

IHP news 881 : WHA79 – part two: on global health reform & much more

(22 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,

As I don't need to tell you, following a World Health Assembly from afar is not quite the same. Fortunately, a few of my colleagues were around in Geneva this week. Today you can already read a first contribution by Valérie in the Feat article section. And stay tuned for a joint analysis (by Rachel & Valérie) next week.

This issue (*read together with [Tuesday's 'WHA79: part one'](#)*) continues the **curated compilation** of the great work by colleagues from **Health Policy Watch, Devex, Geneva Health Files, [People's Dispatch](#)** (and let's not forget [Habib Benzian](#)'s incisive analyses!).

I won't try to capture the entire WHA agenda here in the intro (*I'm not Don Quixote*), so let me just **briefly dwell on one issue** here, that got plenty of attention this week in Geneva: the **'Global Health reform'**.

By now, WHA participants probably have a severe migraine from all this 'rethinking global health for a changing world', but as I concur with this year's **WHA theme, "Reshaping Global Health: A Shared Responsibility"**, let me also do my bit :) Even if my thoughts are obviously based on very limited info (*including the odd hybrid panel session here and there*).

While (as mentioned in 'part one'), some global health people with power (like **John-Arne Røttingen**), **argued for more ambition in the 'joint process'**, going beyond just incremental reform (*he's damned right*), **I doubt that what he (and others) have in mind goes far enough**. Indeed, even the most visionary global health people with power, who definitely want to go beyond the status quo, still seem to focus on **'global health reform' that mainly concerns part of the world (mostly LMICs)**. See also **Kumanan Rasanathan's** take on global health reform, in an eloquent wrap-up of a Washington University panel session in hotel Intercontinental, *'Rethinking Global Health in a Changing World'*, on Wednesday evening. While I respect both leaders very much, I honestly wonder whether that suffices in times of polycrisis, even if I agree the time for 'health sovereignty' is now (and in fact, long overdue).

But maybe **'global health reform' should (also) try to deal with the current 'global' (& increasingly interdependent) crises?** I know, that sounds daunting, and arguably, the reform does try to tackle *some* global crises (eg: pandemics, GHS in general). But it largely "omits" quite a few – vital - other crises.

Let me provide a few examples.

First example: as CESR put it in a neat analysis, “...[The \(current\) credibility crisis of multilateralism is clearest in the contrast between collapsing ODA and expanding militarism.](#)” “...Resources are treated as scarce when it comes to care systems, climate adaptation, public services, and social protection, but politically available when directed toward militarization, border regimes, fossil fuel security, and creditor repayment.....”

Second case in point: the **Draft Strategy on the Economics of Health for All** (2026–2030) was [being discussed](#) this week in Geneva, emphasising the role of economic, fiscal, trade, labour, and social protection policies in promoting population health, reducing inequities, and supporting sustainable development. While this is certainly progress, I noticed - multitasking during a related hybrid [PHM session](#) on Tuesday evening - that the mood there was fairly subdued (*including from a former member of the Council of the Economics of Health for all, Els Torreale*). David Mc Coy showed, for the second year in a row, a **telling graph on the respective trends of private and public capital in past decades**. And argued **we urgently need to stop the financialization of the global economic system** (which also increasingly affects ‘global health’). I’m afraid he’s right, and not just because the current enormous inequality and ‘austerity for the many’ lead to further **fascistization** of our societies.

From a slightly different angle, on X, [Kalypso Chalkidou](#) also pointed out **policymakers face “the fiscal version of long COVID”**. And related to the [Global Partnerships conference](#) that took place in the UK this week, here’s a [quote](#) from the Oxfam GB CEO: “...*There is also a wider question about the global financial system itself. High levels of debt and an unfair international tax system continue to drain resources from many countries in the Global South – money that could be invested in public services, crisis response and long-term resilience. At the same time, Oxfam research shows billionaire wealth is rising at extraordinary speed: last year the world saw a record number of billionaires created, with a collective wealth of \$18.3 trillion, while nearly half the world’s population continues to live in poverty. There is enough money to tackle poverty and climate breakdown, but political choices continue to protect concentrated wealth while aid budgets are cut. A genuine partnership approach should extend here too, with the UK backing Global Majority-led efforts on debt relief, fairer tax systems and reforms that keep more resources in-country.*”

Last but not least: the latest **Lancet Planetary Health Editorial**, ["On the edge"](#) claims, ominously but accurately, “*In weighing policy choices, we increasingly need to consider our proximity to environmental tipping points. Once considered distant future risks, these are now looking increasingly like credible mid-term scenarios that we need to understand to make informed decisions...*”

On all these accounts, the current ‘global health ecosystem reform discussions’, are found wanting. At least in most power corridors. And yes, I know, it’s possible that grumpy old fascist men already end ‘mankind as we know it’ in the coming years, or that AI decides at some point to save mankind from itself (and its dumbass leaders). Nevertheless, abovementioned reasons make it painfully clear that **‘global health reform’ (even in its more “ambitious” version - already a tall order to achieve in the coming years) is not even trying to deal with the many of the (near-)existential challenges we’re facing**. The envisioned reform is thus anything but ‘fit for purpose’. Rather, global health power sees these as ‘constraints’ in the brave new world, which we just have to live with. They refer to them, yes, occasionally, but apparently there’s not that much we can do about these (except becoming ever more ‘resilient’). Oh, and I almost forgot ‘innovation’ :)

And so, no, I don’t share the **‘glass half full’ feeling** that seemed to dominate at the Washington University session on Wednesday evening (*eg, Björn Kümmel – admittedly, Larry Gostin didn’t share*

his sentiment). Instead, I tend to side with the gloomy looking people at the PHM meeting on Tuesday evening. As if we fail to take on these challenges (and/or continue to largely look away), we're doomed. No 'blended bullsh*t' (*excusez le mot*) is going to make up for that.

At least trying to take on these global interconnected crises should be, in my opinion, the global counterpart of the (much needed) current drive towards health sovereignty in African countries. Yes, just like for many LMICs in SSA, it might sound a bit utopian in the short term, but we owe it to the next generations to at least give it a try.

Meanwhile, against this rather dark backdrop, **the WHO DG race is gaining momentum** (and apparently, the list of possible contenders is getting longer and longer...). In a **BMJ Feat article** from earlier this week, "[Who will be the next leader of the beleaguered WHO?](#)", our favourite quote came from **Sophie Harman**: "...*The enormity of the challenge has led observers to call for a "unicorn," but "you can't find all these qualities in a single person and they can't do it alone anyways," ...*", adding: "... *I would like to see less singular focus on the background of the director general herself or himself and more on their ability to bring together a strong team of public health expertise, diplomatic skill, and financial stewardship.*"

In short, the opposite of the bunch of nasty clowns currently running the White House.

Enjoy your reading.

Kristof Decoster

Featured Articles

The 79th World Health Assembly through the eyes of a first timer: optimism, geopolitics, and very sore feet

Valérie Vermeersch (*Junior researcher, health policy unit, ITM; Programme – and policy officer, international cooperation office, ITM*)

Attending the World Health Assembly (WHA) for the first time was both exciting and intimidating. I arrived in Geneva with two clear missions: *absorb as much information as possible* and *meet as many people as possible*. Luckily, I had colleague Rachel Hammonds as my unofficial WHA mentor: part survival coach, part insider guide, and part private tour guide around WHO headquarters and Geneva.

Stepping into Geneva, you could immediately feel the atmosphere. Delegates from all over the world, moving between venues in formal attire, gathered with a shared ambition: tackling global health challenges. There was energy, (some) optimism, and no shortage of discussions about the future of global health governance, with the Ghana delegation visibly present in nearly every conversation on reforming the global health architecture and pushing forward the Accra Reset.

At side events (which I mostly attended), the mood often felt hopeful. Speakers emphasized the need for collective action, with recurring messages along the lines of “*we are all passengers on the same bus*” (**President of Ghana John Mahama** at the High-Level Dialogue on the global health architecture convened by the Accra Reset alongside the 79th WHA)

As a newcomer, it was hard not to get swept up in this optimism.

But then came the opportunity to enter WHO headquarters and sit in on discussions in one of the committees. The contrast was striking. Behind the aspirational language of partnership and collective responsibility, the realities of geopolitics quickly became visible.

Witnessing tense exchanges between countries and observing how broader geopolitical tensions surface in discussions and voting sessions made one thing painfully clear: before “*the world [gets] together*” (**Olla Shideed**, *Health Emergencies Governance, WHO Health Emergencies Preparedness and Response Programme during ‘Are we ready for the next pandemic threat?’* organized by Geneva Graduate Institute), there is still a long road ahead.

Interestingly, one of the most common conversation starters during the numerous networking lunches and evening receptions wasn’t about the agenda itself, but about the atmosphere. Seasoned WHA attendees (like Rachel) repeatedly commented that “*something feels different this year*”.

Some suggested there are fewer people than usual, perhaps reflecting tighter budgets and smaller country delegations. Others wondered whether the absence of the US is shifting dynamics. Or maybe the vibe reflects broader tensions around reforming the global health architecture (and the quiet positioning of those aspiring to become the next Director-General of WHO).

Whatever the reason, there is a sense that something is moving beneath the surface. A transition, a recalibration, or perhaps simply the calm before another storm in global health governance?

Next week, Rachel and I will be taking stock of a new and unmistakable energy gripping the WHA and relentless side events.

PS: One lesson learned the hard way: the WHA is a marathon, not a sprint. Leave room in your suitcase for flat shoes. 😊

Future WHO leadership in a darkening world: Q&A with global health editors

Jocalyn Clark;

Just before WHA79, IHP editor Kristof Decoster spoke with Jocalyn Clark, international editor of The BMJ, for her [new article](#) on the campaign for next Director-General of WHO, which has just kicked off. They had a broader discussion than was able to be included in the BMJ article. Here, we publish a fuller Q&A between these two editors who discussed the qualities needed to lead the

organisation in this moment of geopolitical disorder, strained finances, and future planetary health challenges. The interview has been condensed and edited for clarity.

- For the full Q&A, see IHP: [Future WHO leadership in a darkening world: Q&A with global health editors](#)

Highlights of the week

Structure of Highlights

- WHA79 – Chronological overview of highlights & key debates since Tuesday noon
- WHA79 – WHO DG race
- WHA79 – Global Health reform
- WHA79 – More on Global Health Governance & Finance/Funding
- WHA79 – More on PPPR & GHS
- WHA79: some more side events
- WHA79: key reports, analysis, advocacy, ...
- More on UHC & PHC
- Trump 2.0 & US GH strategy/bilateral health agreements
- Global Partnerships Forum (UK, 19-20 May) & more on the Future of Development cooperation
- Mental Health
- 13th Urban World Forum (Baku)
- Planetary Health
- (Announcing) Lancet Commissions
- Access to Medicines, Vaccines & other health technologies
- Miscellaneous

WHA79 – Chronological overview of highlights & key debates since Tuesday noon

More or less **chronological overview, since Tuesday noon, of the ‘formal’ part of the WHA** – main highlights and discussions.

Like in ‘part 1’ of this newsletter, **in following subsections, we’ll dig a bit deeper in some of the main agenda items (& related publications).**

- For the **short WHO daily updates** so far: **WHO – Daily update (19 May): [Seventy-ninth World Health Assembly – Daily update: 19 May 2026](#)** - Daily update (20 May) - [Seventy-ninth World Health Assembly – Daily update: 20 May 2026](#) **Daily update (21 May) - [Seventy-ninth World Health Assembly – Daily update: 21 May 2026](#)** With more ‘daily

updates' to follow on the WHA webpage. <https://www.who.int/about/governance/world-health-assembly/seventy-ninth/daily-updates>

- PHM also has daily briefs: eg <https://phmovement.org/sites/default/files/2026-05/Daily%20brief%201-%20Final.pdf> (for more, see [PHM](#))

HPW - WHO is Alarmed at 'Scale and Speed' of Ebola Outbreak as Hantavirus Threat Recedes

<https://healthpolicy-watch.news/who-is-alarmed-at-scale-and-speed-of-ebola-outbreak-as-hantavirus-threat-recedes/>

" The outbreak of a deadly strain of Ebola for which there is no vaccine is accelerating through the Democratic Republic of Congo (DRC) and Uganda at a "scale and speed" alarming the World Health Organization (WHO), as cases climb and authorities scramble to contain the spread. "I'm deeply concerned about the scale and speed of the epidemic," WHO chief Dr Tedros Adhanom Ghebreyesus told the 79th World Health Assembly on Tuesday, addressing delegates from 192 nations gathered in Geneva...."

PS: **"After heavy criticism of the WHO's slow handling of the 2014 West African Ebola epidemic, the agency's chief appears unwilling to allow a repeat of history. Tedros said an additional \$3.4 million was released from the WHO's Contingency Fund for Emergencies, bringing the total committed to the response to \$3.9 million...."**

"... The picture is markedly different for hantavirus, which Tedros also addressed. Two weeks ago, the hantavirus outbreak aboard the MV Hondius cruise ship, sparked international panic and wall-to-wall news coverage, but it has now been brought under control, Tedros told the assembly. "WHO's assessment continues to be that the risk of hantavirus globally is low," Tedros said. ..."

HPW – Grim Warning of Dwindling Funds for Emergencies as States Vote on Attacks in Lebanon and Iran

<https://healthpolicy-watch.news/grim-warning-of-dwindling-funds-for-emergencies-as-states-vote-on-attacks-in-lebanon-and-iran/>

"The grim impossibility of addressing rising health emergencies with dwindling budgets was raised at the World Health Assembly (WHA) on Tuesday – amid votes on attacks on healthcare in Lebanon and Israel."

"Outbreaks are accelerating, while the systems designed to stop them are being weakened," warned Dr Annette Heinzlmann, emergency director for the WHO Eastern Mediterranean Region (EMRO), during a discussion of health emergencies in Committee A."

"The gap between needs and resources is now unsustainable. The WHO Health Emergency Programme faced a \$553 million funding gap in 2024 and 2025. The contingency fund for emergencies entered 2026 with just \$19.5 million, while our regional emergency workforce has been cut by half. We cannot continue confronting expanding emergencies with shrinking capacity." ...

“In EMRO, 117 million people need humanitarian assistance; there are 14 graded emergencies, 44 active outbreaks, and more than 50 public health events across 17 member states. ...”

“In 2025, WHO responded to 50 emergencies in 82 countries and territories, of which 20 were Grade 3 emergencies requiring the highest level of organisation-wide support, the organisation reported.”

“... Last year, the WHO verified 1,351 attacks on healthcare, resulting in 925 health facilities damaged or destroyed. The Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme [reports](#) a “significant and alarming escalation” in these attacks that are likely to “underestimate the true scale of the crisis as reporting is uneven”....”

PS: “In the WHO’s 2026–2027 budget, the base budget of the emergencies programme has been set at \$918.5 million, with 51% for country offices, 22% for regional offices and 27% for headquarters.”

PS: “...Voting came at the end of a discussion on the WHO’s involvement in health emergencies in the WHA’s Committee A.”

- On this voting, see also Geneva Solutions - [Iran health bid fails at World Health Assembly as Lebanon proposal passes by wide margin](#)

“The Middle East conflict cast a long shadow over the World Health Assembly on Tuesday in Geneva as the politics of war seeped into its deliberations. World Health Organization (WHO) member states gathered in Geneva for the annual assembly rejected an Iranian initiative on attacks against its health facilities conducted by the US and Israel this year, while overwhelmingly backing a parallel proposal on the impact of Israel’s war against Hezbollah on Lebanon’s healthcare infrastructure.”

“Iran’s initiative was defeated after Israel called for a vote, with 30 voting against and only 19 voting in favour. A further 59 – including France, Switzerland, Spain, Japan, Indonesia and the United Arab Emirates – abstained, citing concerns about the text’s selective framing, though not disputing the underlying principle of attacks against the health facilities being unlawful. Iran’s own attacks against Gulf countries for hosting US military bases and its earlier crackdown on protests have left it diplomatically isolated....”

UN News - Ebola risk is high inside DR Congo but it’s no pandemic emergency: WHO

<https://news.un.org/en/story/2026/05/1167553>

“The deadly Ebola outbreak in Democratic Republic of the Congo (DRC) and Uganda does not represent a global pandemic emergency, although the risk is high at a regional and national level, the UN health agency chief said on Wednesday.”

In an update on the fast-developing situation in eastern DRC.

“... Wednesday’s briefing followed a meeting of the WHO Emergency Committee on Tuesday in Geneva which confirmed that the Ebola outbreak is a public health emergency of international concern but not a pandemic emergency....”

- Full link: [WHO Director-General's opening remarks at the media briefing on Ebola outbreak in DRC and Uganda – 20 May 2026](https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-ebola-outbreak-in-drc-and-uganda-20-may-2026) (20 May)

Stat – After Rubio’s critique, WHO defends work on Ebola response

<https://www.statnews.com/2026/05/20/who-ebola-response-outbreak-investigation-drc-marco-rubio/>

“Countries have the responsibility to detect outbreaks, WHO officials noted.”

“World Health Organization officials on Wednesday mounted a defense of their response to the new and worrisome Ebola outbreak centered in the Democratic Republic of the Congo, after U.S. Secretary of State Marco Rubio said the agency was “a little late” in identifying infections. WHO authorities stressed that their role is to offer technical and operational help to national health agencies, which have primary responsibility for detecting the spread of diseases under international rules. “We don’t replace the country’s work,” Tedros Adhanom Ghebreyesus, WHO’s director-general, said at a press briefing. “We only support them.” **Tedros said what Rubio said “could be from lack of understanding of how IHR works, and the responsibilities of WHO and other entities,” referring to the International Health Regulations, which set out countries’ obligations during health emergencies. ...”**

- For more detail on **the emergency briefing (convened on Tuesday to assess the threat of the current outbreak)**, see also HPW - [WHO: Ebola Outbreak Is a Deadly Regional Threat But Not a Global Pandemic Risk](#)

“Investigations are ongoing to ascertain when and where exactly this outbreak started,” said Anaïs Legend, a technical officer for high-threat pathogens at WHO’s health emergencies programme....”

“WHO officials laid out several reasons the outbreak escaped detection.....”

“**Symptoms mistaken for endemic diseases:** The Bundibugyo strain’s early symptoms also overlap with diseases endemic to eastern DRC, leading health workers to mistake initial cases for more common illnesses....”

“**No vaccine, but a pipeline:** The Bundibugyo strain has **no licensed vaccine or therapeutic**. WHO’s research and development lead, Vasee Moorthy, said a pipeline of candidates is being accelerated but remains months away. Moorthy said the **most promising candidate is an rVSV Bundibugyo vaccine**, the equivalent for this strain of Ervebo, the licensed Merck vaccine used against the more common Zaire Ebola strain since 2019. “There are no doses of this which are currently available for clinical trial, so this needs to be prioritised,” Moorthy said. “The information that we have is that this is likely to take six to nine months.” **A second candidate, built on the ChAdOx1 platform used in the AstraZeneca COVID-19 vaccine, is being developed by Oxford and the Serum Institute of India.** “They are manufacturing that as we speak, but there is no animal data to support [its efficacy],” Moorthy said. “It is possible that doses of that could be available for clinical trial in two to three

months, but there is a lot of uncertainty about that.” **Even in the most optimistic scenario, neither candidate is likely to be available to materially shape the trajectory of the current outbreak.”**

“In the meantime, the response is being built around the basics: safe treatment centres, patient referral pathways, contact tracing, and the protection of health workers, among whom the first confirmed case in the outbreak was identified....”

PS: Re Rubio: **“Tedros suggested conflict in the affected region was a more fundamental factor in the delay than anything WHO could have done differently.** “Health facilities cannot work optimally when there is conflict and when the health workers are also fleeing as part of the community which is displaced,” he said. “It affects the whole surveillance system, and not only that, but it also affects access.” ...”

- And see the Guardian - [Vaccine to tackle Ebola outbreak will take six to nine months, says WHO](#)

“Doses of the “most promising” potential vaccine against the Bundibugyo virus that is causing an Ebola outbreak in central Africa will not be available for six to nine months, the World Health Organization said on Wednesday, as the number of suspected cases rose to 600.... “

“Officials said they believe the disease may have started its spread “a couple of months ago”, aided by a “super-spreader event”, possibly a funeral, in early May.”

HPW - Russia Tries to Block Debate on Attacks on Health Facilities in Ukraine

<https://healthpolicy-watch.news/russia-tries-to-block-debate-on-attacks-on-health-facilities-in-ukraine/>

“Neither Russia’s delegate banging her desk to interrupt Ukraine’s representative speaking at the World Health Assembly (WHA), nor her request to dismiss debate, stopped member states from condemning Russia’s attacks on Ukraine’s health system....”

PS: **“the WHA also discussed polio that remains an issue in several countries like Pakistan and Afghanistan....”**

HPW – World Health Assembly Votes to Suspend USA’s Voting Rights, Restore Iran’s

<https://healthpolicy-watch.news/who-iran-voting-rights-us-faces-suspension/>

“ WHO member states on Thursday agreed to suspend the voting rights of the United States in the World Health Assembly as of May 2027 if some \$280 million in outstanding 2024-25 dues remain unpaid – despite the US announcement of withdrawal last year. In the same decision, Iran’s voting rights, previously suspended, were reinstated after it caught up on outstanding debts. The decision by WHA’s Committee A, which was approved by consensus and without any debate, signals that member states won’t recognize the US announced withdrawal from WHO in 2025 – until the back dues are paid, in accordance with Congressional decision at the time when the US joined the Organization in 1948. “

PS: “... Tomorrow, the Assembly is also set to address the self-declared [departure of Argentina](#) last year in what is likely to lead to a more prolonged debate. Draft resolutions currently circulating propose to contradictory paths forward. A [proposal put forward by Paraguay](#) would formally recognize Argentina’s withdrawal – despite the absence of a legal exit ramp in the WHO constitution. However, a [competing draft decision proposed by a separate group of countries, including Germany](#), takes a decidedly more passive approach. This alternate draft merely “takes note of the declaration by Argentina and declares there’s no further action,” Gianluca Burci explained. This manoeuvre intentionally leaves “the situation ambiguous because the membership is divided on whether Argentina has the right to withdraw, and so in typical UN fashion the UN doesn’t take any decision.” ...”

“Looking ahead, the silent committee approval of the American suspension could, nonetheless, hearken more debate – and diplomatic fallout on the issue at Saturday’s final, plenary session when all recommendations of Committee A and B are adopted by the full Assembly. ...”

HPW - Polio Eradication Needs Political Commitment as Conflict Makes Vaccination ‘Impossible’ in Areas Like North Yemen

<https://healthpolicy-watch.news/polio-eradication-needs-political-commitment-as-conflict-makes-vaccination-impossible-in-areas-like-north-yemen/>

(21 May) “The world is in the last stretch of polio eradication, but closing this gap will require political commitment, the World Health Organization (WHO) told member states at the ongoing 79th session of the World Health Assembly (WHA). Polio virus has shown resurgence in conflict-hit or hard-to-reach areas like northern Yemen, Gaza, Afghanistan, and Pakistan. Conflict has limited access in some of these areas and made vaccination campaigns near impossible in others.”

Wild polio is declining. Also re access & funding challenges.

HPW – Restore Funds for Malaria, Africa Urges

<https://healthpolicy-watch.news/restore-funds-for-malaria-africa-urges/>

(21 May) “The African region made an impassioned appeal for global funding to be restored for [malaria elimination](#) at the World Health Assembly on Wednesday. Drastic aid cuts in the past 18 months, particularly by the United States, have had a dramatic effect on malaria efforts – particularly as they coincide with growing drug resistance.”

“Nigeria, speaking for African member states, noted that the World Health Organization’s (WHO) malaria elimination effort known as E-2025 has not been funded since 2024. The initiative had focused on supporting 25 countries with the potential to eliminate malaria by 2025 with Global Fund money.”

“... Nigeria requested the assembly to “restore financing for malaria elimination, including the E 2025 initiative, and accelerate roll out of the RTS,S (Mosquirix) and R21 (Matrix-M) vaccines”. Instead of being on track to meet the Sustainable Development Goal target of reducing malaria cases by 90% by 2030, global incidence has risen by 8.5%, according to the WHO’s [World Health Statistics 2026](#).”

PS: “The assembly also endorsed a [decision](#) requesting the Director-General to develop a post-2030 tuberculosis (TB) strategy for the 2028 WHA.”

- And a link: HPW - [World Health Assembly Condemns Iranian Strikes on Gulf States, Health Fallout of Hormuz Closure](#) (21 May)

See also Geneva Solutions - [World Health Assembly condemns Iran attacks against Gulf amid global health supply disruptions](#).

PS: Stay tuned for more analyses in the coming days, among others on the [AMR action plan update](#), the [climate-health momentum](#), ...

WHA79 – More on the Ebola PHEIC

Science Insider – Vaccine experts debate options to combat outbreak of unusual Ebola strain

<https://www.science.org/content/article/vaccine-experts-debate-options-combat-outbreak-unusual-ebola-strain>

Must-read. “Small monkey experiments raise some hopes—and many questions.”

“**Today, the World Health Organization (WHO)**, which on 17 May declared the Bundibugyo outbreak a [public health emergency of international concern](#), **held a closed meeting of vaccine experts to discuss possible options**. “We need to urgently roll out appropriate clinical trials with appropriate candidate vaccines,” says Helen Rees, a vaccine researcher at the University of the Witwatersrand who took part in the meeting....”

- See also the [Guardian - WHO considers use of experimental vaccines as Ebola cases and deaths rise in DRC](#)

“**Global health leaders are considering whether vaccines or medicines still in development could be used to fight Ebola in the Democratic Republic of the Congo**, as the World Health Organization’s chief said he was deeply concerned by the outbreak’s speed and scale.” “The WHO **convene(d) its emergency committee on Tuesday to advise what recommendations it should make to countries affected, their neighbours, and the wider world on how to control the outbreak. It is also convening a technical group for advice on what tests, vaccines and treatments could be useful....”**

PS: “Dr **Maria Guevara, the international medical secretary at MSF, who has worked in the DRC, said: “The fact is the system is broken and the community is not able to access any type of health care.”** She said conflict had made routine immunisation extremely difficult, and that most of the DRC had experienced severe outbreaks of cholera only last year. Speaking at an event in Geneva organised by the **Independent Panel on Pandemic Preparedness and Response**, she added: “You put Ebola on top and then you want to be able to do the proper protocol and case management, proper case treatment, but they’re inundated with all the other outbreaks, also dying of maternal mortality, from malaria, from everything else. And you’re expecting the community to be able to

understand why you're coming in with a zoot suit [slang for the personal protective gear worn by health workers]." "An Ebola treatment centre had been burned down in 2018 by a **community angry that they did not have basics such as clean water or safe places to give birth**, she said...."

TGH – The World Health Assembly Reacts to the Bundibugyo Ebola Outbreak

Ebere Okereke; <https://www.thinkglobalhealth.org/article/the-world-health-assembly-reacts-to-the-bundibugyo-ebola-outbreak>

"A Chatham House fellow reports from WHA79 about how the new Ebola emergency has advanced conversations about actionable health reform." Excerpts:

"In Geneva, the mood is not one of routine agenda management. The Ebola PHEIC has sharpened conversations that were already uncomfortable: how to finance preparedness when budgets are shrinking, how to negotiate benefit sharing when trust is thin, and how to reform institutions while they are still being asked to respond to crises in real time. The conversations and side events are dominated by the language of finance and reform. I am hearing less about whether reform is needed and more about whether the political will exists to make it real."

PS: "The WHO remains crucial to any credible global-health architecture. But centrality is not immunity from reform. The organization must protect its core authority in norms, standards, evidence, surveillance, and global convening. **It must also retain the capacity to act when outbreaks overwhelm national and regional systems. The lesson from the 2014–16 West Africa Ebola outbreak was that the WHO's delayed leadership, weak operational readiness, and unclear accountability cost lives. Many changes made after that outbreak should be protected, while a better balance is defined.** The WHO should avoid duplicating roles that governments, local institutions, regional bodies, and other entities can perform better. **Its current financial pressure should be viewed as more than a budget problem. It is a test of whether WHO member states are willing to fund the institution they expect to lead, and whether the WHO is willing to make the choices needed to remain trusted, focused, and effective...**"

"... The practical test of WHO reform is whether it can help member states reach agreements that hold when trust is low and risk is high. That is why the **unresolved Pathogen Access and Benefit Sharing annex matters. ...**"

PS: "**WHA79 must act on two tracks. The first is system change:** a global health architecture that is less fragmented, less discretionary, more country-led, more regionally anchored, and more accountable for shared risks and shared benefits. **The second is harm reduction while that change is built: no abrupt service collapse, no unmanaged transition from donor-funded programs, no unfunded mandates to countries with the least fiscal space, no outbreak-response gaps, and no reform process that shifts responsibility without shifting power.** Reform will take time. Harm is already happening. **WHA79 should be judged by whether it can stay on both tracks.**"

Stat – Trump's cuts to foreign aid are undermining the Ebola response, insiders say

<https://www.statnews.com/2026/05/19/us-aid-cuts-hamper-drc-ebola-response/>

“Funding to guard against epidemics, support health systems, and stockpile supplies was slashed.”

PS : “ ... **The end result of the changes to U.S. policy leaves global health workers with a sense that they are in a new era of American response: taking on problems as they arise instead of investing in trying to stop them in the first place.** “There is this kind of paradigm shift of targeted responses to targeted problems,” said one of the people working on public health in the region. “It’s not on a scale where it needs to be.””

United States to Fund Establishment of Up to 50 Ebola Response Clinics

<https://www.state.gov/releases/office-of-the-spokesperson/2026/05/united-states-to-fund-establishment-of-up-to-50-ebola-response-clinics/>

“The United States is committing to rapidly supporting the Ebola outbreak response by funding up to 50 treatment clinics, and associated frontline costs being established in Ebola-affected regions of the DRC and Uganda. These rapidly deployed clinics will enable implementing partners to establish clinical care and containment perimeters around affected areas. Clinics will provide emergency Ebola screening, triage, and isolation capacity....”

Africa CDC - Statement on US Travel Restrictions Related to the Bundibugyo Ebola Outbreak

<https://africacdc.org/news-item/u-s-travel-restrictions-related-to-the-bundibugyo-ebola-outbreak/>

“Africa CDC takes note of the US Government’s decision to issue a Level 4 “Do Not Travel” advisory for the DRC and to impose entry restrictions on non-US passport holders who have recently travelled to the DRC, Uganda or South Sudan. The agency **fully recognises the sovereign responsibility of every government to protect the health and security of its people.** Our concern is not with the objective of protecting populations, but with the use of broad travel restrictions as a primary public health tool during outbreaks.... Public health measures during outbreaks must be guided by science, proportionality, transparency, international cooperation, and international health regulations. **Africa CDC’s position is clear: generalised travel restrictions and border closures are not the solution to outbreaks.** Such measures can create fear, damage economies, discourage transparency, complicate humanitarian and health operations, and divert movement toward informal and unmonitored routes – potentially increasing public health risks rather than reducing them.”

“... This current Ebola outbreak highlights a deeper structural injustice in global health innovation: the *Bundibugyo Ebolavirus* was identified nearly two decades ago, yet no licensed vaccines or therapeutics specific to this strain exist today. Africa CDC believes that if this disease had predominantly threatened wealthier regions of the world, medical countermeasures would likely already be available....”

“... The declaration of the PHECS on 18 May 2026, Africa CDC Official Website, was intended to mobilise political leadership, resources, and coordinated continental action. It is not a signal for panic, but a call for solidarity, urgency and collective responsibility. Africa CDC is **calling for intensified international support for:** Strengthened cross-border preparedness and regional coordination; Sustained support to frontline health workers and Ministries of Health; Support risk communication and strong community engagement; Expansion of Bundibugyo Ebolavirus laboratory diagnostics and

genomic sequencing; Deployment of epidemiologists and emergency response experts; Increased financing for surveillance, logistics, infection prevention and case management, including the capacity to isolate cases and to organise dignified burials; Accelerated development of vaccines, diagnostics and therapeutics for all Ebola strains....”

Africa CDC - Advancing Regional Political Commitment and Cross Border Coordination for Ebola Preparedness and Response

<https://africacdc.org/news-item/advancing-regional-political-commitment-and-cross-border-coordination-for-ebola-preparedness-and-response/>

“Per the request from Uganda, **Africa CDC is organizing a cross-border high level meeting from 22 to 23 May 2026 in Kampala, Uganda in collaboration with the Ministries of Health of Uganda, the Democratic Republic of the Congo, and South Sudan.** This meeting will strengthen regional preparedness, response coordination, and political alignment in addressing the ongoing Bundibugyo Ebola Virus Disease outbreak....”

GAVI – Gavi statement on the Ebola disease outbreak in Democratic Republic of the Congo and Uganda

<https://www.gavi.org/news/media-room/gavi-statement-ebola-disease-outbreak-democratic-republic-congo-and-uganda>

(as of 21 May). Among others, “...**Gavi is also assessing how its First Response Fund (FRF) could be leveraged in the context of this outbreak....”**

Reuters - UK commits \$26.87 million to contain Ebola outbreak in DRC

[Reuters](#);

“**Britain has allocated up to 20 million pounds (\$26.87 million) in new aid funding to help contain an Ebola outbreak in eastern Democratic Republic of the Congo, the UK's Foreign Office said on Thursday.** The funding will help the WHO, United Nations agencies and non-governmental organizations step up surveillance, protect frontline health workers and improve infection prevention and control, the UK Foreign Office said....”

Imperial college - Report - Estimation of the size of the outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo

<https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/research-themes/preparedness-and-response-to-emerging-threats/report-ebola-18-05-2026/>

Modelling exercise. “... as of 17 May 2026, approximately 400 to 800 cases of BVD may have occurred in the Democratic Republic of the Congo. However, there is considerable uncertainty around these estimates, with values of over 1000 not being able to be excluded given current data...”

Nature News - Will this Ebola outbreak be the biggest yet?

https://www.nature.com/articles/d41586-026-01646-x?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=61984380

“The size of the outbreak in its initial days is worrying researchers. The next few weeks will determine how large it grows, they say.”

UN News – UN agencies step up Ebola response in eastern DR Congo

<https://news.un.org/en/story/2026/05/1167567>

(21 May) “United Nations agencies have moved swiftly to support efforts to contain the latest Ebola outbreak in eastern Democratic Republic of the Congo (DRC), **delivering emergency medical supplies, protective equipment and logistics support.**” Efforts by WHO, MONUSCO (UN peacekeeping mission in the DRC), WFP & UNICEF.

Cidrap News – Analysis of past Ebola outbreaks suggests 54% death rate, identifies hemorrhage as key risk factor

<https://www.cidrap.umn.edu/ebola/analysis-past-ebola-outbreaks-suggests-54-death-rate-identifies-hemorrhage-key-risk-factor>

“A **meta-analysis** of previous Ebola outbreaks from the Democratic Republic of the Congo (DRC)—the epicenter of the current African outbreak—finds a high but improving mortality rate and identifies hemorrhage as a key predictor of death, although the certainty of evidence varied widely. The University of Kinshasa researchers say the **findings of the meta-analysis, published today in *BMC Infectious Diseases***, underscore the importance of early access to care, high-quality supportive management, and sustained implementation of effective therapeutic strategies to further lower the Ebola-related death rate, especially in areas with scarce resources...”

WHA79 – WHO DG race

Devex Pro – Budi Sadikin 'will confirm' bid for top WHO job after 'formal letter'

<https://www.devex.com/news/budi-sadikin-will-confirm-bid-for-top-who-job-after-formal-letter-112528>

(gated) “The **Indonesian health minister** said President Prabowo Subianto has discussed with him the WHO director general job, seeing it as an opportunity for Indonesian leadership in the United Nations.”

“If it happens, it would be historic: **No Indonesian has ever led a major specialized U.N. agency. Sadikin would also bring an unusual profile — former banker, physicist by training, COVID-19-era health minister, and now a prominent voice on pandemic preparedness, health financing, and vaccine self-reliance. His possible pitch is already visible: WHO needs money, political pragmatism, and more power in the hands of the global south. Under Sadikin, Indonesia has**

unlocked billions in health financing and expanded domestic vaccine manufacturing. Bio Farma can now produce 14 vaccine antigens and eight to nine seed vaccines — **expertise he said should be shared** “without any economic interest to other countries.””

BMJ Opinion – How should the next WHO director general confront the new world order?

M McKee & K Buse; <https://www.bmj.com/content/393/bmj-2026-932172>

(also part of the GH reform debate). **“The next WHO director general inherits a fractured geopolitical landscape in which multilateral norms cannot be taken for granted. Martin McKee and Kent Buse call for the candidates to defend principles while adapting to rivalry and coercion.”**

“... Here, we set out five challenges that the successful candidate will have to tackle...”

See also **Buse on LinkedIn**: “The next Director-General will inherit a world in which health cooperation is increasingly shaped by rivalry, coercion, export controls, bilateral deals, fractured supply chains, and contested norms. The answer to that fragmentation is not less WHO. It is a more politically realistic WHO.”

“So we focus on three questions the current reform debate still tends to sidestep: (1) How “variable geometry” — coalitions of willing countries advancing under WHO oversight on manufacturing, procurement, or preparedness — can preserve momentum without deepening fragmentation. COVAX showed what happens when coordination rules are weak. (2) How the next DG should defend scientific integrity amid export controls, coercive financing, asymmetric data access, and growing pressure to politicise health cooperation — without retreating into silence. (3) How WHO can stabilise its authority and finances after US withdrawal, including creating a credible pathway for eventual re-engagement while reducing dependence on any single donor or bloc.”

And **they conclude**: “History will not wait for multilateral sentiment to recover. The old comfort, that rules would buffer health from geopolitics, has gone. **The next director general's mandate is therefore twofold: defend the universal principles that make WHO indispensable, such as science, norms, and solidarity; and redesign the machinery, both diplomatic and institutional, to function amid disorder, such as variable geometry, regional execution, durable finance, and enforceable reciprocity.”**

WHA79: Global Health reform

Mahama unveils 3-pillar “Accra Reset” initiative to reform global health governance

<https://www.modernghana.com/news/1494121/mahama-unveils-3-pillar-accra-reset-initiative.html>

As part of the **Accra Reset** initiative, **Mahama proposed three major institutional reforms aimed at improving coherence and delivery efficiency in global health governance.**

“The first is a High-Level Panel on Reform to independently assess global health institutions and recommend structural changes where necessary. This body is expected to serve as an impartial expert mechanism, drawing on global health, governance, and financing specialists to evaluate the effectiveness, relevance, and efficiency of existing multilateral health institutions, while identifying areas requiring consolidation, mandate realignment, or operational reform...”

“The second measure he underscored is a Reform Interlock and Observatory designed to coordinate the work of major global health funds and agencies such as WHO, Gavi, and the Global Fund to reduce duplication at country level. The mechanism is intended to improve policy coherence and operational alignment among global health actors, ensuring that programmes implemented in countries do not overlap or create administrative fragmentation for national health systems, particularly at district and primary healthcare levels.”

“The third is the Health Investment National Gateway (HING), a mechanism intended to channel political commitments into bankable investments for local pharmaceutical production, biotechnology, and health innovation ecosystems. The platform is designed to translate high-level policy pledges into structured investment pipelines by connecting governments, development finance institutions, and private sector actors to scalable health infrastructure projects, with a focus on strengthening domestic manufacturing capacity and reducing dependency on imported medical products...”

- And via **Devex Check-up** (Wednesday) – [Infrastructural stability](#)

“The theme of the first two days of the World Health Assembly is not so much, “show me the money,” as, “show me the architecture you’re putting in place to attract the money.” Not nearly as catchy, but not so surprising given the current funding shortfalls.”

“In a morning session yesterday, Donald Kaberuka, the former president of the [African Development Bank](#) and never one to mince words, said global health funding has gone off a “cliff.” And he does not “believe we can overcome that cliff in one or two years.” The experts gathered in Geneva seem intent on **using that time to build new mechanisms that might help accelerate future funding — and ensure that if it does come, it achieves maximum impact.”**

“[The Accra Reset](#) has dominated discussions so far this week with Ghanaian officials seemingly everywhere. That includes **Nana Oye Bampoe Addo**, the deputy chief of staff to Ghana’s president, who spelled out many of the emerging components, including the **Health Investment National Gateway**. The idea is to **channel political commitments into actual investments** — and potentially draw in other funders in the process. **Another component of the Accra Reset, the Sankoree Institute of Global Negotiators,** will train government officials and homegrown technical experts to strengthen international negotiations around public health, among other issues...”

Devex – Could this foundation be a 'neutral convener' for global health reform?

<https://www.devex.com/news/could-this-foundation-be-a-neutral-convener-for-global-health-reform-112562>

(gated) **“Speaking at Devex Impact House @ WHA, John-Arne Røttingen discussed AI governance, donor fragmentation, and why Wellcome believes it can help convene difficult conversations about global health reform.”**

“Speaking at Devex Impact House on the sidelines of the World Health Assembly, he described an important role for philanthropy not simply as a source of funding, but as a convener of conversations around artificial intelligence, evidence, and global health reform. Wellcome — a London-based foundation backing science and health research, and one of the world’s largest charitable foundations — is uniquely positioned to play that role, Røttingen argued, precisely because it is not an implementing agency or bilateral donor....”

NCD Alliance - WHA79 Constituency Statement: Reform of the global health architecture and the UN80 Initiative

<https://ncdalliance.org/resources/wha79-constituency-statement-reform-of-the-global-health-architecture-and-the-un80>

“We welcome the recognition of noncommunicable diseases and mental health within WHO’s proposal on global health architecture reform, acknowledging shifting disease burdens and demographics and the need for integrated, people-centred health systems.

We are, however, concerned that the lack of representation of civil society and people with lived experience on the Joint Task Force undermines the legitimacy of the process.”

Devex Pro – Gavi's CEO says radical reform push is winning over health ministries

<https://www.devex.com/news/gavi-s-ceo-says-radical-reform-push-is-winning-over-health-ministries-112544>

(gated) **“Radical reform taking place at the world’s largest vaccines procurer is going well.”**

“Gavi, the Vaccine Alliance has been rolling out its Gavi Leap reform agenda for just under two years, and the reception by country health ministries has been glowing, according to Gavi CEO Dr. Sania Nishtar. Gavi Leap is designed as a strategy to increase country-centricity, country sovereignty, focused mandates, and finite lifespans for international organizations delivering assistance. **Gavi, the world’s largest vaccine procurer, will now be supporting countries through the use of two funding levers instead of 30, and will cut the number of contracts from 700 to around 60.** It has also digitized its grant processes to reduce the burden on countries, while at the same time easing the administrative work of the secretariat.”

“Speaking at a Devex Impact House @WHA event held on the sidelines of the 79th World Health Assembly, Nishtar said: “Yesterday was a proof of the pudding ... minister after minister came and said ... ‘this is what we wanted, we wanted authority to be delegated to us,’” Nishtar said, referencing a feedback meeting she hosted with more than a dozen ministers of health.”

People’s Dispatch - Democratizing global health governance: mission impossible?

<https://peoplesdispatch.org/2026/05/19/democratizing-global-health-governance-mission-impossible/>

“As the 79th World Health Assembly begins in Geneva, **PHM activists call for Alma-Ata vision to guide global health architecture changes.**” In this (must-read) analysis, focus on the ‘joint process’ (re GH reform), financing, PHC and more.

“This year, the Assembly will be asked to consider a proposal for a joint process that will transform the global health architecture (GHA). The “joint process” refers to a “structured and inclusive approach engaging Member States, representatives of global health initiatives, United Nations entities, regional health organizations, and other major constituencies, including civil society.... This inordinate prioritization of global health initiatives with very little, if any, space for civil society does not prioritize democratic governance. Although the report itself identifies “risks” associated with the process including “uneven participation” by low and middle-income countries (LMICs) and CSOs, the proffered solutions of “proactive outreach, support... and careful design of task force processes” is insufficient for revitalizing and re-imagining a WHO that works for all. Instead, it sets up the WHO for multistakeholderism.”

“... Re-imagining WHO requires restoring its ability to prioritize based on public health needs rather than donor or market interests. It also demands reaffirming the role of Member States – especially those from the Global South – in shaping global health agendas. WHO must function not only as a technical body but as a normative institution addressing structural determinants of health, including inequitable trade, austerity, and corporate practices. Re-imagining global health governance is not a technical exercise but a political project. The current orientation of re-imagining global health architecture and UN80 must recognize that real transformation depends on confronting entrenched power structures and reclaiming WHO’s foundational principles.”

“Primary Health Care: a call to action : The radical, transformative vision of PHC has been systematically eroded to a depoliticized, technocratic agenda reducing a revolutionary sociopolitical struggle to a narrow model focused on digital tools, selective interventions, and market-oriented financing.... The PHC progress report informing this year’s discussion (EB158/14) celebrates “catalytic support” for digital transformation and celebrates a package of toolboxes and pilot projects, but fails to identify the active drivers of inequity – land-oppression, neoliberalism and corporate power.....”

Devex (Opinion) - The quiet erosion of women’s rights is a global health crisis

O Hekster; <https://www.devex.com/news/the-quiet-erosion-of-women-s-rights-is-a-global-health-crisis-112518>

“As the erosion of women’s rights directly disrupts frontline health systems across the globe, world leaders must champion the message that protecting those rights is inseparable from protecting global health.”

“The erosion of women's rights and the right to bodily autonomy is not a problem adjacent to the global health crisis. It is a huge part of the crisis. Delegates are gathered in Geneva for this [year’s World Health Assembly](#), amid intense debates over WHO reform, financing pressures, and what should constitute the organization’s core functions. World leaders in global health must champion the message that women's rights are universal human rights and protecting them is inseparable from protecting global health itself.”

“... At a time when anti-rights groups are becoming increasingly coordinated internationally, strong and independent norm-setting institutions matter more, not less. ... These concerns should not be interpreted as resistance to reform. As a former U.N. staff member, I understand well the need for institutional efficiency, coordination, and modernization. The multilateral system must evolve to remain effective and financially sustainable, particularly in the context of declining aid

budgets and growing demands on global institutions. But **institutional reform should strengthen delivery — not weaken the frameworks that protect women and girls.**

This applies equally to the [World Health Organization](#). Recent calls by Anders Nordström, former acting director-general at WHO, and others for [WHO to refocus on its core functions](#) should be understood constructively and with urgency — not as a retreat from rights-based approaches, but as a reminder of what WHO's essential role actually is. For women and girls, those **key functions include setting global standards on sexual and reproductive health and rights, maternal health, gender-based violence, and equitable access to care.** Evidence-based guidance, rights-based standards, and independent technical authority are not peripheral to global health governance — they are its foundation....”

Plos GPH – Building reparative futures demands a reckoning with the crisis form of global health

S Sekalala et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006473>

“Recent cuts to global health funding and US withdrawal from the World Health Organization have generated claims that global health has entered a new crisis. This essay argues that such accounts misread the present moment. The better view is that global health operates through a ‘**crisis form**’, a modality of governance in which structural inequality is treated as ordinary, acute disruptions (**Big Events**) are framed as emergencies, and responses to **Big Events** restore institutional authority without transforming the historically continuous racialized political economy in which global health is embedded. Drawing on past Big Events we trace this pattern from colonial medicine, through Alma Ata, HIV/AIDS, Ebola to COVID-19, showing how each Big Event exposed the underlying structural problems in global health and generated promises of change while preserving structural inequality. We then analyze early 2025 commentaries on aid cuts and US withdrawal from the World Health Organization to show how crisis discourse, even at a moment ripe with decolonial talk, channels political energy into the language of rescue and renewal, leaving deeper systemic questions of redress and redistribution untouched. **In response, the essay develops reparatory global health as a political and conceptual orientation that calls for a refusal of restoration by taking the structural problems exposed by Big Events as the object of action, and by treating reparations as transformative, tactical, and oriented towards structural change and non-recurrence.**”

Lancet Regional Health Africa – Challenges in African respiratory health and opportunities for global health reform

Refiloe Masekela et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00052-0/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00052-0/fulltext)

“Respiratory disease in Africa is increasingly misaligned with the global health models designed to address it. As foreign aid contracts and Global North priorities shift inward, the continent's unique convergence of HIV-driven pulmonary infections, environmental lung disease, and rising non-communicable respiratory conditions demands a fundamental reimagining of both care and science. This disruption, while destabilising, creates an opportunity to centre respiratory health reform on Africa's distinct disease patterns and scientific leadership. **Africa bears a disproportionate**

burden of respiratory disease, driven by a syndemic of tuberculosis (TB) and HIV, as well as rising rates of asthma and chronic obstructive pulmonary disease (COPD)....”

“... global health narratives fail to centre respiratory health within reform discussions ... The era of dependency is forcibly ending, making way for a new paradigm of African health sovereignty and epistemic justice. This means African governments must designate lung disease as a research priority within national health strategies, ring-fence funding for respiratory research, and accelerate local research by eliminating bureaucratic inefficiencies in ethics and regulatory approval.”

WHA79 – More on Global health governance & financing/funding

Devex Check-up – Why some countries aren’t ratifying the African Medicines Agency treaty

[Devex](#);

“the newly formed African Medicines Agency, stood firmly in the spotlight as WHA kicked off — one of the brightest examples of efforts to increase health sovereignty on the continent. The African Union’s Kigali-based agency is already at work to harmonize the continent’s pharmaceutical regulatory system. When fully functional, it’s expected to provide a major push for domestic pharmaceutical manufacturing — a necessity so medicine shelves are stocked, products are affordable, and African countries aren’t last in line during pandemics. Many companies don’t find operating on the continent profitable. If a local manufacturer wants to register its product, it needs to tediously engage individually with country regulators. AMA is working to make processes uniform, ensure products are safe, and combat counterfeit medicines. **But there’s a roadblock: Not all African nations have ratified the AMA treaty. Only 31 have, but the goal is all 55 countries.**”

“We cannot do it alone. We need the help of everyone to make this happen,” Delese Mimi Darko, [the agency’s first leader](#), told me. I asked Darko why some two dozen African countries haven’t ratified. She opened up a note on her phone and started scrolling through the long checklist of things countries have to tick off in order to do so. After the treaty is signed, it then must be reviewed by a handful of different ministries — not just the health ministry — and then it goes to a country’s legislative branch for approval. “It goes through a long process to finally get there. So it’s not the unwillingness — a lot of them have signed,” she said. “Governments have other things to think about.” And it’s essential that the continent’s big economic powerhouses ratify it. Nigeria is in the final steps of ratification, and that’s considered a major win. South Africa is one of the next big targets. Robert Matiru, director of the program division at [Unitaid](#), told me AMA can’t credibly speak for the continental market without major players such as South Africa....”

“But there are factors beyond bureaucracy. Some national regulatory authorities fear AMA may duplicate or absorb their functions, and countries balk at mandatory contributions to AMA’s budget, he said. But experts at WHA said countries should consider the agency’s work complementary to domestic regulators — not a replacement. ... Additionally, in many countries, health regulations sit low on national agendas amid other pressing matters such as elections, currency crises, or security shocks. “The AU Commission cites this as the single most common proximate cause of delay among signatories that have stalled before ratification,” Matiru told me....”

Devex Pro – WHO official: Health ministers need to 'really engage' with finance

<https://www.devex.com/news/who-official-health-ministers-need-to-really-engage-with-finance-112549>

(gated) **“Dr. Kalipso Chalkidou, director of the performance, financing, and delivery department at the World Health Organization, spoke to Devex about rhetoric vs. reality when it comes to health sovereignty and financing.”**

“In a Devex Impact House conversation on the sidelines of WHA with Senior Editor Rumbi Chakamba, **Dr. Kalipso Chalkidou, director of the performance, financing, and delivery department at the World Health Organization, outlined how finance ministers and health ministers could work together — and where WHO fits in.”**

“Before all that, she spoke frankly about rhetoric versus reality. In the short term, massive aid cuts will almost certainly push healthcare costs previously subsidized by development assistance onto low-income households, but she said she sees the emerging “narrative of self-reliance and health sovereignty” from global south countries as a promising sign. “We've had presidents of states and ministers of health and finance, even this week here in Geneva, proclaiming that health is a priority, and that's absolutely critical, because ultimately no country has reached universal healthcare coverage relying on donor or on household spend,” she said. “But the latest IMF fiscal outlook suggests otherwise in terms of countries' actual prioritization of health in budgets. ... These lower- and lower-middle-income countries actually are not prioritizing health in their budgets.”

Global Fund - The Global Fund and Africa CDC Join Forces for Stronger, Self-Reliant Health Systems

<https://www.theglobalfund.org/en/updates/2026/2026-05-19-global-fund-africa-cdc-join-forces-stronger-self-reliant-health-systems/>

(19 May) **“The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is intensifying its collaboration with regional partners to drive impact and support countries on their path toward self-reliance. Today, this approach was highlighted with the signing of a new Memorandum of Understanding (MoU) with the Africa Centres for Disease Control and Prevention (Africa CDC), in the margins of the World Health Assembly. ...”**

“Under the MoU, the two institutions will work together to:

- Expand integrated service delivery, community health workforce capacity, laboratory systems, surveillance and digital health tools.
- Strengthen regional procurement, manufacturing and supply chain capabilities, including support for the African Pooled Procurement Mechanism, to advance collaborative procurement approaches that improve access, supply resilience and sustainable health markets across Africa.
- Advance domestic financing, public financial management systems and sustainable transition pathways.
- Support African leadership in shaping global health security and equitable access to health technologies. “

Devex - The international health organization the US hasn't officially quit

<https://www.devex.com/news/the-international-health-organization-the-us-hasn-t-officially-quit-112546>

“Dr. Jarbas Barbosa da Silva Jr., director of PAHO, talks how the organization has worked around missing contributions from its former largest contributor.”

“The United States exit from the World Health Organization — and contention over terms and its unpaid dues — is a big topic at this year’s World Health Assembly, or WHA79. But it has seemingly maintained its membership in another major health coalition, the Pan American Health Organization, or PAHO.” “In a conversation at Devex Impact House on the sidelines of WHA79, Senior Reporter Jenny Lei Ravelo raised the issue with PAHO Director Jarbas Barbosa da Silva Jr., noting that **the U.S. still owes more than \$134 million to PAHO in contributions and that President Donald Trump’s latest budget request doesn’t include funding for the organization.**

“Barbosa told her that **both the U.S. and Argentina, which have also exited WHO, are still members of PAHO, and that the U.S. still participates in meetings. But he admitted they haven’t paid their outstanding contributions....”**

Amref Health Africa Launches Switzerland Office to Strengthen African Voice in Global Health

<https://newsroom.amref.org/news/2026/05/amref-health-africa-launches-switzerland-office-to-strengthen-african-voice-in-global-health/>

(19 May) “As global leaders convene in Geneva for the 79th World Health Assembly (WHA79), **Amref Health Africa has announced the launch of Amref Health Africa Switzerland, a new liaison office** aimed at strengthening collaboration with global health partners, philanthropy, policymakers, and institutions in Switzerland and across Europe....”

Reliefweb - Eight countries pledge to spend a record-breaking \$175 million for women’s health supplies

<https://reliefweb.int/report/ethiopia/eight-countries-pledge-spend-record-breaking-175-million-womens-health-supplies>

“Ethiopia, Ghana, Honduras, Nigeria, Senegal and Zambia scale up domestic investment in contraceptives and life-saving maternal and newborn health commodities. Belgium and Luxembourg commit landmark contributions to the UNFPA Supplies Partnership.”

CGD (Note) – 25 Years Later: Income Transition and Health System Progress in Low-Resource Settings

A Gheorghe; <https://www.cgdev.org/publication/25-years-later-income-transition-and-health-system-progress-low-resource-settings>

(ps: not really related to the WHA). **“This note examines the evolution of comparable health system metrics covering inputs, outputs, and outcomes across three country groupings: “legacy low-income countries (LICs),” comprising 24 countries that have remained low income since the 2000s; “transitioned” lower-middle-income countries (LMICs), comprising 32 countries that have transitioned from low- to lower-middle-income since the 2000s; and “legacy LMICs,” comprising 16 countries that have remained lower-middle-income since the 2000s.**

- **Despite not receiving the majority of health aid over the past two decades, legacy LICs have narrowed gaps relative to legacy and transitioned LMICs in many areas,** including service coverage and health spending efficiency; even closing the gap completely in the case of HIV/AIDS.
- **Despite this progress, they remain behind other groups considerably** in terms of financial protection, domestic health spending, and workforce availability.
- **Consequently, legacy LICs should be the top priority for donor support based on their health system needs,** continuing to support the delivery of basic health services through simple, highly concessional instruments.
- **Transitioned LMICs may also require external support over an extended period, which should be much more nuanced** in terms of instruments, modalities, and development objectives.
- **Overall, health aid needs to become much more agile, in both (re)allocation and design, to maximise impact, fairness, and value in low-resource settings.”**

GFF (Annual report) – Marking 10 Years of Meaningful Progress: GFF Annual Report 2024–2025

<https://www.globalfinancingfacility.org/resource/marking-10-years-meaningful-progress-gff-annual-report-2024-2025>

“As of 2025 reporting, all 36 GFF partner countries had reduced maternal and child mortality while expanding access to family planning. After years lagging behind global averages, GFF partner countries now outpace them, reducing maternal mortality more than twice as fast as the global average and cutting under-five mortality more than 25 percent faster.”

“From 2015 to 2025, the GFF partnership has helped countries reach millions of women, children and adolescents, including: 160 million pregnant women with antenatal care, 195 million women with safe delivery care, 209 million newborns with early initiation of breastfeeding, and helping to avert 386 million unintended pregnancies.”

HP&P – Aid, Debt, IMF Conditionalities and Domestic Health Financing in Low- and Middle-Income Countries

F Federspiel & J Borghi; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag070/8690145?searchresult=1>

“We performed a panel data study of 105 LMICs from 2005-2019, investigating associations between GHE-S and OOP, and a set of ODA-, public external debt- and IMF programme and conditionality variables. ...”

Check out the findings.

Global Public Health - Beyond the 'End of AIDS': What comes after 2030?

J Garcia-Iglesias et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2677265>

“Ending AIDS as a public health threat by 2030’ has been one of the most powerful organising promises in global health, reshaping research, funding and policy. As the 2030 milestone approaches, however, this promise risks becoming a political end rather than an epidemiological or social success: a moment in which the problem is declared solved while the conditions that sustain the epidemic persist. This commentary critically examines how the ‘End of AIDS’ agenda has been produced and governed, and what is at stake in imagining what comes after 2030. Drawing on interdisciplinary scholarship and a 2025 roundtable, we identify four key dynamics that require critical consideration in shaping the next phase of the HIV response: the centrality of structural inequality, the limits of biomedical triumphalism, the influence of philanthrocapitalism in global health governance, and the role of metrics and targets as technologies of governance. We argue that post-2030 agendas must be collectively defined, grounded in equity, access, democratic governance and critical engagement with the narratives that have organised the epidemic to date.”

WHA79: More on PPPR & GHS

TWN – WHA79: PABS negotiations extended; legal certainty stressed by developing countries

R Rodrigues & N Ramakrishnan; <https://www.twn.my/title2/health.info/2026/hi260504.htm>

“The 79th Session of World Health Assembly (WHA79) decided to extend the negotiations on the Pathogen Access and Benefit Sharing (PABS) Annex to the Pandemic Agreement for one more year. Developing countries stressed that access to pathogens and their sequence information and benefit-sharing must remain “interlinked”, enforceable and grounded through legally binding contractual arrangements signed at the time of the access.”

“... The statement by the European Union indicates an expectation that the IGWG’s work on PABS will continue until the next WHA in 2027, while the Africa Region signalled the need for working towards a possible conclusion by 2026.”

(with the views of a number of countries – also including China).

HPW - Stopping Outbreaks at Source: Pandemic Preparedness Stumbles at Local Level

<https://healthpolicy-watch.news/stopping-outbreaks-at-source-pandemic-preparedness-stumbles-at-local-level/>

Coverage of a Graduate Institute event on Tuesday. Excerpts:

“The world is not ready for the next pandemic – and it won’t be unless local capacity is strengthened, global health experts agreed at an event in Geneva on Tuesday.”

“Does anyone brief cruise ship captains, cruise operators and passengers from Argentina that hantavirus is an endemic virus? asked **Helen Clark, co-chair of the Independent Panel for Pandemic Preparedness and Response**. **“We can have perfect rules, but if we’re not risk-informed, if we’re not alert to the possibility of endemic viruses emerging, none of it’s going to count for much,”** said Clark, at an event co-hosted by the Independent Panel and the Global Health Centre’s International Geneva Global Health Platform on Tuesday alongside the World Health Assembly. **Clark stressed that pandemic preparedness involves countries and people knowing their risk:** “What are you looking out for? What are you preparing for?” ...”

“... Mpox response ‘failed miserably’: Els Torreele, an advisor to The Independent Panel, recently completed research into the mpox outbreak – and describes the mpox response as having “failed miserably”. “We need to stop outbreaks when and where they occur, and this is the repeated lesson that we don’t seem to be able to learn,” said Torreele. The world realised that the global stockpiles of smallpox vaccines are effective against mpox – but during the international mpox outbreak in 2022, these were “made available mostly in the Americas and in Europe”, she said.

“None of these vaccines actually arrived at the endemic area,” said Torreele. “When the second mpox public health emergency of international concern (PHEIC) was declared [in 2024], we knew there was an effective vaccine, and again it wasn’t made available [immediately],” she pointed out. “WHO pre-qualification was requested, even though the vaccine was registered by the FDA, EMA, and had been shown in the global outbreak to be effective, so delay upon delay.” When vaccines eventually arrived in the DRC and other hot spots, “it was too little, too late because, in an epidemic response, vaccinating the right people at the right moment is critical to curb the pandemic”. Officials in one of the countries affected by the outbreak told Torreele that their vaccines arrived when we didn’t have cases anymore. In addition, only around 23% of all cases were ultimately confirmed in the DRC because it took too long to get samples to Kinshasa and regional capitals for testing.”

PS: **“Trust is a key ingredient in pandemic preparedness, said Hanan Al Kuwari, advisor to Qatar’s Prime Minister for Public Health Affairs. The lack of it is hampering agreement on the pathogen access and benefit-sharing (PABS) annex to the Pandemic Agreement.** ... “Vaccines were not distributed equally, and health workers in poor nations went unprotected for months. These are not system failures in the abstract sense. These were decisions whose history sits at the PABS negotiating table with every delegation. **That is why regaining trust is not a diplomatic formality. It is the operational precondition for PABS to work.” ...”**

PS: **“Olla Shideed, WHO’s unit head for health emergencies governance, said that 64 countries had spoken about the need for PABS during a WHA debate on Monday. She, along with Clark, urged countries not to wait for agreement on PABS but to start implementing the Pandemic Agreement.** “Speed is of essence. Speed in detecting speed in surveillance, speed in reporting, and speed in coordinating the action at the national, regional level, and international levels is really what helps us to move forward.”...”

