health infrastructure, workforce shortages, misinformation, and limited laboratory capacity.....”

More on Global Health Governance & Financing/Funding

Devex - How BillionScale Health plans to scale breakthrough technologies

<https://www.devex.com/news/how-billionscale-health-plans-to-scale-breakthrough-technologies-112501>

(gated) **“Former Malaria No More CEO Martin Edlund is launching BillionScale Health — a new nonprofit betting that blended finance, market shaping, and breakthrough technologies can drive the next era of global health progress.”**

“...Today, BillionScale Health officially opens its doors, [launching a mission to identify, scale, and support five breakthrough health solutions across the world](#). The first of those projects is already up and running: [a spatial mosquito repellent](#) that just last week, the [State Department](#) and [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#) agreed to distribute across 10 countries with a high burden of malaria.....”

GPIN’s May 2026 letter from our Chair, Stephen Chacha

[Global Public Investment Network](#);

Rising political momentum on Global Public Investment. Excerpt:

“Last week I was in Nairobi for a meeting of the Coalition of Governments on Global Public Investment, convened by Senegal’s Minister of Foreign Affairs, H.E Cheikh Niang. Senegal and Colombia co-chair the coalition, which brings together countries committed to advancing political dialogue and practical collaboration to renew international cooperation anchored on the principles of GPI...”

“The Nairobi meeting, held on the sidelines of the Africa Forward Summit, brought together eighteen governments from four regions of the world – Africa, Latin America and the Caribbean,

Asia, and Europe – to discuss how, in this new era, shared global challenges can be resourced through the global public investment framework. **The acceleration of momentum in the past 10 months has been inspirational to see, since the launch of the Coalition of Governments on Global Public Investment as part of the Sevilla Platform of Action at the Fourth International Conference on Financing for Development (FfD4).** We once had not much more than a handful of interested governments. **Today, over 30 countries are already involved in the coalition. And the number is growing....”**

PS: “... .. At the same time as the meeting in Nairobi, **the OECD was gathered in Paris – and GPIN was there too.** Zane Dangor, **Director-General of South Africa’s Department of International Relations and Cooperation, encouraged OECD members to get behind global public investment.** He **highlighted how the work of the Coalition of Governments on Global Public Investment is driven by countries in the Global South and connected in partnership with countries in the Global North.** He emphasised how GPI embodies the transformative visions that South Africa is pursuing through the Ubuntu Commission, and that African countries have put forward through the Accra Reset. **Sara Pantuliano, Executive Director of ODI Global, was frank with OECD members about the end of the old order, and urged OECD countries to “embrace the concept of global public investment”, drawing their attention to what was happening in Nairobi.** “The GPI approach,” she noted, “is pushing for a narrative and institutional evolution away from donor-recipient dynamics, towards a system in which all countries contribute, all benefit and all decide; more and better public money for our common global challenges.” ... **Global public investment has grown from an aspirational idea to a practical and politically viable policy choice – one that is now being readied by pioneer governments for implementation....”**

Lancet GH – Methods with consequences: analysing demographic diversity in global health governance and knowledge production

Kim R Van Daalen, S Abimbola et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00054-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00054-9/fulltext)

“Structural inequities remain deeply embedded in global health governance and knowledge production, shaping which voices are heard and whose expertise and priorities are valued. Attempts to understand patterns of systematic exclusion have inspired numerous initiatives to assess the demographic diversity of those producing knowledge and governing global health. However, **in the absence of systematically reported demographic data, scholars often rely on proxy self-identification** (eg, cued language in online biographies assumed to be authored or endorsed by the person themselves) **or external inference methods** (eg, based on name, photo, or language) for demographic characteristics. **This Review critically examines the strengths, limitations, and ethical concerns of these different approaches, and proposes guidance based on five pillars that support their more responsible use:** (1) practising critical refusal; (2) prioritising self-reported methods; (3) aligning methods with purpose and context; (4) embedding safeguards in data storage, reporting, and sharing; and (5) ensuring transparency and reflexivity. ...”

