

IHP news 882 : WHA79 – final analysis

(29 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,

In this newsletter issue you'll get an overview of the key **WHA79 news since last Friday**, as well as related **analyses** from various angles. Speaking of which, do start with today's **Featured** article on the WHA (by my colleagues **Rachel Hammonds & Valérie Vermeersch**) which has a rights-based focus, among others.

As last week's intro was fairly long (*sorry*), I'll keep it short today (*true, the weather doesn't help :)*).

As you know, the fast-moving and [worrying Ebola epidemic](#) - the first PHEIC to occur after the dismantling of USAID and the global health funding crisis - is [so far outpacing response efforts](#). Obviously, the emergency takes up a considerable chunk of this newsletter issue.

In another part of the world, at the **World Urban Forum** in Baku, the [global housing crisis](#) was discussed. Housing is slowly, but steadily [rising](#) on the global agenda. For good reason.

As for the “**global health reform**” odyssey, I suggest that in order to focus minds, the [25-member taskforce](#) that is going to lead the ‘WHO joint process’ in the coming months, trades airconditioned (& Zoom) rooms for the [harsh climatological circumstances South-Indian informal workers increasingly have to endure](#). Should bring them in the proper post-2030 mindset to at last come up with a reform ‘*fit for polycrisis purpose*’ (FFPP), even if I'm afraid that's an oxymoron. The Global Climate & Health Alliance [seems to agree](#), although they put it more diplomatically. The taskforce might also want to take into account the difference between [normal & singular crises](#) that sociologists sometimes make.

Finally, as no doubt many of you have also noticed, last weekend **pope Leo** framed **AI** among others **as a social problem** in his new **encyclical letter**, “[Magnifica Humanitas](#)”. Very much needed as recent books like ['Empire of AI'](#) already made clear.

Increasingly, our late-capitalist world resembles a run-of-the-mill ‘billionaire villain’ movie, in which a billionaire typically claims to try save the world, while in fact doing the exact opposite. With one difference perhaps: in the real world, it's not one, but a bunch of billionaires that are “starring”. Almost a “Marvel-universe”.

Enjoy your reading.

Kristof Decoster

Featured Articles

Rights, Reform, and Representation: Reflections on WHA79

Rachel Hammonds & Valérie Vermeersch

The 79th World Health Assembly (WHA) convened in Geneva against a backdrop of the Declaration of a Public Health Emergency of International Concern (PHEIC), a global health financing crisis, geopolitical fracture, and urgent calls for systemic reform. This article surveys the key decisions and debates — and asks whether the WHA's outcomes will deliver the human rights-grounded global health governance the moment demands. It draws on input from WHA first-timer Valérie Vermeersch and seasoned WHA attendee Rachel Hammonds.

- Do read the full article on IHP: [Rights, Reform, and Representation: Reflections on WHA79](#)

What crises reveal about menstrual health governance

Dr Jennifer S. Martin (CEO [Menstrual Rights Global](#) Scotland), Vanessa Zammar (Founder, Jeyetna, Lebanon) & Merette Khalil (PUSH Campaign Lead, International Confederation of Midwives)

Globally, an estimated 1.8 billion women, girls, and people menstruate. Yet despite the scale and universality of menstruation, menstrual health remains marginal within global health policy and financing architectures. Too often, it continues to be framed narrowly through product provision and hygiene management, rather than recognised as a systems issue situated at the intersection of health equity, gender-responsive governance, bodily autonomy, and social participation. This disconnect persists despite growing recognition, including within [UNICEF's guidance on menstrual health and hygiene](#), that menstrual health is shaped not only by access to products, but also by the strength, inclusiveness, and responsiveness of wider health and social systems.

Humanitarian crises expose these failures with particular clarity. Conflict, displacement, climate shocks, and economic instability disrupt access to products, sanitation infrastructure, healthcare, privacy, and income simultaneously. Yet crises rarely create inequalities in isolation. Rather, they intensify pre-existing structural weaknesses embedded within health systems, preparedness frameworks, and social protection mechanisms. The barriers experienced during emergencies are frequently the same barriers experienced daily across schools, workplaces, healthcare systems, and public life. As wider debates around [climate change and health](#) increasingly acknowledge the disproportionate effects of climate and instability on women and girls, menstrual health remains insufficiently integrated within climate resilience, preparedness, and humanitarian governance agendas.

- To continue the full read, see IHP: [What crises reveal about menstrual health governance](#)

Highlights of the week

Structure of Highlights

- WHA79 – Continued coverage since Friday
- WHA79: More analysis (and a few more side events)
- More on Global Health Reform
- WHO DG race
- More on Global Health Governance & Financing/Funding
- Global Tax Justice
- Ebola outbreak
- More on PPPR & GHS
- AMR
- Trump 2.0
- Bilateral health agreements & US Global Health strategy
- UHC & PHC
- SRHR
- Planetary Health
- Access to Medicines, Vaccines & other health technologies
- Global housing crisis
- AI & Health
- Conflict/War & Health
- Some more reports, Lancet Commissions,
- Miscellaneous

WHA79 – Continued coverage since Friday

In this **first WHA79 related subsection**, we continue with the **main updates since Thursday afternoon/Friday morning**. We start with some **WHO daily updates (for a quick overview)**, and then go a bit deeper in some of the agenda items.

- PS: you might also want to check out **daily briefs from PHM**: see <https://phmovement.org/phm-79th-world-health-assembly>) (18-21 May so far) And a PHM **policy brief** (among others on WHO's work in health emergencies, and on the **draft strategy on the economics of health for all**)

In a **next WHA79 related subsection**, we feature some **more analysis** (via colleagues from HPW, Devex, GHF, Habib Benzian)

WHO - Daily update: 22 May 2026

<https://www.who.int/news/item/22-05-2026-seventy-ninth-world-health-assembly-daily-update-22-may-2026>

“Member States establish joint process to support reforms of global health architecture. The World Health Assembly today decided to establish a joint process led by Member States, hosted by WHO and with global health partners to support reforms of the global health architecture. The Assembly agreed that the process should develop options and recommendations for reforms of the global health architecture to meet the specific and collective needs of countries and communities, to maximize access, impact and equity. The process should draw on existing reform initiatives and relevant elements of the UN80 Initiative. Member States expressed strong support for WHO’s central convening and normative role, emphasizing that while the process will be Member State-led, it should be taken forward jointly with global health initiatives and UN partners, with meaningful engagement of key stakeholders, including civil society and youth.”

“The proposal adopted by the Assembly recognized the health improvements generated from the existing global health architecture in recent decades, including in disease control, global norms and standards, and more effective collective action to address cross-border health threats. **But Member States noted that the global health architecture had not kept pace with the new and evolving global environment.** This included the expansion of national health sovereignty and regional capacities; changing disease burdens and health risks; rapid evolution of science, AI and digital technologies; and contractions in health financing. In addition, the global health landscape had become more complex due to the expansion in the number of health actors, resulting in power imbalances, fragmentation and duplication, which have impacted country ownership and leadership.”

“The Health Assembly requested the WHO Director-General to submit a final report with options and recommendations for the transformation of the global health architecture to next year’s World Health Assembly.”

PS: 22 May, **Countries also agreed on the first-ever Assembly resolution on stroke,**

WHO -Daily update 23 May

<https://www.who.int/news/item/23-05-2026-seventy-ninth-world-health-assembly---daily-update--23-may-2026>

“At the Seventy-ninth World Health Assembly in Geneva this week, Member States adopted more than 20 decisions and 13 resolutions on health issues including stroke, liver disease, tuberculosis, antimicrobial resistance, diagnostic imaging, emergency care, haemophilia, precision medicine and radiation....”

“The Assembly also covered a range of political and administrative issues, including the agreement to reform the global health architecture through a Member State-led, WHO-hosted joint process....”

23 May included, among others:

“Countries agree critical amendments to the WHO Code on ethical international recruitment of health workers”: Member States today approved a resolution to amend the **WHO Global Code of Practice on the International Recruitment of Health Personnel (the Code)** and to strengthen its implementation, following Member State-led consultations in the lead up to the Seventy-ninth World Health Assembly. ... **Key revisions to the Code** include the incorporation of provisions covering health personnel recruited internationally for employment as care workers and clarification on the applicability of the Code’s recommendations during emergencies. The Code also encourages co-investment in health systems and the health workforce to ensure international recruitment generates proportional benefits for both source and destination countries....”

- Related: [WHA79: A landmark Code resolution, and the question it left open](#) (Global Health Partnerships)
- And CGD (blog) - [Amendments to the Code Regulating Health Worker Mobility Were Adopted at the World Health Assembly. Now What?](#) (by H Dempster et al)

Still on 23 May, “..... **Countries adopt landmark strategy placing health at the heart of economic policy:** The World Health Assembly approved a decision to adopt the **Strategy on the economics of health for all (2026–2030)**, marking a significant step towards aligning economic systems with health, equity and sustainable development. Delegates emphasized that health and economic prosperity are deeply interconnected and must be advanced through coordinated government approaches.....”

“... Member States agree on updated action plan to reduce deaths from antimicrobial resistance : Countries approved the Global Action Plan on Antimicrobial Resistance (GAP-AMR) for 2026–2036, renewing commitments to strengthen the global response to AMR.....”

HPW – EXCLUSIVE: World Health Assembly Declines to Recognize Argentina’s Withdrawal from WHO

<https://healthpolicy-watch.news/who-assembly-declines-argentinass-withdrawal/>

“After a full day of intense diplomatic debate, **the World Health Assembly adopted a compromise text on Friday declining formal recognition of Argentina’s withdrawal notification, and leaving the nation’s legal status unresolved.**”

PS: “The current decision on Argentina mirrors how the organisation handled seven Soviet-bloc nations that attempted to leave in 1949 and 1950. Those nations eventually resumed active participation years later, without navigating a formal re-accession process....”

HPW - Liver Disease, Social Media Harms and ‘Health Taxes’ Dominate Non-Communicable Disease Debate

<https://healthpolicy-watch.news/liver-disease-social-media-harms-and-taxes-dominate-non-communicable-disease-debate/>

“Liver disease, social media harms and health taxes dominated the World Health Assembly’s (WHA) discussion on non-communicable diseases (NCDs) on Thursday.”

“For the first time, countries resolved to include steatotic liver disease (SLD), which is closely linked to obesity and diabetes, into NCD plans.”

PS: **“WHO Director-General Dr Tedros Adhanom Ghebreyesus said that the resolution “highlights the growing recognition of the need to address metabolic conditions in a more integrated way.”**

“Metabolic conditions are becoming an increasingly important challenge globally. The rising prevalence of obesity, diabetes, cardiovascular and steatotic liver diseases, are driven by shared risk factors and determinants,” Tedros told an event convened by the European Association for the Study of the Liver (EASL) in Geneva this week....”

- See also [Devex](#):

“While much of this WHA has been about divisions ..., member states did come together to **adopt the first-ever resolution on steatotic liver disease — aka conditions caused by having excess fat in the liver — which affects more than 1.7 billion globally.** The resolution urged member states to **integrate steatotic liver disease into their national plans** to address noncommunicable diseases.”

HPW – WHO to Convene Donor Conference on Gaza Rehabilitation

<https://healthpolicy-watch.news/who-to-convene-donor-conference-on-gaza-rehabilitation/>

“A stiffly-worded resolution approved this week by World Health Organization member states **condemned the “wanton” destruction of Gaza’s health facilities and “extreme violence of the illegal Israeli settlers.”** The decision called on Israel to ensure humanitarian access to Gaza of medicines, fuel, and other essentials, refrain from further destruction of food production and water supplies, and release Palestinian civilians arbitrarily detained. “

“After hours of debate straddling Tuesday and Wednesday, **World Health Organization member states approved two overlapping reports and resolutions on the situation in Israeli-occupied territories, calling on WHO to convene a donor conference on the rehabilitation of Gaza’s health infrastructure** before the next World Health Assembly....”

HPW - WHA Advances Global Health Architecture Reform Amidst Questions About Where Process Will Really Lead

<https://healthpolicy-watch.news/wha-global-health-architecture-reform/>

Going a bit deeper in the GH reform debate. **“The 79th World Health Assembly adopted a widely anticipated *Global Health Architecture Reform* initiative. While WHO and many member states lauded it as a landmark move, the actual mandate is in fact highly restrictive. The process will not yield recommendations on “revisions to organizational mandates nor specific mergers or consolidations” in the often overlapping functions of multiple UN global health agencies. The process also must navigate sharp developed and developing world priorities, regarding equity. And the framework faces fierce backlash from civil society groups over their exclusion from the joint task force steering the initiative.”** Some excerpts:

“WHO Director-General Dr Tedros Adhanom Ghebreyesus emphasised that the overhaul must remain intrinsically bottom-up and mirror the agency’s own recent 16-month internal restructuring efforts. He explained that the Secretariat is identifying its absolute core mandates and will explicitly delegate non-core responsibilities to other global health partners based on their comparative advantages, thereby eliminating systemic duplication....”

“... Leading the process is a 25-member task force, including 14 WHO member state representatives, including developed and developing nation co-chairs. The task force will also include up to four representatives of other UN health-related entities, as well as the World Bank and “a regional health organization.” And the task force will include five representatives of the largest, non-UN global health organizations, including Gavi, the Vaccine Alliance; Global Fund to Fight AIDS, Tuberculosis and Malaria; the Coalition for Epidemic Preparedness Innovations; Unitaid; and the World Bank-hosted Pandemic Fund.”

“Governed by consensus, the body must hold regular Geneva-based consultations to ensure member states retain ultimate decision-making authority over international health policies. To synthesise its recommendations, the task force will engage with parallel reform efforts like the UN80 Initiative and the Lusaka agenda, a non-binding agreement launched in 2023 that aligns external financing with domestic health priorities....”

“... Core mandate lacks ambition : Some member states, as well as a leading philanthropy, Wellcome Trust, criticised the lack of a real mandate to enact substantive structural changes in the way the UN agencies and its partners do business.”

“... Meanwhile, non-state actors, led by the NCD Alliance, condemned their structural exclusion from the core, joint task force, noting that sidelining affected communities undermines meaningful governance and removes a critical force for accountability. To preserve the primarily intergovernmental nature of the reform, civil society groups other than the five named to the task force, would be relegated to peripheral consultations in “stakeholder constituency groups.””

“North-South frictions: demanding equity and sovereign control: Underlying frictions that emerged during the debate also revealed a divide between high-income countries focused on streamlining and stabilising the strained multilateral system and the Global South’s demands to shift more control to countries, including of finance for health systems, and protect vulnerable countries from financial shocks.”

“... While the Secretariat emphasised inclusive decision-making and internal institutional safeguards, experts warn that real change requires moving beyond procedural vocabulary to address the external structural dependencies that produce global inequity. ... Highlighting the profound humanitarian consequences of geopolitical trade restrictions, Knowledge Ecology International (KEI) insisted that the GHA Reform would remain fundamentally incomplete without addressing trade sanctions and economic barriers that fragile states and marginalised populations face amidst increased geopolitical tensions....”

“... Echoing this demand to tackle systemic barriers, Ilona Kickbusch, Co-Chair of the World Health Summit Council, cautioned that true institutional change requires confronting the political and financial interests of the states that dominate global governance. “The current debate about reforming the global health architecture is, at its core, a debate about power – who holds it, who is

losing it, and who intends to use this moment of rupture to consolidate it on new terms,” said Kickbusch ahead of this year’s World Health Assembly....”

PS: “... While experts debate these broader power dynamics, **the joint task force must focus on its operational mandate along a tight timeline. It will need to convene and begin synthesising evidence and proposals immediately, with the aim of submitting an interim report by late 2026 for review by the WHO Executive Board.** The ambition is high. For instance, **member states also expect the joint task force work to help align international funding with sovereign health strategies,** ensuring greater readiness for emerging threats like the ongoing **Ebola outbreak in the Democratic Republic of the Congo.....**” “ **Ultimately, the success of the Global Health Architecture Reform will depend on whether the global community can navigate these competing priorities and translate them into a Geneva-based consensus for final approval at the Eightieth World Health Assembly.**”

HPW - WHO Member States Warn of Acute Operational Risks Amidst Severe Budget Cuts

<https://healthpolicy-watch.news/operational-risks-amidst-who-cuts/>

Focus on WHO’s health emergencies work (& budget). “**Sweeping personnel cuts and a massive emergency funding shortfall trigger sharp warnings about acute WHO operational risks from member states and experts.** Yet, diverging regional priorities complicate short-term and sustainable financing solutions.”

“**Member states sounded alarms over severe WHO budget constraints on Thursday** at the World Health Assembly. Delegates warned that a **9.4% staff reduction as of December 2025,** culminating in reductions of nearly a quarter of staff by mid-2026, **are depleting the organisation’s crisis response mechanisms, in particular and thus its ability to respond to emerging health risks....**”

“... **The debate cast a harsh spotlight on the organisation’s capacity to manage global health emergencies.** According to official financial reports, **the WHO Emergency operations segment currently faces a massive \$553 million funding gap.** Emergencies and Polio eradication budgets, funded separately through special donor appeals, budgeted at about \$2 billion for 2026-27. The Emergencies deficit is separate from the gaps in the base budget which still faces a funding shortfall of \$420 million or 10%. **Additionally, the critical Contingency Fund for Emergencies has plummeted to a historic low balance of under \$20 million, falling drastically short of its official \$100 million target capitalisation.....**”

HPW – WHA Member States Approve Antimicrobial Resistance Strategy After Resolving Tech Transfer Debate

<https://healthpolicy-watch.news/wha-member-states-approve-who-antimicrobial-resistance-strategy-after-resolving-tech-transfer-debate/>

“**WHO Member States approved a new 10-year global action plan to combat antimicrobial resistance (AMR) on Friday** after a months-long fight over how the world should share AMR-related medical technologies.”

“The plan, which runs through 2036, maps out strategies for countries to implementing the ambitious targets set at a UN High Level Meeting, including [reducing deaths from AMR by 10% by 2030](#). It’s also the first overhaul of the WHO’s circa-2015 AMR strategy, adopted in an era when the public health threat of drug resistance was less, as was awareness.”

“... The investment case is equally staggering: action on infection prevention, water and sanitation, vaccination and responsible drug prescribing could avert 110 million AMR associated deaths and yield nearly \$1 trillion in economic gains by 2050, WHO says.”

“Low- and middle-income countries bear the heaviest burden. People in LMICs are 1.5 times more likely to die from AMR than those in high-income countries, and 99.65% of children under five who die from drug-resistant infections live in poorer nations, according to research from the Global Research on Antimicrobial Resistance (GRAM) Project [published in The Lancet](#).”

“... The plan pins itself to the goals adopted by member states in the 2024 UN political declaration on AMR. Along with the headline target of a 10% reduction in bacterial AMR-associated deaths by 2030, The [declaration outlined a four-part strategy to combat AMR](#). It calls for more careful use of antimicrobial agents in healthcare, farming, and animal sectors, alongside improved management of untreated sewage and hospital emissions. “

“The significant departure from the architecture of the 2015 strategy is a turn towards prevention as the key to the crisis, as compared to a prior focus overwhelmingly on new drug innovation. The plan elevates infection prevention and control, water and sanitation, vaccination, biosecurity, husbandry practices and pollution prevention as the primary tools, with new drug development framed as complementary. The logic underpinning the plan is that the antibiotics the world already has can be made to last far longer if the drivers of resistance, such as overuse, poor sanitation and low vaccination coverage, are addressed.

PS: **“the tech transfer fight : The plan’s adoption this year was initially postponed at WHO’s Executive Board in February after [Brazil, Colombia and Indonesia objected to language in the action plan stating that transfers of patents, manufacturing know-how and data from pharmaceutical companies to producers in developing countries for AMR innovations should happen on “voluntary and mutually agreed” terms](#). The fight is, at its core, about whether developing countries can override drug patents during national health emergencies to produce generic versions of a drug... ... The compromise text adopted Friday softens the language to “the promotion of knowledge sharing and the transfer of AMR-related technologies, respecting international and national rules in line therewith.” Reference to “international and national rules”, access advocates said, leaves open legal room for countries to pursue compulsory patents in a crisis. Knowledge Ecology International (KEI), one of the civil society groups that lobbied hardest against the original draft, declared victory: “KEI is pleased that WHO negotiators eliminated problematic language on technology transfer in the global action plan on antimicrobial resistance,” the group said....”**

PS: **“The updated strategy is largely silent on AMR in war zones.**

“... The AMR debate also overlapped with another issue on the WHA agenda this week: substandard and falsified medical products.....”

PS: **“AI and Sustainable Development Goals Crammed into final WHA hours in scramble to finish: The last grouped agenda item, covering progress on the health-related Sustainable Development**

Goals and the harmonisation of digital health and artificial intelligence governance, drew no resolution. Member states “noted” the Director-General’s reports and closed the file. Member states used the floor to confront the fact that the world is on course to miss every one of the 52 health-related SDG targets by 2030, according to a WHO report released earlier this week. **Once considered the most achievable of the SDGs, the health goals have been derailed by stalling progress on maternal mortality, flatlining childhood immunisation, a reversal in malaria gains, and what the WHO has called a “global health financing emergency”.....”**

HPW – The Overlooked Decisions of the 79th World Health Assembly

<https://healthpolicy-watch.news/the-forgotten-decisions-of-the-79th-world-health-assembly/>

“... **Between the headlines on the global health financing emergency, WHO’s declining budget, Argentina’s withdrawal from the organisation and the first-ever absence of the United States** — whose voting rights were formally suspended for the 2027 Assembly in the absence of back dues payments — **member states quietly adopted more than 20 decisions and 13 new resolutions on a wide range of health systems and disease themes, many overlooked. Several of them updated health frameworks decades to more than half a century old. Most went unnoticed. Here’s what they decided.....”**

“... Perhaps the **most consequential text adopted that went uncovered this week was the first revision in 16 years to the WHO Global Code of Practice on the International Recruitment of Health Personnel** — the people on whom, after all, every other resolution depends. ... The updated recommendations now explicitly cover health personnel recruited abroad to work as care workers, closing a loophole that wealthy, ageing societies have used to staff elder care with workers trained in lower-income countries. The new Code’s recommendations also apply during “pandemics and other health emergencies, environmental disasters and humanitarian, economic or crises situations”, a change intended to stop wealthy destination countries from treating ethical recruitment as a fair-weather principle.....”

“... **A stroke of progress: For the world’s second-leading cause of death and third-leading cause of disability, stroke has spent decades waiting for its turn at the World Health Assembly.** On Friday, that finally changed. The **first-ever WHA resolution dedicated to stroke**, led by Egypt and co-sponsored by Chile, Georgia, Palestine, Paraguay and Tunisia, addresses a disease responsible for an estimated 11.9 million new cases globally in 2021.....”

“... **Early Cold War-era guidelines get update:** If stroke waited decades for a resolution, **the global system for monitoring whether medicines are killing the people taking them has waited longer.** ... The **1963 resolution called for member states to systematically collect reports of serious adverse drug reactions. Pharmacovigilance** — the WHO’s term for that surveillance — **has not been substantively updated at this level since.** This week’s resolution **teleports that framework into the era of COVID-19, real-world data and artificial intelligence.** It calls on countries to leverage AI and machine learning “in a safe, transparent and ethical manner to improve safety signal detection and response, while also maintaining public trust.” The recognition matters because pandemic-era mRNA vaccines and antivirals were rolled out in months, and post-marketing safety signals had to be tracked across populations of billions.....”

“**The assembly closed by adopting a strategy on the economics of health for all for 2026–2030, building on the work of WHO’s Council on the Economics of Health for All** chaired by economist

Mariana Mazzucato. The **text is ideologically the most ambitious of the week**: a “well-being economy” framework calling for governments to use tax, trade, industrial and labour policy as health levers, address “harmful commercial practices,” and confront the “financialization of healthcare delivery.” **It is also the text most exposed to the gap WHO itself now openly calls a “global health financing emergency.”**”

PS: “That financing gap is the wall every resolution adopted this week will hit on its way out the door. While the World Health Assembly issues guidance, it does not mobilise funds. Unlike the UN climate summit, where the headline negotiation each year is over hundreds of billions of dollars in pledges, **the WHA passes rules that national governments must then choose to fund on their own.”**

Concluding: “... The resolutions adopted this week, by any reasonable read, are good policy. Stroke needs a stroke unit. Drug safety needs surveillance. Genomes need to be sequenced from populations they will be used to treat. Health workers cannot be poached without consequence from countries that trained them. Emergencies do not respect borders. **But none of these resolutions is binding. They sit in the WHO archive unless governments — finance ministries more than health ministries — find the money and the political appetite to implement them.** The history of the World Health Assembly is, among other things, a history of resolutions that did not. **The 79th assembly produced more than 33 of them. Whether any of these become more than pages in the archive will not be decided in Geneva.”**

UN News - WHO chief calls for urgent Ebola action and pandemic preparedness

<https://news.un.org/en/story/2026/05/1167581>

Re Tedros’ closing speech. “The recent Ebola and hantavirus outbreaks demonstrate that the world is still vulnerable to rapidly spreading infectious diseases, **Tedros Ghebreyesus, the head of the World Health Organization (WHO), warned on Saturday at the close of the 79th World Health Assembly in Geneva.”**

WHA 79 – More Analysis (& a few more side events)

Habib Benzian – The Health Sovereignty Paradox

[On Substack:](#)

“Global health wants national control. Outbreaks keep exposing shared dependence.”

“Sovereignty has become one of the most attractive words in global health. Across the World Health Assembly this year, the language is everywhere: country ownership, domestic financing, regional manufacturing, self-reliance, localisation, strategic autonomy. Much of it is justified. Many countries are exhausted by a system in which priorities are shaped far from where diseases spread or patients seek care. When external financing disappears overnight, sovereignty stops sounding ideological and starts sounding necessary. **But health is an unforgiving field for political fantasy. The same Assembly now debating sovereignty was unfolding under the shadow of Ebola outbreaks, hantavirus concerns, financing collapses, and renewed arguments over pandemic agreements and**

pathogen sharing. Each of these crises reveal the same uncomfortable truths: health security cannot be nationalised. Viruses cross borders faster than governance reforms do. The contradiction reveals something important about how sovereignty is being misunderstood, not only in health, but as a political concept.”

“But sovereignty exercised as exit often deepens the vulnerabilities it seeks to solve. Countries want to reclaim control over health systems, yet the conditions that determine health outcomes are becoming more interconnected, not less. Surveillance systems depend on international data exchange. Laboratory capacity depends on financing networks, training systems, regulatory harmonisation, and scientific collaboration that no single country fully controls. Even the language of self-reliance often rests on deeply international infrastructures. **The alternative is sovereignty exercised as voice: the capacity to shape the rules of interdependence rather than withdraw from them. This reframes the entire debate.** The question is not whether countries should have more control over their health systems. They should. The question is whether that control is best achieved by pulling away from multilateral systems or by building enough domestic capacity to reshape them.

Perhaps the more honest word is agency. Not the formal equality of sovereign states, but the practical capacity to act, prioritise, and shape outcomes within systems of shared dependence. **Sovereignty, as currently invoked, implies you can stand outside a system. Agency acknowledges you are inside one and asks whether you have enough institutional weight to influence its direction.** That is a less satisfying political slogan, but a more useful political project....”

Geneva Health Files - Ebola Emergency Frames The Pathogen Access Benefit Sharing System As Key For Global Health Security [WHA79 UPDATE]

N Sirohi & P Patnaik; [Geneva Health Files](#);

Quick update on the extensive discussion on the Pathogen Access Benefit Sharing system at the World Health Assembly this week. “My colleagues have mapped statements from nearly two dozen countries to give you a texture of the commitments by countries on this key topic.”

“Key takeaways on this topic: The Africa Group and Brazil, have called for conclusion of the negotiations in 2026. Most countries appear to favor buying time till May 2027. Informal consultations expected in June 2026. **Next formal meeting of the IGWG will be in July 2026.** Sources tell us that there is likely to be changes in teams of some of the delegations. **Ebola emergency and hantavirus outbreak adds urgency to PABS discussions. Many countries framed PABS as important for global health security.”**

Devex@WHA79

[Devex](#);

“The debate over the value of data has dominated this year’s World Health Assembly.”

“The global north has made it clear that it wants data from its counterparts in the global south. In some cases, the reasons are obvious: Governments, researchers, and pharmaceutical companies want information on emerging pathogens so they can work to stop their spread. Look no further than the current outbreaks of Ebola and hantavirus to understand how valuable this data is. In other cases, the reasons are a little more opaque, such as Washington predicating its bilateral

health financing deals on decades of access to health data.... **...Countries in the global south recognize the value of their data. It's exactly what has stalled the negotiations over the pathogen access and benefit sharing, or PABS, annex, as countries in the global south demand equitable access to whatever vaccines, treatments, or diagnostics emerge from the information they share. The pharmaceutical industry and its backers in the global north, meanwhile, don't want to be bound to any specific obligations."**

"... Washington has only further complicated the debate with its push for bilateral health deals, Lawrence Gostin, a global health law expert, explained on another panel: "Instead of having a multilateral system for pathogen and benefit sharing, the United States is trying to extract data from a particular country." But the fact that so many countries — 32 at last count — have signed these agreements with the U.S. reveals that there is actually a price they're willing to accept for their citizens' data."

Geneva Health Files – Geopolitical Votes Wound The World Health Organization: Health For Some, Not All

<https://newsletter.genevahealthfiles.com/geopolitical-votes-wound-the-world-health-organization-health-for-some-not-all/?ref=geneva-health-files-newsletter>

"Neutrality in Global Health Suffers a Blow at the World Health Assembly. Countries Voted 11 times."

"There was a time when voting in the World Health Assembly was seen as debilitating to the spirit of consensus-building in this member state organization. Those days are long gone. Under the World Health Assembly's "Protect Health" agenda, Member States convened to discuss health emergencies, preparedness, and conflict-related health crises. Yet across discussions in plenary and committee sessions, debates repeatedly extended beyond epidemiology or operational response. Questions of agenda-setting, visibility, reporting, and institutional mandate became central features of the proceedings, reflecting broader tensions over how WHO should navigate increasingly politicized global crises. In this story we cover nearly a dozen votes that took place this week on Iran, Palestine, Ukraine, Lebanon. We also discuss other political issues including Taiwan."

"From the opening days of the Assembly this week, procedural votes became proxies for deeper geopolitical disagreements. Delegations repeatedly disputed whether certain crises warranted standalone treatment, whether emergency discussions were being selectively politicized, and how far WHO's mandate should extend in documenting the health consequences of conflict...."

Key Takeaways: "This week witnessed a normalization of calling for votes over several political issues. Countries voted more than 10 times during this week. The proceedings witnessed an unfortunate weaponizing of procedural legalese to paper over geopolitics. Politicization was deftly used to further security politics at the WHO. The spectre of geopolitics hung over the proceedings. ... Political alignments superseded health consideration of people suffering in conflicts, in some of the votes. (See vote against Iran, and vote in favor of Lebanon, for example.)... Many diplomats noted that the sanctity of the proceedings of the Assembly has been destroyed by hyper-politicization. The management of the proceedings left insufficient space for technical deliberations of health matters many were of the view. There were few direct references to the United States - that was not in the room."

Habib Benzian & C Hommes– Geneva Rules (5): The Human Machinery

[on Substack](#);

“The people behind WHO, and the political realities they navigate.”

“... The World Health Assembly is usually seen through its most visible figures. Ministers at microphones. Ambassadors reading statements. Senior WHO officials moving between rooms. Delegations under flags. Photographers waiting for handshakes. Speakers rehearsing lines that have already been negotiated. **But the assembly also depends on another layer of people, less visible and often more continuous. They are the technical officers who know why a sentence matters. The programme staff who keep a workstream alive between governing body cycles. The consultants who draft the document someone else will present. The interpreters, assistants, interns, secondees, regional advisers, country-office staff, data analysts, report writers, and clearance coordinators whose work rarely becomes the story, but without whom there would be no story to tell. This essay is about the people inside the machinery. ...**”

PS: “... WHO’s human machinery is not confined to Geneva. It stretches through the six regional offices and country offices where global mandates are translated into regional strategies, country support, technical advice, implementation plans, and the daily negotiation between what Geneva has agreed and what health systems can actually absorb.”

“That is why human resources at WHO are not an administrative side issue. At WHA79, they are on the Assembly agenda, alongside WHO’s prioritisation and realignment process for 2025-2026. The people who keep global health moving are themselves part of what Member States are being asked to note, review, amend, or govern. “... And they are doing this under growing strain...”

Geneva Health Files – Reading the Global Health Security Consensus: Countries on the International Health Regulations at WHA79

Nishant Sirohi et al; [Geneva Health Files](#);

« The World Health Assembly deliberations last week were accompanied by rising concerns on the unfolding Ebola emergency. The emergency occurs less than a year since the amended International Health Regulations (IHR) came into force in September 2025. This also comes in at a time, when countries are negotiating the Pathogen Access Benefit Sharing System - discussing precisely the kind of operational and logistical issues that have emerged in the current Ebola emergency. For health, trade and biosecurity negotiators, the Ebola emergency is a live case to situate their understanding on preparedness and response. In today's edition, my colleagues have captured and interpreted the statements made by countries on the implementation of the IHR at the Assembly. Nishant argues that, in their reflections, countries seem to suggest that equity is no longer peripheral rhetoric in governance of health emergencies, but a condition for legitimacy. »

Some excerpts:

“There appears to be a significant shift in the way member states understand the role of the International Health Regulations (IHR) within the evolving global health architecture. Once seen primarily as a technical framework for disease notification and outbreak reporting, the IHR is now

increasingly understood as the operational backbone of global health security and pandemic preparedness....”

“Several member states now framing IHR implementation as part of broader agendas of national resilience, health systems strengthening, development planning, and multi-sectoral emergency preparedness. ... **preparedness is no longer framed narrowly as an epidemiological function.**”

“This shift was reflected across multiple interventions. Tanzania, speaking on behalf of the WHO Africa Region, linked IHR implementation to climate-related emergencies, zoonotic threats, and humanitarian crises. India similarly emphasised the growing complexity of health emergencies driven by climate change, conflict, and fragile health systems. **The discussions also demonstrated increasing convergence between the IHR amendments, Pandemic Agreement negotiations, the Pathogen Access and Benefit Sharing (PABS) annex, and financing mechanisms.** Taken together, these interventions suggest that **the post-COVID institutional ecosystem is consolidating around a more integrated architecture of global health governance, with the IHR increasingly functioning as its operational foundation.** This is the shift this article examines. ...”

“... 1. **Equity has moved from normative language to structural demand:** A striking feature of the discussions under WHA agenda item 13.2 was the extent to which **developing countries framed preparedness as inseparable from equity, financing, and industrial capacity.** Speaking on behalf of the WHO Africa Region, Tanzania stressed that implementation of the amended IHR requires equitable access to medical countermeasures, technology transfer, and sustained technical and financial support for developing countries. Uganda similarly argued that sustainable preparedness depends on timely technology transfer, local manufacturing capacity, and equitable access to medical countermeasures. While Pakistan linked implementation of the IHR directly to broader demands for equity and support for low- and middle-income countries. ... **This reframing signifies a broader political shift. These interventions suggest that equity is no longer peripheral rhetoric in the governance of health emergencies but a condition for legitimacy.** Member States are not rejecting multilateralism itself; rather, they contest unequal implementation burdens within it. Indonesia and Pakistan both stressed that **equitable access to vaccines, diagnostics, therapeutics, and other countermeasures is central to health security, particularly for low- and middle-income countries, and must be supported by sustained investment in domestic capacity.**”

“2. **Climate Risk, Digital Surveillance and the Expansion of Health Security:** Another notable trend emerging from the discussions was the widening scope of what states now consider “health emergency preparedness.” Member States increasingly linked implementation of the IHR not only to infectious disease surveillance, but also to **climate resilience, disaster preparedness, digital infrastructure, and cross-border data governance.** This reflects a change in global health security thinking, in which preparedness is increasingly shaped by climate shocks, population displacement, supply chain disruptions, and technology-driven surveillance systems. Overall, these interventions suggest that **future discussions around the IHR may increasingly involve debates over data governance, digital sovereignty, climate resilience, and technological capacity - signalling a quiet but significant expansion in the meaning of “core capacities”** under global health security governance. “

“3. **WHO’s Authority Is Expanding Politically While Its Capacity Remains Fragile :** The discussion further revealed a growing contradiction at the centre of post-pandemic global health governance: expectations placed on WHO continue to expand, even as concerns mount over institutional underfunding, workforce reductions, and fragmentation across the global health architecture. While

Member States repeatedly reaffirmed WHO's central coordinating role during health emergencies, many also warned that the organisation's operational capacity is under increasing strain. ...

"... 4. The Geopolitics of Preparedness and the Emergence of a Multipolar Health Order : The discussions on implementation of the IHR also reflected a broader geopolitical transition underway in global health governance. **Pandemic preparedness is increasingly becoming a site of strategic influence,** with member states using health security cooperation, technical assistance, and implementation support to shape emerging norms and partnerships. Importantly, the interventions suggested not a rejection of multilateralism, but the **gradual emergence of a more multipolar health order in which Global South states are playing a more assertive role in defining preparedness priorities.** Russia and China positioned themselves as defenders of implementation-oriented multilateralism centred on sovereignty, technical cooperation, and capacity-building...."

HPW - Decades After Ottawa Charter on Determinants of Health, a Question of Combating Commercial Influences

<https://healthpolicy-watch.news/decades-after-ottawa-charter-on-determinants-of-health-a-question-of-combating-commercial-influences/>

"Three emerging threats to health: the commercial, digital, and climate determinants of health played centre stage at an event 40 years after a WHO charter shifted the focus of health from individual lifestyle choices to broader social and environmental determinants. Commercial formula company practices are just one case study of how structural factors like marketing can determine health across the life span."

"Since the signing of the Ottawa Charter, Ilona Kickbusch underscored that three emerging issues now fundamentally shape health: those of commercial, digital, and climate influences. ..."

"The convening at the Geneva Health Forum, held on the side of the World Health Organization's annual Assembly, discussed the gap between the Ottawa Charter's political discourse on the determinants of health and the reality of implementing them through funding, governance, accountability, and mediating commercial interests. ..."

"... The shift in understanding that health is more than the sum of individual choices but the result of policies and environments is political, the panelists argued. "We understood very clearly that health is political," Kickbusch said. **"What we now call the 'political determinants of health' was actually at the basis of our work of the Charter,"** she explained. These political determinants, as Kickbusch and others recalled, **include power, poverty, and other social issues.** "

"... Since the Ottawa Charter outlined that health is often a result of structural, social, economic, and environmental conditions, the WHO established a commission on social determinants of health (CSDH) that paved the way to another important political declaration in Rio more than two decades ago. The text, which emphasizes collective action and the injustice of health inequities, **seems at odds with the current geopolitical context.** It expresses what it terms a **"global political commitment"** for reducing health inequities through a **social determinants lens...."**

Habib Benzian - Geneva Rules (6): After Geneva

[On Substack](#);

“What remains after global health leaves the room.” Last episode in this fabulous series.

“When you leave the Palais des Nations, the Broken Chair is still there. The chair does not ask to be read as a metaphor for global health. That may be why it works. **It stands there as a reminder that institutions often gather around injury, but rarely from a place of wholeness. The building behind it is full of language about protection, prevention, rights, equity, access, preparedness, coverage, resilience, solidarity and sovereignty. The square outside holds a giant chair that cannot stand straight. It is not collapsing. But it is not whole either. That is the unsettled condition of global health governance. WHO stands, but often with missing support: mandates without money, commitments without enforcement, strategies without implementation capacity, authority without sovereignty, and sovereignty without the shared machinery that would make it meaningful.** Global health does not fail simply because it is broken. It continues to function while carrying its incompleteness in plain sight. That tension is not accidental. It is Geneva...”

“This is the moment when global health becomes harder. Not because Geneva does not matter. It does. The World Health Assembly creates language, mandates, visibility, coalitions, reporting obligations and political reference points. It turns some concerns into official priorities and leaves others still waiting outside the room. It gives WHO space to act, Member States language to use, advocates something to cite, and institutions a way to say that progress has been made. **But Geneva is not implementation. It is the choreography before implementation begins.** Many commitments do not die in Geneva. They die later, quietly, in the distance between agreement and action. That distance has a geography of its own. **Some of it runs through New York, where global health is translated into development, security, rights and high-level political declaration. Some of it runs through Washington, where finance, development lending, philanthropy and geopolitical interest shape what remains possible after the Geneva applause has faded. Some of it runs through London, with its journals, universities, NGOs, think tanks and dense ecosystem of evidence, advocacy and policy influence. But much of it runs elsewhere, and this is the point Geneva can obscure. It runs through Cairo, Manila, Copenhagen, Brazzaville and other regional offices, where global mandates are turned into regional strategies, compromises and workplans. It runs through Brasília, Pretoria, Jakarta, Nairobi and hundreds of other capitals, where ministries decide whether global language becomes law, financing, procurement, workforce policy, surveillance, regulation, or nothing very much at all.”**

“Each place changes the meaning of language agreed in Geneva. New York gives it diplomatic scale. Washington gives or denies it financial gravity. London gives it narrative and evidentiary authority. Regional offices give it institutional translation. Capitals give it political consequence. And somewhere far from all these centres, in clinics, schools, municipal offices, district health teams, procurement units and households, that language either becomes real or does not...”

“... That is why visibility is not the same as consequence. Without Geneva, many issues would remain nameless in global policy. Without the Assembly, there would be fewer mandates, fewer shared reference points, fewer opportunities for smaller countries and weaker constituencies to use multilateral language against domestic neglect. The global does matter. Language agreed in Geneva can become useful elsewhere. But usefulness is not automatic. **At the beginning of WHA week, the question is what will be visible.** Who will speak? Which issues will appear on the agenda?

Which side events will fill? Which officials will attend? Which phrases will survive? Which commitments will be announced?..."

Benzian concludes, re the 'Broken chair': "... **That is not a bad image for global health after Geneva.** The Assembly leaves behind mandates, language, reports, strategies, photographs and carefully worded commitments. It also leaves behind absences: stronger obligations, clearer accountability, adequate financing, regulatory courage, institutional memory, and the issues that were acknowledged without being made urgent. **Geneva can give a problem language, legitimacy and a place in the official record. That matters. It can turn silence into text. It can turn neglect into recognition. It can create the procedural thread by which an issue survives for another cycle. But Geneva cannot complete the work it makes visible. The city shows what global health has agreed to say. The world beyond it decides what that agreement is worth."**

Geneva Health Files - The GHF View: Reflections WHA79

<https://newsletter.genevahealthfiles.com/decoding-the-world-health-assembly-reflections-what-a-mapping-of-the-side-events-reveal/?ref=geneva-health-files-newsletter>

Some reflections by P Patnaik: "**The fragmentation in global health was too literal.** The fragmentation in the venues of the 79th World Health Assembly, between the Palais des Nations in Geneva, and the Headquarters of the WHO, was never going to be easy. This meant that at least some of the agenda items got a short shrift including the discussion on budget and finances, as Switzerland mentioned in a formal statement at the Executive Board earlier this week. **The splintering of the venues meant that there were far too fewer serendipitous encounters among attendees....."**

"... **There were numerous intersecting themes not only in corridor conversations, but also in the formal statements by member states.** The concerns on the Ebola emergency merged with the negotiations of the Pathogen Access Benefit Sharing System under the Pandemic Agreement, which merged with the reforms discussions. This is just one example...."

"... **The near-dozen political votes sucked the oxygen in the room. The technical discussions were boxed into the remainder of the timeline. Perhaps the time has come to consider a political arm of the Assembly to conduct these charged discussions that will certainly not go away given the harsh geopolitics.** Some developed country diplomats had previously suggested a dedicated forum for political discussions where foreign ministries can treat their agendas, while leaving the technical deliberations at the Assembly to the health experts. But as we know it is near impossible to separate both. So we learn to witness the fractures of the world, unfold at the WHA...."

- PS: and gated content – [a mapping of side events of WHA79](#) (by Julia Dötzer)

"We analysed more than 200 listed side-events at the WHA79. **Most of them were multistakeholder events with private sector participation. There were more than ten different themes."**

The Forsaken - The view from Geneva 2026

Andrew Green; <https://theforsaken.substack.com/p/the-view-from-geneva-2026>

“Too many crises at this year's World Health Assembly.”

“In that mix of crisis and unpredictability, the global HIV response didn't much feature at this year's gathering. When it came up, it was often with a sense of relief that the emergency that was predicted when President Trump started slashing U.S. support to global HIV programs had not materialized. That things weren't as bad as had been feared.... Dr. K.J. Seung offered a corrective at one of the few side events dedicated to the epidemic. He described a “psychological denial of what is going on. For HIV, it is going to be a massive problem and it hasn't completely happened, yet.” “

“We're just starting to see the implications...”

Alliance – Country pathways to 2050: shaping the future, not waiting for it

<https://ahpsr.who.int/newsroom/news/item/27-05-2026-country-pathways-to-2050-shaping-the-future-not-waiting-for-it>

“At a 79th World Health Assembly side event hosted by the Alliance last week, the Chair of the Alliance Board, policy-makers from Ethiopia and Ghana, an academic from Singapore and senior WHO colleagues together made two converging arguments: (1) countries must move from coping with shocks to actively shaping the systems of the future, and (2) health cannot be considered in a vacuum while doing so.” “The event highlighted an ongoing initiative at the Alliance called **Health Systems 2050**, which is exploring how big global trends are shaping health systems and how these health systems can and are responding. It starts from the perspective that we are in a time of profound upheaval, and the choices health systems make now will either enable or constrain their ability to protect populations in the future.”

A quote re (2):

“Dr Kalipso Chalkidou, Director of Performance, Financing and Delivery at WHO, pushed that argument furthest. She began by inviting the panel to revisit the very definition of a health system. The WHO 2000 World Health Report definition – all organizations, people and actions whose primary intent is to promote, restore or maintain health – was a reasonable starting point, she said, but it now risks being too narrow. Social, commercial and political determinants – pollution, education, trade, taxation – sit at the centre of what 2050-ready will mean.”

“In a second intervention, Chalkidou returned to the same point through the financing lens. “The world has never been wealthier,” she said. Roughly half a quadrillion United States dollars – US\$ 500 trillion – sits in the global financial system, she noted, and the public sector owns around 4% of it and central banks another 5% or so. That implies nearly 90% is in private sector, whose motivation is profit, and not necessarily development. “The problem is not one of scarcity,” she said. “It's one of distribution.” That has implications for how the health sector talks about sovereignty. “Sovereignty cannot be sector-specific,” Chalkidou argued. “It can't be sovereign health when the financial system is geared against us....”

(ps: you can also rewatch the event).

HPW - How to Treat the Disinformation 'Virus' Undermining Health and Democracy

<https://healthpolicy-watch.news/how-to-treat-the-disinformation-virus-undermining-health-and-democracy/>

Coverage of another side session at the WHA.

"Helen Clark, chair of the vaccine platform Gavi and former Prime Minister of New Zealand, calls mis- and disinformation **"an existential threat to public health"**, representing a **"crisis of trust"**. ... **"Misinformation and disinformation are no longer sitting at the periphery of our challenges, but very much at the core, front and centre of the daily humanitarian response, but also clinical realities,"** said **Robert Mardini**, Director General of Geneva University Hospitals and former head of the International Committee of the Red Cross....."

More on Global Health Reform

Development Today – Nine member states push back on UN80 proposal to merge UNFPA and UN Women

A D Usher; <https://www.development-today.com/archive/2026/dt-4--2026/nine-member-states-push-back-on-un80-proposal-to-merge-unfpa-and-un-women>

(gated) **"A group of countries, including Canada, Brazil and Sweden, reject the proposal of the UN80 reform working group to merge UNFPA and UN Women which, they say, "would not sufficiently preserve key normative mandates" like gender equality and sexual and reproductive health and rights."**

Partnership for International Politics and Diplomacy for Health - Side Event during the 79th WHA: What's at Stake and What Comes Next for Global Health Reform

<https://www.globalhealthdiplomacy.se/side-event-during-the-79th-wha-whats-at-stake-and-what-comes-next-for-global-health-reform>

"On the sidelines of the 79th WHA, the Partnership for International Politics and Diplomacy for Health convened a conversation among eminent and emerging global health leaders, including faculty and fellows from the Partnership's Executive Program. We asked them about 'elephants in the room'; narratives that must be challenged; questions that are still avoided; and uncomfortable truths that have not been articulated so far."

"Discussions at this year's World Health Assembly reaffirmed that reform of the international system for health remains high on the global health agenda. Even though reform dialogues have moved well beyond problem diagnosis, concrete reform recommendations are yet to be put forward. At this stage, it is crucial to keep the conversation going and ensure it remains inclusive and accessible."

“Several recurring themes emerged from the conversation at this side event. Participants warned of 'reformitis' or the risk that reform becomes a buzzword without transforming mandates or power structures. Institutional self-preservation was identified as a major threat, with organizations unlikely to initiate their own downscaling without political pressure. The redistribution of power was acknowledged as the central and most contested question. And a deep-rooted trust deficit, built up over two decades of unfulfilled promises, was named as an undeniable elephant in the room.”

Global Climate & Health Alliance – re the ‘WHO joint process’

<https://mailchi.mp/ebb6a26bb4f3/health-community-climate-health-inseparable-in-practice-so-must-be-in-policy?e=3289726e8a>

“...While climate and health was not a specific issue on the [agenda of WHA79](#), eight agenda items touched on climate-related issues, however it was missing from several key discussion items. **The Global Climate and Health Alliance noted the omission of climate from discussions on global health architecture reform during the meeting.** “

“While the proposal focused on the process, not the content of these reforms, **two key concerns were highlighted by numerous members of the Alliance. Firstly, the current joint taskforce does not include any agency or body with responsibility for climate and health and, while many of the proposed members do touch on climate in their work, there is no clarity on who can be held accountable for ensuring that this new architecture recognises and responds to the magnitude of the challenge that that climate crisis poses for health. Secondly, that the taskforce does not include any representatives of civil society organisations or communities, to raise the perspectives of those most acutely affected by the health impacts of the climate crisis.** As a result, there are fears that the topic may fall between the cracks. ...”

Lancet Offline – The dishonest politics of global health

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01039-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01039-1/fulltext)

On some discussions at the WHA (side events, eg on global health reform).

Excerpts: **“Reform has become an end in itself. Too much attention is given to the organogram of global health. Structural change is merely window-dressing.** The first purpose of any global health initiative has become self-preservation. Donors do not want change. WHO does not have the mandate for change. What is WHO anyway? A collection of member states or a voice for the peoples of these member states? Can the complexity of institutions be simplified? Probably, but only by those with the power to do so. And political power follows economic power. One cannot delegate power that does not exist. **Even when a decision is taken to liquidate UNAIDS or merge UN Women with UNFPA, resistance kicks in and reform stalls.** ...”

“... One speaker on the Rue Rothschild did speak honestly. He pointed out the lack of accountability for political leaders who break their promises. What do we do? **Forget global health reform, please. Forget a new global health architecture. Forget the idea of a reset. The first step must be to tell the truth. We should stop lying to one other. We should stop being deliberately deceitful. If we speak honestly, we might be able to re-establish the trust lost between global health and**

governments. And if we can bring politicians and the public with us, perhaps we can rebuild hope and optimism in global health. Without truth, we have nothing.”

Geneva Solutions – Spanish top health official: New global health architecture must break with ‘inherited structures’

<https://genevasolutions.news/global-health/spanish-top-health-official-new-global-health-architecture-must-break-with-inherited-structures>

“Geneva Solutions spoke **with Spain’s health secretary** about how Madrid hopes to steer the debate....” **Javier Padilla Bernáldez is health state secretary and second in command to Spain’s health minister** - on how the country plans to help shape tomorrow’s global health.

Institute for New Economic Thinking - Are We Reforming Global Health or Washing Our Hands Of It?

Padmashree Gehl Sampath; <https://www.ineteconomics.org/perspectives/blog/are-we-reforming-global-health-or-washing-our-hands-of-it>

“Global health financing is collapsing just as demands on health systems are rising. As funding retreats and reform debates intensify, a **deeper question emerges about who bears the costs, and whether today’s fixes risk creating lasting damage that will be difficult to reverse.**”

Among others on **“the real cost: Hysteresis in Health systems”**: **“Hysteresis refers to the path dependency of a system and to how it reacts to temporary shocks even after the shock is removed. Closely linked to the concept of resilience (the ability to bounce back to the original state or move to a better one), it helps to showcase how cuts to health funding can have lasting, irreversible effects, long after the funding drop is reversed. When health systems are suddenly underfunded - like the current 51% drop in global health financing from 2021 to 2025 - they rupture in ways that make it harder to normalize again, as Figure 3 suggests. Table 1 below explains some of the ways in which hysteresis sets in from the current funding crisis....”**

- And via [Devex](#): (re the **“GAVI Leap”**)

“Speaking onstage at Devex Impact House during WHA79 on Wednesday, **Sania Nishtar went into detail on Gavi’s reform process** — which amounts to a radical simplification to help countries where paperwork pileup was getting in the way of health programming. The vaccine alliance is cutting 30 funding levers down to two, shrinking contracts from 700 to about 60, and digitizing grant processes to ease the administration burden on both countries and Gavi itself. “Yesterday was a proof of the pudding ... minister after minister came and said ... ‘this is what we wanted, we wanted authority to be delegated to us,’” Nishtar said.”

“Gavi wants **countries moving faster toward financing their own vaccine programs**, with copayments rising alongside income. **Eighteen countries have already graduated from Gavi support — and more are expected to follow.** The Trump administration has proposed cutting funding for Gavi, but **the alliance has still secured \$10 billion of the \$11.9 billion it needs for 2026–2030, including from former recipient countries such as India and Indonesia.** Nishtar called that “a huge testament to the trust that donors have in Gavi.”

WHO DG race

HPW – WHO Executive Board Adopts Process for Election of Next Director General, With Powerful Role for Poor African States

<https://healthpolicy-watch.news/who-executive-board-adopts-process-for-election-of-next-director-general/>

“The World Health Organization’s (WHO) Executive Board (EB) decided on Monday that the first forum for candidates aspiring to become the next Director General will be held on 18 November, where they will face questions from member states. Meanwhile, some of Africa’s poorest countries will play a decisive role in choosing the next DG, thanks to their membership of the global body’s 34-member EB. The EB has the powerful task of shortlisting three candidates for election by the World Health Assembly (WHA) in 2027. **The Africa region’s seven representatives for the DG selection are Cabo Verde, the Central African Republic (CAR), Côte D’Ivoire, Guinea, Mozambique, South Sudan and Zimbabwe.** CAR, South Sudan and Mozambique are among the **10 poorest countries** in the world. “

“On the other end of the spectrum, China is the most powerful new addition to the EB, representing the Western Pacific Region (WPRO). WPRO decided at a closed meeting in October 2025 **to nominate China** to replace Australia, whose term expires this month, as **previously reported by Health Policy Watch.** The closed-door nature of the WPRO proceedings suggests this was contentious, which is reinforced by the chair’s report noting that the equitable distribution of seats within WPRO will be revisited for a final decision sometime in 2026. ...”

“Meanwhile, the contentious nature of selecting EB members in the WHO European Region spilt into the open during last week’s WHA, when Russia accused the United Kingdom of depriving it of a seat at the EB. Georgia and the UK **are Europe’s new EB representatives,** replacing Switzerland and Ukraine whose terms end this month. **The European Region decided a while back that its permanent members of the UN Security Council are entitled to EB membership** for three out of every six years. **This accounts for the UK’s selection, with France already confirmed as its replacement.** However, Russia, which is also on the Security Council, was not afforded the same rotating privileges and **stood as a competing candidate for the seat ultimately won by Georgia.”**

“... The EB, which met in Geneva on Monday, adopted a report by the Director General outlining the election process. According to this process, two candidates’ forums will be convened by the WHO Secretariat to enable the candidates to make themselves and their vision known to member states. **The first forum, starting on 18 November and continuing for not more than three consecutive days,** depending on the number of initial candidates. Each candidate will get 60 minutes, made up of a 10-minute presentation followed by a question-and-answer session. **The second forum on 15 March 2027** will consist of a more interactive panel discussion between the candidates and member states....”

PS: “Germany, which is contemplating a couple of potential nominations, stressed that the “next DG will inherit an organisation that has gone through significant challenges. To be successful, we need to see [a candidate with] a commitment to champion necessary reform and a distinct focus for delivering on the organisation’s core mandate in the future”. **Germany wants its financial weight reflected as the largest global health donor following the US withdrawal from the WHO** in January

2025. The most likely German candidate is Helge Braun, Chief of Staff in former Chancellor Angela Merkel's government, insiders told *Health Policy Watch*....."

KEI - WHO Director-General elections: Why the path to victory runs through Beijing, Honiara, Juba, London and Thimphu

<https://www.keionline.org/41329>

"... While the 80th session of the World Health Assembly elects the next Director-General (under the principle of one country, one vote), **the 34-member Executive Board winnows down the pool of candidates to a shortlist of up to three names at its 160th session (25 January 2027 to 2 February 2027). Consequently, the WHO Executive Board plays a key vetting role in the selection of the next WHO Director-General.**

"The **WHO Executive Board is comprised of** these members:..." (check them out)

Or via Tedros: "**Outgoing members** of the Board: Australia, Barbados, Cameroon, Comoros, Democratic Republic of Korea, Lesotho, Togo, Qatar, Switzerland and Ukraine. **New members:** Bhutan, China, Côte d'Ivoire, Georgia, Guinea, Kuwait, Mozambique, South Sudan, Suriname and the United Kingdom."

More on Global Health Governance & Financing/Funding

Lancet GH (Comment) – Reframing the language of global health for a leverage-driven era

S Shariq et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00108-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00108-7/fulltext)

"**In his Comment (April, 2026), Nelson Evaborhene argues that global health cooperation is being reorganised around leverage, highlighting the active threat of abrupt donor exit.** This analysis captures an important transformation: performance and technical capacity no longer guarantee continuity. **Yet, if global health governance is shifting towards a politically conditional order, the field should also reconsider the language it uses to justify cooperation.**"

"**Global health discourse continues to rely heavily on a moral vocabulary of equity, solidarity, and universality.** Although these principles remain ethically compelling, as the emerging policy environment described in the Comment suggests, they often do not resonate with the drivers of contemporary international relations. Therefore, **the conceptual foundations of global health warrant reassessment. The influential definition proposed by Koplan and colleagues frames global health primarily as an endeavour to achieve health equity worldwide.** Although these definitions offer an ideal for global health, they do not provide a precise description of its real pragmatic value for global actors operating within a leverage-driven system."

"**The equity argument has a moral underpinning, suggesting that donors fund global health for altruistic reasons. In practice, international health cooperation has often served strategic interests alongside moral commitments. Investments in global health strengthen pandemic preparedness,**

support economic stability, and reduce cross-border health risks. A pragmatic reframing of global health funding as reciprocal investments in shared vulnerability would present it as non-negotiable to finance, foreign policy, and security actors who now primarily shape the conditions of engagement.....”

“... The language of global health also reflects a geographical assumption, situating donors in high-income countries and recipients in low-income countries. This framing has arguably diverted attention from domestic inequalities within high-income countries and reinforced the perception that domestic populations are overlooked in favour of international commitments, thereby driving a political shift towards isolationism.**This reframing of global health language around shared risks and mutual investments instead of moral responsibilities does not mean abandoning equity. Rather, such an approach would strengthen the political foundations needed to sustain that commitment in an era of geopolitical uncertainty.**”

Guardian - UK, German and French aid cuts will take ‘devastating toll’ on most vulnerable, says study

<https://www.theguardian.com/global-development/2026/may/23/uk-german-and-french-aid-cuts-will-take-devastating-toll-on-most-vulnerable-says-study>

“As Europe’s leading donor countries slash budgets, the result could be more than 11.5m preventable deaths, report suggests.”

“**Cuts to foreign aid budgets by the UK, France and Germany could contribute to more than 11.5 million preventable deaths by the end of the decade**, according to a new report, which warns that Europe is abandoning its role as a pillar of global health and development. Three separate studies within the report reveal the extent to which the nations have slashed their foreign aid budgets, and illustrate the impact worldwide. UK official development assistance (ODA) spending is projected to fall by 45% between 2020 and 2026, Germany’s by 37% between 2023 and 2026, and France’s by 30% over the same period, according to the research. **“Led by its three largest donors, the continent is moving toward a ‘new normal’ of significantly reduced international engagement – not as a temporary adjustment, but as a structural realignment,”** said the report, produced by the Barcelona Institute for Global Health (ISGlobal).....”

Geneva Graduate Institute (PhD thesis) - International Law and the Financialization of Global Health

Kirpalani, Dena; <https://repository.graduateinstitute.ch/record/321896>

“**This PhD thesis examines the intersection of global health, law, and finance, exploring how law facilitates the financialization of global health through three case studies of Innovative Financing Initiatives for Health (IFI-Hs): the Solidarity Levy (Unitaid), the Pneumococcal Conjugate Vaccine Advanced Market Commitment (GAVI), and the Affordable Medicines Facility for Malaria (Global Fund).** The thesis looks at the historical and institutional character of these IFI-Hs. The thesis builds on existing scholarship that describes the financialization of global health by studying the constitutive role of law in enabling and structuring financialization in global health. Drawing on theory that law and finance are co-constitutive, law and development scholarship, TWAIL, and Law & Political Economy scholarship, **the thesis treats these initiatives as legal artefacts through which**

power is organized. It argues that **soft and informal international law, trust arrangements, contracting, and regulatory frameworks constitute a governance architecture that protects financial interests while embedding conditions on access to essential medicines.** The thesis concludes that **IFI-Hs replicate a familiar civilizing mission dynamic: framing the Global South's inability to deliver medicine access as a deficit requiring deeper integration into capitalist economic ordering, while privileging the interests of asset-holders and donor States.** Law assists financialization by establishing norms that prioritize financial actors, protecting assets as vehicles for extraction, and integrating financiers into global health governance..."

Devex – African economies are growing despite Iran war, but transformation lags

<https://www.devex.com/news/african-economies-are-growing-despite-iran-war-but-transformation-lags-112586>

“The African Development Bank says Africa’s economies are weathering the fallout from the Iran war, but weak tax collection, rising debt burdens, and limited structural transformation continue to weigh on growth.” Excerpts:

“Much of the report focused on what AfDB sees as one of Africa’s biggest missed opportunities: the sheer amount of money slipping through the cracks at a time when foreign aid flows are declining, and governments are struggling with rising debt-servicing costs. Even as many African economies have expanded, governments have increasingly failed to capture that growth in the form of public revenues. Africa’s revenue-to-GDP ratio has actually declined over the past two decades: from roughly 23%-30% in the 2000s to 16.2% in 2024, according to the report.”

“The bank estimates Africa could unlock as much as \$1.43 trillion annually through better resource mobilization and utilization. Much of that money, AfDB argues, could come not from creating entirely new taxes, but simply enforcing existing ones more effectively. Weaknesses in tax compliance, administration, and policy design are costing African governments nearly \$469 billion in unrealized revenues, according to the report. Value-added tax alone represented one of the largest missed opportunities: improved compliance could generate an additional \$140.8 billion annually — more than double the continent’s current VAT collections.”

“The report also pointed to gaps in corporate and personal income tax collection, particularly among large corporations and high-net-worth individuals, along with weakly taxed parts of the digital economy.”

“And the leakage is not only on the revenue side. More than 40% of public investment is currently lost to inefficiencies, according to the report — representing as much as \$299 billion annually in missed growth-enhancing investments....”

PS: **“... But the report warns that the underlying pressures have not gone away. The share of government revenue devoted to external debt service rose from 23.7% in 2017 to 31% in 2024 — meaning that governments have less money available to spend on social services or infrastructure. And, troublingly, the AfDB report suggests that in some cases, countries have taken on more debt without seeing stronger economic outcomes as a result. “The higher public debt on the continent does not always translate to higher economic productivity,” Urama said. “In fact, the report is showing that some countries, when they increase their debt, we see a reduction in productivity.””**

“Taken together, the report argues that Africa’s next phase of growth will depend less on weathering external shocks and more on whether governments can mobilize domestic capital more effectively — through stronger tax systems, more efficient public spending, deeper financial markets, and investments that translate into jobs and productivity growth.”

Angola, Burundi, Ethiopia and Zambia among countries benefiting from €10 million in EIB Global support for primary healthcare

<https://www.eib.org/en/press/all/2026-181-angola-burundi-ethiopia-and-zambia-among-countries-benefiting-from-eur10-million-in-eib-global-support-for-primary-healthcare>

“EIB Global provides €10 million to support the provision of technical assistance, catalysing potential investments into bankable projects in Sub-Saharan countries. **The support is delivered through the Health Impact Investment Platform (HIIP)**, an initiative of EIB Global, Islamic Development Bank and World Health Organisation.”

“Angola, Burundi, Ethiopia and Zambia are the first four African countries to join this programme. The technical assistance aims to accelerate investments in primary healthcare and progress towards universal health coverage by strengthening the planning, prioritisation and design of relevant projects. The assistance is being offered through an initiative of EIB Global, Islamic Development Bank and World Health Organisation known as the **Health Impact Investment Platform (HIIP)**. The **three institutions together are providing an initial €30 million** to support technical assistance and capacity building and aim to attract more funding for health projects.”

Global Fund - Global Fund Welcomes Indonesia’s US\$10 Million Commitment to the Eighth Replenishment

<https://www.theglobalfund.org/en/updates/2026/2026-05-27-global-fund-indonesia-us10-million-commitment-eighth-replenishment/>

“The Republic of Indonesia has announced a pledge of US\$10 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) as part of the partnership’s Eighth Replenishment, reaffirming Indonesia’s role in advancing global health and resilient health systems....”

Global Tax Justice

Bloomberg; UN Draft treaty aims to boost Nations’ rights to tax Tech giants

[Bloomberg](#);

(gated) “Countries at the United Nations are rewriting international tax rules in an effort to be able to tax technology giants like Alphabet and Amazon based on where their users are located rather than where they’re headquartered. A draft tax proposal seen by Bloomberg — which covers advertising, search functions, social media platforms, online gaming, cloud computing, supply of user data, and more — could significantly increase how much tax companies pay, and where.”

Guardian - At least £325bn of 'dirty money' flows through UK each year, says report

<https://www.theguardian.com/business/2026/may/24/dirty-money-through-uk-corruption-tax-evasion>

“Call for crackdown as finance linked to corruption, tax evasion and money laundering is estimated at 10% of GDP.”

“At least £325bn worth of dirty money is flowing through the UK every year, according to research that is causing concern about funding for state investigators and the government’s push into crypto assets. The figure is equivalent to more than 10% of UK GDP and includes illicit funds linked to financial crime, money laundering, corruption, illegal trade and tax dodging, according to the report by the Finance Innovation Lab charity. Including the UK’s crown dependencies and overseas territories, such as Jersey and the Cayman Islands, the figure jumps to more than £788bn annually.”

“The research is believed to be the first comprehensive attempt to quantify the scale of illicit finance flows linked to the UK, with cross-border data on tax evasion and financial crime revealing the extent of the UK’s international role as a hub for dirty money from across the world.... .. The figures were released as the UK postponed the Illicit Finance Summit, originally due to take place on 23-24 June, to December.”

Ebola DRC outbreak

First with some more or less **chronological overview** of key statements and press releases since last Friday, then with some **analysis** (and various **efforts from stakeholders** such as Africa CDC, CEPI, GAVI, Pandemic Fund, Gates Foundation, ...)

WHO - First meeting of the IHR Emergency Committee regarding the epidemic of Ebola Bundibugyo virus disease in the Democratic Republic of the Congo and Uganda 2026 – Temporary recommendations

[WHO](#);

(22 May) **“On 17 May 2026, pursuant to paragraph 2 of Article 12 - Determination of a public health emergency of international concern, including a pandemic emergency of the International Health Regulations (2005) (IHR), the Director-General (DG) of the World Health Organization (WHO), after having consulted the States Parties where the event was known to be occurring, determined that the epidemic of Ebola disease caused by *Bundibugyo virus* in the Democratic Republic of the Congo and Uganda constitutes a public health emergency of international concern (PHEIC), but did not meet the criteria of pandemic emergency, as defined in the IHR. The DG statement issued on 17 May 2026 also contained “WHO advice” to States Parties to respond to and prepare for the event. On 19 May 2026, the DG convened the first meeting of the IHR Emergency Committee regarding the epidemic of Ebola disease caused by *Bundibugyo virus* in the Democratic Republic of the Congo and Uganda (hereafter “Committee”). The Committee’s advice aligned with**

the determination by the DG that the event constitutes a PHEIC, but does not meet the criteria for pandemic emergency. “

Check out the **temporary recommendations**.

Devex - WHO revises DRC Ebola outbreak risk to ‘very high’

<https://www.devex.com/news/who-revises-drc-ebola-outbreak-risk-to-very-high-112576>

(22 May) **“The World Health Organization has raised its assessment of the Ebola outbreak in the Democratic Republic of the Congo to “very high” at the national level as confirmed and suspected cases continue to climb.”**

“... Yesterday, WHO convened leaders from several partner organizations — including Gavi, the Vaccine Alliance and Coalition for Epidemic Preparedness Innovations — under the interim Medical Countermeasures Network to review the pipeline of vaccines, therapeutics, and diagnostics. The interim Medical Countermeasures Network is a global coordination platform aimed at ensuring rapid and equitable access to essential health tools during public health emergencies.”

“WHO has also released \$3.9 million from its Contingency Fund for Emergencies to support the response, while the United Nations has allocated an additional \$60 million.”

“Acting director of epidemic and pandemic preparedness and prevention, Maria Van Kerkhove, said WHO works to ensure ministries of health maintain a baseline level of outbreak response capacity, but warned that financing remains a major challenge.”

Geneva Health Files – WHO Update: Ebola PHEIC

<https://newsletter.genevahealthfiles.com/reading-the-global-health-security-consensus-countries-on-the-international-health-regulations-at-wha79/?ref=geneva-health-files-newsletter>

Highlights from the press briefing (May 22, 2026)

Among others:

“Global Coordination: Unified Strategic Response: Maria Van Kerkhove, the Acting Director of the Department of Epidemic and Pandemic Threats, said **the WHO and partners are developing a single Strategic Preparedness and Response Plan (SPRP)** to align national efforts in the DRC and Uganda and to prevent organizations from competing for limited emergency funds.”

“On the Interim Medical Countermeasures Platform: The **(i-MCM-Net)** is **fully activated on a technical level**. The DG convened the principles of the agencies leading work on medical countermeasures(CEPI, The Global Fund, Gavi, The Gates Foundation), ...”

UN News - Ebola epidemic spreading rapidly and outpacing containment efforts

<https://news.un.org/en/story/2026/05/1167584>

(25 May) “There are more than 900 suspected cases of the Bundibugyo strain of Ebola in the Democratic Republic of the Congo, and 220 suspected deaths, the head of the World Health Organization (WHO), Tedros Ghebreyesus, said on Monday.”

- See also [the Guardian – Spread of Ebola in DRC ‘outpacing’ response efforts, warns WHO](#)

“Director general of World Health Organization urges neighbouring countries to take immediate action.”

Africa CDC – African Leaders Mobilise Funding and Regional Response as Ebola Outbreak Escalates

<https://africacdc.org/news-item/african-leaders-mobilise-funding-and-regional-response-as-ebola-outbreak-escalates/>

(26 May) “During a high-level virtual ministerial briefing convened by the Africa Centres for Disease Control and Prevention (Africa CDC) and the African Union, leaders backed a continental preparedness and response plan requiring at least US\$319 million between June and November 2026 to strengthen outbreak control in affected countries and preparedness in at least 11 high-risk African Union member states.”

“It was also revealed that nearly US\$500 million had been committed or pledged by governments, multilateral agencies and humanitarian partners.”

Guardian - WHO chief calls for DRC ceasefire to tackle Ebola outbreak

<https://www.theguardian.com/world/2026/may/27/who-chief-tedros-calls-for-drc-ceasefire-ebola>

(27 May) “The head of the World Health Organization has called for an immediate ceasefire in the eastern **Democratic Republic of the Congo** to help tackle the Ebola outbreak there. Tedros Adhanom Ghebreyesus **posted on social media** that the region was in the midst of a “catastrophic collision of disease and conflict with the Ebola outbreak in Ituri province outpacing the response”.

- See also UN News - [Ebola outbreak in DR Congo collides with conflict and hunger, WHO warns](#)

HPW – Africa CDC Chief Condemns Ebola Travel Restrictions and Broken Aid Promises

<https://healthpolicy-watch.news/africa-cdc-chief-condemns-ebola-travel-restrictions/>

“International Ebola-related travel restrictions imposed on people from the Democratic Republic of Congo (DRC), Uganda and South Sudan – which has yet to record a single case – are “unacceptable” will have a detrimental effect on the economies of affected countries, said Dr Jean Kaseya, head of the Africa Centres for Disease Control and Prevention on Thursday. The US was the first to ban travellers from the three countries, with Canada, the Bahamas, Jordan and Bahrain

following, but **Kaseya said 15 countries have now imposed some form of travel restrictions.** “We cannot stop this outbreak with travel restrictions that Western countries have started to impose on African countries....”

“... **Kaseya said that he had visited Bunia in the last few days where he encountered “mistrust of Western countries” by people in the area.** “The question they are asking me is: ‘DG, why after 19 years of this [disease], we still don’t have a vaccine, we still don’t have medicine? A local leader was telling me: ‘If this outbreak was in Europe or in the US, a vaccine and medicines will already be available’,” Kaseya told the media briefing. **Kaseya also condemned countries that had pledged financial support for the outbreak effort only to renege a few days later, saying that he would name them within a week if they did not make good on their promises.**”

“The DRC will contribute \$50 million to the effort, but the need is in the region of \$319 million. **“On Monday (25 May), we ended the day with a pledge of \$498.8 million almost \$500 million. Since then the figure is going down. Now, as I’m talking to you, the figure is around \$290 million We cannot afford to stop this outbreak without resources.** We cannot afford to stop this outbreak just with political declaration from some countries,” he said....”

- See also Devex – [Pledges for Ebola outbreak drastically plunge, says Africa CDC chief](#)

(28 May) “On Monday, Africa CDC announced nearly \$500 million had been raised to fight the alarming Ebola outbreak in Central Africa. But **that number has since dropped to \$219 million.**”

Guardian - WHO chief arrives in DRC promising Ebola outbreak ‘can be stopped’

<https://www.theguardian.com/world/2026/may/29/who-chief-tedros-adhanom-ghebreyesus-drc-ebola-outbreak-epidemic>

(29 May) “Tedros Adhanom Ghebreyesus heads for Ituri province where epidemic is centred and calls for halt to fighting that hampers medical relief efforts.”

WHO – Experts convened by WHO advise on candidate treatments and vaccines for Ebola disease caused by Bundibugyo virus

<https://www.who.int/news/item/28-05-2026-experts-convened-by-who-advise-on-candidate-treatments-and-vaccines-for-ebola-disease-caused-by-bundibugyo-virus>

(28 May) “In response to the current outbreak of Ebola disease caused by Bundibugyo virus occurring in the Democratic Republic of the Congo, with cases also reported in Uganda, **WHO convened several of its expert and advisory groups. These groups assessed potential vaccines and therapeutics for both prevention and treatment of Bundibugyo virus disease (BVD).** The WHO advisory groups recommended that all the products identified and considered be used exclusively within clinical trials to generate robust data and ensure safe, ethical, and effective research. **WHO convened a series of meetings with the WHO R&D Blueprint technical advisory groups on candidate vaccines and therapeutics for BVD. In parallel, WHO also convened the Strategic Advisory Group of Experts on Immunization (SAGE) and its Ebola vaccine working group to advise on the potential role of licensed Ebola vaccines during BVD outbreaks.**”

Check out their **recommendations.**

Devex - The Ebola species rapidly spreading has no vaccines. Here are the options

<https://www.devex.com/news/the-ebola-species-rapidly-spreading-has-no-vaccines-here-are-the-options-112583>

(25 May) “Vaccines licensed for the Zaire strain have been incredibly helpful in the management of Ebola but there is **extremely limited evidence on its efficacy against the Bundibugyo strain** — which is what’s currently circulating in the Democratic Republic of Congo.”

PS: “**Gavi has already issued a statement deploying an advanced purchase commitment for vaccines that are effective against the Bundibugyo Ebola virus to incentivize manufacturers**, Nishtar said....”

“**on the therapeutic side, WHO has recommended prioritizing two monoclonal antibodies to use in clinical trials**, WHO Director-General Tedros Adhanom Ghebreyesus said during the high-level meeting....”

““**In recognition of the scale and urgency of this situation, CEPI has activated its highest level of response, and the board will be meeting tomorrow to consider what further support is needed for this response**,” said Dr. Githinji Gitahi, group CEO of Amref Health Africa and vice board chair of CEPI. “This is **only the second time that we've actually activated this highest level**.” “We are coordinating with Gavi, World Bank, and development finance institutions to secure surge financing for manufacturing and procurement,” he added....”

Science Insider - Can fast, nimble clinical trials deliver a drug to halt the new Ebola outbreak?

<https://www.science.org/content/article/can-fast-nimble-clinical-trials-deliver-drug-halt-new-ebola-outbreak>

“Past outbreaks spawned **clever strategies for testing antivirals and antibodies**, but researchers will still face major challenges on the ground.”

Reuters - World Bank says responding to Ebola outbreak, plans to increase funding

<https://www.reuters.com/business/healthcare-pharmaceuticals/world-bank-says-responding-ebola-outbreak-plans-increase-funding-2026-05-22/>

“**Existing project in DRC has \$200 million in undisbursed funds**; World Bank worried about lack of healthcare response systems in South Sudan, Burundi; **Neighboring Uganda has stronger system but faces financing gaps**.”

“**The World Bank has dispatched staff and resources to the eastern Democratic Republic of Congo to respond to the Ebola outbreak, and is putting together a financing package to ensure more funding can be made available rapidly**, a top bank official said.”

“Monique Vledder, who heads the World Bank's global health department, told Reuters that the bank was also very concerned about neighboring states South Sudan and Burundi, which have weak healthcare response systems. Uganda, which has reported two Ebola cases, has a strong public health system but also faced some financing gaps, she added.”

“Vledder gave no immediate details on the size of the financing package being prepared, but it was clear that more funding would be needed in coming months. ... The DRC has an existing \$250 million health project with the World Bank that was approved in March 2024 to help the Central African country detect and respond to disease outbreaks and other emergencies. About \$200 million of those funds have not been disbursed and remain available, World Bank data show....

““We are pulling together today and early next week a complete package where we will be drawing from different types of financing mechanisms that will help us to make available more funding in a rapid way,” Vledder said. ... She said the World Bank was coordinating with partners at the national, regional and global levels, including the World Health Organization and Africa Centres for Disease Control and Prevention to respond to the outbreak as quickly as possible. ...”

Devex Opinion - Collaboration will be key in race for vaccine to control rare Ebola strain

Dr. Sania Nishtar & Dr. Richard Hatchett; [Devex](#) ;

“Gavi and CEPI issue an urgent plan for the response to the latest Ebola outbreak, caused by the Bundibugyo virus.”

“[In an opinion piece for Devex](#), Gavi, the Vaccine Alliance CEO Dr. Sania Nishtar and Coalition for Epidemic Preparedness Innovations CEO Dr. Richard Hatchett lay out the playbook: test whether the existing Ebola Zaire vaccine offers any cross-protection, fast-track candidates specific to the rare Bundibugyo strain, and make sure the basics are in place — health workers, cold chains, community engagement, and the operational machinery needed for trials or rollout in an active conflict zone....”

KFF (brief) - Is The U.S. Stepping Up In The Fight Against Ebola?

[KFF](#);

(updated on May 23) “A major Ebola outbreak in the Democratic Republic of Congo, which was declared a public health emergency of international concern by the World Health Organization on May 17, is testing the United States' ability to respond to global health crises under the Trump administration’s America First Global Health Strategy, according to a [new KFF brief](#). “

“With nearly 600 suspected cases and over 139 deaths as of May 20, the outbreak presents unique challenges for the U.S. global health response, including a different Ebola virus species (for which vaccines and treatments are unavailable), ongoing regional insecurity, a reduced U.S. global health footprint, and a changed environment for international cooperation. The outbreak is also raising questions about whether existing resources and new organizational structures can effectively

engage with a multinational/international response to address a major viral outbreak in a region already facing multiple humanitarian crises....”

“The recently announced Ebola outbreak in the Democratic Republic of the Congo (DRC), which is quickly escalating in the region, **emerges at a time when the larger fiscal and programmatic environment for global health efforts faces particular hurdles, and international cooperation has been significantly challenged.** This is in large part due to [policy decisions](#) made by the Trump administration and presents the first real global outbreak test following those changes.”

Gates Foundation - Gates Foundation Ebola Response Funding Announcement

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2026/05/ebola-outbreak-africa>

“The Gates Foundation is committing an initial \$15 million in emergency funding to support this response through trusted institutions already working on the ground. The funding is designed to place the majority of resources as close to affected countries and communities as possible: \$5 million to Africa CDC for regional coordination, rapid deployment, and cross-border surveillance; \$5 million to WHO AFRO for frontline operational support to countries; and \$5 million to WHO Headquarters to support rapid procurement, diagnostics, and surge logistics for critical response commodities.”

“The foundation also supports collaboration between Africa CDC and WHO AFRO through the Joint Emergency Action Plan (JEAP), a framework designed to strengthen coordination and provide governments with more unified emergency support during health crises...”

Guardian - Suspected Ebola cases triple in a week as WHO warns of rapid spread in DRC

<https://www.theguardian.com/global-development/2026/may/22/suspected-ebola-cases-triple-in-a-week-as-who-warns-of-rapid-spread-in-drc>

“Situation described as ‘deeply worrisome’ by officials as **aid cuts and community distrust impede responders.**”

Devex – ‘It’s so bad’: Inside the fast-spreading Ebola outbreak

<https://www.devex.com/news/it-s-so-bad-inside-the-fast-spreading-ebola-outbreak-112578>

(from earlier this week - 25 May) “The aid sector and countries in the affected region are on high alert. **They’re playing catch-up to contain a very deadly virus** that’s had ample time to spread undetected in areas where conflict makes it arduous and dangerous to reach people.”

“Africa CDC is aiming to raise \$318.97 million for the overall continental plan for the next six months, which it is co-leading with the WHO office for Africa, and implementing with partners.”

PS: “Kaseya said during the high-level meeting that he received a message from Jeremy Lewin, the senior official in charge of foreign assistance at the U.S. State Department, that \$382 million had been pledged by the U.S., which includes around \$300 million in general humanitarian aid for both DRC and Uganda and \$82 million in emergency funding through the OCHA mechanism. It’s unclear how much of this is specifically allocated for the Ebola response — and is assumedly not in addition to other commitments. ...”

“South African President Cyril Ramaphosa also announced during the high-level meeting that his country would increase its contribution to \$5 million from \$2.5 million.” “Ramaphosa added that African business leaders, such as Aliko Dangote through his foundation, are also stepping forward with support. The private sector as well as financial institutions, including multilateral development banks, will convene in Nigeria in the coming days to also make their pledges....”

PS: “...But responders warn that **pledges alone will not stop this outbreak. It must quickly translate to money on the ground to support frontline workers.** “Up-front funding that’s needed now is actually more valuable than the funding that may come later down the line,” says **Dr. Mesfin Teklu Tessema** of the [International Rescue Committee](#).”

- And via [Devex Check-up](#) :

“During the ministerial briefing earlier this week to get high-level support for the **\$319 million plan** put together by Africa CDC and WHO, **Ramaphosa revealed that African countries had committed 10% of the required financing.** That includes \$5 million from South Africa. “Africa is no longer waiting passively for others to act,” he said.

The reality is, though, that the **vast majority of the nearly \$500 million** raised for the response so far **is still coming from traditional donors.**” (*but see the update by now on the shrinking pledges*)

Devex - UK Ebola response sparks questions over aid cuts

P Adepoju; <https://www.devex.com/news/uk-ebola-response-sparks-questions-over-aid-cuts-112604>

“Critics warn emergency Ebola funding cannot replace long-term investment in outbreak preparedness systems as the U.K. moves ahead with major aid cuts.”

BMJ Opinion – The DRC Ebola outbreak has exposed the consequences of global health underfunding

<https://www.bmj.com/content/393/bmj-2026-678216>

“Trust and community engagement will be as important as vaccines in controlling the disease, say Daniela Manno and Bikioli-Bolombo Freddy.”

Lancet Comment – The PHEIC for Ebola disease caused by Bundibugyo virus: an inflection point for solidarity and health equity

Alexandra L Phelan, Jennifer B Nuzzo & L Gostin;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01037-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01037-8/fulltext)

« On May 16, 2026, the WHO Director-General Tedros Adhanom Ghebreyesus took the unprecedented step of declaring a Public Health Emergency of International Concern (PHEIC) without first convening an Emergency Committee for the Ebola outbreak caused by Bundibugyo virus (*Orthoebolavirus bundibugyoense*) in DR Congo and Uganda. Although this procedural departure is grounded in the International Health Regulations (IHR, 2005), its rarity underscores the gravity of this Ebola virus disease outbreak. The crisis is the predictable outcome of deeper structural challenges: chronic underinvestment in local health systems and a global failure to prioritise pathogens that predominantly affect lower-income countries....”

“... The PHEIC declaration in this outbreak has been an unprecedented process. The WHO Director-General convened an IHR Emergency Committee for each of the previous eight PHEICs. Although the IHR (2005) grants the Director-General sole authority to determine a PHEIC, Article 12 stipulates procedural steps he “shall consider”, including consulting affected States Parties, reviewing scientific evidence, assessing human health risks, and seeking the counsel of an Emergency Committee. Because “shall” denotes a mandatory legal obligation, historical precedent dictated that an Emergency Committee must be convened before an emergency could be declared. **The decision to bypass this initial vetting step is structurally unprecedented yet remains legally defensible. The fast-tracked declaration matches the velocity of the epidemic and relies on Article 12 which empowers the WHO Director-General to formulate an immediate “preliminary determination” through direct consultation with affected States Parties, provided they concur (panel).** The WHO Director-General subsequently convened an Emergency Committee on May 19 with members expressing their strong support for the PHEICs continuation and issuing temporary recommendations to countries. **This novel approach reflects a reasonable legal construction of the IHR to prioritise immediate global mobilisation.**”

“...This epidemic underscores the untenable vulnerabilities and injustices arising from market failure and neglected pathogens. The successful development of vaccines including rVSV-ZEBOV vaccine (Ervebo) and highly effective monoclonal antibodies for the O zairensis species showed that biomedical countermeasures can be achieved when political will, market incentives, and sustained financing align. **However, medical research and development for Bundibugyo virus has been neglected, owing to historically infrequent outbreaks and systemic market failures that deprioritise research for pathogens confined to resource-constrained settings. Consequently, the current containment response remains tethered to the same public health and social measures (PHSM) deployed decades ago: case detection, isolation, contact tracing, safe burials, and supportive clinical care.** WHO and DR Congo have deployed experts and first responders to the outbreak, with additional teams expected to assist with surveillance, community engagement for PHSM, and clinical care. **On May 22–23, Africa CDC held a high-level public health and political coordination meeting in line with the AHSS strategy with ministers of health from DR Congo, Uganda, and South Sudan, as well as National Public Health Institutes, technical experts, WHO, and UNICEF in Kampala.** Success of PHSM will depend on ensuring sufficient financial and mutual aid so that patients and contacts have food, childcare, and income security that enables them to follow health measures without undue hardship....”

“This countermeasure vacuum directly tests global health law reforms...” Do read how.

They conclude: “**This crisis must serve as an inflection point.** The international community must reverse the ongoing disinvestment in global health architecture and expand front-line diagnostic and surveillance capacities beyond a few high-profile pathogens to encompass the full spectrum of viral threats. **In time, the Pandemic Agreement and successful negotiation of the PABS Annex can facilitate this effort.** The Ebola epidemic caused by Bundibugyo virus has followed a predictable,

tragic trajectory of institutional neglect. It is now incumbent upon all countries to redefine the parameters of a PHEIC—shifting it from a mechanism of reactive, self-interested panic into an enforceable covenant of global solidarity and health equity.”

Stat - The Ebola outbreak will lead to devastating violence against women and girls

L Stark et al; <https://www.statnews.com/2026/05/26/ebola-outbreak-congo-violence-women-girls/>

“Not building violence prevention into the Ebola response is negligence.”

“Public health advocates will spend the next several months talking about transmission, case fatality, contact tracing, and vaccine development. But **one critical topic will go largely undiscussed: what this outbreak will do to women and girls. We recently co-authored a systematic review that synthesizes 112 studies on violence against women and girls during infectious disease outbreaks. The findings are all too clear. Outbreaks increase the risk of violence. They do so through five overlapping mechanisms: income loss, movement restrictions, reduced access to schools and clinics, fear of infection as a tool of control, and mistrust of health systems that persists from prior outbreaks.** These mechanisms were consistent across countries and populations.”

“**We know all of this because it has already happened.** We documented it during the last DRC Ebola outbreak. We documented it during Covid-19 in 57 countries. The literature is now large enough that **we can say, with reasonable confidence, that women and girls in eastern Congo will be harmed in predictable, named ways over the next 12 months. Some of that harm will be irreversible. Three things are different this time, and all three are worse....**”

“However, **several studies in our review showed that the path to violence is not inevitable. There are some proven strategies for protecting women and girls:** Embed violence monitoring in outbreak surveillance from day one. Treat gender-based violence services, including shelters and clinical care, as essential, providing staff and volunteers with PPE and training to avoid infection. Restore funding from the U.S. and other global powers. Train front-line responders to identify and refer survivors. Keep schools open or substitute structured alternatives....”

“None of this is groundbreaking. None of this is rocket science. **None of this is speculative or new. It is in our review. It’s in WHO guidance. It’s in the operational plans the dismantled agencies wrote years ago....**”

Lancet World Report – Ebola in Africa

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01073-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01073-1/fulltext)

“**A lack of vaccines, diagnostics, and basic public health capacity** is raising fears over the scale of the Ebola outbreak in DR Congo and Uganda. John Agaba reports from Kampala.”

- And via X: [The Pandemic Fund](#)

“As the Ebola outbreak evolves, **the @Pandemic_Fund is coordinating with countries and partners to scale up surveillance, diagnostics, risk communications & #CommunityEngagement, and other emergency response measures in the Democratic Republic of Congo (DRC), Uganda, and**

neighboring countries. Our financing will complement broader efforts underway. An extraordinary meeting of the Fund's Governing Board will be held this week to determine concrete measures, including the reprogramming of available resources to meet urgent needs."

And some links:

- AP - [Uganda closes its border with Congo, where suspected cases of a rare Ebola type are surging](#)
- BMJ News - [Ebola in numbers: Aid agencies warn current outbreak may become "deadliest on record"](#)

"The Ebola virus disease outbreak rapidly spreading through the Democratic Republic of the Congo (DRC) and into Uganda could become the "deadliest on record" without urgent action, warns aid agency International Rescue Committee (IRC)...."

More on PPPR & GHS

Foreign Policy - Geopolitical Chaos is Wrecking Pandemic Agreements

M Kavanagh; <https://foreignpolicy.com/2026/05/22/hantavirus-who-cruise-ship-outbreak-ebola-congo-trump-cdc-vaccine-inequality-geopolitics/>

"U.S. dysfunction is undercutting attempts at equality."

Via the author: "In @foreignpolicy.com today I argue inequality now main driver of pandemic risk. 3 deaths on lux cruise gets wall to wall covg while Ebola in Congo goes undetected. Pandemic agreement stalled over tech sharing. **Lack of a serious political venue is a growing crisis.**"

A few excerpts:

"... The United States is the epicenter of the global disorder: U.S. President Donald Trump's withdrawal of the United States from the World Health Organization (WHO) was premised on the idea the country could replace multilateralism with bilateral deals. After the Trump administration's dismantling of the U.S. Agency for International Development, which assumed this money was doing little good and a more extractive approach would get the United States better information sharing and a greater health security, **the new "America First" global health strategy has aimed to prevent dangerous outbreaks and pandemics by prioritizing "making America safer, stronger, and more prosperous."** So far, **the Congo Ebola outbreak is proving these assumptions wrong.** The Trump administration halted millions of dollars in grants to Congo outbreak and surveillance projects. It also cut hundreds of millions of dollars to the health workers in malaria, HIV, tuberculosis, and maternal health efforts, who had been an informal surveillance network in past outbreaks. **Congo was one of the first countries to agree to Trump's new America First global health deals, yet instead of stronger information sharing and quicker responses the United States has found itself on the outside looking in, unable to coordinate with WHO and learning things not much sooner than headlines break."**

“But while the Trump administration’s moves are perhaps the most high-profile symptom of the geopolitics of inequality, these geopolitics were already wreaking havoc on a great many governments....”

“... A recent report from the Global Council on Inequality, AIDS, and Pandemics, which I co-authored, proposed that a pandemic emergency declaration could trigger opening of a surge financing facility, perhaps one based in the global south (such as the New Development Bank, established by Brazil, Russia, India, China, and South Africa) and one based at the International Monetary Fund. This facility would use special drawing rights as capital, as happened during COVID-19, albeit then too late and too piecemeal. The report also proposed, in an idea led by Joseph Stiglitz, creating a patent-free system of prizes for pandemic technology to incentivize innovation without creating global monopolies that allow viruses to spread while factories sit idle in Africa, Asia, and Latin America....”

“Inequality is driving today’s pandemics, but there is currently no serious political venue in which to address it. The World Health Assembly is deadlocked on how to bring the Pandemic Agreement into force and whether to allow Argentina to withdraw from WHO. The G20 under its U.S. chair has eliminated its health track entirely. The BRICS countries considered the idea of a pandemic fund of their own based at the New Development Bank; but while such a fund could be more equitable, it has not materialized and the group has its own deep political divisions. Important work is happening at regional level in Africa and within the Association of Southeast Asian Nations, but when facing a global outbreak it will be hard to see how this work adds up to more than the sum of its parts.”

“There are multiple proposals being floated for reforming the architecture of global health governance—from WHO, African leaders, charitable foundations, and think tanks. But none would accomplish this major missing piece: generating a shared venue where genuine high-level political negotiation over the inequality drivers of pandemics occurs among powerful states. Until that happens, viruses will continue to triumph, no matter how well international organizations’ mandates are aligned and funding streams rationalized.”

Foreign Policy - The Next Pandemic Will Come From a Conflict Zone

A Sparrow et al; <https://foreignpolicy.com/2020/05/22/ebola-outbreak-congo-uganda-pandemic-preparedness-conflict/>

“The latest Ebola outbreak underscores a central flaw with the global preparedness model.” “... perhaps the question people should be asking is: How can fragile health care systems withstand such crises?...”

“... The COVID-19 pandemic intensified a preparedness model centered on technological containment. The current Ebola outbreak underscores a flaw in this model. As negotiations over the WHO Pandemic Agreement remain focused on debates around vaccines, intellectual property, and technology transfer, less attention has been paid to the human forces that determine whether dangerous outbreaks can be contained. ... Technological tools matter enormously, but fixating only on these solutions and single pathogens obscures a larger unfolding threat: the slow collapse of the human systems required to contain outbreaks once they emerge.”

“... The West African Ebola epidemic in 2014-16 demonstrated the catastrophic consequences that Ebola can have for fragile regional health systems and local economies, while also revealing the

comparatively limited direct threat to most Western populations. That **limited threat** helps explain a **political dynamic rarely acknowledged openly at pandemic summits. Though outbreaks of diseases such as Ebola and hantavirus are invoked to underscore the urgency of pandemic treaties and preparedness plans, Western governments often appear far less alarmed in practice than their rhetoric suggests....”**

“... **Ebola exposes a profound fault line in the global system: inequity. Outbreaks of Ebola, mpox, anthrax, cholera, malaria, and polio emerge disproportionately in conflict-affected settings where health care systems are already weakened by violence, displacement, poverty, and underinvestment.** Mpox, for example, emerged as a major sustained epidemic in eastern Congo in 2023, where insecurity, sexual violence, and weak surveillance systems created ideal conditions for prolonged transmission. **Meanwhile, global preparedness has increasingly drifted toward a technologically seductive vision of pandemic prevention centered on pathogen discovery.** Beginning in 2009, the United States invested heavily in the U.S. Agency for International Development (USAID) Emerging Pandemic Threats (EPT) program—including PREDICT, a system that sought to identify viruses with pandemic potential circulating in wildlife populations. In 2018, an independent evaluation of the EPT program commissioned by USAID—which is no longer available online—found that **PREDICT had failed to anticipate any of the four major epidemics that defined the late 2000s and 2010s: the H1N1 influenza pandemic, MERS, Ebola, or congenital Zika syndrome.** The problem was never simply scientific. **Governments poured billions of dollars into pathogen-specific countermeasures, vaccine platforms, and biodefense programs while paying far less attention to airborne and asymptomatic transmission, risk communication, and the structural fragilities that transform a virus into a global disaster: overcrowded hospitals, workforce shortages, unequal health care access, fragile supply chains, political mistrust, and underfunded public health systems.”**

“... **Pandemic preparedness is not simply a scientific and biomedical challenge. It is fundamentally political.”**

HPW – Mandates or Markets? Geopolitical Rift Impairs Pandemic Preparedness as Crisis Funds Hit ‘Dangerous Lows’

<https://healthpolicy-watch.news/geopolitical-rift-pandemic-preparedness/>

Coverage of a **high-level forum in Geneva** from during the WHA (“From Preparedness to Crisis Response: Ensuring Equitable Access to Medical Countermeasures”). Co-hosted by the GHC, the WHO, the European Commission, and the governments of Indonesia and Germany, the forum convened a diverse coalition of decision-makers.

“**WHO emergency funds are running low, and global health leaders are concerned about a systemic paralysis in pandemic preparedness.** In **high-level discussions in Geneva**, experts explored the geopolitical rifts, pitting the **Global South’s demand to treat pandemic tools as legally binding “public goods”** against a **European push for market-driven surge financing.”**

On the latter: “.... To circumvent the delays of traditional voluntary funding – and provide a market-driven alternative to the mandatory corporate contributions demanded by the Global South – **industrialised nations are instead championing the Global Surge Financing Initiative.** First established in 2024 through a memorandum of understanding signed by development finance institutions from G7 nations, the European Investment Bank (EIB), MedAccess, and the World Bank’s International Finance Corporation (IFC), **this mechanism aims at pooling institutional capital to**

rapidly finance advance purchase agreements for lower-income countries. The surge financing model combines market-based capital, private-sector reliance, and a hybrid PABS system....”

Participants in the debate: “Alongside Van Kerkhove, Dr Viroj Tangcharoensathien, vice-chair of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement, and Matthias Seiche, head of health policy and financing at Germany’s Federal Ministry for Economic Cooperation and Development, offered contrasting visions over approaches to crisis funding. They were followed by a technical panel of specialised agencies that explored practical implementation, moderated by GHC’s Head of Policy Engagement, Daniela Morich....

“The debate exposed a deep ideological rift: while low- and middle-income countries are demanding legally binding treaties that mandate equitable access to life-saving tools as a universal public good, western states are pushing for market-based financial mechanisms to quickly mobilise capital in the event of a crisis.”

Lancet Public Health (Correspondence) – Health security: why preparedness alone will not keep us safe

K Buse et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00099-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00099-X/fulltext)

“As health security expands to address climate, trust, and systemic risks, a continued focus on emergency preparedness risks fragmenting public health and obscuring the political and economic drivers of those risks. The upcoming Global Health Security Conference suggests a welcome shift, reflecting an evolution in how health security is understood. Topics now extend beyond infectious disease preparedness to include climate change, misinformation, trust, and governance, pointing towards more systems-oriented and interconnected understandings....”

“Yet, while the agenda has broadened, the way health security is operationalised has changed far less. Emergency preparedness, response systems, and surge capacity models continue to dominate expansion without transformation. At risk is the indivisibility of WHO's Essential Public Health Functions, a framework that makes it clear that prevention, promotion, protection, and governance are interdependent. Community engagement, health promotion, disease prevention, and public health regulation are often deprioritised in favour of emergency response. Separating health security from the broader public health system risks weakening the foundations on which resilience depends. Work by WHO and the International Association of National Public Health Institutes reinforces the need for balanced delivery across these functions...”

The Letter then makes **five points**.

AMR

Guardian -Climate crisis is accelerating antibiotic resistance across world, study says

<https://www.theguardian.com/society/2026/may/26/climate-crisis-accelerating-antibiotic-resistance-across-world-salmonella-study>

“Experts say climate change linked to 10% rise in salmonella antibiotic resistance genes between 1940 and 2023.”

“The climate crisis is accelerating a global increase in antibiotic resistance that poses a serious threat to human health, experts have said as figures show a rise in salmonella antibiotic resistant genes. ... Now a study, led by researchers from the UK, France, Australia, Switzerland and China, has revealed how **climate change is linked to rising antibiotic resistance in salmonella, one of the world’s most common bacterial diseases**. Climate change is associated with a 10% global increase in salmonella antibiotic resistance genes between 1940 and 2023, according to the first-of-its-kind study, which has been **published in the Lancet Planetary Health journal.**”

PS: **“The main drivers of antibiotic resistance are still the misuse and overuse of antibiotics, which are used to treat infections. But the research suggested the problem is being worsened by climate change....”**

Trump 2.0

Guardian – US voters support HIV/Aids relief – will Trump’s cuts backfire in the midterms?

https://www.theguardian.com/us-news/2026/may/24/hiv-aids-trump-midterms?CMP=Share_AndroidApp_Other

“US midterm voters overwhelmingly support Pefpar, an initiative to end HIV/Aids that also has strengthened health systems against other infectious disease threats but has come under fire from the Trump administration. **About three in four (74%) likely voters in the US midterm elections say they support funding the US President’s Emergency Plan for Aids Relief (Pepfar), with voters more likely to back candidates who support Pepfar, according to a recent poll**. Four in five voters said there is a moral argument for supporting lifesaving treatment for people at risk for or living with HIV/Aids, regardless of their personal choices. **Among voters, “it’s going to be seen positively if Republicans or Democrats pursue Pepfar,”** said Jennifer Kates, the senior vice-president and director of the global and public health policy program at KFF, a health non-profit.”

Independent - Trump administration restricts leading US scientists’ involvement in global Ebola response – report

https://www.independent.co.uk/news/world/americas/us-politics/trump-ebola-policy-cdc-niaid-b2983603.html?trk=feed_main-feed-card_feed-article-content

“New restrictions prevent US health experts from contributing during conference calls with the World Health Organisation and limit those only listening to “small groups” .”

NYT – Trump Administration to Send Americans Exposed to Ebola to Kenya

https://www.nytimes.com/2026/05/26/us/politics/trump-ebola-kenya.html?unlocked_article_code=1.IVA.rw8t.qQwePLZ7qHMD&smid=url-share

“In past outbreaks, Americans exposed to the virus were sent home to be treated in state-of-the-art facilities. The Trump administration has already flown some U.S. citizens to Europe for treatment.”

US Bilateral health agreements & US Global Health strategy

FT – Donald Trump reboots foreign aid with cash-for-data strategy

[FT](#);

“After gutting USAID, Washington is striking transactional deals that some critics liken to ‘recolonisation’.”

A few quotes:

“Some African officials have also accused the US of predicating aid money on other demands, including preferential access to critical minerals, though Washington has categorically denied this. **“It’s a recolonisation of our health system,”** said **Ayoade Alakija, a Nigerian ministerial health envoy and co-chair of the African Vaccine Delivery Alliance**, of the \$5bn MOU Nigeria signed with Washington in December. “They can create vaccines and diagnostic tools with our data and we get scraps off the table.””

“... health experts warned that Washington was pushing for implementation too quickly to deal with such complex issues. “America is giving countries very little time,” said **Serah Makka, executive director for Africa at the One Campaign**, which advocates for an end to extreme poverty and preventable diseases. “Even the American government doesn’t work that fast.” The new-style MOUs signed with governments in Africa, Latin America and Asia are focused on HIV, tuberculosis, malaria and maternal health...”

“... Some African health officials cautiously welcomed the transactional nature of agreements as more transparent. “Aid has always been conditional,” said **Makka of the One Campaign**. “What we are seeing is the overt nature of it, and, quite frankly, overt is better than covert.” **Githinji Gitahi, chief executive of Amref Health Africa, said: “We always knew aid was not charity, so we have no problem with an America First policy.”** The problem, he said, was the power imbalance. Recipient countries were desperate for money to keep HIV and other programmes going and were signing agreements in a rush, he said. Kenya’s high court suspended implementation of a \$2.5bn MOU with the US after a consumer lobby group brought a case. **“Let us first determine the issues being raised by civil society around data sovereignty [so] the public can feel safe that their data is being protected,”** said Gitahi.”

BMJ Opinion – Trump and RFK Jr have a new approach to global health: holding vulnerable people to ransom

G Yamey; <https://www.bmj.com/content/393/bmj-2026-387444>

“The US government is withholding healthcare for children and people with HIV to exert control over lower income countries, says Gavin Yamey.”

Excerpt: “... **Multilateral global health institutions, including WHO, can better confront transnational challenges and extractive bilateralism in three key ways: firstly, renewed multilateralism must include reform of global health institutions.** Institutional leadership must become more globally representative, with permanent representation of the global south in governance structures. Institutions should be consolidated to reduce overlap, increase efficiency, and sharpen their focus on providing global public goods. **Second, WHO can use its role in setting global norms and standards to boost the collective bargaining power of countries in the face of asymmetric bilateral aid contracts.** For example, WHO could establish legal and institutional frameworks to strengthen governance over bilateral relationships and reduce low income and middle income countries' exposure to asymmetric power structures. **Thirdly, multilateral institutions must support low income and middle income countries in gaining national sovereignty over their own health systems and increasing their domestic health financing, with planned and phased transition away from external financing...**”

The Bulletin of the Atomic Scientists - African countries can still get US funding for public health—if they cough up minerals and data first

<https://thebulletin.org/2026/05/african-countries-can-still-get-us-funding-for-public-health-if-they-cough-up-minerals-and-data-first/#post-heading>

Not that much new in this analysis, except perhaps the following paragraphs:

“Deals under the auspices of President Trump’s America First Global Health Strategy are offering countries in Africa and elsewhere a progressively diminishing amount of critical health funding—revokable at any time—in return for granting the United States expansive and continuing access to an array of resources ranging from minerals to valuable health data, experts and officials say. The deals aren’t coercion at colonial gunpoint, exactly, but they’re still life or death propositions for the countries involved. **Nelson Evaborhene, a doctoral fellow at Denmark’s Roskilde University, said the leaders of the African countries are making these agreements for domestic reasons. “They are looking at the next electoral cycle,” he says. “Many of them, they’re clearly going to pick the US funding.”**

And towards the end of the article, on ‘leverage’:

“**Leverage. The America First Global Health Strategy “is about US interests, American prosperity, access to American products, supply chains, and American security,”** Evaborhene says. **“This has a lot of implication for global health, which is a field defined by equity and solidarity.”**

“**Though the Trump administration’s global health policies have been controversial, Evaborhene doesn’t expect the America First ethos to completely disappear from US policy, even if a future presidential administration returns to emphasizing greater international cooperation. We’re in an era of fierce geo-political jockeying, he says, with large powers like the United States, China, and Russia seeking advantage. “The era of deals that are struck for just altruistic purposes, for moral purposes, I think that era is gone,”** he says.”

“Countries need to adapt, Evaborhene and Munga say, and play a more transactional game themselves. For Evaborhene, African countries should diversify their partnerships. They should negotiate to strengthen the deals, for example, so that the Trump administration couldn’t simply terminate aid at will. Munga says countries should get something for providing data for products and artificial intelligence. “They’re sitting on something that is of value” that may help grow their economies, she argues. “I think it’s an imperative for countries to start looking at this differently and find the silver lining. They need to find the silver lining.” **For some countries, their resources and their importance in various geopolitical machinations give them currency—leverage in dealings with the United States or other countries. The reward may be a healthier population with more access to medicine. But, Evaborhene says, for countries without leverage, it’s a different story:** “You know, what are they going to get? But that is the era that we are in right now, and it’s very sad.”

Emily Bass - Exclusive: State Department Shifts All U.S.-Funded Health Commodity Procurement to Global Fund’s Wambo Platform

[On Substack;](#)

“All US government health commodity procurement has shifted over to the Global Fund’s Wambo.org pooled procurement mechanism, as of May 15 2026, according to a Department of State démarche sent to embassies around the world on the same day. Under the new arrangement, countries will order US-funded commodities using Wambo’s Non-Grant Financed Procurement” (NGFP) channel. The US will pay for the purchases by transferring money to the Global Fund under via a “funding agreement.” The communique, which has not been previously reported, says that the current US supply chain contract, managed by Chemonics International, will “fulfill all outstanding purchase orders and complete all in-transit deliveries by September 2026.” The new arrangement “applies for the period during which the US government continues to finance commodity purchases...””

““It’s a pretty good idea. If you want to support country ownership of health programs, it’s a good idea to move away from a contract with a US-based company to procure and deliver other countries’ commodities, and towards the platform that most countries are already using to buy stuff with money from their Global Fund grants. This will make life simpler for some countries. The shift will also increase Global Fund purchasing power, as the volume of orders it processes increases....”

“... while the idea is solid, the execution is on-brand for Trump Era GHSD: short on details, blisteringly hasty and utterly blasé about timely, transparent public communication. GHSD can be congratulated on having a good idea and also be held accountable for ensuring that it is implemented responsibly and effectively....”

Stat - 8 former CDC directors: Reform PEPFAR, don’t dismantle it

W Roper et al; [Stat](#);

“A State Department plan scheduled to be implemented June 1 would strip the U.S. of decades of disease defense.”

“...in the coming weeks, a new State Department plan could derail PEPFAR, endanger the lives of people living with HIV, and undermine global and American security. As a prelude to this change, on May 5, the State Department froze the funds needed to extend 105 active Centers for Disease Control and Prevention cooperative agreements that today support HIV treatment to 8.1 million people....”

“Global health security requires deep expertise as well as relationships built over many years. PEPFAR was launched to fight HIV; the CDC country offices, laboratories, and trained workforce it sustains are also what CDC mobilizes when any outbreak appears. CDC’s country offices deploy staff within hours when emergencies strike, drawing on decades of partnership. CDC-supported laboratories sequence viruses within a day....”

“After more than two decades, it is reasonable to ask how PEPFAR should evolve. The State Department has stated its goal of transferring ownership of these programs to the partner countries themselves. African leaders are asking for the same shift. Last year, Ghanaian President John Dramani Mahama and other African heads of state launched the Accra Reset, a call for African governments to finance, staff, negotiate, and establish the health and public health institutions needed to protect and improve their health. That’s the right approach....”

“But how reform is sequenced matters. The administration’s current direction, which asks partner countries to choose, à la carte, which CDC services to buy, risks pulling out the scaffolding and expertise before an effective alternative is in place. Without a transition plan and a manageable timeline, the result will not be a more effective PEPFAR — it will be the rapid dismantling of America’s overseas public health capability and the relationships that have taken years to build.... .. Recent experience with the U.S. Agency for International Development provides a cautionary note: The rapid dismantling of USAID severed relationships built over decades, harmed children and others around the world, hollowed out institutional knowledge, and forfeited American influence. CDC’s global health relationships and expertise risk going down the same path if the State Department’s new and untested PEPFAR approach is adopted. Without more time to transition, at least 18 CDC global outposts could close before the end of the year. Up to 85% of CDC’s global presence could evaporate over the next two years, leaving no U.S. presence to connect with health leaders, build trust, and identify areas of mutual benefit, such as faster detection and control....”

UHC & PHC

Lancet Primary Care - Population expectations of primary care quality in 18 countries: a cross-sectional analysis of data from the People’s Voice Survey

Todd P Lewis, M Kruk et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00046-4/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00046-4/fulltext)

“This study provides the first nationally representative, multicountry assessment of health system expectations using a harmonised instrument across 18 diverse countries. We quantify expectations of primary care, describe variation within and across countries, and identify groups with systematically low or high expectations—an important dimension for performance measurement and interpreting population-reported care quality...”

“... The combined evidence shows that expectations are a crucial determinant of how people interpret and rate their health system, yet they remain poorly measured and understood. As a result, population ratings that do not account for expectations should be interpreted with caution. Incorporating expectation measures into performance monitoring can clarify where low reported quality reflects genuinely poor performance versus low expectations that might lead patients to be overly satisfied with poor-quality care. For policy makers, these findings highlight the importance of raising expectations alongside improving services to increase demand for high-quality care, while also communicating what the health system can reasonably provide. ...”

Interpretation of the findings: “Populations can often misjudge primary care quality, with substantial cross-national variation. Recognising and measuring expectations are essential for accurately interpreting health system ratings and guiding efforts to improve primary care. Policy makers should invest in strategies that strengthen health literacy and patient activation, empowering populations to recognise and demand high-quality primary care.”

- Related [Lancet Primary care comment – Potential use of patient expectation data for primary care improvement](#)

SRHR

The Conversation - A draft African charter on ‘family values’ is on the cards: why it’s flawed and dangerous

C Macleod et al ; <https://theconversation.com/a-draft-african-charter-on-family-values-is-on-the-cards-why-its-flawed-and-dangerous-282423>

« A series of conferences held in Entebbe, Uganda, between 2023 and 2025 have resulted in a draft **African Charter on Family, Sovereignty and Values**. The meetings were organised by the Inter-parliamentary Network on African Sovereignty and Values, which organises continental conferences for African legislators and faith-based advocates. **Supported by international conservative groups like Family Watch International and heavily promoted by Ugandan president Yoweri Museveni**, the aim of the drafters of the charter is to convince African governments to sign on to it. The draft charter is situated within the current **global movement to the right**, which prioritises nationalism, tougher immigration policies and an erosion of social values like gender equity. Framed as an effort to “protect” the family, it urges governments to adopt a series of regressive measures.”

“These include: opposing comprehensive sexuality education; rejecting the sexual and reproductive health and rights agenda, especially abortion (under any circumstance); establishing African “sovereignty” over health, food, education and economic development; preserving African cultural values, traditions and the role of elders.”

“... We are researchers with extensive experience in sexual and reproductive health and rights. Here, we address the inaccuracies contained in the charter. We are particularly concerned about the implications if it is adopted. Decades of scientific evidence produced on the African continent and elsewhere suggest that the measures, if adopted, will cause significant harm....”

Planetary Health

HPW - Global Temperatures Head For Record Highs in Next Five Years

<https://healthpolicy-watch.news/global-temperatures-head-for-record-highs-in-next-five-years/>

“Global average temperatures are likely to reach record levels in the coming five years, the latest **report** from the World Meteorological Organization (WMO) warns...”

Guardian - Global heating is making hajj ever more dangerous, report finds

<https://www.theguardian.com/environment/2026/may/29/global-heating-hajj-muslim-pilgrimage-saudi-arabia-dangerous>

“Rising heat in Saudi Arabia threatens millions of Muslim pilgrims – but cutting fossil fuels would keep it safer.”

See the [study](#) (by researchers from **World Weather Attribution**).

Carbon Brief - Experts: Why migration is ‘not a failure of adaptation’ in a warming world

<https://www.carbonbrief.org/experts-why-migration-is-not-a-failure-of-adaptation-in-a-warming-world/>

“Hundreds of scientists gathered in London this week to discuss the role of migration as a way for communities to adapt to climate change.”

“As a form of climate adaptation, a **decision to migrate involves an array of different factors, such as politics, conflict and economic opportunity**. The conference unpacked these topics, as well as the impacts of climate change on livelihoods, relocation and gender norms across Africa and Asia.”
“**The event had a strong focus on urban areas**, with one co-convenor stating that “half of the world’s population now lives in the cities...A lot of the battles of climate adaptation will be won and lost in cities.” “Another co-convenor told Carbon Brief that **the conference’s “focus really is on the climate change adaptation community, showing that migration is not a failure of adaptation – it is part of adaptation”**.”

“The **two-day conference on “mobility in adaptation to climate change”** was held at Wellcome’s **headquarters in London**. It gathered more than 100 leading experts in migration, adaptation and climate change from countries across Europe, Africa and Asia....”

Guardian - ‘My head spins with the heat’: India’s gig workers battle exhaustion amid soaring temperatures

<https://www.theguardian.com/world/2026/may/26/high-temperatures-millions-workers-impacted-by-heat-india-asia>

“Cities across south and south-east Asia are becoming places where informal workers can no longer recover from the heat.”

“Rising temperatures are turning cities across south and south-east Asia into places where workers can no longer recover from the heat. A new report by US-based **People’s Courage International (PCI)**, using research in Delhi, Dhaka, Kathmandu, Jakarta and Quezon City, has found hotter nights, combined with the urban heat island effect – the trapping of heat inside dense cities – are leaving millions of informal workers exhausted before a new workday even begins.”

“... