IHP news 878 : PABS extension, Health Workforce investment forum, International Midwife day & a game changer

(8 May 2026)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

It's been a bit of a crazy week over here, ànd we have **two Featured articles** (*see below*), so just a few points here in the intro.

The week started with the news that the **PABS negotiations** get (quite) some 'extra time'. That the deadline wasn't met, didn't come as a major surprise. In fact, as TWN notes, among others it showed *"… the limits of the argument that why WHO should conclude the WHO Pandemic Agreement negotiations and start the ratification process is the u**rge to show "multilateralism is working**, and possibly without the US"."* Let's hope the coming months/year do lead to a breakthrough, though, that does go beyond the status quo.

But like Tedros and others, we're not sure pandemics will patiently wait till then. In a fresh **public health emergency** (and IHR "stress test", *not a pandemic fortunately*), the boomers among us were reminded again that a cruise can have its downsides. Even if one's ship embarks from Ushuaia. Having said that, there's perhaps some poetry (and consolation?) in going from 'the end of the world' all the way to your own end.

In the **WHO reform** (and broader Global health Re-imagining) debate, **Andrew Harmer** thoroughly "deconstructed" a Lancet Comment by some 'members of the Old Boys network" (from last week). If blogs like these can see the light on a UK train, I'd say the UK rail network is vastly underrated. The blog is also a neat curtain raiser ahead of the **upcoming 79th World Health Assembly** (starting in ten days).

In the coming weeks, quite some **'future of development cooperation' meetings** are scheduled, starting with an OECD one in Paris next week. Elsewhere in Europe, Friedrich **Merz is one year in power** (*still trying to nudge/trick a colleague of mine into writing a blog on 'Merz from a global health angle', but so far to no avail :)*).

Over to some of the **events** of this week, then. **The 2nd Africa Health Workforce Investment Forum (6-8 May)** ends today in Accra. In the same capital, a **World Bank regional health strategy ("Fit to Prosper: Investing in Health for Jobs and Development in Western and Central Africa"**) was launched earlier this week (4 May), part of the World Bank's ambition to reach 1.5 billion people with health services by 2030.

In **Kigali**, the **Global pre-eclampsia summit**, a multi-stakeholder convening designed to accelerate progress on preventing, diagnosing, and treating pre-eclampsia worldwide, also ends today. Which brings us (via one of our readers) to **International Day of the Midwife**: "*This week, the world also marks **International Day of the Midwife** (5 May), celebrating the essential role midwives play in supporting women and newborns across the continuum of care. **This year also serves as a call to action**, as the most recent evidence points to a global gap of nearly one million midwives, leaving millions without access to essential care before, during and after pregnancy. Addressing this shortage is critical to improving health outcomes and strengthening health systems. To help drive action, the **International Confederation of Midwives has launched a global petition calling on governments to invest in the midwifery workforce** — we encourage readers to learn more and add their voice here: https://millionmore.org/petition/*".

Last but not least, the **inaugural issue of African Journal of Health Economics, Systems and Policy** was published. We don't like the word much, but yes, it's a "game changer".

Enjoy your reading.

Kristof Decoster

Featured Articles

The cocaine of the poor: Tramadol and Africa's escalating opioid crisis

Relindis Ma-gang Tapang

Much of the world is focused on fentanyl. But across Africa, a different opioid catastrophe has been quietly building for years, and it is getting worse.

In the markets of Kumasi, Ghana, a motorbike taxi driver starts his shift before dawn. Before his first passenger, he swallows a handful of small white pills bought the night before from a roadside vendor; no doctor, no prescription, less than the cost of a soft drink. They keep him alert; they dull the ache in his back. They make him feel, as drivers in Ghana have described it, as if he rides like a jaguar. His case is not unusual. Across Nigeria, Egypt, Niger, Togo, Cameroon and beyond, millions of people reach for tramadol every day, not because they want to get 'high', but because they cannot afford not to….

- To continue the read, see **IHP: The cocaine of the poor: Tramadol and Africa's escalating opioid crisis**

Moving from commitments to contextualized action: Some reflections from the World Health Summit regional meeting in Nairobi

Sophie Vusha

Last week the World Health Summit Regional Meeting 2026, themed 'Reimagining Africa's Health systems: innovation, integration and interdependence', took place in Nairobi, Kenya at a critical moment for global health. WHS Nairobi (and side events on the margins) brought together policymakers, researchers, and practitioners to reflect on (re-) building resilient health systems on the continent. I participated virtually in the meeting. While much of the discourse was focused on Africa's role in global health architecture reform, financing, pandemic preparedness and digital innovation, several equally important themes received less attention and deserve greater visibility, particularly nutrition, traditional medicine, and – to a lesser extent perhaps - the role of community health workers. Arguably, all of these came up in Nairobi, and community health workers were even discussed in quite some detail. Yet, there was room for more explicit links with the overall theme of the meeting, certainly for nutrition and traditional medicine. A future regional WHS in sub-Saharan Africa could perhaps feature them as standalone subthemes?

- To continue the read, see **IHP - Moving from commitments to contextualized action: Some reflections from the World Health Summit regional meeting in Nairobi**

Highlights of the week

Structure of Highlights

- A few reads of the week
- PABS negotiations extension
- Hantavirus on cruise
- More on GHS
- Global health reform & reimagining (& the future of development cooperation)
- Run-up to the 79th WHA
- More on Global Health Governance & Financing/Funding
- Tax Justice & debt crisis
- Bilateral health agreements & US Global health strategy
- Trump 2.0
- UHC & PHC
- Social & Commercial Determinants of Health
- International Midwife Day & more on SRHR
- 2nd Africa Health Workforce Investment Forum (6-8 May, Accra)
- More on Human Resources for Health
- Decolonize Global Health
- Planetary Health

- Access to Medicines, Vaccines & other health technologies
- AI & digital health
- Conflict/War & Health

A few reads of the week

African Journal of Health Economics, Systems and Policy: inaugural issue

https://www.africanjhesp.org/

Brand new & important new journal. "African Journal of Health Economics, Systems and Policy (AJHESP) is a peer-reviewed, Open Access journal dedicated to advancing rigorous, policy-relevant scholarship at the intersection of health economics, health policy, and health systems. AJHESP provides a home for applied research that bridges the persistent gap between evidence production and financing reform. AJHESP fills a gap no indexed journal currently occupies: **a dedicated platform for scholarship that treats African health financing, policy, and systems problems as the primary intellectual agenda. The journal operates in English and French — a commitment to the linguistic reality of the African…."**

For more from this (fabulous) inaugural issue (**Editorial, Comments**, …), see further in the newsletter.

Lancet Global Health – How (not) to organise a panel at a global health conference

Afifah Rahman-Shepherd et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00101-4/fulltext

Lovely read from last weekend that quickly went viral.

"Although guidance on how to organise a global health conference exists, most stop short at organising panels. **Inspired by Desmond Jumbam's satire on writing about global health, here is how (not) to organise a panel at a global health conference…."**

Quote: **"…Recycle panellists.** If you are flying most of your panellists in from the Global North (as you should), make sure they sit on more than one panel. **Of course they can talk about pandemics, ageing, artificial intelligence, conflict, and climate change. This is what expertise looks like in an 'era of polycrises'…."**

PABS negotiations extension

Coverage & analysis from end of last week (and over the weekend).

WHO Member States agree to extend negotiations on Pathogen Access and Benefit Sharing annex

https://www.who.int/news/item/01-05-2026-who-member-states-agree-to-extend-negotiations-on-pathogen-access-and-benefit-sharing-annex

WHO press release after the round last week in Geneva (27 April-1 May).

"**Member States of the World Health Organization (WHO) have progressed work on the Pathogen Access and Benefit Sharing (PABS) annex**, a key part of the WHO Pandemic Agreement, and **today agreed additional time was needed to finalize the framework** for ensuring a better, more equitable, response to future pandemics."

"**Countries today ended the resumed session of the sixth meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement in Geneva, focused on the PABS system. The outcome of this work will be presented to the Seventy-ninth World Health Assembly (WHA) later this month.** Given the need for further negotiations, the Assembly will be asked to consider continuing IGWG's work as mandated in Resolution WHA78.1 and **submit the outcome to the next Assembly in May 2027, or earlier by a special session of WHA in 2026."**

PS: "… **The IGWG will hold its seventh meeting from 6 to 17 July 2026**."

Geneva Health Files – Countries Negotiate More Time, Ward Off Pressure to Rush Consensus on the WHO Pathogen Access Benefit Sharing System

P Patnaik; Geneva Health Files;

Must-read analysis from Monday morning**. " Multilateralism is important, but cannot be an end in itself: this seems to be the message that WHO member states sent out this week."**

"The open-ended Intergovernmental Working Group has sought more time to negotiate the Pathogen Access Benefit Sharing System at the WHO. The work of the member-states led body is expected to continue for another year in a bid to reach consensus. In doing so, **countries exercised pragmatism, and gave the process more oxygen in a bid to build a considered system to access the information on pathogens, and find ways to share benefits during health emergencies including pandemics and Public Health Emergencies of International Concern (PHEICs).** While there was disappointment among many quarters, **this was near-choiceless given the lack of convergence on key "foundational matters"…."**

"**The PABS negotiations are arguably the most important multilateral negotiations currently underway, some experts are of the view. They touch not only key areas of global health, but also on matters of trade and security.** The negotiations will now run for another year till May 2027, unless countries reach consensus on PABS earlier in which case a special session of the World Health Assembly is not ruled out…. " "**In this story, we capture the dynamics as they evolved in the meeting last week during April 27th-May 1st. "**

A few excerpts:

"**The week saw a combination of structured informal meetings and discussions in the formal plenary sessions**. The progress made during the intersessional period in a series of informal sessions led by France and South Africa, was also formally presented at the meeting. … …. … **a range of bilateral consultations between groups of countries, and within regions. We learned that there were informal consultations between the Africa Group and the European Union discussing proposals from either sides in a bid to find initial landing zones**, diplomatic sources told us. It is understood that these proposals were not formally tabled at the IGWG this week. "While it was helpful to understand positions better, we were unable to find landing zones," a developed country negotiator told us."

"… While the obligations on benefit sharing are front and centre for many countries, the conditions on access are emerging to be a decisive factor on the success of these negotiations…. It appears that **attaching conditionalities on the access to information is a priority not only for middle-income countries but for many developing countries**, sources tell us. …. **So although the access to medical products during health emergencies is a priority for many countries, they take the new legal obligations on the access to information seriously."**

"… **The meeting also saw in-depth discussions on benefit sharing obligations**. Sources told us that there was **increasing convergence on the idea of setting aside a minimum floor (percentage) of the access to medical products during Public Health Emergencies of International Concern (PHEICs).** Many said this was progress compared to previous meetings on this matter…." "… For some developing countries, **the access to licenses and technology transfer, both during PHEICs and pandemic emergencies** is a part of preparedness and prevention. …"

…**Countries warded off pressure from various quarters to conclude negotiations this week**, given the sheer distance to consensus on several areas in the PABS system. … " "… **One of the concerns of countries dominating the dilemma on the extension of the time frame, included the future of these negotiations in light of the leadership transition at the WHO**. The term of the current DG comes to an end in August 2027. Given that DG Tedros has championed the Pandemic Agreement, many fear that a new DG may not have the same level of commitment to see this through. But not all shared this view. "This is a member state led process. I do not see any DG candidate who would say they will not support this," a developing country diplomat said. **It is interesting that countries hope, and fear for a further politicization of these negotiations.** "We should have finished these discussions to reach consensus. Having this alongside an election process, will make this more political," a **developed country negotiator** said. "We want these negotiations to be a part of the elections discussion. People would like to know where candidates stand on this," **a developing country negotiator** told us, adding that the PABS negotiations were "deeply political"."

HPW - Pandemic Talks Extended – But Colombia Appeals for New 'Method' to Settle Differences

https://healthpolicy-watch.news/pandemic-talks-extended-but-colombia-appeals-for-new-method-to-settle-differences/

"**Colombia has appealed for a new "method" to settle the outstanding annex of the Pandemic Agreement**, after World Health Organization (WHO) member states failed to reach agreement last week after almost a year of talks." "… "**There is one fundamental point that we request be included in the resolution: extending the negotiating period makes no sense unless the negotiating method is changed," Colombian Ambassador Germán Velásquez told the Intergovernmental Working**

Group (IGWG) shortly before the meeting closed last Friday evening. "It is not possible to continue seeking consensus in the same way. **Why not introduce the concept of 'progressive consensus'? Once a majority has been reached on specific points, a vote should be held if necessary**, and negotiations should continue."…"

"**Colombia is part of the Group for Equity**, a large cross-regional alliance of countries that has been pushing for a PABS annex that ensures the inequity of the COVID-19 pandemic, where wealthy countries commandeered all the scarce vaccines, is not repeated. **The proposal for voting also has the support of some civil society groups,** notably Pedro Villardi, from Public Services International, a trade union federation with over 30 million members. …"

PS: "**The Group for Equity and the Africa Group – which represent the vast majority of member states – have become increasingly frustrated by what they see as developed countries protecting the interests of their pharmaceutical companies** instead of levelling the playing field ahead of future pandemics….."

PS: "**Helen Clark and Ellen Johnson Sirleaf, co-chairs of The Independent Panel for Pandemic Preparedness and Response**, said that "a lack of action to prevent and prepare for the next pandemic threat is a disservice to humanity". They called on governments to do more on pandemic prevention, preparedness, and response (PPPR): "All countries must be able to detect and rapidly report outbreaks which may pose an international threat." **However, they also acknowledged that many low- and middle-income countries are impacted by high debt levels, and a sharp decline in development assistance.** "Leaders have an opportunity to demonstrate their commitment to protect humanity at the **upcoming UN High-Level Meeting on PPPR in New York in September**. " ""There, they must make progress to fill enduring gaps in PPPR including on co-ordination, financing, equity, and accountability. They should also make it clear that the PABS Annex must be finalised to enable the WHO Pandemic Agreement to proceed."