TGH - Busting 10 Myths About Health Taxes

<https://www.thinkglobalhealth.org/article/busting-10-myths-about-health-taxes>

“Ahead of the World Health Assembly, **Resolve to Save Lives CEO Tom Frieden** discusses how health taxes can raise money and improve physical well-being.”

Trump 2.0

The Aid report - A shock to the system: Global Health after US aid cuts

<https://static1.squarespace.com/static/68daaa80aff98f78bf74c64d/t/6a048f08a221fb07cb42235d/1778683656042/Global+Health+Report.pdf>

(16 p) In case you missed this. "... The abrupt freeze and rollback of U.S. foreign assistance in early 2025 **disrupted far more than clinics and medical supply chains. Across dozens of countries, the systems that connected people to care — community health workers, peer educators, mobile outreach teams, referral networks, and psychosocial support programs — were weakened or dismantled, reshaping access to health services in ways that are only now becoming fully visible. ...**"

Development Cooperation reform

Devex - What to expect at the UK's Global Partnerships Conference

[Devex](#);

(gated) **"The two-day conference will be a referendum on development's future ... or, depending on who you ask, a lot of waffle."**

"Today in London, **the United Kingdom hosts the Global Partnerships Conference, a stab at building development alliances** after more than a year of dismal headlines for global aid budgets. ... The conference — **jointly hosted by the U.K., South Africa, the [Children's Investment Fund Foundation](#), and [British International Investment](#), or BII** — was originally conceived as [an opportunity to reenvision aid](#), and first announced by the former U.K. foreign secretary David Lammy. **But it has been taken on by the [Foreign Commonwealth & Development Office](#)** after Lammy was moved from the role late last year, including by development minister Jenny Chapman...."

The conference is far from the only forum for discussion about the future of aid... ... Devex Business Editor David Ainsworth and contributing reporter Susannah Birkwood have [a comprehensive rundown of the issues to watch](#) — including **the U.K.'s enthusiasm for tapping into private sector money to make development run**. That's accompanied by some industry skepticism that mobilizing private finance can have anything like the impact of the official development assistance, or ODA, it's trying to replace. **The U.K.'s DFI, [British International Investment](#), did kick things off with a nice splashy announcement of a \$300 million renewable power platform in India, the first investment through the £1.1 billion climate finance initiative British Climate Partners...."**

Global Policy - Reimagining Development Cooperation: The Four Faces of 'Mutual Interest'

A Sumner & A Klingebiel; <https://www.globalpolicyjournal.com/blog/18/05/2026/reimagining-development-cooperation-four-faces-mutual-interest>

(recommended read) “The **OECD Conference on the Future of International Development Co-operation** convened in Paris on 11-12 May 2026. Andy Sumner and Stephan Klingebiel consider **one core idea arising.**”

ODI (Expert Comment) – Reform or retire: how DAC donors must change to stay relevant

S Pantuliano; <https://odi.org/en/insights/reform-or-retire-how-dac-donors-must-change-to-stay-relevant/>

“The ‘development system’ as we’ve known it for decades is facing a twin crisis. First is a crisis of **solvency**: official development assistance (ODA) fell by roughly \$50 billion between 2024 and 2025. Core development finance is down 26%, humanitarian funding down 36%. **Second – and perhaps more fundamental – it is facing a crisis of legitimacy**: the benevolent donor model is running out of moral capital at exactly the moment it has run out of money.”

“... The **World Economic Forum’s Global Future Council on Reimagining Aid**, which I co-chair with Bright Simons, has structured its work along three axes: **power, finance, technology**. The present moment calls for key transformative shifts across each....”

Global Policy - What to Play Next: Development after the End of Development

H Janus et al; <https://www.globalpolicyjournal.com/blog/18/05/2026/what-play-next-development-after-end-development>

“**Heiner Janus and Michael Roll** argue that the largest aid contraction on record coincides with a reopened decades-old fault line: what “development” means, who it serves — and how the field can reinvent itself for what comes next.”

“Interesting article on the **meeting convened by the University of Manchester's Global Development Institute** in mid-April, which asked: **is the era of Development over? And if so, what replaces it?**” With different views.