PS: **“No finances:** Adzogenu also pointed out that the **countries worst affected by the current Ebola outbreak – the DRC and Uganda – have “really serious fiscal constraints” as they are servicing debt...**”

CEPI – European Union and Singapore Back CEPI’s Plan to Boost Global Defences Against Epidemic and Pandemic Threats

<https://cepi.net/european-union-and-singapore-back-cepis-plan-boost-global-defences-against-epidemic-and-pandemic>

(19 May) “Major new investments bolster global coalition’s five-year plan to develop vaccines against the most dangerous pathogens and transform the world’s ability to tackle epidemic and pandemic threats. ... The Coalition for Epidemic Preparedness Innovations (CEPI) today welcomed landmark financial commitments from two of the world’s leading health security partners at a World Health Assembly event. The European Union (EU) has committed €73.7 million through its Horizon Europe framework programme, and Singapore has pledged US\$12 million to support CEPI’s work to transform the world’s ability to prevent and respond to epidemic and pandemic threats. Against the backdrop of a deeply concerning outbreak of Ebola caused by Bundibugyo virus, these commitments signal important international support for CEPI 3.0 – the coalition’s five-year strategy for 2027-2031 - and CEPI’s urgent work to tackle the growing threat posed by infectious disease outbreaks...”

- See also [Devex – EU, Singapore pledge nearly \\$100M for CEPI amid fresh Ebola outbreak](#)

“The funding will support CEPI’s work for the next five years, while the Gates Foundation said it will make a commitment “at the right time and place.” “

“The coalition’s next five-year strategy, CEPI 3.0, aims to expand its work on the development of vaccines for known and emerging health threats, and ensure they can be produced and deployed within the 100-day window. It estimates it will need [\\$3.6 billion](#) to deliver on these goals.”

“The [Gates Foundation](#), another large contributor to the coalition, did not make an announcement on Tuesday, but Chris Elias, the foundation’s president for global development, said during the CEPI cohosted side event that “We will make a commitment at the right time and place, because we see CEPI 3.0 as a critical piece of preparing us for the inevitability of pandemics to come.”...”

WHA79 – Some more side events

Belem Health Action Plan High Level Side Event, World Health Assembly

<https://www.who.int/news/item/20-05-2026-belem-health-action-plan-high-level-side-event--world-health-assembly>

“On 18 May 2026, Brazil and Türkiye co-organized a high-level side event with the sponsorship from the United Arab Emirates to advance the [Belém Health Action Plan \(BHAP\)](#) and strengthen continuity of the climate and health agenda across COP presidencies. Moderated by Dr Maria Neira, ATACH Global Champion, the session convened ministers and senior officials from eight countries, including Brazil, Türkiye, Australia, the United Kingdom, Egypt, the UAE, Azerbaijan, France, alongside WHO leadership...”

“The BHAP, launched at COP30 in Belém, is now endorsed by 33 countries and supported by 50 organizations. Grounded in three pillars - health equity, climate justice, and social participation, it sets out a roadmap for adapting health systems to a changing climate...”

“... A landmark announcement came from Türkiye Dr Aziz Alper Biten, Director-General for EU and Foreign Affairs at the Ministry of Health, confirmed that **for the first time in COP history, "dynamic and resilient health systems" has been formally included as one of the priority items on the COP31 action agenda.** Türkiye, an ATACH member and new co-convenor, **also committed to continuing the Health Day initiative at COP31 in Antalya....”**

Devex – Africa outbreaks expose ‘erosion of trust’ in health systems

<https://www.devex.com/news/africa-outbreaks-expose-erosion-of-trust-in-health-systems-112548>

“Health leaders at Devex Impact House on the sidelines of WHA79 said recurring outbreaks in DRC and Uganda reveal enduring failures in surveillance, workforce capacity, and trust.”

PS: **“Magda Robalo warned that declining trust in institutions is becoming one of the biggest barriers to effective outbreak response. “There is a trust deficit that we have identified within the global health ecosystem for many, many years,” she said. “It is between countries and donors, across partners, etc. And when it happens at the community level, it has an impact on the acceptance of interventions and how quickly we can contain outbreaks.” She said mistrust now extends beyond communities to relationships between governments, donors, and global health institutions, complicating coordination and slowing response efforts....”**

Devex – Zipline Africa CEO says NGOs 'cornered' the market

<https://www.devex.com/news/zipline-africa-ceo-says-ngos-cornered-the-market-111532>

“The aerial drone company says it is part of a "marketplace of doers," rather than a donor-driven system that resists change.”

“The head of Zipline’s Africa operations is not pulling any punches as to what presents the biggest barrier to scaling private sector innovation for health in lower-income countries. “The biggest barrier to private sector scaling in any way that provides public benefit is that the market has been cornered by NGOs, and donors are paying for that,” said Caitlin Burton, CEO of Zipline Africa, at the Devex Impact House on Wednesday on the sidelines of the World Health Assembly in Geneva....”

HPW – Pharma Industry Demands Repositioning of Medical Innovation as Strategic Investment, Not Cost

<https://healthpolicy-watch.news/medical-innovation-strategic-investment/>

On an IFPMA flagship event. **“Amid surging geopolitical tensions, increased global health threats, and strained public budgets, global health leaders and pharmaceutical executives converged in Geneva with a unified message: medical innovation must be treated as a critical investment not a**

healthcare drain. Showcasing this shift, Canada unveiled strategic investments and new regulations.”

PS: “...**Industry pushes for tripling of prevention budgets:** AstraZeneca Chair Demaré reinforced this point, stating that a healthy population experiences fewer sick days and drives higher productivity. He highlighted that establishing a healthy global population could boost the GDP by 7% by 2050 – an economic gain equivalent to the combined economies of Germany and Japan....” ““So we need a mindset change here to look at medicine and especially innovative medicines as an investment for the future,” said Demaré. Early diagnosis and preventative treatments could drastically reduce long-term hospital costs and boost this overall economic productivity. **Currently, OECD countries allocate an average of only 3% of their healthcare budgets to prevention, a figure Demaré argued should double or triple to have a real impact....”**

PS: re HERA “...To maintain regional production capacity and true preparedness, Fink-Hooijer argued that European officials can no longer view medical innovation merely as an ad hoc healthcare cost. Instead, they must treat it as a foundational pillar of geopolitical defence through structured investments. Reflecting this shift in mindset, HERA actively bridges the gap between health and traditional security by establishing a dedicated unit to monitor advanced biowarfare ...”risks.

PS: “**Outside the IFPMA ballroom, however, health equity advocates caution that framing high-cost pharmaceutical innovation and public-private partnerships as primary drivers of economic resilience can overshadow the need for fundamental strengthening of public health infrastructure, particularly in low- and middle-income countries where access to basic therapeutics remains a major obstacle....”**

(you know whose side we’re on)

HPW – Undocumented Migrants Fall Through Europe’s Healthcare Cracks, Joint Research Shows

<https://healthpolicy-watch.news/undocumented-migrants-healthcare/>

“As Europe grapples with shifting demographics and an influx of migration, **researchers are mapping how undocumented migrants navigate the administrative cracks of the continent’s healthcare systems – helping to fill a critical data gap identified by the World Health Organization.**”

“Inside the neoclassical venue of La Pastorale in Geneva, **around 30 participants from six European universities convened on Monday on the sidelines of the World Health Assembly to dissect an expanding public health crisis related to the healthcare of immigrants, whose status and lack of resources means they often seek care in the shadows of the formal system – or fall through the cracks altogether until an emergency. The Geneva Health Forum event highlighted how complex administrative barriers keep undocumented migrant children and the elderly across the continent from accessing essential healthcare, leaving untreated chronic conditions, severe mental health crises, and emergencies to strain local resources....”**

WHA79: Some key reports, analysis, advocacy ...

Lancet Commission - Health, conflict, and forced displacement

P Spiegel et al; https://www.thelancet.com/commissions-do/conflict-forced-displacement?dgcid=tlcom_carousel5_globalhealth_lancetconflict26_lancet

“The CHH-Lancet Commission on health, conflict, and forced displacement was established to address the growing failures of the humanitarian system and their impacts on the health of people affected by armed conflict and forced displacement. Throughout, health is defined broadly to encompass clinical care, public health, and the social determinants of health. **The Commission examines the systemic barriers and enabling conditions influencing humanitarian health action, while centering the priorities, agency, and dignity of affected communities as the primary reference point for reform.** Drawing on **analysis across five strategic drivers - international law, humanitarian principles, governance, financing, and health systems** - the Commission proposes an integrated programme for structural transformation of the humanitarian system, grounded in a deliberate redistribution of power, resources, and incentives.”

“... This Commission has three core objectives: to diagnose the systemic barriers and enabling conditions shaping humanitarian health action, to centre the priorities and dignity of communities affected by conflict and forced displacement as the primary reference point for change, and to deliver evidence-informed, forward-looking recommendations grounded in realism and ambition. These objectives are pursued with urgency. **This Commission is not another call to do better; it is a demand to do differently, and to do so now....”**

Listing five strategic drivers for transforming humanitarian health... and four core interdependent recommendations for system change in humanitarian action...”

- Related Lancet Editorial: [Transforming the humanitarian system](#)

“... At this critical [i.e. very dark] juncture, the Johns Hopkins Center for Humanitarian Health–[Lancet Commission on health, conflict, and forced displacement](#) provides a **manifesto for a radical transformation of a humanitarian system failing to protect health.**

PS: **“ This year, 239 million people need humanitarian assistance and the current humanitarian system cannot cope—it needs to change.** It will take courage and leadership from countries, particularly coalitions of middle powers. Beyond the moral argument for shared humanity, international solidarity serves long-term stability that benefits everyone; and compared with national budgets and defence financing, costs little.”

- Check out also some **related Comments.**

Africa CDC and Team Europe Launch Landmark Report Showing Health R&D Could Generate \$668 Billion for African Economies

<https://africacdc.org/news-item/africa-cdc-and-team-europe-launch-landmark-report-showing-health-rd-could-generate-668-billion-for-african-economies/>

“A new report by the Africa Centres for Disease Control and Prevention (Africa CDC) and Team Europe demonstrates that investing in health research and development (R&D) could generate \$668 billion in additional GDP across Africa over the next 20 years. The report, *Investing in Health R&D: Africa’s Next Economic Growth Frontier*, was launched at an official side event of the World Health Assembly in Geneva.”

“The analysis, developed under the AU-EU Health Partnership with leadership from Africa CDC, financial support from Belgium and Germany, and technical support from Global Health Ecosystems, Enabel, and GIZ, models the macroeconomic impact of increased African investment in health R&D across GDP growth, employment, private investment, trade balances and scientific capacity. The findings show that if African countries achieve the African Union goal of investing 1% of GDP in research and development, with 15% allocated to health R&D:

- Africa would generate \$668 billion in additional GDP over 20 years
- Every \$1 invested would return \$137 in economic value
- Investments would break even within four years
- 4.56 million jobs would be created by 2044
- Public investment would crowd in billions in private capital (\$5 for every \$1 invested)”

“The report positions health R&D not simply as a health expenditure, but as a strategic pillar of economic sovereignty, industrial development and regional competitiveness.”

PS: **“The report also warns of the cost of inaction. If African health R&D investment falls below current levels, the continent risks losing more than \$1 trillion in GDP over the next two decades, while remaining dependent on external supply chains and imported technologies.”**

Lancet (Health Policy) – Implementing the commitments of the World Health Assembly kidney health resolution: a key opportunity to improve health for millions

M Tonelli et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00755-5/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00755-5/abstract)

“Chronic kidney disease affects 850 million people worldwide and places a disproportionate burden on low-income and middle-income countries where access to timely diagnosis, treatment, and life-sustaining kidney replacement therapy (KRT) is restricted. In May, 2025, the 78th World Health Assembly adopted a resolution on kidney health that called on all member states to integrate kidney care into national strategies; enhance prevention, early detection, and timely management; strengthen primary care; expand access to KRT; and enhance capacity for measuring burden, progress, and return on investment. These ambitious commitments were followed by the Political Declaration of the UN High-Level Meeting on NCDs and Mental Health. Capitalising on the opportunities created by these two initiatives will depend on governance, political commitment, and accountability, along with technical tools, appropriate funding, and mechanisms to measure progress. This Health Policy offers a practical framework to help governments and partners operationalise the commitments from the resolution and political declaration, drawing on lessons from other non-communicable disease programmes and on countries’ experiences with kidney health policy.”

Lancet (Comment) – Meeting the 2024 UN General Assembly declaration targets on antimicrobial resistance

Ramanan Laxminarayan et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00979-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00979-7/abstract)

« At the 2024 UN General Assembly (UNGA) high-level meeting on antimicrobial resistance (AMR), countries unanimously committed to reducing the global mortality related to bacterial AMR by 10% by 2030 compared with a 2019 baseline. The UNGA meeting also endorsed a target that by 2030 at least 70% of human antibiotic use globally should consist of Access antibiotics—those classified by WHO as first-line treatments for common infections and associated with lower resistance risk—under the AWaRe (Access, Watch, Reserve) framework. **A third target was related to the control of antibiotic use in animals....”**

“ All three targets provide, for the first time, a shared global framework for mitigating bacterial infections. However, accountability requires interventions that are achievable, metrics that are coherent, and tracking mechanisms that countries can adopt with trust... »

« ... **What are the most achievable interventions to ensure that we reach the UNGA 10% AMR mortality reduction target?** Briefly, the best option would be infection prevention through improved vaccination coverage, improved access to and appropriate use of existing antibiotics through proper stewardship, and stronger infection control and clean water, sanitation, and hygiene (WASH) in both community and hospital settings... **Together, vaccines, WASH, and expanded access to effective antibiotics represent the most credible pathway towards the 2030 UNGA target.** New antibiotics are needed, but none in the current pipeline are likely to be approved and deployed at a large scale in LMICs before 2030. **Therefore, the 2030 goal should be pursued with tools already available, which requires a deliberate shift from estimating burden to estimating avertable burden....”**

The Comment concludes: « ... **The UNGA goals on AMR are achievable, but new donor pledges or global architecture changes might not be immediately forthcoming. The actions most likely to move the needle—facilitating antibiotic product registration and public sector procurement, strengthening primary care delivery, and expanding coverage of typhoid-conjugate, pneumococcal, and Haemophilus influenzae type b vaccines—are within the domestic policy reach of most countries and are not aid dependent.** Antibiotics are short-course treatments, and the most essential ones are affordable for public sector budgets when procurement is organised and supply chains are functioning. **The global health community’s most valuable contribution at this stage is investment in low-cost diagnostics that allow antibiotics to be used with increased precision....”**

Habib Benzian – Geneva Rules (4): The Consensus Machine

[On Substack](#) ;

« **How agreement becomes mandate at the World Health Assembly.** » Excerpts:

« **The Assembly looks like the place where decisions are made. Often, it is the place where decisions are made visible. This is why the side-event ecosystem matters...** It is easy to dismiss receptions, coalition launches, breakfast briefings, and hotel panels as diplomatic theatre. Some are. But they also perform a quieter function. They test whether an issue has enough proximity, sponsorship, and institutional oxygen to survive the formal process. **Before language becomes**

mandate, it often has to become socially plausible. Geneva's health diplomacy is, in this sense, a consensus machine. Not because it eliminates disagreement, but because it processes disagreement into forms the system can carry: reports, draft decisions, softened verbs, bracketed paragraphs, mandates, and eventually resolutions....”

« **...A resolution is not simply a document. It is the visible endpoint of a political process.** That process can begin anywhere: a technical department making an issue governable; a Member State with a domestic interest or regional role; a civil society coalition spending years turning suffering into language; a crisis that suddenly makes an old problem politically unavoidable. **But wherever it begins, it cannot simply walk into the World Health Assembly and demand attention. It needs a path. That path runs through mandates, reports, Executive Board discussions, regional committee debates, informal briefings, consultations with missions in Geneva, draft language circulated quietly, comments returned cautiously, and objections registered in language more polite than the disagreement underneath....”**

PS: « **Consensus is often misunderstood as agreement. At the World Health Assembly, it is usually something more complicated: the managed residue of disagreement after the most unacceptable parts have been softened, postponed, bracketed, or translated** into terms that different actors can live with for different reasons.... ..**But consensus has a cost. The price of agreement is often ambiguity. The price of adoption is often dilution.** The price of keeping everyone in the room is often leaving something important outside the text. The strongest actors usually have more capacity to slow, soften, or redirect language than weaker actors have to strengthen it. **Not because the process is dysfunctional. Because consensus-building in a highly unequal system does not suspend inequality. It processes it. This is where consensus becomes mandate.** A resolution is permission. It can give the WHO Secretariat room to develop guidance, collect data, support countries, convene experts, report back, or build a programme. It can also limit that space. A careful phrase may open a path. A missing verb may close one. »

Benzian then **applies this on oral health** (as an example).

And concludes: « **That is the paradox of World Health Assembly consensus. The smoother the adoption, the more likely it is that conflict was handled before the room ever saw it.** A resolution that passes easily may be the product of careful diplomacy. Or it may be weak precisely because careful diplomacy removed everything that would have mattered. Both are possible. That is why the text must always be read twice: once for what it says, and once for what it had to avoid saying in order to survive. »

And: « **Geneva has an image for this. The Jet d'Eau, the iconic fountain in the lake is a 140m high spectacle that makes pressure visible. The fountain depends on infrastructure most people never see. World Health Assembly resolutions work the same way.** What appears in the assembly hall as agreement has been forced upward by months of drafting, objection, consultation, revision, and compromise. That pressure does not only produce text. It produces permission and mandate. The World Health Assembly is where consensus becomes visible, and where consensus is turned into mandate. But mandate is not yet obligation. That is the more challenging translation, and the one global health all too often mistakes as automatic. »

Habib Benzian - Where Is Global Health's Lobby Register?

[On Substack;](#)

“A field note on lobbying, disclosure, and the politics of influence around WHA.”

“A short field note from WHA week, adjacent to the Geneva Rules series: not another essay on the Assembly itself, but a **closer look at one document that maps the influence ecosystem around it.**”

“There is a calendar you should read differently. Every year during the World Health Assembly, the NCD Alliance publishes a **list of side events: panels, breakfasts, launches, receptions and roundtables.** It is useful in the ordinary sense. It helps people navigate a week in Geneva that is otherwise almost impossible to follow. **...But it is also a political document.** Not because it is official. It is not. Not because it reveals secret deals. It does not. Its value is more mundane and more interesting. **It shows who has managed to place themselves around the Assembly: who has a room, a title, a co-host, a reception, a speaking slot, a banner, a reason to be seen. Read as a schedule, it tells you where to go. Read as a map of influence, it tells you who is trying to matter.**”

“The WHA79 NCD Alliance calendar lists more than seventy events across six days. By my count, using a broad definition, at least eighteen include a pharmaceutical company, medical device manufacturer, corporate foundation, industry association, or industry-linked partner as a named host, co-host, supporter, or organiser. The exact number can be debated. Definitions matter. But the pattern is not marginal. Boehringer Ingelheim alone appears across six events, all at the InterContinental Geneva, the hotel that functions, during WHA week, as one of the informal centres of industry-facing health diplomacy. The topics cover NCDs and mental health, cardiovascular-renal-metabolic conditions, respiratory disease, obesity, liver disease, and lived experience. MSD appears three times. IFPMA, the global pharmaceutical industry federation, appears. Merck KGaA appears. Amgen appears. Siemens Healthineers appears. The Novo Nordisk Foundation appears. Media-convening platforms add another layer....”

“ Foreign Policy hosts two events listing more than a dozen named corporate partners between them, spanning pharmaceutical, diagnostics, insurance, consulting, and health-technology actors. **Devex’s WHA79 Impact House** is framed as live journalism and curated discussion, but its programme also includes multiple sessions “in partnership with” commercial and philanthropic actors whose interests sit close to the topics under discussion.” “

“ None of this is hidden. That is precisely the point. The architecture does not require concealment. It works because disclosure is fragmented, attention is scarce, and most people are too busy surviving WHA week to read the calendar as evidence. The interesting thing about these events is that **they rarely look like lobbying.** At least not in the narrow sense in which lobbying is often imagined: a private meeting, a direct demand, a written amendment, a company representative asking a government to change a line in a policy document. **Modern lobbying is often softer and more ambient than that. It does not usually say: buy this product. It says: integrated care, early detection, implementation gaps, patient-centred systems, innovation, access, partnership.** These are not false words. Often they are the right words. That is what makes the politics more subtle...”

More on UHC & PHC

BMJ Public Health - World in crisis should accelerate universal health reforms

Rob Yates et al; <https://bmjpublichealth.bmj.com/content/bmjph/4/2/e005738.full.pdf>

By a number of authors from **the UHC Accelerator**.

“The world is once again at a dangerous inflection point—and in some ways, more precarious than ever before. The instinctive political response is to play it safe: invest in defence, reduce public spending, delay expansive reforms and wait for calmer times. We, the universal health coverage (UHC) Accelerator, argue that history suggests otherwise. Investing in universal health reforms—especially in times of crisis—is a winning strategy for governments and all the people they serve...”

“... In today’s context, such reforms would serve a triple purpose. From a health perspective, UHC-oriented health systems are also inherently more resilient during crises—as Thailand, Vietnam and Costa Rica demonstrated during COVID-19, maintaining essential services alongside effective outbreak control. Economically, they would act as a targeted form of social protection cushioning families from the rising cost of living. Politically, they would signal that governments are taking concrete steps to support their populations during a time of hardship. In contrast to blunt instruments like energy subsidies for large corporations, UHC is inherently progressive, directing resources towards those who need them most...”

“... Ultimately, the question facing today’s leaders is not whether they can afford to pursue UHC reforms, but whether they can afford not to. The current polycrisis is exposing the vulnerabilities of existing systems and the inadequacies of traditional policy responses. It is also creating a rare alignment of public demand and political necessity. Therefore, The George Institute for Global Health launched the UHC Accelerator in December 2025 to build on this alignment and catalytic momentum. Convening and partnering with national political champions and providing mentorship and rigorous evidence, the UHC Accelerator will support countries to become more sustainable, resilient and equitable by advancing progress on UHC...”

“ The best time to launch UHC reform is before a crisis. The second best time is during one. The pressures unleashed by destabilised energy prices, collapsing aid budgets and increasing inequality are forcing governments to rethink their priorities. By choosing to invest in universal, free health services during crises—rather than waiting for a quieter window that may never arrive— leaders have an opportunity to catalyse progress by delivering better health outcomes, stronger economies and lasting political legacies, while laying the groundwork for a more equitable and resilient future...”

Trump 2.0 & US GH strategy & bilateral health agreements

Devex – Democrats demand answers on USAID closeout process

<https://www.devex.com/news/democrats-demand-answers-on-usaid-closeout-process-112534>

“In a letter to the Trump administration official in charge of shutting down USAID, two Democratic lawmakers demanded answers about delays and mismanagement.”

NYT – Health Experts ‘Stunned’ by Trump Officials’ Strict Quarantine Measures

https://www.nytimes.com/2026/05/21/us/hantavirus-ebola-quarantine-trump.html?unlocked_article_code=1.kVA.DRgQ.0jn-VCSgcqWA&smid=nytcore-ios-share

“Public health experts say the administration’s quarantine orders go beyond what is needed to prevent the U.S. spread of Ebola and hantavirus.”

“The instructions from President Trump’s top health appointees, some of whom were vocal opponents of Covid-era public health restrictions, go well beyond tactics that were used to successfully contain previous outbreaks of the diseases....”

Devex Pro – As aid shrinks, African countries question the price of health data

<https://www.devex.com/news/as-aid-shrinks-african-countries-question-the-price-of-health-data-112567>

(gated) “As African countries negotiate health deals with the U.S., **questions over who owns health data — and who profits from it — are moving to the center of global health diplomacy.**”

“The debate comes as several governments negotiate health arrangements that include data systems and digital infrastructure support. **While backers argue that data sharing is essential for pandemic preparedness and stronger health systems, critics warn that countries may be entering into agreements without fully understanding the long-term implications.** During a recent panel discussion on health data and sovereignty at Devex Impact House on the sidelines of the World Health Assembly, **speakers repeatedly returned to concerns around transparency, consent, ownership, and the growing value of data in the artificial intelligence era.**”

Devex Pro – 'America First' health strategy sparks debate over who benefits most

<https://www.devex.com/news/america-first-health-strategy-sparks-debate-over-who-benefits-most-112568>

(gated) “Professor Lawrence Gostin, a prominent global health expert, and Faith Tonkei, an official in Kenya's Social Health Authority, discuss the pros and cons of the Trump administration's "America First" global health strategy.”

“The Trump administration’s efforts to strike bilateral health agreements with low- and middle-income countries risk disrupting global efforts to coordinate the response to potential pandemics at a time of alarming outbreaks of Ebola and hantavirus, professor Lawrence Gostin, a prominent global health expert, said at Devex Impact House on the sidelines of the World Health Assembly.”

““How can you safeguard Americans by doing a couple of dozen bilateral agreements?” said Gostin, a professor at Georgetown University’s Law Center and director of the World Health Organization Collaborating Center on National and Global Health Law. “An outbreak is not going to

happen in a particular place that you've done a deal." "It's also very disruptive, I think, to the multinational order," and the need for a coordinated, universal response to highly transmissible diseases, he added. "Instead of having a multilateral system for pathogen and benefit sharing, the United States is trying to extract data from a particular country."

- And via Devex Check-up: [Not an 'outright rejection'](#)

"You know **who else has not walked away? Ghana.** In recent weeks, there have been reports that Ghana rejected the \$109 million the U.S. was offering the country under a bilateral health agreement. But Dr. **Victor Bampoe, the CEO of the country's National Health Insurance Authority, does not think it's an "outright rejection."** "I'm not privy to the details ... [but] I think it's a bit strong to say we reject," he told Devex. "It's still a discussion that we're having."

Global Partnerships Forum (UK, 19-20 May) & more on the Future of Development cooperation

<https://www.gov.uk/guidance/global-partnerships-conference-2026>

This forum was **co-hosted by the UK and South Africa alongside British International Investment and the Children's Investment Fund Foundation.** "The summit represents a **major shift toward an "investor-oriented" approach to international development.**"

"Focused on 3 areas for reform: (1) improve access to finance: mobilising and aligning international and domestic investment to support sustainable and resilient development; **(2) speed up access to knowledge, skills and technology:** strengthening digital systems and ensuring innovations, including AI, expand opportunity and help tackle global challenges; **(3) put countries and communities at the centre of solutions: shifting power, resources and decision-making closer to the people most affected,** particularly women and girls, and reducing duplication across the system."

The meeting also launched the **"Global Partnerships Compact"**: Multiple countries and organizations **signed a new modern framework aimed at shifting decision-making, power, and resources closer to local leaders,** moving away from traditional 1990s-style donor-recipient models.

The landmark agreement aims to fundamentally reset international development cooperation by **moving away from traditional, top-down aid models toward country-led, outcome-focused economic investments.**

- Related: **Speech Chapman:** [Chapman calls for global partnership reset at London conference](#) (Daily Sun)

"Addressing delegates from governments, civil society, business and philanthropy, **she said the world is facing increasingly interconnected crises including conflict, climate change and economic instability, which demand stronger global collaboration.** Chapman emphasised that **development should be seen as a "pragmatic investment in global stability" rather than a moral luxury,** and warned that existing financing systems are failing to meet urgent global needs."

“She highlighted major funding gaps in achieving the Sustainable Development Goals and noted that many African countries are burdened by heavy debt servicing costs. Calling for “fairer finance” and faster access to technology and knowledge, she stressed the need to shift power towards local communities and national governments, rather than relying on top-down approaches. She also encouraged greater participation from the private sector, technology firms and philanthropic organisations in building “equal partnerships” to address global challenges.”

“The minister introduced a proposed “Global Partnerships Compact”, describing it as a shared commitment to more open, faster and collaborative action. However, she said its impact would depend on whether participants choose to implement it in practice....”

Foreign Secretary launches new International Coalition to End Violence against Women and Girls

<https://www.gov.uk/government/news/foreign-secretary-launches-new-international-coalition-to-end-violence-against-women-and-girls>

“Foreign Secretary Yvette Cooper to lead UK-convened international coalition to tackle global emergency of violence against women and girls. “

“... mirroring the UK Government mission to halve VAWG in a decade, the Coalition announced at the Global Partnerships Conference will see countries across the globe share expertise and scale up prevention work. “

“...eight countries have signed up to this new Coalition, driven by the Foreign Secretary... Founding members are the UK, South Africa, Brazil, Morocco, Spain, Jamaica, Bosnia and Herzegovina, and Australia.”

Devex @Global Partnerships Conference

[Devex](#);

Special issue Devex on the Global Partnerships conference. A few more excerpts:

“One core aim of the conference is to help the United Kingdom figure out its role in the world of aid. The U.K. was once a leader in the world of development. But in the last decade, many feel it has lost its way, with a controversial merger and several rounds of budget cuts....”

“... The eventual result of the discussions leading to the conference was a three-page compact, focused on finance, technology, and “equitable partnerships,” a phrase that encompasses the ideas of country ownership and localization....”

“Within the conference itself, arguably the two most dominant themes of discussion were quite difficult ones to reconcile: the need to crowd in private finance from the global north to meet the growing need for capital in low- and middle-income countries, and the need for locally led development — and more ownership of the agenda by countries in the global south....”

“... The United Kingdom has made it clear that it wants to crowd in more private finance to the world of aid. The Sustainable Development Goals gap in Africa is \$1.3 trillion, Jenny Chapman, the U.K.’s minister of state for international development and Africa, told me in a meeting before the conference, while official development assistance, or ODA, flowing to the continent is \$70 billion — barely more than 5% of that figure. The rest of the money will have to come from somewhere, and a big part could be the private sector.... ”

“To that end, the morning of the first day of the conference saw a big announcement — the launch of North Star, a \$300 million renewable power platform in India, with \$150 million from BII and \$150 million from Copenhagen Infrastructure Partners, a Danish global fund manager focused on energy infrastructure....”

“... a bigger issue is that investment in the global south has to be attractive to institutional investors around the world...”

“... So what role does the U.K. want to play? Despite its limited aid budget, it remains a powerful mediator in global financial markets, as well as a major funder of development finance, so it has the muscle to make an impact. And the U.K. will also take on the presidency of the G20 in 2027. In recent years under the presidencies of India, Brazil, and South Africa, the bloc of the world’s major economies has been a forum to press for many of the reforms that the conference highlighted. However, it’s widely speculated that the U.K.’s ruling Labour Party will choose a new prime minister later this year, so it is unclear whether its priorities will remain consistent into next year....”

“... Lammy, who is now the U.K. deputy prime minister — a title with more prestige than power — addressed the conference at the end of the first day. He said that illicit financial flows amounted to up to \$2 trillion a year and tackling them was “one of the great progressive causes of our times.” “... U.K. ministers spoke unusually clearly about their desire to go beyond the G20 common framework on debt — a potential indicator that this will be an issue taken forward under the U.K. G20 presidency.”

The Future of Development Coalition (first report) - The Development Balance Sheet: Rethinking Development Cooperation from the Ground Up

<https://devcoalition.org/publication/the-development-balance-sheet-rethinking-development-cooperation-from-the-ground-up/>

“Drawing on extensive country analysis and data, the report argues for a broader understanding of development cooperation — one that looks beyond aid alone to the wider institutions, partnerships, domestic capabilities, risks, and resources that shape development outcomes. At the heart of the report is a simple but important premise: low- and middle-income countries must be recognized as the primary stewards of their own development trajectories....”

Eurodad – Aid is being redefined around self-interest - it doesn’t have to be

M Simonds;

https://www.eurodad.org/aid-is-being-redefined-around-self-interest-it-doesnt-have-to-be?utm_campaign=newsletter_21_05_2026&utm_medium=email&utm_source=eurodad

“Three major international gatherings taking place across May and June are aiming to shape the future of development cooperation at a time when the aid system is under unprecedented threat. “

“First, the OECD hosted its [Future of Development Cooperation](#) conference in Paris last week, bringing together political leaders, senior policymakers, and civil society actors to “chart strategic directions”. This week, [the UK](#) and [South African](#) governments are hosting their [Global Partnerships Conference in London](#) “to build new international coalitions to tackle shared challenges”. Then in June the [G7 will attempt to “redefine how international partnerships currently operate”](#) during its annual summit in Évian-les-Bains, France. “

“Across Europe and other rich countries, governments are increasingly arguing that public resources must be redirected towards boosting economic competitiveness and responding to security threats. In this context, development cooperation is being reframed around “mutual benefit”, bringing to the forefront the argument that aid can serve rich countries’ own economic and security interests. This is a common thread running through these conferences. ...” “rather than reducing poverty and increasing global solidarity.” It doesn’t have to be this way, Simonds argues.

Mental Health

Lancet Comment – Measuring mental disorder burden for action

M Nordentoft et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00818-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00818-4/fulltext)

Comment in today’s Lancet issue.

“Quantifying the burden of mental disorders is essential, yet inherently reductive. Metrics such as disability-adjusted life-years (DALYs) and years lived with disability (YLDs) provide a highly important common framework for comparing diseases across settings, but they only partly reflect lived experience. ... Mental disorders affect not only symptoms captured by disability weights, but also educational attainment, employment, parenting, and physical health.² For families, the consequences are often intergenerational. **Therefore, estimates of burden of disease will often be conservative. Findings from the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2023, reported by the GBD 2023 Mental Disorder Collaborators in *The Lancet*, provide the most comprehensive assessment of mental disorder burden to date.** Covering 12 disorders across 204 countries and territories and 25 age groups, for males and females, from 1990 to 2023, the analysis incorporates more than 5000 new epidemiological data sources and updated modelling approaches. These refinements strengthen comparability across time and regions and **position the study as a key reference for global mental health policy. The findings confirm that mental disorders constitute a substantial and persistent component of global ill health...”**

“This GBD 2023 study confirms that mental disorders are a major and enduring component of the global burden of disease. Its contribution is not only to quantify this burden, but also to clarify where action is most needed. The persistent gap between burden and treatment coverage can no longer be justified by lack of evidence. What is required is systematic alignment of epidemiological

data with implementation: investment in community-based services, integration with physical health care, and sustained monitoring of access and outcomes. **Without such linkage, measurement risks remain descriptive. With it, burden estimates can serve as an informed and fair foundation for an accountable and effective mental health policy.**"

- Check out the study: [Updated trends in the global prevalence and burden of mental disorders, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023](#)

Coverage, eg via CNN - [Nearly 1.2 billion people worldwide are living with mental disorders. The number has been growing](#)

"Nearly 1.2 billion people worldwide had mental disorders in 2023... The largest increases were in anxiety and depression, which were also the most common disorders in 2023. In third place was a residual category of personality disorders not accompanied by other mental or substance use disorders."

"The study, published Thursday in the journal *The Lancet*, also revealed how trends concerning 12 mental disorders differed by age, sex, location and sociodemographic factors among 204 countries and territories — **suggesting "that we are entering an even more concerning phase of worsening mental disorder burden globally,"** the authors wrote in the study."

13th World Urban Forum (Baku)

UN News - From favelas to informal settlements, new UN report points to housing solutions that work

<https://news.un.org/en/story/2026/05/1167543>

"From Thailand to Jordan, from Brazil to Germany, new approaches to housing are quietly taking shape. Residents of informal settlements once facing eviction are rebuilding their communities with state support. Refugees and host communities are reclaiming neglected spaces, turning them greener and safer. In Brazil, favelas are being upgraded rather than torn down, while in Germany, rent controls are helping to steady the market. **A major new UN report says such efforts are more than isolated successes. With the right tools, it argues, easing the global housing crisis – affecting billions – may be within reach."**

"Released by UN-Habitat and launched on Tuesday at the 13th World Urban Forum (WUF13), in Baku, Azerbaijan, the report also points to a broader role for the UN system in helping countries move beyond short-term fixes towards long-term housing solutions rooted in human rights, climate resilience and community participation...."

PS: **"... The World Cities Report 2026: The Global Housing Crisis – Pathways to Action paints a stark picture.... Up to 3.4 billion people worldwide lack access to adequate housing, while more than 1.1 billion live in informal settlements and slums. Yet across its 300-plus pages, the report emphasises not only the scale of the challenge but also examples of what works...."**

“... The report describes housing as central to sustainable development and calls for greater political priority through the New Urban Agenda, an action-oriented framework adopted in 2016 that sets global standards for urban planning and helps advance the urban dimensions of the Sustainable Development Goals (SDGs)....”

Planetary Health

UN News - General Assembly backs historic World Court climate crisis ruling

<https://news.un.org/en/story/2026/05/1167561>

“A landmark General Assembly resolution adopted on Wednesday is “a powerful affirmation” of international law, climate justice and science, according to UN chief António Guterres.” “The Secretary-General said it makes clear Member States’ responsibility to protect their own people from what is an “escalating climate crisis”.”

“The resolution drawn up by Vanuatu - a Pacific island nation on the frontline of the climate crisis, and several other countries - was adopted after intense discussion including multiple proposed amendments with 141 votes in favour, eight against and 28 abstentions.”

“... Although the ICJ’s advisory opinions are not binding, they carry significant legal and moral authority – helping to clarify and develop international law by defining States’ legal obligations.”

“Wednesday’s General Assembly adoption following up on the ruling, sends a strong message that tackling the climate crisis is a legal duty under international law, and not just a political choice. “The world’s highest court has spoken,” responded Mr. Guterres. “Today, the General Assembly has answered.” The resolution calls on all UN Member States to take all possible steps to avoid causing significant damage to the climate and environment, including emissions produced within their borders, and to follow through on their existing climate pledges under the Paris Agreement.”

Lancet Planetary Health (Editorial) – Closer to the edge

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00053-7/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00053-7/fulltext)

“Amid ... encouraging signs that the transition away from fossil fuels could be about to accelerate, some alarming realisations about the pace of change required to avert severe climate change impacts have emerged. ... Some recent publications bear-out the suggestion that we appear more vulnerable to several tipping points than previously assumed....”

Concluding: “It can be tempting to overinterpret any particular political or economic moment, but the hopeful amongst us might risk asking “are we on the edge of something”? In many countries, the push and pull factors for retiring fossil fuels – notwithstanding avoiding climate breakdown – are strong: greater stability, independence, lower cost, and direct health and wellbeing benefits, such as cleaner air. However, there are choices that could undermine progress on decarbonization — the diversion of fossil fuels into other sectors, like plastics production, or the growth of a power-hungry global AI industry, are just two examples. In weighing policy choices, we increasingly need to

consider our proximity to environmental tipping points. Once considered distant future risks, these are now looking increasingly like credible mid-term scenarios that we need to understand to make informed decisions. If we do not see these risks explicitly considered in decision making, it may be that policymakers are simply hoping they do not occur. This is looking like an increasingly naive and inappropriate strategy.”

Guardian - Rainforests pushed to breaking point by new demands for resources, report says

<https://www.theguardian.com/environment/2026/may/20/rainforests-pushed-to-breaking-point-by-new-demands-for-resources-report-says>

“Need for minerals, biofuels and pulp adding to pressures from ranching, monocrops, oil and logging, analysis finds.”

“The **growing extraction of rainforest resources is pushing the Amazon and similar biomes towards breaking point**, a report has shown. Fresh demands for critical minerals, biofuels and pulp – used in fast fashion, processed food and packaging – are compounding existing pressures from cattle ranching, monocrops, oil and logging, **the analysis finds. Mining, in particular, has a far greater environmental footprint than previously thought owing to secondary impacts, such as water pollution and the construction of roads, settlements and other infrastructure development.** Between 10% and one-third of the world’s forests are already affected and this proportion is expected to increase....”

“The report tracks the commodity trends that are threatening forests in the Amazon, the Congo basin and south-east Asia, and weakening their capacity to regulate temperature, store carbon, recycle water and provide a home for nature.”

“Cattle ranching, agriculture and gold mining remain by far the biggest threats, finds the study, which was produced by the Dutch research organisation Profundo and commissioned by Rainforest Foundation Norway. All three are forecast to continue expanding...” “ While the extractive threats of energy, mining and e-commerce are usually examined in isolation, the authors say they need to be understood together as a compounding assault on the world’s forests.”

- And via [RANI’s newsletter](#): “France **announced it would cohost a high-level meeting on climate and health (25 June)** with the WHO and the secretariat of the Alliance for Transformative Action on Climate and Health (ATACH), **as a part of its G7 Presidency.** “

(Announcing) Lancet Commissions

Lancet Commission on activism & health: Imagining otherwise for better health

R Burgess et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01019-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01019-6/fulltext)

“Do we dare to dream of a world where good health is possible? In the face of exhausting polycrises, dreaming of alternative futures may be the necessary, and most underutilised tool for

better health. The act of imagining a world otherwise is the bedrock of activism, defined as the social process of mobilising, advocating, and building responses for social or political change. Far from radical demands, health activism is simply actioning our sphere of influence to change health-limiting conditions. ...”

“... **Given the irrefutable influences of power and political and commercial interests in all areas of health, activism should be seen by medical and public health communities as indispensable to their mission to improve health. And yet, activism remains a dirty word, with many using the seemingly more palatable label of advocacy—despite many shared mechanisms.** There is much to be learned from those who strive for social justice and health in everyday spaces by those who occupy the ivory towers of the academy. Better alliances between the spaces where the conditions for good health are contested, and where health challenges are researched, are needed. Conversely, while scientific knowledge needs to reach communities and ignite social mobilisation, challenging the hierarchies of evidence and excluded knowledges that keep these worlds apart is also essential to ensure science can be trusted by and serve the people.”

“... **The Lancet Commission on activism and health emerges to create a much-needed global space for learning, building, and actioning new relationships between science and activism for health in all its forms, centring political and social justice, and questioning the exclusion of certain knowledge systems in processes for securing better health.** Our initial focus will document activism as they relate to **three global health threats that equalise the globe in their impact: mental ill-health, climate change, and the erosion of women's sexual and reproductive health rights.**”

Lancet - Announcing the *Lancet* Commission on schizophrenia and psychotic disorders

M Leboyer et al (on behalf of the Lancet Commission on schizophrenia and psychotic disorders); [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00916-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00916-5/fulltext)

Check out what the aim is of this Commission.

Access to Medicines, Vaccines & other health technologies

Globalization & Health - Strategic solidarity: solidarity and self-interest in Scandinavian contributions to global Covid-19 vaccine equity

K T Storeng et al ; <https://link.springer.com/article/10.1186/s12992-026-01214-y>

“During the Covid-19 pandemic, Nordic states were praised for leadership on global vaccine equity, notably through strong support for the Access to Covid-19 Tools Accelerator (ACT-A) and COVAX. At the same time, like other high-income countries, they took decisive measures to secure priority access to vaccines for their own populations, contributing to global inequities. **Scholarship on global health security and diplomacy often treats global solidarity and national self-interest as a binary and focuses on great powers and inter-state dynamics, overlooking how domestic drivers also shape global pandemic response. This article instead proposes the concept of “strategic solidarity”**

to analyse **how solidarity and self-interest were combined and justified in Norwegian and Danish global health diplomacy** during the acute phase of the pandemic (2020–2022).”

They conclude: **“Strategic solidarity better captures the empirical reality of pandemic policymaking than a strict solidarity/self-interest dichotomy and can inform the design of future mechanisms for more equitable global health responses.”**

WHO Bulletin – A controversial change in the sustainable development goal indicator for access to medicines

Iris R Joesse et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294862.pdf?sfvrsn=8ac39dd6_3

“... Monitoring how well health systems provide access to medicines is essential for shaping national and international political priority setting and developing targeted interventions. **Since 2018, this critical building block has been captured in sustainable development goal (SDG) indicator 3.b.3, which measures the proportion of health facilities that have a core set of essential medicines available and affordable.** Here, we express our **regret that in March 2025, the Inter-Agency and Expert Group on Sustainable Development Goal Indicators decided to intervene before the SDG agenda had run its course and replace this critical indicator with a new health product access index.** We strongly advocate for renewed commitment to existing methods for monitoring access to essential medicines in addition to the new index, amplifying previous warnings about the future of monitoring access...”

Miscellaneous

Lancet Offline – The future of war

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01015-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01015-9/fulltext)

On AI, war & much more.

Quote: **“Frédéric Gros, in his short book A Philosophy of War: Why We Fight (2026), describes a tragedy in three acts.** Immediately after World War 2, a **Cold War** gripped the world. 9/11 ushered in a **global war**. Of special importance for health, these global wars made civilian populations the primary targets of conflict. But a third category of war has now supervened: **the “chaos-creating war”**. In Libya, Syria, and Yemen, to which one could add Sudan and Gaza, the state as a force for security and safety disintegrated. These are wars, Gros argues, waged for their own sake—“to maximise the profits of catastrophe”, to “strip the present of all its possibilities”, to “generate space-times of continuous collapse” ...”

Global health governance & Governance of Health

Africa CDC – Acceleration of Africa’s Health Security and Sovereignty: Appointment of Senior Advisors

<https://africacdc.org/news-item/acceleration-of-africas-health-security-and-sovereignty-appointment-of-senior-advisors/>

“ Africa Centres for Disease Control and Prevention (Africa CDC) is pleased to announce the appointment of **Professor Jean-Jacques Muyembe Tamfum** as Senior Advisor for Pandemic Preparedness, Prevention and Response; **Mukesh Chawla** as Senior Advisor for Health Economics and Strategic Financing; **Dr. Karim Bendhaou** as Senior Advisor on Institutional Strengthening, Strategic Partnerships and Private Sector Engagement; and **Christian Lusakweno** as Senior Advisor for Crisis and Mass Communication.”

CFR - CFR Receives Major Grant for Global Health and Development in Foreign Policy

<https://www.cfr.org/articles/cfr-receives-major-grant-for-global-health-and-development-in-foreign-policy>

“The Council on Foreign Relations (CFR) is pleased to announce a new grant to launch the Project on Rebuilding the Case for Global Health and Development in Foreign Policy. It will spur fresh thinking and mobilize support for global health and development finance....”

And via **T Bollyky (on LinkedIn)**: “... My gratitude to the **Gates Foundation** for their generous support for CFR’s work on aligning global health priorities with contemporary foreign policy realities and mobilizing new sustainable sources of development finance....”

Plos GPH - Defining Global Health Diplomacy: Assessing United States Global Health Diplomacy actors’ knowledge, skills, and competencies

Floramae Esapebong-Ray, Rebecca Katz et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005422>

“The **COVID-19 pandemic** fundamentally reshaped the field of **Global Health Diplomacy (GHD)**, necessitating a **coordinated international response that strived for equitable access to limited health resources**. The pandemic, however, also exposed gaps in GHD actors’ preparedness and response capabilities, which impacted their ability to navigate critical global health challenges. Addressing gaps in the knowledge, skills, and competencies of GHD actors is crucial to ensuring a more effective response to emerging infectious diseases and health challenges, particularly amid reduced foreign assistance. **This study, conducted between December 1, 2023, and January 10, 2024, explores the knowledge, skills, and competencies required by U.S. GHD actors using an integrated Grounded Theory and descriptive research design**. It identifies thematic similarities and differences across Core, Multistakeholder, and Informal GHD actors, offering actionable recommendations for tailored GHD training and competency-building. **The findings provide critical**

insights into the professionalization of GHD and its role in advancing global health security and diplomacy in a post-pandemic era.

Global health financing

Book – Paying for Health: Learning from International Experience in Health Financing

<https://www.cambridge.org/core/books/paying-for-health/2556058917A4CA6A69FCBAF875BEEC99>

Edited by J Cylus.

CNBC Africa - Africa's Health Financing Paradox: Plenty of Capital, Too Little Investment

<https://www.cnbc africa.com/2026/africas-health-financing-paradox-plenty-of-capital-too-little-investment>

“The continent holds \$4.4 trillion in domestic capital, with over \$2 trillion held by institutional investors. The question is no longer whether Africa has the money. The question is whether it has the systems to put that money to work for health.”

UHC & PHC

BMJ Editorial – China's primary care plan speaks to global challenge

W Yip; <https://www.bmj.com/content/393/bmj-2026-833931>

“Hospital centric systems must be transformed to advance universal health coverage.”

“As China undergoes rapid development and takes a more prominent role in global health, domestic health reforms that directly affect its 1.4 billion people are in the spotlight. **In March, President Xi Jinping reaffirmed commitment to 2016's Healthy China 2030 strategy to improve health and equity by re-orienting the health system to focus on prevention, health management, and population health rather than treating illness....”**

Yip concludes: **“China's experience reflects a broader global challenge. Many health systems, historically designed for acute conditions, remain fragmented and hospital centric. Transitioning to people centred, integrated systems anchored in primary care is a global quest that requires alignment of incentives, reform of governance, and reallocation of resources. China has the opportunity to show how large, hospital centric systems can be transformed to advance universal health coverage.”**

Pandemic preparedness & response/ Global Health Security

Exemplars in Global Health – Cross-Country Synthesis: Advance Warning and Response

<https://www.exemplars.health/emerging-topics/early-warning-systems/cross-country-synthesis-advance-warning-and-response>

“Exemplars in Global Health has identified four countries—Brazil, Kenya, South Africa, and Vietnam—that are developing and implementing AW&R systems tailored to local needs and capacities and aligned with existing governance structures and public health systems. These innovative systems **enable more effective early warning and detection and more timely responses to disease outbreaks** (Figure 1).” (see the **Advance Warning and Response Exemplar (AWARE) countries**).

Asian Development Bank – Fitting pandemic solutions to scale an investment road for more equitable, effective, and agile pandemic prevention, preparedness, and response

<https://www.adb.org/sites/default/files/publication/1143131/fitting-pandemic-solutions-scale.pdf>

“**This publication**, Fitting Pandemic Solutions to Scale: An Investment Road Map for More Equitable, Effective, and Agile Pandemic Prevention, Preparedness, and Response, **presents an evidence-driven road map to strengthen pandemic prevention, preparedness, and response in a regional context**. Drawing on the **insights of government leaders, researchers, industry experts, and multilateral partners who convened at the Asian Development Bank’s (ADB) Symposium on Multilateral Financing for Pandemic Preparedness and Response, held in July 2025**, the report offers **three key lessons** that are vital for Asia and the Pacific...”

Planetary health

Lancet Planetary Health – EAT–Lancet index 2.0: a dietary index measuring adherence to the Planetary Health Diet 2.0

Anna Stubbendorff et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00042-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00042-2/fulltext)

“The second EAT–Lancet Commission report provides an expanded scientific foundation for a global reference diet, the Planetary Health Diet (PHD), designed to support both human and planetary health. Although the report specifies updated intake targets for major food groups, no transparent and reproducible tool currently exists to operationalise these recommendations for use in epidemiological and clinical research. **To address this gap, we developed an updated EAT–Lancet index 2.0 (ELI 2.0), a dietary index designed to quantify adherence to the PHD in the revised EAT–Lancet framework** ELI 2.0 translates the Commission’s updated intake intervals into a

point-based system across 15 major food groups (table), reflecting the specified targets and reference ranges...”

Mpox

Cidrap News – Mpox infections may outnumber diagnosed cases 33 to 1, study suggests

<https://www.cidrap.umn.edu/mpox/mpox-infections-may-outnumber-diagnosed-cases-33-1-study-suggests>

“Asymptomatic mpox infections among men who have sex with men (MSM) may be far more common than previously recognized and could be playing a role in ongoing transmission, according to a **study** published last week in *Nature Communications*. Researchers estimate that actual infections may outnumber diagnosed cases by 33 to one. ... The findings challenge the assumption that most mpox cases are spread by people with symptoms.”

Infectious diseases & NTDs

Lancet Infectious Diseases - Global and regional molecular epidemiology of HIV-1 during 1990–2024: systematic review, global survey, and analysis of prevalence

Ayisha Khalid et al; [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(26\)00142-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00142-8/fulltext)

“The extensive genetic diversity of HIV presents major challenges to treatment and prevention. We aimed to estimate the global and regional distribution of HIV-1 subtypes and recombinants during 1990–2024....”

Plos Med – U = U for all: Advancing equity in HIV prevention

T S Torres et al ; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005090>

“Suppression of HIV with antiretrovirals eliminates HIV transmission risk, summarized as Undetectable = Untransmittable (U = U). However, U = U literacy remains unevenly understood and shared, and stigmas persist. Equitable and accurate awareness of U = U requires culturally tailored interventions, improved provider education, and supportive policy environments beyond biomedical evidence alone.”

AMR

TWN – New consensus document on AMR education positions children as agents of change

<https://www.twn.my/title2/health.info/2026/hi260505.htm>

“A new global consensus document on antimicrobial resistance (AMR) is calling for AMR awareness and stewardship to be integrated across school systems and everyday learning, arguing that tackling drug-resistant infections requires wider societal engagement.”

“The document, [*A Global Consensus on Tackling Antimicrobial Resistance Through Education: What do children and adolescents need to know to act as agents of change?*](#), was developed through a collaborative process led by the Fleming Initiative, in partnership with Imperial College London and Imperial College Healthcare NHS Trust. It was shaped with contributions from experts across regions, including the Pan American Health Organisation/World Health Organisation (PAHO/WHO), and offers a unified vision for how children and adolescents can be empowered as agents of change in the fight against AMR.”

Released amid growing global concern over AMR, the framework highlights education as an important part of addressing antimicrobial resistance, which the World Health Organisation (WHO) identifies as one of the most serious global health threats. The consensus provides a clear, evidence-informed framework outlining what young people aged 5 to 18 need to understand about AMR, infection prevention and antimicrobial stewardship, and how these concepts can be integrated into school and community learning. It is designed as a global reference that can be adapted to national and regional contexts....”

NCDs

Nature Medicine – HPV vaccines, 20 years on

<https://www.nature.com/articles/s41591-026-04374-x>

“Women are now at the very center of the global cancer control agenda, but there are major challenges ahead.”

Social & commercial determinants of health

Globalization & Health – Ultra-processed foods: challenging corporate power and promoting local food systems to reclaim health

A Carriedo, K Buse et al (on behalf of the Policy and Prevention Committee of the World Obesity Federation); <https://link.springer.com/article/10.1186/s12992-026-01212-0>

“The 2025 Lancet Series on ultra-processed foods (UPFs) marks a turning point in global health by reframing UPFs not simply as unhealthy products, but as outcomes of food systems shaped by corporate power, trade liberalisation, and extractive economic models. The Series demonstrates that UPFs are a distinct category of harm and a major structural driver of the global obesity crisis, with profound implications for equity, sustainability, and food sovereignty. This commentary builds on the Series to identify pathways for effective policy and civil society action, focusing on the political economy of UPF proliferation and the role of local and community-based food systems in countering corporate power. It also considers structural constraints on government action, including limited fiscal capacity linked to sovereign debt and restricted policy space...”

Sexual & Reproductive health rights

BMJ GH (Commentary) – The re-emergence of a data desert for maternal survival is a serious risk amid global health funding cuts

U Gazeley et al. <https://gh.bmj.com/content/11/5/e020852>

“Funding cuts also place maternal health data systems at risk, jeopardising countries’ ability to track maternal mortality, evaluate programmes, and target resources where they are needed most. A coordinated international response is needed to secure renewed investment in nationally-led data infrastructure and prevent a growing void in the information required to improve maternal and newborn outcomes...”

Neonatal and child health

Lancet GH – Cost of health systems strengthening for small and sick newborn care in four sub-Saharan African countries implemented with NEST360: incremental cost analyses

A Tarus et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00058-6/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00058-6/fulltext)

“Newborn survival requires high-quality small and sick newborn care (SSNC). Domestic and donor financing for SSNC is low, yet real-world cost data to inform investment are scarce. We analysed primary financial data for SSNC health system improvements nationally in Malawi and subnationally in Kenya, Nigeria, and Tanzania.”

Check out findings.

SSM Health Systems – Understanding the nature, drivers, and policies on health-seeking for children in Anglophone sub-Saharan Africa: a scoping review of literature

<https://www.sciencedirect.com/science/article/pii/S2949856226000802>

By Prince Agwu et al.

Access to medicines & health technology

Plos GPH - From scarcity to sustainability: Policy pathways for equitable snakebite antivenom access in Africa

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006490>

By Ini Umoh et al.

Nature Medicine - Bridging the gap in TB case detection

<https://www.nature.com/articles/d41591-026-00026-2>

“The portable, low-resource MiniDock MTB test, evaluated across multiple countries, shows promise for detecting pulmonary tuberculosis using sputum and tongue swabs.”

Nature Medicine (Perspective) – Global vaccine development

https://www.nature.com/articles/s41591-026-04384-9?utm_source=dlvr.it&utm_medium=twitter

by J Kim & N Ndembu.

Lancet World Report – Are Trump's drug pricing policies saving anyone money?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01021-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01021-4/fulltext)

“Experts question the effectiveness of the Trump administration's strategies to cut pharmaceutical costs in the USA. Washington Correspondent Susan Jaffe reports.”

Decolonize Global Health

BMJ GH - Decolonising Neglected Tropical Diseases research in Africa: insights, challenges and promising practices

C J Jimenez et al ; <https://gh.bmj.com/content/11/5/e019709>

« This paper explicitly interrogates the historical and structural power imbalances between the Global North and the Global South that shape research agendas, funding and interventions in NTDs. **Despite 80% of the NTD burden being in the Global South, most research opportunities, funding and leadership remain concentrated in Global North institutions, limiting local research autonomy and decision-making....**”

Lancet Regional Health Africa – Whose science? A bioethical case for sovereign stewardship in African research and development financing

S Naidoo et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00049-0/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00049-0/fulltext)

“... If epistemic dependency and permissive inclusion are the problem, incremental reform will not be enough. **What is required is a different organising bioethical framework for African R&D financing. We propose sovereign stewardship as such a framework...**”

AI & health

Lancet Global Health – Bridging the gap: why Africa must invest in AI infrastructure for health care

Calvin A Omolo et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00100-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00100-2/fulltext)

« While confronting 25% of the world's disease burden, Africa receives less than 1% of global digital health investment. **There is an increasing need to harness artificial intelligence (AI) to unlock health innovation...**”

Papers & reports

Plos GPH (Editorial) – Water against stone: PLOS Global Public Health’s persistence in the pursuit of equity in public health

Julia Robinson, Manuela De Allegri & Catherine Kyobutungi;
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006362>

Important read. Plos GPH editors **look back on the past five years, and the role of the journal in a changed (and dark) environment.**

Excerpts: “... **On the one hand**, the current crisis is being viewed as an opportunity to assert greater agency over health priorities and to reshape health systems on more sovereign and locally defined terms. **On the other hand**, as **global health architecture is reshaped and resources are constrained**, public health is being repositioned not as a shared global commitment, but as an investment portfolio requiring performance justification. The language of return on investment (ROI) – especially holding the funder’s perspective - has increasingly displaced earlier commitments to equity and solidarity in framing the value of public health. When ROI becomes the dominant lens, public health risks drifting toward what is profitable rather than what is equitable or necessary. This can disadvantage and further entrench the inequalities faced by marginalized groups, whose needs may not generate high economic returns but are central to justice and population well-being. **In short, ROI can be a useful tool, but if it becomes the compass – which it seems to be becoming in this modern age of public health austerity - it can pull public health away from its core mission of protecting and promoting health for everyone....**”

“Moreover, in a world which has witnessed substantial cuts to global health funding, the risk is not trivial for those of us working in public health to be asked to assess the return adopting the perspective of those who have made the investment, frequently research agencies and/or development partners located in high-income countries. **Such an approach risks reversing all the gains and the continuous efforts made over the years towards decolonizing global health and the gains we have made in integrating social justice, human dignity, and diversity, equity and inclusion in our field....”**

They conclude: “As a journal we may not have the political traction to change the course of history. Political commitment is an essential element needed to translate a new vision of global public health into practice. Yet we should not underestimate the power of written words in preserving ideas over time, shaping beliefs and attitudes, and ultimately also influencing action toward more equitable and inclusive health policies. **We can be like a water drop against a stone: patient, persistent, and unstoppable. We trust that by working as a community to promote equity-oriented and inclusive global public health research, we can reposition social justice as the core value guiding our commitment to global public health.** In the years that come, true to the commitments we made in our launch editorial, **we wish to do more than just re-imagine global public health. We want to translate this vision into practice.”**

HP&P – The Health Systems Research section: scope and future

N Spicer, K Sheikh et al;

<https://academic.oup.com/heapol/article/41/5/715/8687880?searchresult=1>

Looking back on the past ten years. And sketching future trends in health systems research.

BMJ GH – Demanding solidarity, not salvation: sex work and global health

M L Richter et al ; <https://gh.bmj.com/content/11/5/e022050>

“There is increasing attention paid to solidarity in global health, but its substance and definitions remain contested. **We explore the tensions between global health institutions’ historic approaches to sex work, their commitment to health and human rights and how these are connected to or disconnected from solidarity.** We foreground the protracted and incomplete evolution from international health approaches to sex workers as spreaders of pathogens that should be punished, to sex work health programmes that are situated within human rights principles. Thus, substantial resources and material changes to laws, policies and programmes are required to action claims of ‘standing in solidarity’ with sex workers. **We argue that the drastic cuts to global health funding initiated by the Trump Administration in January 2025 require careful consideration of what ‘solidarity’ with the most marginalised entails and bold action.”**

Tweets (via X & Bluesky)

Andrew Harmer

“I want the next WHO DG to be a fighter; someone who calls out governments like Israel, Iran, the United states, Russia, etc for their appalling behaviour. It's not being 'too political' to call out

genocide, for fuck sake.” I am so tired of pathetic 'leaders'. I want to be inspired by a DG who stands up to the enemies of public health. If the WHO is sinking, I want its DG to be the kind of person who goes down with it after making sure everyone else got off safely - preferably shouting "yippee ki-ya motherfuckers!"

Kalypso Chalkidou

(re the latest IMF Fiscal monitor)

“Burundi, the Central African Republic, Lesotho, and Somalia reported ODA losses exceeding 4 percent of GDP <https://imf.org/-/media/files/publications/fiscal-monitor/2026/april/english/text.pdf>”

Matthew Kavanagh

(re Rubio’s “WHO is a little bit late in identifying the Ebola outbreak”): “This is shameful. The US government disrupted public health through its reckless withdrawal of funding, including cancelling disease detection and fighting efforts in DRC, then tries to blame WHO? This was predictable and sits at the feet of the US administration...”

(And re WHO’s DG race):

“In my view, **belief out there that what WHO needs is a non-political technocrat to ride out the next few years misreads the geopolitical moment...**” “...my answer is **for this moment WHO needs serious political capacity beyond just DG, stronger coalition than it has to navigate the shifting political order. Right now has enemies and too few genuine allies** and despite rhetoric, I don’t believe that’s fixed by technical excellence.”

Launch of LancetMedZero

“The launch of [#TheLancetMedZero](https://lnkd.in/eYKk7c6t) during the 79th World Health Assembly [#WHA79](#) marks an **important step towards making healthcare decarbonisation more measurable, transparent and actionable**. One of the major challenges facing health systems today is the lack of robust and standardised [#carbodata](#) across medicines, devices, diagnostics and care pathways. Without this information, delivering measurable healthcare decarbonisation... [#LancetMedZero](#) helps address this gap by providing product-level carbon analytics based on lifecycle assessment and system-wide modelling approaches.”