- See also **Devex** – Pandemic treaty annex to miss World Health Assembly submission

"**Delays in the adoption of the PABS Annex also defer countries' ratification of the pandemic agreement,** which outlines how countries can best prepare for and respond to the next pandemic. **The pandemic agreement needs at least 60 countries to ratify it to come into effect.**"

Medicines Law & Policy - World Health Organization Members ask for more time to solve difficult negotiations on access and benefit sharing

K Mara & Ellen 't Hoen ; https://medicineslawandpolicy.org/2026/05/world-health-organization-members-ask-for-more-time-to-solve-difficult-negotiations-on-access-and-benefit-sharing/

With their take on the state of play in the PABS negotiations. With among others an overview of **key unresolved issues.**

Hantavirus on (haunted) cruise

UN News - Hantavirus outbreak on cruise ship not 'another COVID', WHO says

https://news.un.org/en/story/2026/05/1167458

"A **deadly hantavirus outbreak aboard a cruise ship in the Atlantic Ocean poses a low global public health risk and is "not the start of another COVID pandemic",** the World Health Organization (WHO) said on Thursday." (Key messages Tedros from the media briefing on Thursday)

- See also **HPW - First Person Outside Cruise Ship is Suspected of Hantavirus Infection**

With coverage of a related **WHO media briefing on Thursday.**

PS: "Collaboration with US: Dr Abdi Mahamud, WHO's infection control specialist, said that each country is responsible for repatriating citizens from the ship and tracing any citizens who may have had contact with those exposed to the virus. Although the US decided to leave the WHO, it has citizens on board the ship **and Mahamud said that collaboration with the US CDC is "going very well on a technical level". US CDC officials have joined meetings of the Global Outbreak Alert and Response Network (GOARN) "so the information flow is there, transparent and frank, and information sharing", he added. The US remains party to the International Health Regulations (IHR),** which stipulates the conduct of countries in the event of disease outbreaks, and was receiving formal communication on the outbreak through that…."

- See also **Stat – Key takeaways from WHO briefing on hantavirus cruise ship outbreak**

"The **U.S. and Argentina, both recent WHO dropouts, are cooperating in the response**."

"**Some of the information exchanges are occurring through the International Health Regulations, a treaty aimed at protecting the world from disease outbreaks that can cross borders. The U.S. is still a party to the IHR**. Anaïs Legand, WHO's technical lead on viral hemorrhagic fevers, said she has had excellent collaboration with her counterpart at the Centers for Disease Control and Prevention. "We have very positive, regular interactions almost every single day." **Tedros said that the WHO is sharing information with the U.S. in the way it always has, and is getting information in return through IHR channels. He said he hoped the U.S. and Argentina would reconsider withdrawing from the global health agency."**

- And via **RANI's newsletter**: "As **WHO's Dr. Tedros** noted in today's media briefing, the outbreak is a real-time **stress test of international systems, including the amended International Health Regulations (IHRs) and the legal architecture of a future PABS…"**

Nature News - Hantavirus crops up on a cruise ship — what scientists are watching

https://www.nature.com/articles/d41586-026-01450-7

"The group of rodent viruses can cause disease in humans, but cases are rare."

- See also **Science - Cruise ship's hantavirus outbreak puts researchers in uncharted territory**

From earlier this week. "Questions about the culprit virus and its route of spread remain as health officials make plans for stranded passengers."

PS: "…. All **the researchers involved stress the challenge of investigating an outbreak on a ship in international waters with so many countries involved. "I think the response has been a wonderful global collaborative effort,**" Blumberg says. "It shows the value of networks and people speaking to each other."

HPW - Cruise Ship Hit by 'Uncommon' Human-to-Human Transmission of Hantavirus

https://healthpolicy-watch.news/cruise-ship-hit-by-uncommon-human-to-human-transmission-of-hantavirus/

Cfr a **WHO media briefing from Tuesday.**

"The cruise ship Hondius, at the centre of a hantavirus outbreak, is likely to dock in the Canary Islands where Spanish authorities will assess passengers, disinfect the ship and conduct a full epidemiological investigation. This is according to **Maria van Kerkhove, director of the World Health Organization's (WHO) Department of Epidemic and Pandemic Preparedness and Prevention, at a media briefing in Geneva on Tuesday…."**

"… The **WHO has deemed the global threat posed by the outbreak to be "low**", based on how the virus spreads…. … … **The WHO was informed of "a cluster of severe acute respiratory illness" aboard the ship by the UK on 2 May, in terms of the International Health Regulations….."**

HPW - Two More Reported Cases of Hantavirus Linked to Cruise Ship Hit by 'Uncommon' Human-to-Human Transmission

https://healthpolicy-watch.news/cruise-ship-hit-by-uncommon-human-to-human-transmission-of-hantavirus/

Update as of **Thursday morning.**

- And via **the Guardian – Argentina races to find origins of cruise ship hantavirus outbreak, amid reports some passengers have returned to US**

Ps: "**The health emergency aboard the MV Hondius comes as local public health researchers in Argentina point to climate change accelerating the risk of the spread of hantavirus."**

"**Public health experts say that higher temperatures expand the virus' range** because, in part, as it gets warmer and ecosystems change, rodents that carry the hantavirus can thrive in more places. People typically contract the virus from exposure to rodent droppings, urine or saliva. "**Argentina has become more tropical because of climate change, and that has brought disruptions, like**

dengue and yellow fever, but also new tropical plants that produce seeds for mice to proliferate," said Hugo Pizzi, a prominent Argentine infectious disease specialist. "**There is no doubt that as time goes by, the hantavirus is spreading more and more…."**

Stat Opinion – Not being part of the WHO, especially ahead of the World Cup, is a dangerous position

K Kuppali; https://www.statnews.com/2026/05/05/hantavirus-cruise-ship-outbreak-who-world-cup/?utm_campaign=twitter_organic&utm_source=twitter&utm_medium=social

"The cruise ship hantavirus outbreak is **a warning sign to the U.S."**

"…. **Within hours of confirming the suspected diagnosis, WHO activated a coordinated international response under the International Health Regulations (IHR) — epidemiological investigation, laboratory testing, logistics support, clinical management and medical evacuation of symptomatic passengers, all moving in parallel.** That is **the system working as designed**: a pathogen moving faster than borders, in an unexpected place, requiring rapid simultaneous action across multiple countries and jurisdictions before the full picture was even clear. …. **The United States, having withdrawn from WHO in January 2025, received none of that notification…."**

"That **isolation from global health governance will matter far more in six weeks, when the FIFA World Cup 2026 opens across 11 American cities**….."

NYT - Hantavirus Outbreaks Are Rare, but They Aren't Going Away and There's No Cure

https://www.nytimes.com/2026/05/05/health/hantavirus-outbreaks-disease-history.html

(gated) "Since the family of rodent-borne infections were identified in the 1950s, they have turned up all over the world."

Stat – Public health experts are worried about the cruise ship hantavirus outbreak, but not for the reason you might think

https://www.statnews.com/2026/05/07/hantavirus-cruise-ship-outbreak-scientists-say-not-new-pandemic/

"It's not the start of a pandemic, they say, but we need to learn more about these viruses."

"**Scientists and public health experts are gripped by the hantavirus situation too, but for different reasons. They are worried that hantaviruses haven't been as well studied as they ought to** be. They have some concern that more passengers could fall ill. They are not fearful that the MV Hondius is ground zero for the next big one…."

More on Global Health Security

Telegraph - The African Medicines Agency is the missing link in global health security

DM Darko (DG of AMA) https://www.telegraph.co.uk/global-health/science-and-disease/the-african-medicines-agency-will-transform-global-health/

View by the **current DG of the African Medicines Agency**.

Global Health reform & re-imagining (& future of development cooperation)

WHO – Reform of the global health architecture and the UN80 Initiative - A joint process to support reforms - Report by the Director-General

https://apps.who.int/gb/ebwha/pdf_files/WHA79/A79_24-en.pdf

Preparatory document online already.

See eg @thirugeneva.bsky.social:

"@who.int Reform of the global health architecture and the UN80 Initiative - "**The joint task force will have 25 members, of whom 14 will be representatives of WHO Member States, two from each WHO region and, as well as two additional members from the regions providing the co-Chairs**." #WHA79."

+ "There will be **five representatives of global health initiatives** (Gavi, the Vaccine Alliance; Global Fund to Fight AIDS, Tuberculosis and Malaria; the Coalition for Epidemic Preparedness Innovations; Unitaid; and the Pandemic Fund); **up to four representatives of United Nations entities, including WHO; one representative each of the World Bank and a regional health organization."**

Andrew Harmer - A WHO worth fighting for?

https://andrewharmer.org/2026/05/05/a-who-worth-fighting-for/

Hard-hitting (& hilarious) read on a **WHO related Comment from last week by A Nordström et al**. A few paragraphs from the introduction to provide you with a flavour:

" (A) Nordstrom can write about the WHO because of what he *used* to do. He also floats in stellar company, as you can see from the list of collaborators in a **recent Comment he wrote in the Lancet – A WHO worth fighting for: the case for focused, ambitious reform**. They are so important that it took them almost 400 words to summarise all their accomplishments – sometimes, a list of email addresses just isn't enough. Why, *why,* you might be asking, does it require eight people to write a Comment in the Lancet – can't Nordstrom write it himself? Well, he probably did, maybe with a bit

of help from Kazatchkine (who is the last author in the Comment in the Lancet) – just enough to get him the second best placing in the list of authors. The others are just the padding – Nkengasong, Piot, Robalo Correia e Silva, Alwan, Maciel, and Minghui's – whose primary function is to add gravity to the position Nordstrom is taking. And to guarantee publication of a Comment in the Lancet, of course.

Note that Nordstrom is taking a position; he is *not* making an argument. There is *nothing* in his Comment in the Lancet that hasn't been said by him and his cronies before (you will know them well: Nordstrom, Piot, Clarke, Rottingen, Kazatchkine, Kickbusch, Dybul, et al – the Geneva Gliterati), but **he's repeating it again in his Comment in the Lancet to keep the pressure up, to maintain the narrative he is trying to push so that his words become a reality. If you say something often enough, people will accept it just to shut you up. This is what power looks like** – a bunch of pals using their collective mass to get their views down on paper and into policy. It happens all. the. time. If you don't have guns and bombs, network instead and write a Comment in the Lancet."

Harmer then dissects **the 6 reforms they advocate for.**

And concludes: "**Much like capitalism and the end of the world, currently it seems easier to imagine the end of WHO than imagine Member States paying more to save it."**

That's exactly right.

BMJ Opinion - In an uncertain world, investment in health is crucial for security

https://www.bmj.com/content/393/bmj.s853

"Investing in health worldwide is a collective security strategy, write **Martin McKee**, **Michel Kazatchkine**, and **Stefano Vella."**

"**The Munich Security Conference's 2026 report on international security policy barely mentions health. Yet, if there was one fundamental lesson to be learnt from the covid-19 pandemic, it was that health is a fundamental pillar of national and regional security**. Unless health is fully recognised and embedded as a **strategic security priority**, the world will remain dangerously exposed to shocks that can rapidly escalate into broader instability…."

"… **Health influences security through several interconnected mechanisms…"**

"… **Despite the clear security implications, global health financing is collapsing**. … Disinvestment in health is a direct threat to national and international security. **Reframing health as a strategic investment rather than just a social cost is essential…"**

They conclude: "… **Recasting health as a pillar of security requires action well beyond the health sector**. Governments must embed health system resilience in national security strategies. Finance ministries must accept long term health investment as a national asset rather than a discretionary cost. Organisations concerned with security should treat health threats alongside geopolitical risks. Multilateral agencies and global health actors must frame their work in terms of security and stability, while safeguarding equity and rights. Finally, academia, civil society, and professional bodies should translate evidence into narratives that resonate with security, diplomatic, and

economic audiences. **Ultimately, safeguarding health is safeguarding global stability, a lesson the international community cannot afford to forget.”**

Global Policy – The New U.S. Development Doctrine: Business Deals

S Klingebiel & A Sumner; https://www.globalpolicyjournal.com/blog/07/05/2026/new-us-development-doctrine-business-deals

“The Trump administration has not simply cut aid. It is seeking to replace the traditional development cooperation model with **a transactional, interest-driven doctrine in which development institutions serve as instruments of "America First" business deals**.”

Ps: “**The first meeting of the Future of Development Cooperation Coalition (FDCC) took place on the sidelines of the World Bank/IMF Spring Meetings a few days ago. The OECD is bringing together participants from around the world for the conference “The Future of Development Co-operation” on 11–12 May**. The UK FCDO will hold a “Global Partnerships Conference to build new international coalitions to tackle shared challenges” a week later, and the **German government has started preparation for the launch of a new “North-South Commission”…..”**

CGD (blog) - The New Flexi-Lateralism: Five Building Blocks for Development Cooperation in a Fractured World

A Sumner et al; https://www.cgdev.org/blog/new-flexi-lateralism-five-building-blocks-development-cooperation-fractured-world

“**The OECD Conference on the Future of International Development Co-operation (which is set to take place in Paris on 11-12 May 2026**) comes at a moment of acute strain. …. The question confronting delegates in Paris is not whether cooperation is changing. It is how any new configuration will work in practice.”

“**In a new CGD policy paper, we argue that a “new flexi-lateralism” is emerging as a pragmatic response to these conditions**. We define this new flexi-lateralism as **international cooperation—which happens through flexible, practical tools and selective coalitions, anchored in UN norms—that proceeds even when universal commitments are openly contested and attacked**. We draw from **evidence of debt-servicing initiatives launched at the Fourth International Conference on Financing for Development (FfD4) in Sevilla** in July 2025. …”

“**Our paper identifies five defining characteristics of the new flexi-lateralism** evident in the Sevilla initiatives…”

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

Starting in ten days from now.

- With already lots of **preparatory Documents** now: https://apps.who.int/gb/e/e_wha79.html

Do check out for example **Voluntary contributions by fund and by contributor, 2025**. Rather informative.

Related, see **Devex Check-up**: WHO else?

“**In 2025, WHO was forced to restructure, cut staff, and reduce its budget. That is despite some donors stepping up**. Digging through WHO’s latest audited financial statement, I found that **Saudi Arabia contributed a total of $92 million** to the agency’s program budget in 2025, placing it among WHO’s top 10 donors, alongside Germany, the United Kingdom, China, and **the Gates Foundation, which is now WHO’s largest funder.”**

“Experts tell me they welcome the country's increased contribution, but they remain concerned about the agency’s finances. **WHO’s expenses exceeded its revenue in 2025, resulting in a deficit of $39 million**. And **for 2026-2027**, Director-General **Tedros Adhanom Ghebreyesus** said in January that **they still face a funding gap of $660 million**.”

“**There’s also WHO’s long-standing reliance on earmarked donor contributions**. **Anders Nordström**, senior adviser for international politics and diplomacy for health at Karolinska Institutet, was among a group of prominent global health experts calling for WHO to reform its financing, arguing **it should only accept flexible funding to maintain its independence and integrity**. He said earmarked funding also hampers the organization’s ability to recruit and retain top talent, which is crucial for WHO to improve the quality of its technical work.”

Geneva Health Files – What The Creative Ambiguity Around The Withdrawal From The World Health Organization Means

V Penmetsa (legal scholar); https://newsletter.genevahealthfiles.com/what-the-creative-ambiguity-around-the-withdrawal-from-the-world-health-organization-means/?ref=geneva-health-files-newsletter

“In this edition, we **bring you an exploration of what the withdrawal of a member state from the World Health Organization means for the institution**. As we worked on this, it became plainly obvious that this is a topic that is deeply sensitive and political. My colleague, **Vineeth Penmetsa has worked on this careful analysis, ahead of the World Health Assembly later this month, when the matter will be taken up by member states.** Senior diplomats told us that "no one has the guts to talk about this," also alluding to the withdrawal of the U.S. To be sure, this has implications for countries in general, and for the United Nations system, experts caution. **It is also a question that will inevitably need to be addressed by a new Director General of the WHO, going forward.”**

“Vineeth argues that the silence that built WHO may also be the silence that may unbuild it. The question of withdrawal should be addressed by member states in a way that balances universality considerations with sovereignty.”

“An organization designed on the premise that no one would ever want to leave is discovering that the absence of an exit clause is not the same thing as the absence of an exit – and that the real cost of the ambiguity is not legal, but operational. The Constitution's drafters treated universal participation as a functional precondition for the Organization's mandate; the questions raised over the last sixteen months touch directly on that premise.”

PS: "….The deeper risk is not outright departure but selective participation: states exiting the global body while retaining access to the regional benefits without equivalent obligations. **Argentina is the case that exposes how this works in practice…"**

Excerpt: "**The 79th World Health Assembly, 18–23 May 2026, will be asked to take a position on both exits.** The likely outcome is the one the Executive Board rehearsed: acknowledgement of Argentina's withdrawal, deference on the United States, no constitutional amendment, and no recourse to the dispute-settlement pathway available under Article 75 of the WHO Constitution, which permits referral of constitutional questions to International Court of Justice.

By declining to challenge either departure, the Assembly will in effect have endorsed a *de facto* withdrawal right for all Member States, without ever amending the Constitution to create one. The reform conversation has been absorbed into the joint Global Health Architecture and UN80 process – procedurally ambitious, but vague so far. **The deeper question of *whether any Member State can lawfully leave WHO* is therefore being answered not in treaty text but in institutional muscle memory**. Legally, the answer remains: no, except for the United States, and only where the cumulative conditions of the 1948 reservation, including settlement of outstanding financial obligations, are satisfied. Practically, the answer is becoming: perhaps yes, whenever you want, and the practical answer is now available to any Member State, regardless of whether it holds a reservation, because the system has shown it may not enforce the rule…."

More on Global Health Governance & Financing/Funding

Devex -Africa looks inward as global health funding dries up

https://www.devex.com/news/africa-looks-inward-as-global-health-funding-dries-up-112438

With some more **coverage from the Nairobi regional WHS** last week. "At the **World Health Summit regional meeting in Nairobi**, leaders and experts outlined how domestic financing — from taxation to insurance — could reshape Africa's health systems as donor aid declines."

WB - Western and Central African Leaders Launch a Roadmap to Tackle Health Crisis in the Region

https://www.worldbank.org/en/news/press-release/2026/05/05/western-and-central-african-leaders-launch-a-roadmap-to-tackle-health-crisis-in-the-region

"**A dozen ministers of health and finance, alongside representatives of development partners, the private sector, civil society, regional institutions and youth leaders from Western and Central Africa concluded a one-day meeting in Accra on May 4th** to advance the health, nutrition and population agenda and deliver better access to quality health care for communities across the region."

"During the event, **the World Bank Group (WBG) launched its regional health strategy** "**Fit to Prosper: Investing in Health for Jobs and Development in Western and Central Africa**", a country-driven roadmap **anchored in the principle of health sovereignty**. The strategy provides a roadmap to accelerate progress toward universal health coverage (UHC), while underscoring that

health investments are essential not only for saving lives but also for economic growth driven by quality jobs both today and tomorrow. **The *Fit to Prosper* strategy is built on three strategic priorities: Frontlines First (strengthening service delivery with a focus on primary care), Fixing Finance (ensuring sustainable investment), and Future Fit (building health system resilience).** "

AJHESP (Commentary) - Transition from dependence to self-reliance: financing and governing health systems in Africa

O Adeyi, E Barasa et al ; https://www.africanjhesp.org/content/article/1/3/full/

From the new AJHESP journal.

"Recent cuts in development assistance for health (DAH) have caused reactions that range from apocalyptic forecasts of doom for health in Africa to political declarations of sovereignty for health systems on the continent. **Amidst the upheavals and proclamations, many African countries face a practical challenge of transitioning their health systems from chronic dependence on DAH to self-reliance in financing and governance**. Viable transitions depend on recognizing the crisis of legitimacy for governments that do not ensure basic health services for their populations and deploying levers of public policy to execute two concurrent transitions-quantitative and qualitative. **Policy makers have four levers at their disposal: legislation and policy; regulations and institutions; financing, including generation, allocation, purchasing, and incentives; and learning, monitoring, and evaluation**. By deploying these levers to bear upon challenges in the quantitative and qualitative dimensions of transition, African countries can achieve self-reliance in financing and governing their health systems."

- Also from the inaugural issue: Navigating Africa´s health financing in the post-aid era (by **Angela Esi Apeagyei (IHME))**

"…. I **propose a framework consisting of three pillars** that recognize the diverse economic landscape on the continent and that could ensure that the most vulnerable are not left behind. **The three pillars are fiscal capacity, outcome-based targets, and strategic efficiency.** Fiscal capacity covers the mechanisms of revenue mobilization. Outcome-based targets emphasize tangible health metrics of success and strategic efficiency encourages learning from the best performers on the continent….."

Cidrap News - US lawmakers seek answers on blocked funding for Gavi

https://www.cidrap.umn.edu/childhood-vaccines/us-lawmakers-seek-answers-blocked-funding-gavi

"**A bipartisan group of US lawmakers is calling on the Trump administration to restore US funding for Gavi, the Vaccine Alliance**."

"**In a letter sent earlier this week, members of the Senate appropriations committee** urged Secretary of State Marco Rubio to restore the $600 million appropriated by Congress in fiscal years 2025 and 2026 for the public-private partnership, which help poor countries purchase and administer vaccines that protect children against 20 infectious diseases. **The funding expires on September 30 if it's not released….."**

- See also **Devex - US lawmakers push back as Trump administration blocks $600M for Gavi**

" The standoff over vaccine funding is a proxy for the battle between Congress and the administration over who holds the power of the purse."

PS: "… The Gavi spokesperson said releasing U.S. funds will help accelerate the rollout of two new vaccines that offer greater protection against multiple diseases and do not contain thimerosal. **This includes the hexavalent vaccine — a single vaccine that protects against six diseases, including polio — and the multiconjugate meningococcal vaccine….."**

Devex Pro – At Finance in Common, development banks face a harsher era

Devex Pro;

Update on "Finance in Common". "**Finance in Common, or FiCS**, was launched in 2020 with the **goal of aligning 500 public development banks, or PBDs**, that controlled trillions of dollars in assets. Six years later, **things are very different for both FiCS and PDBs."**

"**FiCS, led by Rémy Rioux** — outgoing president of the French development agency AFD **— wants to move from forging partnerships and writing reports to measurable outcomes on efficiency and mobilization. Meanwhile, PDBs — national banks owned by a government — need to move from being flush with assets to doing more with a whole lot less.**"

"Doing more with less. Attracting private capital. Mobilizing domestic resources. Let's face it — these are the new (and already tired) slogans in a world where traditional donor assistance is no longer a given. Behind the slogans, however, lies a real slog to **shift the development model so that it can actually raise serious money. Karim Karaki** of ECDPM told my colleague Jesse Chase-Lubitz on the sidelines of the meetings that PDBs "may show ambition in mobilizing private capital at scale, but this also partly depends on their shareholders — governments — and their engagement in tackling regulatory issues." **It will also require government funding**, "**in a context where [official development assistance] has been cut by 23%," said Karaki. These are commitments that G7 countries — all of which cut aid in the last year — are hard-pressed to make. "This puts limits not only on what PDBs can do, but on the motto 'do more with less,'**" he said. "We are **entering times** where we should be real on the fact that **we'll have to do less with less,** but this should also be seen as an opportunity to be more strategic in the way we spend resources, and on the objectives we could/should prioritize."

Devex – Money Matters: Who funds global health — and by how much?

https://www.devex.com/news/money-matters-who-funds-global-health-and-by-how-much-112429

"Before the cuts and the chaos, global health funding was one of the largest pots of money in development. The world's biggest donors spent $18.1 billion on the sector in 2024, and the United States accounted for two-thirds of that money. That era is over — but with the U.S. now rolling out multimillion-dollar health agreements across the world, it's not yet clear by how much. **A new Devex analysis offers a baseline, and a measure of just how much the world needs to reshuffle to adapt."**

".. To understand what's at stake, **Devex's Miguel Antonio Tamonan and Alecsondra Kieren Si took stock of where global health financing stood in 2024, the last full year before the U.S. began its dramatic retreat and ongoing rebuild. They found that in that year, the world's biggest donors spent $18.1 billion in official development assistance, or ODA, on health, with U.S. cash amounting for 67% of that total**. The second-largest donor — **the United Kingdom** — made up just a sliver of that spend, contributing $1.2 billion in 2024."

"**Nigeria — the country that also holds the largest bilateral health agreement with the U.S. as of today — received the lion's share of the health ODA in 2024**, followed by **Mozambique, Tanzania, Uganda, and South Africa."**

"Miguel and Alecsondra also surveyed the biggest organizational players, with **the Gates Foundation coming out as by far the most influential: In 2024, the organization disbursed $8.2 billion charitable support, of which $5 billion, or just over 60%, went to health programs."**

G7 Financing for Development: Framework for promoting Health Sovereignty Financing and Self Reliance

https://www.diplomatie.gouv.fr/files/files/presse-et-ressources/actualites/-ok-g7-framework-for-promoting-health-sovereignty-financing-and-self-reliance.pdf

5-pager. Outcome from last week's **G7 Development ministers meeting. Must-read.**

With a **number of commitments to action on increased mobilization of financing mechanisms for health; medical countermeasures (MCM) surge financing for health emergencies, effective and efficient mobilization of domestic resources for health, & national health compacts.**

- Do also check out the **reaction and overall assessment by Global Health Advocates :**

"**G7 Development 2026: A framework for health sovereignty, but equity remains unfinished**. G7 Development Ministers, meeting in Paris, have put forward a new approach focused on resilience, coordination, and sovereignty. While these signals are encouraging in a fragmented geopolitical landscape, they fall short of ensuring universal access to health…. " "… **We welcome the fact that a specific deliverable was conceived to address the current issues related to global health financing**. In a geopolitical landscape marked by a questioning of multilateralism, this is an encouraging sign that G7 members agreed to rightfully recognise health as a driver of mutual development. **However, the resulting Framework for Promoting Health Sovereignty Financing and Self-Reliance risks failing equity requirements if international public financing flows' trajectory is not meant as a comprehensive response to the current crisis of global health financing…."**

We welcome the commitment to making health a driver of mutual development, notably through the involvement of public development banks and the strengthening of surge financing. The call to align solutions with national priorities, including meaningful civil society participation, is an essential step forward. **However, while the framework establishes principles of sovereignty, it fails to guarantee equity due to a lack of firm financial commitments and indispensable structural reforms, such as debt suspension during health crises. Without equitable access requirements and genuine technology transfers for local innovation, these intentions risk failing to bridge global health inequalities…."**

Cidrap News - TB costs in poor countries exceed those of HIV, estimates suggest

https://www.cidrap.umn.edu/tuberculosis/tb-costs-poor-countries-exceed-those-hiv-estimates-suggest

"**Active cases of tuberculosis (TB) cost low- and middle-income countries (LMICs) with heavy TB burdens $3.5 billion more in current annual and future lost earnings and medical expenses than HIV, yet receives substantially less funding**, researchers in Peru and the United States write in a **new study published in *BMJ Global Health*."**

"The researchers used a model to estimate the economic costs of TB and HIV to households and the economy, including factors such as the effects of parental disability or death on children's future earnings, **in 25 LMICs**. The analysis was based on data from sources such as the World Health Organization (WHO) Global Tuberculosis Report, the Institute for Health Metrics and Evaluation's Global Burden of Disease dataset, and Demographic Household Surveys…."

- Cfr the BMJ GH study - Economic costs of TB and HIV in high-TB-burden countries

"**The findings indicate that active TB cases result in significant economic losses, with US$13.7 billion in current annual losses, US$17.2 billion in future losses and US$5.7 billion in medical expenses, for a total of US$36.6 billion**. In contrast, **HIV** causes US$5.5 billion in current losses, US$20.9 billion in future losses and leads to medical expenses of US$6.1 billion for a total of US$32.5 billion. … …. **The economic impacts of TB are at least as large as those of HIV, with higher returns on investment in TB prevention**. These results advocate for increased funding for TB relative to funding for HIV in these countries because the returns to incremental funding for TB are greater than those for HIV at current funding levels."

Habib Benzian & Ikenna Ebiri-Okoro - Complexity and Consolation

Substack;

"Two responses to global health's three-body problem."

"**In a recent OpEd, Ilona Kickbusch and Vinh-Kim Nguyen draw on the three-body problem in physics** - a formally defined phenomenon in which three interacting gravitational bodies produce dynamics that cannot be predicted or solved in general terms - **to describe global health governance as defined by complexity, instability, and radical uncertainty. It is an elegant argument. It may also be a convenient one."**

"**The two essays that follow** take that possibility seriously, from different positions and in deliberately different registers. **The first, written from a global health systems perspective, examines what the language of complexity clarifies and, more importantly, what it risks obscuring. The second, by Ikenna Ebiri-Okoro, first published on International Health Policies, speaks from a vantage point closer to the ground - not from Geneva, but from inside a health system that is expected to actually function under the conditions being theorized.** They do not say the same thing. But they share a question: **when global health is framed as inherently unpredictable, whose interests does that framing serve?"**

Sustainability Starts with What We Are Building - Why fixing financing is not fixing the system

E S Koum Besson ; https://www.linkedin.com/pulse/sustainability-starts-what-we-building-why-fixing-koum-besson-oftve/

"S**ustainability is not a financing question**. It is about **knowing where we are going, and what we are building."** **Excerpts:**

"… A recent article by [Stephanie Nolen on Zambia] (in the NYT) illustrates this starkly. She describes how, after donor funding ended, health workers were left without access to digital tools—because internet subscriptions had been financed externally, but nothing had been built to sustain their use. When the money disappeared, so did the system. In some cases, staff had never even been trained to use the tools effectively. **This is not an isolated failure. It is a pattern.** And it becomes visible when inputs are mistaken for systems rather than components of them…."

"… **The Core Problem Is Not Financing:** These are not financing problems. They are **service delivery and system design problems**…."

"… Expanding Fiscal Space Is Not The Same As Building Systems: The same type of "confusion" appears in broader financing debates. We often hear calls to expand fiscal space through : health taxes; pooled procurement; innovative financing mechanisms such as debt swap… These are important and necessary, but they are not sufficient. Because **the question is not only how much fiscal space is created, but: How that space is structured, used, and integrated into systems…."**

See for example **debt swaps.** "The question is not whether we use debt swaps but **whether they reinforce systems—or bypass them.** If designed differently, debt swaps for health could: support a **steady increase in domestic health budgets;** be anchored in public financial management systems; reinforce system-wide reforms rather than fragmented activities…."

"What Sustainability Actually Requires: This changes how we should think about sustainable health financing. Sustainability is not about: securing more funding; choosing better instruments; optimising inputs. It is about: **building systems that countries own, operate, and sustain over time.** The most effective work I have seen did not start with financing. It started with a clear vision of the system to be built. **Everything else followed — because the tools were chosen to serve the system, not define it…."**

Plos GPH - Measuring health financing vulnerability due to reductions in official development assistance: A conceptual framework with empirical application across 47 African countries

J A Asamani et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006282

By some WHO Afro authors. "…This paper proposes an approach to assess country's vulnerability to external aid cuts, considering dynamic health financing and macro-fiscal risk factors…."

Tax justice (1st of May) & debt crisis

Oxfam/ITUC - Top CEO pay increased 20 times faster than workers' pay in 2025

https://www.oxfam.org/en/press-releases/top-ceo-pay-increased-20-times-faster-workers-pay-2025

Released ahead of May 1st. **"Global real worker pay fell 12 percent while real CEO pay surged 54 percent between 2019 and 2025.** At least four CEOs of major corporations each pocketed over $100 million in pay and bonuses last year. … **Billionaires were paid $2,500 per second in dividends in 2025**. The **International Trade Union Confederation (ITUC) and Oxfam are calling for urgent action to rein in extreme wealth**, including higher, fairer taxes on the richest and binding limits on CEO pay."

CESR - New resource: Ensuring institutional capacity for taxing wealth

https://www.cesr.org/institutional-capacities/

"A **new resource from CESR and the New Economics Foundation**, ***From Design to Capacity: an Institutional Capacity Framework for Taxing the Wealthiest***, argues that the real challenge isn't just *what* to tax, but **whether governments have the institutional capacity to make it work in practice."**

"**Extreme wealth is often hidden behind offshore structures, complex ownership arrangements, and legal loopholes that present huge challenges to identifying, valuing, and taxing wealth. States also face fragmented data systems, legal constraints, and intense political pressure from well-resourced elites**. The result? Persistent enforcement gaps and reforms that stall, weaken, or fail to come to fruition. **This report is designed to help activists, policymakers, and practitioners diagnose these challenges and push for reforms that are not only ambitious but durable. Drawing on experiences from Argentina and Brazil**, it shows that **capacity isn't fixed: it can be built through strategic action**…."

Guardian – Women in developing countries hardest hit by rising debt burden, UN research finds

https://www.theguardian.com/world/2026/may/04/women-in-developing-countries-hardest-hit-by-rising-debt-burden-un-research-finds

"Study warns **women face job losses and increased unpaid care duties** as debt and conflict-driven turbulence force spending cuts."

"**Women are hit hardest when the debt burden in developing countries rises, a trend expected to worsen as the war in the Middle East continues, UN research shows.** A **report by experts from the UN Development Programme (UNDP)**, based on data from 85 countries **gathered across three decades,** shows women are disproportionately affected when debt repayments increase significantly…." "**As governments cut back public spending to accommodate rising debt costs, women, who are overrepresented in sectors such as education and care, are more likely to lose their jobs** – and then to **shoulder additional caring duties** as the state retreats."

"… The report finds that, between the early 2010s and 2022, debt-servicing burdens in the 85 developing countries studied almost doubled. It estimates this led to the loss of 22 million women's jobs in the short-term, and more than 38 million in the long term. In general, **moving from a moderate to a high debt-servicing burden** – measured as a share of a country's exports – causes on average a 17% decline in women's income per capita, the report finds, while men's income is unchanged. Life expectancy tends to decline for women and men."

"Achieving gender equality is one of the UN's 17 sustainable development goals. **De Croo suggested creditor countries could consider linking debt relief to commitments to avoid spending cuts that disproportionately hit women."**

Guardian – Cut borrowing costs for poorer countries to free up $900bn for development – report

https://www.theguardian.com/global-development/2026/may/06/cut-borrowing-costs-for-poorer-countries-to-free-up-900bn-for-development-report

"G77 nations spend $8tn a year servicing debts, but analysis shows how comprehensive relief could benefit social spending."

"Cutting debt servicing costs for the world's poorest countries could free up $900bn (£660bn) a year for development, a new report to the UN secretary general has claimed. Prepared by **advocacy group Development Finance International (DFI) with the support of the Norwegian government and launched in Oslo today,** the analysis warned that the **world is facing "the worst ever debt-provoked development crisis".** The **G77 developing countries spend a total of $8tn a year servicing their debts, the report showed – equating to an average of 35% of government spending**. Six billion people are living in countries where spending on debt service is higher than the annual health budget…."

Bilateral health agreements & US global health policy

Devex Check-up - Even as some bilateral health deals stall, it's still 'America First'

Devex;

Overall update from Tuesday.

"Meanwhile, **the deals that are in place are not on schedule**. Uganda and Rwanda were among the first countries to strike agreements back in late 2025, setting April 1 as a start date for the new funding model. This includes direct U.S. financing to partner governments to buttress a range of health activities, including disease surveillance and HIV programs. Civil society groups say **they are still discussing how to implement the new strategy** more than a month after that deadline, leaving the U.S. State Department scrambling to cover programs in the meantime. These setbacks don't mean U.S. officials are getting ready to write off the America First Global Health Strategy that is the basis for these new agreements. "Just because countries are not wanting to negotiate on the MoUs or not coming to an agreement doesn't mean that the U.S. is going to change its policy," **Frieda Arenos**, the director of U.S. government relations at advocacy organization the ONE Campaign, tells me…."

"While countries such as Ghana and Zimbabwe make the headlines when they walk away from negotiations, **more than 30 countries have already reached agreements, and the number continues to rise. And while it is taking longer than anticipated to operationalize the plans, countries understand that this will be the path to secure ongoing U.S. health financing — at least so long as the Trump administration is in office.** "

“And countries need that support. Even though part of the U.S. strategy is to push partners to take more ownership of their health services, an abrupt withdrawal would be catastrophic.

“The U.S. has really taken on a role in addressing disease burdens, so that’s highly specialized healthcare workers and individuals who know how to care for those populations,” Arenos says. “There will be gaps in care, even if the government steps in.”   That might explain why **Zimbabwe’s talks have quietly resumed**, according to sources, and **why, in Zambia, civil society groups feel the pressure to reach some kind of agreement,** despite their outrage at the transactional nature of the leaked drafts.”

Reuters - US criticises Zambia for lack of engagement as $1 billion health deal stalls

Reuters;

(May 1) “**The United States has criticised Zambia for failing to engage on a new health aid agreement governing more than $1 billion in U.S. funding, saying repeated outreach from Washington had been ignored as an April 30 deadline passed without a deal.”**

“**Outgoing U.S. ambassador Michael Gonzales** said the failure to finalise the memorandum of understanding (MOU) had **left funding continuing on an ad hoc basis, without a coherent implementation plan** for programmes covering HIV, malaria, maternal and child health and disease preparedness….” ““… **Gonzales said Washington had faced "effectively zero substantive engagement" from Zambian officials since January**, with calls going unanswered and meetings cancelled, preventing meaningful negotiations on future cooperation…..”

PS: “**Zambia's presidential spokesperson Clayson Hamasaka** said the government would engage with Washington through diplomatic channels….”

Reuters - Zambia says US health deal must be uncoupled from minerals access

Reuters;

(4 May) “**Zambia says health and minerals deals should be separate;** Both proposed US agreements are under negotiation; Other countries rejected US health deals on data privacy concerns.”

“**Zambia's government said on Monday that it opposed a U.S. attempt to tie health funding to access to critical minerals**, giving details for the first time about why negotiations with Washington over two proposed agreements have stalled…. Zambia's Foreign Minister Mulambo Haimbe said the United States had offered support of up to $2 billion over the next five years in a proposed health agreement, but **that some of the terms regarding data sharing would violate Zambians' right to privacy…..”**

- See also Bloomberg - Zambia says **privacy, minerals concerns** stall US Health aid.

Emily Bass - Is the Department of State Setting Up the Supply Chain Transition to Fail?

Emily Bass;

“**Hey. What's going on?”**

“In recent days, the Bureau of Global Health Security and Diplomacy at the Department of State made a series of move that could be taken for elements of an orderly transition plan to wind down the Global Health Supply Chain Procurement and Supply Management (GHSC PSM) contract managed by Chemonics International, which had previously been reported to be headed for an emergency closure as soon as this month…..”

“… I’ve spent the last week or so working on **a detailed analysis of (i) the US government’s own assessment of the timing required for contract handover, (ii) the available resources for GHSC Task Order 1, which covers HIV commodities, technical assistance, forecasting, storage and delivery, and (iii) the gaps between Global Fund procurement functions and GHSC PSM functions**. What I’ve learned strongly **suggests the steps the State Department are not, in fact, part of an orderly, appropriately resourced, and harm-mitigating plan, but rather an approach that sets countries and systems up to fail so effectively,** it is hard to imagine there is no deliberate intent….”

Bass concludes: “… To recap: **GHSD has chucked the timeline for orderly transition from GHSC-PSM to a different system out the window; the fund that must support these enormous changes at the last minute is wildly under-capitalized; and the one entity identified to pick up where GHSC-PSM leaves off** (i.e. Global Fund) **can only cover a portion of the work that needs to be done.** I would love to be wrong about this analysis. Unfortunately the memo is real, and so is the gap between what GHSC PSM does and what the Global Fund can, at this point, do…”

And ending on a really ominous note: “… In my last post, **I wrote of a growing crisis of confidence in Team AFGHS to deliver the results and accountability that Congress and taxpayers have come to expect from US government global health funding**. Based on this analysis, that skepticism should sharpen into cynicism. **The strategy may not just be sketchy on the details, it may be designed to deliver disappointment. The AFGHS may not be even be the strategy it says it is. It may be a strategy seeking to fail.”**

Emily Bass – America First Global Health Guidance Launches Fee-for-Service Coup Against CDC

Substack;

“**Bonus: it comes with a menu.”**

“**The Department of State is turning the US Centers for Disease Control and Prevention’s global HIV program into a disempowered, McKinsey consulting firm-esque entity that will receive resources at the whim of politically appointed Department of State leadership**. Released to government staff yesterday, **the new “Guidance for U.S. Government Operations Under the America First Global Health Strategy**” (I’ve included JPGS of the whole thing at the end of the document) **lays out a plan for placing every aspect of global health foreign assistance funding and**

decision making in Department of State control, including the public health agendas and activities of the CDC, the nation's bulwark against infectious disease threats….."

"**Historically, CDC received roughly USD two billion a year from the State Department, via a transfer of foreign assistance funds from the State Department-held Global Health Programs account. The new guidance swaps in a fee-for-service model**, in which CDC's global health program will receive payments based on technical assistance services that countries select and prioritize, along with a minimum package of services required by almost all countries receiving funding under the America First Global Health Strategy….."

"By setting the minimum package, insisting on the fee-for-service model (an approach State Department advisor Brad Smith has been promoting for months now), and effectively ending predictable funding for CDC, **the Department of State is positioning itself to influence, if not set, US global health security strategy at a scientific and public health level for which it has neither the expertise nor the statutory mandate…."**

PS: "… **Historically, the Department of State has been responsible for global health diplomacy**—an important field centered on the government-to-government and global arrangements that support health in an interconnected world. **The US government's foreign policy shop has not exercised control over budgets, staffing, agendas and activities related to public health, epidemiology, disease surveillance and outbreak response**. Multiple laws establish that the Department of Health and Human Services, CDC, the Administration for Strategic Preparedness and Response (ASPR), and other government entities are the scientific leads. **The new guidance changes the status quo not by rewriting laws but by establishing State Department control over funding**. Whether it's choking off funding for the supply chain contract, CDC or Department of Defense, **control of the Global Health Programs budget is a primary tactic for the State Department's expansionist agenda**. …"

"**Fortunately, there is a remedy. Congress gives the State Department its Global Health Program money, and Congress can, and must, use its legislative powers to direct State to transfer a minimum portion of the GHP budget to CDC**. This wording can go into House and Senate appropriations bills; there is also a clear need for new legislation that establishes the roles, mandates and responsibilities of the government agencies and departments involved in foreign assistance for global health **now that the Department of State has a conflict of interest it clearly will not manage on its own."**

TGH – As Defunded HIV Programs Thin, Uneven Resilience Emerges

M Reid & J Ratevosian; https://www.thinkglobalhealth.org/article/as-defunded-hiv-programs-thin-uneven-resilience-emerges

"The latest data for the President's Emergency Plan for AIDS Relief shows how HIV programs are scaling back on epidemic control."

"Together the trends signal a system that has shifted into preservation mode—protecting treatment while scaling back the functions that sustain epidemic control, with fewer community and facility-based testing campaigns, reduced outreach to populations at highest risk of HIV acquisition, and slower initiation of new patients onto treatment, weakening the pipeline that identifies and links people to care."

They also discuss "**What Bilateral Health Agreements Mean for PEPFAR's Next Phase".** And lay out **three priorities for the future:** "**First**, protect the front end of the response—testing, prevention, and community systems—during transition…. … **Second**, realign the financing assumptions behind the bilateral health agreements' architecture with the realities of service delivery…. … **Third**, preserve visibility—through robust, transparent, and fit-for-purpose data systems. Without reliable data, the public and stakeholders will lose the ability to identify risk, target interventions, and course-correct in real time…."

The New Humanitarian - "We are going to die": The frontline costs of Uganda's new US health agreement

S K Wekuphulu; https://www.thenewhumanitarian.org/news-feature/2026/05/06/frontline-costs-uganda-new-us-health-agreement

""We are fighting political and cultural wars. Wars that are not ours.""

"…. **Post-abortion care services (PAC) are legal in Uganda**, secured through years of advocacy and government-NGO collaboration, some under US-supported programmes. **But health workers, activists, and patients told The New Humanitarian that in recent months, post-abortion care and critical HIV/AIDS services are increasingly caught in the fallout of a new $2.3 billion health agreement between Uganda and the United States**, one that is integrating donor-funded programmes into Uganda's public health system while reducing reliance on NGOs."

PS: "… According to Betty Balisalamu, executive director of Women with a Mission in eastern Mbale, the **effects of a health model cutting out civil society are already visible in how local officials engage with marginalised communities**. "It sends a message," she said. "The officials say if even our funders are stepping back, then the government should too." At Rukoki General Hospital in Kasese, in western Uganda, a laboratory technician described **what that looks like in practice. Key population focal persons, like staff trained to support groups such as sex workers and LGBTIQ individuals, are no longer present.** "There is more stigma now," the technician said. "People are afraid to come."…."

Trump 2.0

NYT - Kennedy Starts a Push to Help Americans Quit Antidepressants

https://www.nytimes.com/2026/05/04/science/rfk-antidepressants-ssris-hhs-maha.html

"The health secretary has long complained that Americans overuse psychiatric medications. New policies he is introducing aim to change that."

"**The initiative focuses on the most widely prescribed class of psychiatric medications, first-line treatments for depression and anxiety** that include Zoloft, Lexapro, Paxil and Prozac. In 2026, 16.6 percent of U.S. adults, or roughly one in six, reported currently taking an S.S.R.I…. …. … **The changes — new trainings, reimbursement mechanisms and clinical guidelines — nudge clinicians to help patients getting off medications, and to consider nonpharmaceutical interventions**, like therapy, nutrition and exercise…."

- Related: **Guardian - 'Christofascism' is here: inside the slow demolition of US public health**

" From prescribing spiritual warfare to demonizing health experts, **RFK Jr's health empire has become a dangerous vehicle for a Christian nationalist worldview."**

Science - CDC leader calls for new journal to 'elevate scientific rigor'

https://www.science.org/content/article/cdc-leader-calls-new-journal-elevate-scientific-rigor

"**Bhattacharya publicly slams vaccine study he pulled from agency's flagship publication."**

The flagship publication is CDC's *Morbidity and Mortality Weekly Report* (*MMWR*). "….he questioned the peer-review process at *MMWR*—for 65 years a mainstay for CDC to convey urgent public health data. **After saying *MMWR* needed revamping, Bhattacharya pivoted and called for a new, externally reviewed CDC journal….."**

UHC & PHC

AJHESP - The cost of not knowing: evidence gaps and Africa´s Universal Health Coverage financing journey

B S Kamara; https://www.africanjhesp.org/content/article/1/2/full/

"**African governments routinely make consequential health financing decisions with insufficient analytical support. Drawing on direct experience as Deputy Governor of the Central Bank of Liberia, twice Minister of Finance and Development Planning, and Senior Health Financing Advisor at Africa CDC, this commentary argues that Africa's persistent Universal Health Coverage (UHC) financing failures are as much an evidence problem as a resource problem**. The evidence that finance ministries and central banks **need, granular, domestically grounded, politically legible**, is largely absent. The uncharted relationship between ECOWAS monetary convergence criteria and health fiscal space illustrates one such critical gap. The African Journal of Health Economics, Systems and Policy (AJHESP) is positioned to build the analytical infrastructure this continent urgently needs."

Lancet Primary Care (Viewpoint) – Organisation of health services for the delivery of primary health care in the WHO African region: a future perspective

H Karamagi et al; https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00017-8/fulltext

"**In this Viewpoint, we draw on expert consensus from professionals across 19 countries using the nominal group technique and Delphi-style rounds**. Experts were organised into thematic "policy laboratories" focusing on primary care, hospitals, and oversight. …. Three key constructs from a five-day workshop emerged for future health-service organisation: (1) primary care units as integrated networks delivering first point-of-care interventions; (2) hospitals redefined to include training, research, and clinical governance roles; and (3) oversight structures with decentralised, participatory, and evidence-informed decision-making capacities. …"

Lancet Primary Care (Viewpoint) - Palliative care integration in primary health care across the life course: a global health imperative

W E Rosa et al ; https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00001-4/fulltext

"**Annually, more than 70 million people worldwide have health-related suffering amenable to palliative care. However, this need remains unmet for more than 85% of cases, predominantly in low-income and middle-income countries**. Because most people with serious illness live in community settings and wish to remain there through the end of life, **integration of palliative care into primary health care (PHC) is crucial.** Primary care teams are well positioned to deliver generalist palliative care but often face insufficient training, weak PHC infrastructure, and poor policy support, among other barriers. **In this Viewpoint, we provide an evidence-based rationale for improved integration of palliative care into PHC and share best practice exemplars that show feasible pathways to strengthen integration through training, mentorship, service development, international collaboration, and system adaptation.** Informed by lessons learned and recommendations, our international and interprofessional team emphasises that successful integration of palliative care into PHC will require evidence-based advocacy, community partnerships, context-specific implementation, sustainable resourcing, and coordination between generalist and specialist teams to strengthen community-based, person-centred services across the life course."

Guardian – Flaws in Kenya's AI-driven health reforms driving up costs for the poorest

https://www.theguardian.com/global-development/2026/may/04/kenya-ai-healthcare-reforms-driving-up-costs-for-poor

"Amid unrest, President William Ruto promised to give all Kenyans access to healthcare. But the algorithm favours the rich, an investigation has found." Excerpts:

"An **AI system used to predict how much Kenyans can afford to pay for access to healthcare, has systemically driven up costs for the poor, an investigation has found.** "No Kenyan will be left behind," Ruto told a crowded stadium in Kericho during his 2023 presidential campaign, announcing that every citizen would soon have access to affordable healthcare. But his solution has instead sparked protests and anger, as **healthcare contributions for millions of people are now calculated via a formula described as "flawed" and which sources have said has almost no transparency**. That solution, which Ruto has described as AI-powered, does not rely on the recent advances in artificial intelligence which underpin large language models such as ChatGPT – instead **it uses a predictive machine learning algorithm. It now determines healthcare contributions for millions of people through a means-testing process described as "flawed", and which sources have described as having almost no transparency."**

"Through months of investigation, **reporters at Africa Uncensored, in collaboration with Lighthouse Reports and the Guardian, were able to obtain key details of this system and audit how it worked.** The **findings reveal how, from the start, it was systematically overcharging the poorest Kenyans, overestimating their incomes, while undercharging the wealthiest by underestimating their incomes**."

"… **Since its launch, the Social Health Authority (SHA) has been met with a barrage of criticism** for misclassifying people, and setting unaffordable or incomprehensible premiums."

PS: "**Kenya's algorithmic healthcare system is structured on a decades-old World Bank bugbear: proxy means testing (PMT),** a way of estimating the incomes of the poor based on their possessions and other life circumstances, such as how many children they have or whether they live alone. **PMT has been used in World Bank-funded programmes "all over Africa, all over Asia and the Pacific**", said Stephen Kidd, a development economist. It **has often been set as a condition for a government to receive a loan."**

"… **Across Africa, Asia and Latin America, PMT algorithms have become popular in determining which households are "poor enough" to receive cash transfers, food subsidies and other benefits.** These systems aim to expand the services of the state to people who have historically gone uncounted; the informal workforce whose inconsistent earnings do not fit neatly into income-based healthcare schemes. But **Kidd and other researchers have found that these systems simply do not work. In attempting to categorise a population as "poor" or "not poor", most make significant errors…"**

Montreux Collaborative Blog - Should I Stay or Should I Go? Reflecting on the Institutional Positioning of Free Care Programmes in relation to National Health Insurance

Helene Barroy, WHO; https://www.pfm4health.net/blog/should-i-stay-or-should-i-go-reflecting-on-the-institutional-positioning-of-free-care-programmes-in-relation-to-national-health-insurance

"**Across many sub-Saharan African countries, the institutional positioning of "free care programmes" has become an urgent question**. Nearly two decades ago, governments introduced subsidized maternal, neonatal, and child health services—often the first tangible step toward Universal Health Coverage (UHC) through the removal of user fees. Today, many of these same countries are establishing national health insurance (NHI) funds to expand coverage and financial protection. This **dual movement raises a core question: Should free care programmes be integrated into NHI structures as part of broader pooling reforms, or remain within existing institutional arrangements while NHI capacities and population coverage gradually expand? This blog explores the issue through two contrasting examples: Burkina Faso, where the free care programme is integrated on-budget within the government's public financial management (PFM) system, and the Democratic Republic of Congo (DRC), where it operates off-budget through a dedicated purchasing agency (Fonds de Solidarité en Santé, FSS).** Together, these cases illustrate divergent but instructive **pathways for countries navigating similar reforms on the continent, including Benin, Côte d'Ivoire, Mali, Niger, Nigeria, Sierra Leone, or Togo."**

Barroy concludes: "… **The overarching lesson is that pooling choices must be grounded in context and institutional capacity.** In some settings, integrating free care programmes into a purchasing agency may be appropriate, particularly where regular PFM processes are not yet conducive to strategic purchasing. In others, maintaining the free care programme within the regular budget system may be preferable, especially where that system can support purchasing reforms and benefit expansion. **Ultimately, as countries scale up free care programmes while building NHI institutions, the priority is not to identify a single "right" model but to make deliberate governance choices based on trade-offs, institutional maturity, and financial management capacity—distinguishing between short-term practical arrangements and the longer-term pooling pathway toward UHC."**

Social and Commercial Determinants of Health

UN News – As housing insecurity grows, global leaders push for action

https://news.un.org/en/story/2026/05/1167452

"**With nearly three billion people lacking access to adequate housing worldwide, the global housing crisis has become one of the most urgent human rights challenges, according to UN-Habitat**, the UN agency focused on sustainable urban development and housing. "

"**More than one billion people live in informal settlements, while over 300 million people experience homelessness across the Global South and North**. In Africa, 62 per cent of urban dwellings are informal. In the Asia-Pacific region, over 500 million people lack access to basic water services, and more than a billion live without adequate sanitation…."

"… **The issue will take center stage at the thirteenth session of the World Urban Forum (WUF13)**, the UN's premier global conference on sustainable urbanization, due to take place in **Baku, Azerbaijan. "**

HPW – Big Tobacco is No Longer Selling Cigarettes – It Is Engineering Addiction

H Kluge; https://healthpolicy-watch.news/big-tobacco-is-no-longer-selling-cigarettes-it-is-engineering-addiction/

"**Europe needs a more precise focus to address the tobacco industry's "engineered architecture of addiction", featuring flavoured tobacco and nicotine products with ever more sleek designs. As an early champion of global tobacco legislation, the region can reposition itself to lead again** – including through updated European Union directives on tobacco product regulation, advertising and taxation."

The Milbank Quarterly - The Political Economy of Wellness: Commercial Determinants of a Burgeoning Industry

N Karreman et al ; https://onlinelibrary.wiley.com/doi/10.1111/1468-0009.70088

"This article examines how the **wellness industry** operates as a **commercial, social, and political determinant of health….."**

International Day of the midwife & more on SRHR

HPW – Investing in Midwives is Essential to Improve Sexual and Reproductive Health

T Guerma ; https://healthpolicy-watch.news/investing-in-midwives-is-essential-to-improve-sexual-and-reproductive-health/

« The **International Day of the Midwife (May 5)** reminds us that safe birth is not a stand-alone event, but part of the broader continuum of sexual and reproductive health and rights….”

Guardian - Zambia cancels world's largest human rights and tech summit days before start

https://www.theguardian.com/global-development/2026/may/02/zambia-cancels-rightscon-summit-largest-human-rights-technology-conference

“**Government blocks RightsCon 2026 conference** saying it did **not ‘align with national values’.”**

“… **Rights campaigners have called the decision a blatant act of censorship and part of a broader pattern of suppression of legitimate debate. ….** Zambian news reports have **suggested pressure from China could be behind the surprise move –** several Taiwanese delegates had been due to attend and the conference was being held in a venue donated by China. The conference, now in its 14th year, was held in Taipei last year….”

PS: “A **significant number of speakers were lined up to address issues around the online censorship of sexual and reproductive health rights (SRHR).** … Luca Stevenson, of the International Planned Parenthood Federation, said RightsCon was a “critical” space for communities already pushed to the margins, “including sex workers, LGBTQIA+ people, and those seeking sexual and reproductive healthcare”….”

Devex - OCHA chief says he'll refuse US money if new restrictions attached

https://www.devex.com/news/ocha-chief-says-he-ll-refuse-us-money-if-new-restrictions-attached-112443

“Tom Fletcher, the head of U.N. OCHA, said that **he would forgo American dollars rather than accept conditions tied to abortion, gender identity, and diversity, equity, and inclusion.”**

Devex Pro – ‘An entirely new animal’: A look inside the new Mexico City Policy

https://www.devex.com/news/an-entirely-new-animal-a-look-inside-the-new-mexico-city-policy-112454

(gated) “**The Promoting Human Flourishing in Foreign Assistance policy now extends far beyond abortion and is set to reshape how organizations receive U.S. funding in countries across the world.”**

“The Trump administration's sweeping expansion of the Mexico City Policy is still coming into focus **— but with three areas of restriction instead of one, the rule is poised to reshape U.S. foreign assistance. …”**

Guardian - Can promises on gender equality made in Australia help a 16-year-old Indian cigarette maker with no toilet?

https://www.theguardian.com/global-development/2026/may/06/can-promises-gender-equality-made-in-australia-help-a-16-year-old-cigarette-maker-with-no-toilet-india

"**The Melbourne declaration** aims to direct funding and power to those most overlooked and affected by injustice. But for many its promise is a distant one."

"Last week… world leaders and advocates came together in Australia to launch the Melbourne declaration for gender equality, a framework that promises gender-responsive funding, policy reform and a fundamental shift in how power and resources flow towards those most affected by injustice."

2nd Africa Health Workforce Investment Forum (6-8 May, Accra)

https://www.afro.who.int/media-centre/events/2nd-africa-health-workforce-investment-forum-6-8-may-2026-accra-ghana?s=09

Ahead of the Forum: "**The 2nd Africa Health Workforce Investment Forum (AHWIF) [will] take place from 6 to 8 May 2026 in Accra, Ghana,** bringing together heads of state, ministers, global health leaders, development partners, and private sector stakeholders. Organized by the World Health Organization (WHO) in collaboration with the Government of Ghana and key partners, **this high-level forum aims to accelerate implementation of the Africa Health Workforce Investment Charter**, adopted at the 1st Forum in May 2024. The Forum provides a critical platform to transition from commitments to concrete investments in Africa's health workforce — addressing the continent's most pressing health system challenge…."

WHO Afro - Africa's health workforce expands but shortages, unemployment and migration intensify: WHO report

https://www.afro.who.int/news/africas-health-workforce-expands-shortages-unemployment-and-migration-intensify-who-rpt?s=09

"**Africa is producing more health workers than ever before, yet millions of people still lack access to care; hundreds of thousands of trained health professionals are unable to find jobs; and many of them are migrating**. A **deliberate shift linking education, employment, retention, quality, productivity and investment is needed** to alter the paradox of growing health personnel numbers and unmet needs, a **new report by the World Health Organization (WHO)** finds."

"Launched on 6 May 2026 at the Second Africa Health Workforce Investment Forum in Accra, **the State of the Health Workforce in Africa 2026: Plan. Train. Retain.** highlights a deepening crisis driven not by a lack of training alone, but by systemic failures in health worker employment, distribution and retention. …"

"… **Africa's health workforce has grown to 5.72 million in 2024, up from 4.3 million in 2018. Yet this progress is not keeping pace with demand**. The African region currently has only 46% of the health workers it needs…."

"**A defining challenge is the persistence of a dangerous paradox: severe shortages alongside high unemployment**. In 2024, an estimated 943 000 trained health workers were unemployed, even as health systems remain understaffed. … …. **WHO has revised the projected health workforce shortage in the African Region by 2030 from 6.1 million to 5.85 million. This is an important signal that progress is being made. However, the reduction is marginal and fragile**. It does not yet represent a structural transformation of the health labour market, and it could easily be reversed if countries do not accelerate investment in education, employment, and retention."

"… **Retention pressures are intensifying. Nearly 46% of health workers report intentions to migrate**, driven by poor working conditions and limited career opportunities, while absenteeism continues to erode system capacity, with losses estimated at up to 20% of the wage bill. …"

"**Despite these challenges, the report presents a strong investment case**. Every US$ 1 invested in the health workforce can generate up to 10 times in financial returns and more than 30 times in broader social and economic benefits. **Yet current investment levels remain insufficient. Countries would need to increase spending by approximately US$ 4 per capita per year, or expand workforce budgets by about 15% annually, to close the gap. …."**

PS: "**Participants are expected to review progress under the Africa Health Workforce Investment Charter** and mobilize new commitments to accelerate reforms and financing. **The forum will also introduce the Africa Health Workforce Agenda 2026–2035, a new regional strategy** to drive coordinated action to plan, train and retain health workers at scale…."

More on Human Resources for Health

Stat – The 'brain drain' narrative about health professionals misses half of the story

M Chankseliani; https://www.statnews.com/2026/05/05/brain-drain-doctors-returning-home-systems/?utm_campaign=twitter_organic&utm_source=twitter&utm_medium=social

"Returning to a home country to practice medicine brings surprising challenges, opportunities."

"I have spent the past several years studying internationally educated professionals who return to their countries of origin, examining what they attempt, what they contribute, and what stands in their way. The study I led interviewed 52 health professionals across 43 countries, alongside 14 domestically educated peers working in the same health systems. Most were from low- and middle-income countries, though the study also includes professionals from higher-income settings, who had studied abroad before returning to work in their home systems. … **What emerged challenges the story global health policy tends to tell about mobility."**

"The dominant frame remains "brain drain": who leaves, in what numbers, from which countries, and how to slow the flow or compensate for the loss. The WHO Global Code of Practice on the International Recruitment of Health Personnel, now under significant review, is structured around this logic. So are most bilateral agreements, most return incentive schemes, and much of the research. **The analytic gaze is fixed on departure**…."

She then points to "… an **uncomfortable truth: While global policy has invested heavily in tracking mobility and managing recruitment, it has invested far less in creating institutional conditions that allow returning professionals to exercise influence.** … Ministries of health and international funders need to shift attention from managing exit to enabling consequential return. That entails recognizing comparative knowledge as an asset rather than an irritation, addressing legal and policy gaps that immobilize reform, and cultivating institutional cultures capable of absorbing challenge…."

- For more, see the **study in** **Global Public Health: Internationally educated health professionals and health-system change: A global qualitative study**

Decolonize Global Health

Africa Launches Continent-Led, First Bilingual Open-Access Journal in Health Economics, Systems &..

http://www.businessghana.com/site/news/general/348073/Africa-Launches-Continent-Led,-First-Bilingual-Open-Access-Journal-in-Health-Economics,-Systems-&..-

See the intro (and reads of the week). "**Eleven of Africa's most distinguished health economics, systems and policy researchers have joined forces to launch the African Journal of Health Economics, Systems and Policy (AJHESP), the continent's first bilingual, fully open-access, peer-reviewed journal dedicated to health economics, health systems and health policy**. The journal launches on May 4, 2026, with submissions now open. … **AJHESP positions itself as a platform for the policy-relevant, Africa-rooted evidence that this moment demands."**

- Do read **the Editorial of the inaugural issue-** **The African Journal of Health Economics, Systems and Policy: origins, commitments, and the work ahead** **(by A O Ajagba, S Abimbola, J Nonvignon et al).**

"**This founding editorial traces the origins of the African Journal of Health Economics, Systems and Policy (AJHESP), describes the editorial commitments that govern it, and introduces the three commentaries that open the inaugural issue**. African Journal of Health Economics, Systems and Policy launches in May 2026 as a fully open-access, bilingual, peer-reviewed journal, the first indexed journal in this field to **publish in both English and French**, governed by a founding editorial board of eleven researchers from across Africa and the diaspora. **We describe the gap the journal addresses, the principles guiding its editorial decisions, and the three commentaries that launch it."**

Planetary Health

IPS – How Santa Marta Finally Made Fossil Fuel Phase-Out Politically Discussable

U M Shah; https://www.ipsnews.net/2026/05/how-santa-marta-finally-made-fossil-fuel-phase-out-politically-discussable/

"**The First Conference on Transitioning Away from Fossil Fuels in Santa Marta, Colombia, may eventually be remembered as a defining moment in global climate politics, not because it produced a treaty or a formal negotiation outcome, but because it changed the tone, structure, and ambition of the conversation itself.** For decades, international climate diplomacy has been about managing emissions, not addressing the source of those emissions: **fossil fuels…."**

Santa Marta ended that, ànd started **focusing on solutions.**

PIK - Deforestation lowers threshold for Amazon degradation to below 2°C warming

https://www.pik-potsdam.de/en/news/latest-news/deforestation-lowers-threshold-for-amazon-degradation-to-below-2degc-warming

"Around two-thirds of the Amazon rainforest could shift into degraded forest or savannah-like ecosystems at 1.5-1.9°C of global warming if deforestation increases to roughly 22-28 percent of the Amazon, according to a new study from the Potsdam Institute for Climate Impact Research (PIK) published in **Nature**. Without additional deforestation, by contrast, such large-scale changes would likely occur only at much higher warming levels of around 3.7–4°C."

WRI & Rockefeller Foundation: Early Climate Health Investments Generate 68-Fold Gains in Low- and Middle-Income Countries

https://www.rockefellerfoundation.org/news/wri-rockefeller-foundation-early-climate-health-investments-generate-68-fold-gains-in-low-and-middle-income-countries/

"**New World Resources Institute analysis, supported by The Rockefeller Foundation, reveals that every $1 invested in preparing for climate-caused health risks can yield up to $68 in benefits for communities in Africa, Asia, Latin America and the Caribbean, and the Middle East.** Research shows how tools and services like early warning systems and disease surveillance significantly reduce deaths and illness, helping more communities in low- and middle-income countries become more resilient."

HPW – Methane Emissions From Fossil Fuels Near Record Highs

https://healthpolicy-watch.news/methane-emissions-from-fossil-fuels-near-record-highs/

"**Methane emissions from fossil fuels stayed near record highs in 2025, with no sign of decline despite proven, low-cost ways to reduce them, the International Energy Agency (IEA) said on Monday." "** "Methane emissions from the energy sector plateaued near record highs," the IEA found in **its annual Global Methane Tracker**. "There is still no sign that methane emissions from fossil fuel operations are falling, despite well-known and proven mitigation pathways." …."

WEF - Methane emissions are accelerating warming. Scientists say this plan can help

https://www.weforum.org/stories/2026/05/scientists-issued-plan-cutting-methane-emissions/?utm_source=x&utm_medium=social

“**An international meeting under the G7 Presidency will address methane emissions reduction**, while a group of more than **250 scientists have also recently published a 10-point plan to accelerate methane science and policy….”**

Equinet (Editorial) - Let’s not repeat the ‘curse of oil’: Health is a central marker of equitable benefit-sharing from critical minerals in the green transition.

TARSC/EQUINET and the AEGT Research teams, East and Southern Africa; https://www.equinetafrica.org/

Excerpts:

“… There is no doubt that the current excessive and inequitable consumption of the fossil fuel-reliant goods and services has to end. It is a major driver of climate change and ill health. Fossil fuel-linked air pollution alone is reported by the Global Climate and Health Alliance to be causing over 5.1 million deaths annually. **But in extracting critical minerals to replace fossil fuels, are we replicating the same harmful political economy and choices made by powerful corporations and policymakers? Are we replicating the ‘curse of oil’ in the critical mineral sector, with a disproportionate benefit for wealthy countries and transnationals and with ecological degradation, conflict and displacement in zones of extraction?**”

“**Globally, African countries, particularly in East and Southern Africa (ESA), are reported to hold high shares of the global reserves of the ’critical’ or ’strategic’ minerals extracted for low-carbon technologies, that is copper, lithium, nickel, cobalt, graphite, manganese and rare earth elements. They are extracted in a range of ways by transnational corporation operations through to artisanal small-scale mines (ASM).** While exports of these minerals are increasing, value-added processing is not. Several ESA countries have banned or taxed the export of the raw minerals, and some are introducing processes to increase the concentrations of the minerals exported. But these measures have been slow to translate into meaningful increases in value-added local processing in the region, given constraints in accessing the capital investments for this. ….” “… A **clear marker of the inequity in who benefits from this new version of the ‘gold rush’ in Africa is in their public health consequences. These public health impacts are most felt by mine-workers and by communities living around mines. ….”**

“… Critical minerals have been linked in various studies and surveys to silicosis, tuberculosis and toxic metal poisoning from copper; lung disease, bronchitis, impotence and psychiatric symptoms from manganese; kidney, liver, heart disease and cancers from lithium and nickel; and to genetic damage and newborn malformations from cobalt. The economic insecurity and hazardous settings of informal and small-scale miners and surrounding communities combine to intensify these risks. **These social, environmental and health impacts take place in remote rural areas, making them invisible to the urban and high-income country users of the technologies they enable, and to some policy actors. The under-reporting of the health impacts in ESA countries externalises the burdens to workers and to adjacent and displaced communities and their children; groups who are already struggling with social and economic insecurity.** The energy transition that climate change is driving can neither can neither be “just” nor “green” if these health and well-being impacts are ignored….”

“**The G20 Johannesburg Summit hosted under the South Africa presidency in November last year, reflecting the prior Social Summit, called for a more holistic global framework for equitable benefit-sharing in critical mineral value chains,** “integrating economic, social, and environmental dimensions across the value chain – from extraction to processing, manufacturing, disposal and recycling”.”

Lancet Correspondence – Broadening metrics in the Lancet Countdown on health and climate change – Authors' reply

M Romanello et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00742-7/fulltext

A number of letters (and this authors' reply) in today's Lancet issue. Re the **metrics in the Lancet Countdown on health and climate change.**

Access to Medicines, Vaccines & other Health Technologies

BMJ Editorial – Restoring certainty to global health regulation

Y Tony Yang et al ; https://www.bmj.com/content/393/bmj.s814

"**Resilient systems for drug and vaccine regulation** are needed to guard against political volatility and technical fragmentation." New article in the **BMJ series 'Geopolitics of Global Health'**.

Telegraph - Nigeria wages war on the deadly fake drug trade

https://www.telegraph.co.uk/global-health/science-and-disease/crackdown-nigeria-counterfeit-substandard-drug-medicine/

"**The country's crackdown could be a blueprint for other countries grappling with a global crisis of counterfeit and substandard medicines.**"

On the work done by Nigeria's **National Agency for Food and Drug Administration and Control.**

Stat - China's strict new supply chain regulations could create massive problems for Western biopharma companies

https://www.statnews.com/2026/05/04/china-biotech-pharmaceuticals-supply-chain-regulations/

"Just as it did with rare earth minerals, China is tightening control."

"…. **on April 7, China's State Council issued Decree No. 834, the Regulations on Industrial and Supply Chain Security, effective immediately, with no transition period. Its 18 articles give Beijing sweeping new powers to investigate and sanction any foreign company whose commercial decisions are deemed to harm China's industrial chain security**. China's 15th five-year plan has explicitly designated biotechnology and pharmaceuticals as the centerpiece of its next phase of industrial development. Decree No. 834 is the legal infrastructure through which Beijing intends to protect and leverage that ambition…."

GAVI – IRC, through Gavi's ZIP programme, surpass 30 million vaccine doses, reaching over 1 million zero-dose children in crisis settings

https://www.gavi.org/news/media-room/irc-through-gavis-zip-programme-surpass-30-million-vaccine-doses-reaching-over-1

"Marking World Immunization Week 2026, **the International Rescue Committee (IRC) announced that, together with partners in the Gavi-funded REACH consortium, it has delivered more than 30 million life-saving vaccine doses in some of the world's most fragile and conflict-affected settings – reaching over 1 million zero-dose children** who had never received a single vaccine...."

MSF Access – MSF Access welcomes Kris Torgeson as incoming Executive Director

https://msfaccess.org/msf-access-welcomes-kris-torgeson-incoming-executive-director

Starting from 1 September.

AI & digital health

Nature News – Machine learning improves health-care access in Sierra Leone

https://www.nature.com/articles/d41586-026-01152-0

"A machine-learning tool that allocates scarce medicines to meet demand and reduce waste is providing millions with better health care as it rolls out nationwide."

Conflict/War & Health

Joint call by the President of the International Committee of the Red Cross, the DG of WHO and the International President of MSF - States should uphold and strengthen the protection of medical care in armed conflict on the 10th Anniversary of UN Security Council Resolution 2286

https://www.icrc.org/en/statement/icrc-who-msf-health-care-must-never-be-casualty-war-resolution-2286

"**Ten years ago, the UN Security Council unanimously adopted Resolution 2286 on health care in armed conflicts. The situation is even worse compared to 10 years ago**. Today, we mark not an achievement - we mark a failure. "

Lancet World Report – Lebanon's health system: a silent casualty of war

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00907-4/fulltext

"**Lebanon's already weakened health system is overwhelmed, under-resourced, and increasingly attacked by the Israeli army**. Amelie David reports from Lebanon."

Global health governance & Governance of Health

South Centre - Input for the Special Rapporteur on the Right to Development: For the 2026 thematic reports to the Human Rights Council on "Participation in development" and to the United Nations General Assembly on "Peace for development"

https://www.southcentre.int/south-centre-input-for-sr-on-rtd-17-april-2026/

"The South Centre has submitted its latest input to the UN Special Rapporteur on the Right to Development for the 2026 thematic reports on "Participation in Development" and "Peace for Development". **Our report underscores that development is not a charitable concession but an inalienable human right. To overcome the structural violence of the current international order, we advocate for:...**

"**Reforming the Global Architecture**: Democratising the Bretton Woods institutions and the UN Security Council to rectify the historical underrepresentation of Africa, Latin America, and Asia.

A "Human Rights Economy": Transitioning from voluntary corporate "tick-box" exercises to a Legally Binding Instrument (LBI) that ensures extraterritorial accountability for transnational corporations.

Dismantling "Regulatory Chill": Reforming the Investor-State Dispute Settlement (ISDS) system, which currently prioritizes corporate profits over the policy space needed for development and climate justice.

A Paradigm Shift to "Positive Peace": Redirecting a portion of the $2.7 trillion global military expenditure toward the SDGs and grant-based climate reparations.

Substantive Justice: Recognising traditional and indigenous knowledge as valid evidence in policy-making and ensuring reparative justice for historical dispossessions."

Devex Pro Insider: The ODA identity crisis

(gated) https://www.devex.com/news/devex-pro-insider-the-oda-identity-crisis-112022

"**Global development is searching for a new "meta story**" after record cuts, **while African leaders pivot toward sovereign, investment-ready systems."**

Devex - Mark Green to become next president and CEO of the ONE Campaign

https://www.devex.com/news/mark-green-to-become-next-president-and-ceo-of-the-one-campaign-112445

"The former USAID administrator under the first Trump presidency will take over from Ndidi Okonkwo Nwuneli, who will remain on ONE's board of directors while becoming chair of a new committee to support ONE's growing presence in Africa."

"In the development community, he's perhaps best known as head of USAID during President Donald Trump's first term, during which time Green advocated for a "journey to self-reliance," country-led ownership model, while also pushing for greater private sector investment over traditional foreign assistance…."

Devex Pro – Germany, the world's top aid donor, proposes development cuts

https://www.devex.com/news/germany-the-world-s-top-aid-donor-proposes-development-cuts-112423

"**Germany's development ministry faces €582 million in cuts as Berlin reshapes aid around geopolitical priorities, shifts toward loans, and narrows its global footprint despite remaining the world's largest donor**."

"The German government agreed to general preliminary cuts for the country's 2027 federal budget proposal last week. **The development ministry, or BMZ, took an expected €582 million ($680 million) cut,** just weeks after the Organisation for Economic Co-operation and Development numbers showed that Germany has now replaced the United States as the world's largest provider of official development assistance, or ODA. … Germany's strategy is to replace grants with more loans…"

PS: "**Overall, just 1% of the government's total spending currently goes to development, but a recent poll showed that the German public dramatically overestimates the figure, believing on average that 12% of the federal budget is spent on development cooperation.**

Global Policy – Globalization Rewired: Trump, the IMF, and the Return of Power Politics

J Yue; https://www.globalpolicyjournal.com/blog/05/05/2026/globalization-rewired-trump-imf-and-return-power-politics

« **Globalization is not retreating but being reconfigured: as institutions such as the IMF and World Bank become increasingly aligned with major power interests, policymakers face a growing challenge—how to prevent globalization from devolving into a tool of power politics and instead sustain a viable balance between power and rules."**

"Recent reporting has revealed a **striking and somewhat paradoxical shift: institutions once derided by the Trump camp as bastions of "globalism"—notably the International Monetary Fund (IMF) and the World Bank—have quietly regained favor in Washington**. This change in tone does not signal a renewed commitment to multilateralism. Rather, it reflects a more pragmatic recalibration: **when international institutions align with U.S. strategic priorities, their utility—and thus their legitimacy—are reassessed….."**

Devex - Save the Children, like others, tries to suss out US foreign aid policies

https://www.devex.com/news/save-the-children-like-others-tries-to-suss-out-us-foreign-aid-policies-112440

(gated) "**Christy Gleason sees hope in the congressional budget and the administration's health agreements, though questions remain."**

"…. That has **left organizations such as Save the Children in a wait-and-see mode**. … … "This is a very, very different model for approaching global health than we have seen in most of my career that I can think of," said Christy Gleason, chief policy officer at Save the Children US. "And so we are paying a lot of attention to … what does it mean in terms of the agreements? What does it mean in terms of the trade-offs? What will it mean … as they move from agreement to implementation?"…"

Public Health Challenges - Health Diplomacy in Africa: Prospects, Obstacles, and the Way Ahead

M Edward; https://onlinelibrary.wiley.com/doi/pdf/10.1002/puh2.70245

"This **review** examines the prospects and obstacles of health diplomacy in Africa and proposes strategic directions to enhance its effectiveness in achieving equitable and sustainable health outcomes…."

Development Today - Capital nation: the Norwegian oil fund's discreet role in international aid

https://www.development-today.com/archive/2026/dt-3--2026/capital-nation-the-norwegian-oil-funds-discreet-role-in-international-aid

"The Norwegian oil fund has invested NOK 88 billion in fixed-income securities issued by international organisations. **Many of these bonds finance development programmes initiated by institutions like the World Bank, the African Development Bank, and the vaccine alliance GAVI**. The fund has not incurred losses on these bonds, and its largest investments are in EU institutions, where further exposure is expected in the years ahead."

Global health financing

Global Policy - The 2026 Forum on Financing for Development: Progress or paralysis?

Bodo Ellmers; https://www.globalpolicy.org/en/publication/2026-forum-financing-development-progress-or-paralysis

"**The international community convened at the United Nations (UN) headquarters in New York from 20-24 April for the first Financing for Development (FfD) Forum** since the Fourth International Conference on Financing for Development (FfD4) in Sevilla last summer. … … **This briefing assesses the outcomes of the 2026 UN Financing for Development Forum, examining**

whether it delivered meaningful progress on implementing the Sevilla commitments or reflected broader paralysis in global economic governance. It finds that the forum largely failed to advance implementation, with weak outcomes, misplaced priorities in the agenda, and growing divergence among Member States limiting progress. Progress only took place at the margins of the forum, where new initiatives were launched."

Plos GPH - The impact of US Government Stop Work Order on HIV epidemic trajectory in Zimbabwe

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006288

By Isaac Taramus et al.

UHC & PHC

TGH - Argentina's Vital Statistics Show Health Backslides

https://www.thinkglobalhealth.org/article/argentinas-vital-statistics-show-health-backslides

"Argentina's uneven progress on mortality indicators could hide deeper health-care failures."

Lancet Primary Care (Viewpoint) – Reviving the promise of primary care: redesigning service delivery to promote core functions

M Peters et al ; https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00037-3/fulltext

"Although primary care can reduce morbidity, increase lifespans, and improve health equity, it is underperforming globally. As health systems adapt with evolving funding, technology, and demographic conditions, the role of primary care in achieving health for all needs to be clearly explained. **Redesigning primary care around four main functions** (ie, being the first choice for most health needs; detecting illnesses and risks; providing high-quality care across the life course; and linking to advanced care and social systems) can optimise its benefits within broader systems. **In this Viewpoint, we reassert the core functions of primary care, describe design features that promote the core functions, and introduce models that effectively leverage these functions to address emerging health-system challenges….."**

NYT - Since Congress Let Obamacare Subsidies Expire, Millions Are Dropping Coverage

https://www.nytimes.com/2026/05/01/business/obamacare-enrollment-decline.html

"**Americans can't afford the higher health insurance premiums** that resulted from Congress's refusal to extend federal tax credits. **Millions of Americans appear to be dropping Obamacare coverage in the months since Congress failed to extend the generous subsidies that had become a defining feature of the Affordable Care Act**….."

"Initial sign-ups had already fallen by about 1.2 million people. But insurance companies, state officials and industry analysts are reporting that many more have lost Obamacare coverage now that people are facing long-term higher costs. The federal government has yet to report current enrollment data. **Many insurers and analysts are estimating overall declines of about 20 percent, dropping to around 19 million from the 24 million who were covered under the A.C.A. last year.** Other indications **suggest there could be even larger potential losses by the end of the year**, a deep retrenchment for Obamacare coverage and a reversal of significant gains in the last several years."

"The rising cost of health care has shown up as a top concern among Americans in several public opinion polls…." " … Though health care has faded somewhat as a priority for the Republican-controlled Congress since lawmakers hit a stalemate over the subsidies at the end of 2025, **it is likely to figure prominently in the midterm elections this year…."**

Independent – The ability to afford healthcare is at 'crisis point' doctors warn - and will consume 20% of America's GDP in next decade

https://www.independent.co.uk/news/health/us-healthcare-system-costs-cardiovascular-disease-b2968096.html

"The average American pays over $15,000 a year in healthcare costs."

SS&M – Understanding public opposition to negative reimbursement decisions in healthcare: A systematic review

V Reckers-Droog et al ;
https://www.sciencedirect.com/science/article/pii/S0277953626004004?via%3Dihub

Negative reimbursement decisions in healthcare often evoke public opposition. We mapped the scientific literature to decompose public opposition. Public opposition involves multiple actors and complex dynamics. Opposition is fueled by distrust, high expectations, and selective media framing. Understanding these dynamics may aid the acceptability and legitimacy of decisions."

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

By E C Xie et al. https://www.sciencedirect.com/science/article/pii/S0277953626003825

« This review provides the first systematic synthesis of evidence on the equity of health system financial protection in high-income countries…"

Planetary health

Global Policy -Climate Negotiations Under Scrutiny: Are UNFCCC COPs Up To the Challenge?

Franziska Petri et al; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70172

"**This article provides an integrative assessment of the existing reform options of the COP in terms of their implications for both democracy and effectiveness. We find that the most concrete reform options often involve practical difficulties or trade-off**s. Moreover, although some smaller reforms (such as capacity building or agenda streamlining) are achievable, larger reforms such as increasing meaningful nonparty stakeholder engagement remain difficult to achieve. **The biggest stumbling block for any significant reform lies in the UNFCCC decision-making procedures, namely the consensus requirement…."**

Nature (Worldview) - To move beyond GDP, don't ignore environmental economists

P Kumar; https://www.nature.com/articles/d41586-026-01299-w

"Sustainable development will only be achieved when governments base decisions on human skills and natural resources, not just gross domestic product."

"**The world seems ready to move beyond gross domestic product (GDP**), a measure of economic growth, and towards metrics that are more representative of sustainability and people's well-being. United Nation member states ratified this move in 2024, and the World Bank concurs. **A UN group, tasked last year with recommending how this transition should work, released a draft of its interim report in November last year. A final report is expected on 7 May.** The proposed **framework has drawn strong reactions from many experts in beyond-GDP metrics, few of whom were part of the group.** In short, the report is vastly complicated and untethered from the substantial body of work that has been gathered over many decades in this field…."

"**The framework for the transition aims to cover all bases of well-being — including health, education and 'subjective well-being'. It rests on three foundations (peace, respect for the planet and human rights). But it fails to recognize the core dependence of human needs on nature**. And because it isn't firmly grounded in economic and ecological sciences, the proposal lacks robustness and credibility. **Without solid backing from environmental economists, the UN will struggle to provide an authoritative pathway to move governments beyond GDP…."**

Health Affairs – From Crisis To Strategy: Mainstreaming Climate Risk In Health Systems Planning

C Sorensen, J Borghi et al; https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.01641

"… **We propose a risk-based framework that integrates insights from disaster risk management and health systems thinking to identify adaptation strategies**. Our approach emphasizes understanding and addressing the upstream determinants of climate risk, including the intersectoral operating environment and social and environmental vulnerabilities that amplify health impacts. **This perspective links climate risk reduction to the broader agenda of health equity**. .."

ODI (Briefing paper) - Supporting just transitions through social protection: key roles for philanthropy

A McCord et al;
https://odi.org/en/publications/supporting-just-transitions-through-social-protection/

"This **briefing paper by Global Risks and Resilience** looks at **how philanthropies can contribute to ensuring a just transition to net zero**, through the extension of social protection to address poverty and income security."

Lancet Offline – Climate and health—time to step up our activism

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00867-6/fulltext
Horton's Offline from this week, starting from the assessment that climate change is accelerating.

Covid

Cidrap News - New research chips away at COVID-19 blood clot mystery

https://www.cidrap.umn.edu/covid-19/new-research-chips-away-covid-19-blood-clot-mystery

"Doctors and scientists are still working to understand why COVID-19 can cause fatal damage to so many different organs. A potentially major piece of that puzzle was revealed **today** in research published in the *Journal of the American Heart Association*."

Scientists find that human embryos are vulnerable to COVID

https://www.news-medical.net/news/20260504/Scientists-find-that-human-embryos-are-vulnerable-to-COVID.aspx

"A University of California, Riverside study reports that cells in the earliest stages of human development could be susceptible to infection by SARS-CoV-2, which causes COVID-19, offering new insight into how the virus interacts with developing human tissues and why that may matter for pregnancy research…."

Infectious diseases & NTDs

Nature Medicine – Brazilian elimination of mother-to-child HIV transmission: lessons for large-scale global health systems

https://www.nature.com/articles/s41591-026-04373-y

Concluding: "**In summary, Brazil has demonstrated that eliminating MTCT of HIV is achievable even in large, complex settings**. Its success reflects the **combined effect of universal health coverage, integrated surveillance systems, sustained public financing, and strong community participation**. As the global community continues to pursue the elimination of MTCT of HIV, Brazil offers a powerful reminder that elimination depends not only on biomedical advances but also on resilient health systems, sustained public financing, and inclusive public health strategies."

Plos Med - Trends in HIV self-testing uptake in Africa: A modeling study of population-based surveys and HIV testing program data

Aishi Aratrika et al; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004771

"**HIVST uptake has increased in Africa,** with wide variation between countries. **HIVST is more likely to engage 25–34-year-olds and men**, who have historically been less likely to be aware of their HIV status….."

BMJ - How climate change is reshaping India's snakebite crisis

https://www.bmj.com/content/393/bmj.s620

"**Nearly half the world's snakebite deaths happen in India. Now, climate change is pushing a neglected crisis into a dangerous new phase**. Rupsa Chakraborty reports."

NCDs

Lancet Viewpoint – The role of community-based blood pressure screening in improving hypertension care

M R Poulter et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00379-X/abstract

« In **their recent Viewpoint, Frieden and colleagues argue that mass blood pressure screening diverts resources from improving hypertension care. We present a counterargument that community-based blood pressure screening can complement health-care services by increasing hypertension detection, particularly in populations with limited access to health care**. Opportunistic community-based screening can be delivered at relatively low cost and reach individuals who might not otherwise engage with health-care systems. In settings where access to health-care facilities is constrained, such approaches provide an additional route to identifying raised blood pressure and initiating further assessment… …. **Community-based screening, alongside strengthened primary care, could form part of a broader strategy to address the global burden of hypertension…."**

Plos Med - Investment in preventive health needs to be seen as a driver of economic development

Francesca Colombo et al; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005074

"Prevention delivers major gains in health and productivity but remains underfunded due to governance and technical barriers. Strategic investment in prevention is critical to reduce health system costs, boost productivity and sustain long-term prosperity."

With focus on the **OECD countries**.

Plos Med - Multimorbidity, health service use, and health insurance by socioeconomic groups in 31 countries: A multi-cohort study

Yanshang Wang et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005087

"The prevalence of physical, psychological, and cognitive multimorbidity is characterised by marked socioeconomic status (SES) inequalities. However, the **relationships between multimorbidity patterns—particularly those involving cognitive conditions—and healthcare utilisation, as well as the role of health insurance**, remain poorly understood. **This study aims to explore healthcare-seeking behaviour among individuals with multimorbidity and assess whether these associations vary by SES and health insurance coverage."**

Conclusions: "… **Cognitive disorders further complicate the relationship between multimorbidity and health service use, indicating potential unmet healthcare needs, especially among individuals with lower SES.** Our study highlights the potential role of health insurance in reducing socioeconomic disparities in healthcare utilisation associated with multimorbidity."

Cell (Review) - Exercise as a therapeutic intervention for long-lasting and chronic diseases

https://www.cell.com/cell-metabolism/abstract/S1550-4131(26)00086-0

"**In a little over 100 years, global life expectancy has increased by ~60%. Paradoxically, it has been estimated that we now exercise five times less than we did 100 years ago**. Despite a marked increase in life expectancy, the prevalence of non-contagious diseases (NCDs), otherwise known as "chronic lifestyle diseases," such as cardiovascular disease, type 2 diabetes, cognitive diseases, and cancer, has increased. **Here, we discuss the concept of "exercise as medicine" for the treatment of NCD** and provide evidence for the direct mechanisms by which regular physical activity can either prevent the onset or slow the progression of these diseases."

Mental health & psycho-social wellbeing

Plos Med - Health system use and experience among people with poor mental health: A cross-sectional analysis of the People's Voice Survey in 18 countries

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004745

By Margaret E. Kruk et al.

Neonatal and child health

Nature Health (Comment) – Understanding environmental exposures in early life for lifelong health

Martine Vrijheid; https://www.nature.com/articles/s44360-026-00130-0

"Understanding early-life environmental exposures is crucial for protecting lifelong health and should be prioritized in developing exposomics studies and infrastructures worldwide."

Nature Medicine – Rethinking triage for febrile children in low-resource settings

Mihir R. Atreya et al; https://www.nature.com/articles/s41591-026-04387-6

« Integrating clinical data with simple physiological measures or biomarkers improves triage of febrile children and could reshape frontline care in resource-limited settings. »

Access to medicines & health technology

Guardian – First malaria drug for babies is approved in 'major public health milestone'

https://www.theguardian.com/global-development/2026/may/02/new-drug-coartem-baby-babies-malaria-who-treatment

See also a previous IHP newsletter issue. "**WHO prequalification of Coartem Baby** means newborns can be safely treated rather than using medication for older children."

Bloomberg – Pharma makes billions from cancer drugs. Do they work?

https://www.bloomberg.com/news/articles/2025-12-17/cancer-drugs-make-billions-many-don-t-extend-lives?utm_source=website&utm_medium=share&utm_campaign=twitter

"The so-called "**cancer-industrial complex**" generates billions of dollars for drug companies. But treatments often fail to extend patients' lives."

Stat - Administration report on most favored nation drug pricing raises new details — and questions

https://www.statnews.com/2026/05/06/most-favored-nation-drug-price-savings-estimated-529-billion/

"The administration touted huge projected savings for the program — with big assumptions and without outside experts."

""**The Trump administration on Tuesday released the most detailed look to date at its drug pricing policy and its purported impact, claiming huge future savings from the program**…."

"The **report, from the administration's own Council of Economic Advisers**, lays out the **definition of "most-favored nation" pricing.** That's the definition pharmaceutical giants agreed to in their confidential deals with the administration, a White House spokesperson told STAT in an email. **The most-favored nation pricing calculation represents a key underpinning of one of the White House's top election-year talking points** — though many key details of the deals remain private, and their ultimate impacts for consumers uncertain. **The analysis estimated the drug companies' pledge to offer all new drugs at most-favored nation pricing would save the U.S. $529 billion over the coming decade — though the projection comes with big caveats. …"**

Decolonize Global Health

International Journal of Public Health - Expanding equity horizons in knowledge sharing: How can global health journals level up?

S Bandara et al; https://www.ssph-journal.org/journals/international-journal-of-public-health/articles/10.3389/ijph.2026.1609678/full

"Recognizing that **shifting systems to centre epistemic justice** is a continuous commitment, we argue for pathways that can build on existing foundations and when necessary dismantle existing norms and systems. **In this commentary, our goal is to envision pathways forward** and to instil a sustainable sense of urgency and a continual commitment. Thus, **suggested pathways include two categories: immediate efforts that can provide short to medium-term results and ambitious long-term goals we can aspire towards…."**

Community Dentistry and Oral Epidemiology - Decolonising Global Oral Health for Health Equity: A Scoping Review of the Global North Literature

https://onlinelibrary.wiley.com/doi/10.1111/cdoe.70070

By Homa Fathi, Habib Benzian, Christophe Bedos, Cristin Kearns.

Conflict/War & Health

SSM Health Systems – The role of diaspora in strengthening health system resilience in fragile and shock-prone settings: A scoping review

Alaa Dafallah , S Witter et al;
https://www.sciencedirect.com/science/article/pii/S2949856226000620

"Fragile and shock-prone (FASP) settings face severe health system challenges that diminish the capacity to respond and adapt in crisis. Diaspora play a significant role in supporting health systems globally, yet their contributions to the resilience of health systems in FASP settings remain

underexplored. **This review aims to examine the literature on diaspora contributions to health systems resilience in FASP settings…..**"

Miscellaneous

FT – Testing children for lead poisoning would be 'game-changer', says ex-US diplomat

https://www.ft.com/content/927d200c-6568-450a-ac7c-d683d0c0d318

"**Samantha Power** urges countries to **gather data on levels of exposure** as vital first step in tackling the issue."

"**Screening children for lead poisoning is a "game-changer**", the **former US ambassador to the UN** has said after an **investigation by the FT** revealed millions may be unknowingly exposed to the toxic metal in the UK. Samantha Power, who was also head of the US Agency for International Development, said **the problem was going "unrecognised" in countries where children were not being routinely tested."**

"In the US, children are routinely screened for blood lead levels at around the age of one and two. By contrast, the UK has no equivalent nationwide system to measure exposure to lead…."

Papers & reports

WHO Bulletin – May issue

https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+5%5BIssue%5D

"In the **editorial section**, Ritu Sadana et al. call for papers for a special theme issue on a life course approach to health and well-being. Lorenzo Moja et al. encourage national governments to increase alignment with WHO's *Essential medicines list* to mark a 50-year anniversary of this guidance."

WHO - Health reform manual: eight practical steps

M Reich, W Yip et al; https://iris.who.int/items/2daebc4b-1e11-44cf-9170-4e9bff2d4806

"The publication **presents an eight-step framework covering key stages of the reform process**, including initiating reform, building a reform team, assessing system performance, diagnosing underlying problems, selecting policy options, conducting political analysis, managing implementation and evaluating results…"

BMJ GH - Whose crisis is it? Local experiences and health governance in the era of polycrisis

J M Nzinga et al ; https://gh.bmj.com/content/11/5/e023610

"Communities in many low-income settings experience polycrisis as an ongoing condition of overlapping pressures rather than as isolated shocks."

"A **situated polycrisis perspective** highlights how global-shocks intersect with local vulnerabilities, shaping uneven impacts across gender, class, geography and legal status. **Responding effectively requires shifting from siloed health systems to integrated systems for health that link actions across food, water, livelihoods, social protection and health sectors.** Health systems research must examine how coordinated, cross-sector arrangements operate in practice and how they can strengthen resilience between and during crises."

Tweets (via X & Bluesky)

Andrew Harmer

"**The same people saying the same things in the same journals over and over again until they become a reality. This is what power looks like**. www.sciencedirect.com/science/arti..."

Africa CDC

"**Africa CDC Director General Dr. Jean Kaseya told CGTN a meeting will be held with African ministers and the US to discuss data-sharing in health agreements.** Nearly 20 African countries have signed deals involving health data and biological samples in exchange for health financing support."

Thiru Balasubramaniam

(with a few quotes from a Politico Pro article)

"Politico - "**GOODBYE VMAT: An updated World Health Organization action plan on antimicrobial resistance will promote technology sharing — minus qualifying language stipulating tech sharing would be on "voluntary and mutually agreed terms" (VMAT).**" "New language ironed out by countries with WHO, seen by Rory, removes two references to VMAT that were included in the version published in January." "**Instead: It says tech sharing should be in line with international and national rules.** The plan will be put to countries for their approval at the WHO's annual assembly later this month."

"Politico: "**Why it matters: VMAT, for reference, is the construction that nearly brought down the Pandemic Agreement negotiations last year**, as developing countries feared it would render all obligations on the pharma industry effectively meaningless.""