More on UHC & PHC

Lancet Primary Care – World Family Doctor Day 2026: compassionate care in a digital world

Viviana Martinez-Bianchia ; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00067-1/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00067-1/fulltext)

« **On May 19, 2026, the World Organization of Family Doctors (WONCA) marks World Family Doctor Day** with a **theme** that speaks to a defining challenge of our time: **how to preserve compassion as care becomes increasingly digital**. I write this Comment not only as the President of WONCA, but as a practicing family doctor, one who, like many colleagues, has spent years navigating

the tension between the demands of documentation and the desire to be fully present with patients....”

« ... Can we safeguard compassion as technology transforms care? The answer, increasingly, appears to be yes, but only if we are deliberate. AI is not inherently humanising or dehumanising. Its impact depends on whether it supports or displaces the therapeutic relationship....”

Access to Medicines, Vaccines & other health technologies

HPW - WHO Moves to Expand Access to Fast-Acting Insulin and Popular Weight Loss Drug Semaglutide

<https://healthpolicy-watch.news/new-who-prequalification-track-for-popular-weight-loss-drug-and-fast-acting-insulin-aims-to-accelerate-access/>

“On the five-year anniversary of the Global Diabetes Compact, WHO has issued a call to manufacturers to submit requests for “prequalification” of generic versions of the GLP-1 weight-control drug semaglutide and newer, fast-acting insulin analogues. The call is part of a broader initiative to accelerate access to life-saving diagnosis and treatment which remains out of reach for most people living with diabetes in developing countries. “

PS: “... the recent expiration of the core patent for the weight-loss drug Semaglutide [in India, China and Brazil in March](#) may signal a big change for Africa as well. Domestically, the patent expiration has already led to expanded generic production in countries that are drug manufacturing as well as export powerhouses. And therein lies the role of the WHO prequalification of that and other products, to ensure that the products purchased and sold are quality-controlled. “WHO Prequalification does not re-evaluate whether semaglutide works or is safe – that has already been established through clinical trials, subsequent approvals by stringent national regulatory authorities and confirmed by its inclusion on the WHO Essential Medicines List,” said WHO’s Bianca Hemmingsen, technical lead for diabetes....” “What WHO Prequalification assesses is whether a specific [generic] manufacturer can produce semaglutide at the required quality standard. The WHO invitation to manufacturers opens a pathway to apply for prequalification of GLP-1 receptor agonists, specifically semaglutide, for the first time.”

Stat - U.K. advocacy groups threaten court action over a key provision in the pharma trade deal with the U.S.

<https://www.statnews.com/pharmalot/2026/05/17/uk-advocates-threaten-court-action-over-pharma-trade-deal-with-us/>

“At issue is the degree to which the government can alter cost-effectiveness outcomes for medicines.”

Lancet GH – From evidence to action: taking stock of the Lancet Global Health Commission on medical oxygen security after a year

Ahmed E Rahman et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00059-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00059-8/fulltext)

“In February, 2025, we published the Lancet Global Health Commission on medical oxygen security, presenting the first global estimates of medical oxygen needs and oxygen access gaps and the solutions to close them. We concluded that mobilising resources to close the large and inequitable access gaps will save lives, accelerate progress towards the Sustainable Development Goals, and reduce the risk of the next respiratory pandemic causing mass fatalities. In the year following publication, despite witnessing the most significant reduction in global health funding on record, there has been promising progress. Although we recognise that major investments are still urgently needed, we highlight some of the substantial achievements which align with the Commission’s key statement....”

The Comment also lists **priority areas for further progress in 2026.**

GAVI – Gavi to propose new incentives aimed at advancing vaccine manufacturing in Africa

<https://www.gavi.org/news/media-room/gavi-propose-new-incentives-aimed-advancing-vaccine-manufacturing-africa>

(15 May) **“Gavi, the Vaccine Alliance today announced that it will seek Board approval to deploy US\$ 189 million to support the rapid development of Africa’s vaccine manufacturing ecosystem. Funding is intended to super-charge Gavi’s African Vaccine Manufacturing Accelerator (AVMA) by tackling bottlenecks and procuring up to 70 million vaccine doses from start-up manufacturers....”**

“... With Gavi’s African Vaccine Manufacturing Accelerator (AVMA) expected to make its first cash disbursement to an African vaccine manufacturer in the second half of 2026, Gavi, the Vaccine Alliance today proposes further measures totaling US\$ 189 million of additional investment to further aid development of Africa’s vaccine manufacturing sector. The measures, named AVMA+, are slated to be presented to Gavi’s Board in July. AVMA+ has been designed to provide additional support in two key areas, firstly addressing specific regulatory and market entry bottlenecks that are acting as a brake on investment and secondly by providing guaranteed demand to African producers by directly purchasing up to 70 million doses of African-manufactured vaccines, following competitive tender processes, once those vaccines reach the market. ...”

MPP and Roche sign licence agreement to expand access to influenza treatment in LMICs

<https://mailchi.mp/medicinespatentpool.org/mpp-newsletter-licence?e=46c53663f9>

“The Medicines Patent Pool (MPP) and Roche have signed a voluntary licence agreement to expand access to baloxavir marboxil (Xofluza®), an innovative antiviral treatment for influenza recommended by the World Health Organization (WHO) and approved by the European Medicines Agency (EMA) and the U.S. Food and Drug Administration (FDA). This agreement will enable generic

manufacturers to develop, produce and supply baloxavir in 129 low- and middle-income countries (LMICs), creating additional supply pathways for equitable access, which is particularly important during a pandemic, when demand is the highest. **MPP is launching an Expression of Interest to identify qualified generic manufacturers with the required capacities to support development and supply.**”

Africa Health Watch – “Africa is Not a Real Market:” The Fragmentation Problem Behind Africa’s Health Manufacturing Ambitions

[Africa Health Watch](#):

With some reflections from the **World Health Summit Regional Meeting, Nairobi 2026**.

“The continent of Africa spends billions annually on medicines, vaccines and health commodities, but faces fragmented and externally-driven demand for homegrown vaccines, poor economies of scale and short-term financing models that limit the business case for local manufacturers. **At the World Health Summit Regional Meeting in Nairobi, conversations around Africa’s vaccine manufacturing ambitions moved beyond production capacity to a harder question: can the continent create a reliable market for African-made health products?”**

Global health events

UN News - World Urban Forum opens in Baku as housing crisis and climate shocks intensify

<https://news.un.org/en/story/2026/05/1167517>

“**Soaring housing costs, climate shocks and conflicts are leaving millions without adequate shelter – but what can be done?** As the **13th UN World Urban Forum** opens on Sunday in **Baku, Azerbaijan**, participants will grapple with solutions to a deepening global housing crisis. **The conference, organized by UN-Habitat together with Azerbaijan**, opens on Sunday 17 May and runs through Friday, 22 May.”

“**...The theme of the forum is a call to action: *Housing the World: Safe and Resilient Cities and Communities***. According to the UN, **nearly 2.8 billion people today are living in inadequate housing conditions, while more than 300 million have no home at all**. With close to 70 per cent of the global population expected to live in cities by 2050, the crisis is only set to intensify....”

“... **The crisis goes far beyond bricks and mortar. Housing is increasingly seen as a cornerstone of human dignity, urban resilience and even global stability**. Its impacts ripple across every aspect of life, the UN warns – straining healthcare and education systems, weakening economies and fraying the social fabric....”

- See also [UN News – 1.1 billion people live in slums. Can they be housed in dignity?](#)
- See also [UN News – Housing crisis takes centre stage at World Urban Forum in Baku](#)

“**Now is the time to place housing at the heart of sustainable development.** That was the message delivered on Monday by **UN Secretary General António Guterres** to participants at a global forum on urban sustainability under way this week in Baku.”

“... **Housing rises up the global agenda: UN-Habitat officials describe the summit as a major step in elevating housing and urbanisation to the highest political level.....**”

Global health governance & Governance of Health

Alliance (Feature story) – How countries are rethinking their national public health agencies

<https://ahpsr.who.int/newsroom/news/item/14-05-2026-how-countries-are-rethinking-their-national-public-health-agencies>

Recommended Feat story based on a publication from a few weeks ago. “... Recognizing the need for evidence on NPHA governance, **the Alliance for Health Policy and Systems Research and the WHO Health Emergencies Programme convened a multicountry learning programme. Eleven countries participated:** Algeria, Brazil, Ethiopia, Fiji, Germany, Japan, Pakistan, the Republic of Korea, Rwanda, Singapore and Sri Lanka. ...”

Collective learning. With **4 governance dimensions**.

CEPS – Beyond borders: how HERA can unlock global health as a true public good through data and knowledge sharing

H Vu et al; <https://www.ceps.eu/ceps-publications/beyond-borders-how-hera-can-unlock-global-health-as-a-true-public-good-through-data-and-knowledge-sharing/>

“This paper examines how global health can be strengthened as a true global public good through improved international cooperation, **exploring how the European Health Emergency Preparedness and Response Authority (HERA) can drive this effort.** ...”

Devex - Germany’s accidental rise to become the world’s largest donor

<https://www.devex.com/news/germany-s-accidental-rise-to-become-the-world-s-largest-donor-112458>

(gated) “As U.S. aid retreats, **Germany has emerged as the world’s largest donor** — forcing Berlin to **redefine development policy** amid budget cuts, geopolitical pressure, and growing skepticism at home.”

Planetary health

Climate Change News - Health risks from climate change spur stronger public support for action, research finds

<https://www.climatechangenews.com/2026/05/18/health-risks-from-climate-change-spur-stronger-public-support-for-action-research-finds/>

“A survey by the Climate Opinion Research Exchange (CORE) for Wellcome in four countries found high support for government action to tackle the health impacts of the climate crisis.”

“Informing people about the health risks linked to climate change is twice as likely to spur public support for government-led climate action than messages focused on economic or environmental impacts, an international study has found. Based on a survey of around 30,000 respondents in Brazil, India, Japan and South Africa carried out in late 2025, the report published this month by the Climate Opinion Research Exchange (CORE) and the Wellcome Trust reveals strong public support for climate action....”

Covid

HP&P - Participation of Civil Society Organisations and Academia in COVID-19 Governance: Insights from a Six Country Study

Sumegha Asthana et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag063/8679240?searchresult=1>

The countries are: Nigeria, Singapore, South Africa, Bangladesh, Jordan, and the United Kingdom

AMR

Nature (Outlook) – Six key developments in the fight against antimicrobial resistance

https://www.nature.com/articles/d41586-026-01373-3?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=61887605

“Antibiotics designed by artificial intelligence, immunotherapy for resistant infections and other highlights from studies and trials.”

NCDs

Lancet Regional Health Africa - Epidemiology of visual impairment and blindness in Africa: a systematic review and Bayesian meta-analysis

Samuel Kyei et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00046-5/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00046-5/fulltext)

“Estimates of visual impairment (VI) and blindness in Africa are limited by outdated surveys, regional data gaps, and methodological heterogeneity. **This study aimed to determine the pooled prevalence and leading causes of VI and blindness, disaggregated by key demographics, to inform public health action...**”

FP Analytics - Cognitive Health as a Social and Economic Priority

<https://fpanalytics.foreignpolicy.com/2025/10/23/cognitive-health-social-economic-priority/>

“Addressing Alzheimer's disease through early detection and diagnosis.” “Dementia costs the world over \$2Trillion a year and is projected to surpass \$10T by 2050.”

Nature Health - A scoping review and meta-analysis of functioning problems across 41 African countries

Maria Charumbira et al; <https://www.nature.com/articles/s44360-026-00126-w>

« A scoping review of 1,154 studies from 41 African countries shows that **around 40% of adults with leading disabling conditions experience interconnected rehabilitation-amenable functioning problems**, highlighting the need for integrated rehabilitation strategies.”

Lancet Public Health (Viewpoint) - The International Agency for Research on Cancer: from global evidence to national action

Anna Schmütz; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00091-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00091-5/fulltext)

“As we mark the International Agency for Research on Cancer (IARC) 60th anniversary, this is an opportunity to reflect on our contribution to cancer evidence and action. Global cancer incidence continues to rise, with the largest proportional increases projected in countries that are the least equipped to respond. However, **the central challenge is no longer only to produce evidence, but to understand why evidence is translated into policy and practice in some settings more effectively than in others.** Drawing on the International Agency for Research on Cancer Impact in Practice series—30 country reports co-produced with national partners across IARC participating states—we examine how shared international cancer science influences policy and practice in national settings. **Four recurrent pathways** help explain that translation...”

Social & commercial determinants of health

BMJ GH - Whose voice counts? Public participation as a legal and commercial determinant of health in South Africa

<https://gh.bmj.com/content/11/5/e021501>

By S Mahomed et al.

Access to medicines & health technology

Critical Public Health - Addressing fragmented pharmaceutical procurement in Africa and charting future directions: a narrative review

<https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2670791>

By Majani Edward et al.

JAMA (Editor's note) - Advancing Pharmacoequity in Asthma

[JAMA](#)

“ **Pharmacoequity**, a term coined in a 2021 article in JAMA, is a **specific component of health equity focused on fair and just access to appropriate medications**, regardless of race, ethnicity, income, insurance coverage, and other social factors....”

Miscellaneous

UCL Global Business School for Health and WHO sign agreement to advance learning health systems and evidence-informed policy

<https://www.who.int/news/item/15-05-2026-ucl-global-business-school-for-health-and-who-sign-agreement-to-advance-learning-health-systems-and-evidence-informed-policy>

“**University College London (UCL) and the World Health Organization (WHO) have signed a Memorandum of Understanding (MoU) to formalize collaboration on learning health systems and the use of evidence in policy.** The partnership also marks an **important step in the establishment of the Centre for Global Health Systems and Policy at UCL**, which will serve as a platform for bringing together research, education, and partnerships to support more adaptive, equitable, and contextually grounded health systems....”

Papers & reports

WHO – Improving public health in health systems : Guidance for country-level policies and actions

<https://iris.who.int/items/d570ce18-85a7-4109-ab5b-62bb07a1ef89>

“This WHO guidance provides an evidence-informed framework to strengthen the integration of public health within health systems at country level. It responds to persistent gaps in the prioritization of public health functions, highlighted by increasing global health challenges such as pandemics, noncommunicable diseases and environmental threats....”

Tweets (via X, LinkedIn & Bluesky)

Carsten Staur (DAC)

(re the **OECD future of development cooperation meeting of last week**): “An emerging new world order, challenging global rules, the very purposes of engaging, the idea of national interests - the world as we knew it is increasingly challenged, and so are the very parameters of international development co-operation. The timing was excellent for **the OECD Conference on the Future of International Development Co-operation last week, convening leading development co-operation thought leaders and practitioners for two inspiring days in Paris - ... “**

“A few overall takeaways from discussions at the Conference:

A clear and unequivocal recognition from all sides of the paramount importance of partner countries’ ownership of their own development and the need for development co-operation providers to align with partner country priorities, policies and plans.

A strong understanding of the changing rules of the game and a stronger integration of development co-operation in foreign policy.

A clear focus on the importance of South-South and Triangular Co-operation and for DAC members to engage and support these modalities.

A renewed emphasis on national interests as a key driver for the political priorities of many providers, but also a recognition that this interest and its expression in the concept of ‘mutual interests’ could take many forms, and that it could co-exist with solidarity rationales for co-operation, centered on poverty reduction.

A broad recognition that the rationale and purpose of ODA is changing, including growing emphasis on humanitarian assistance, on mobilization of development finance, and on climate and other global public goods, but that poverty reduction remains in focus, and that ODA remains essential for those countries who do not have access to other source of finance. “

Andrew Green

(from a few nice [threads](#) on the **Accra Reset** 'Clarion call' event from Monday, and follow-up event on Tuesday morning)

"Mahama insists Accra Reset will "break the distance from declarations we make at podiums and factories and clinics we build on the ground." He outlines a new financing mechanism for maternal health and bioinnovation intended to have its first deal in place ahead of this year's UN General Assembly."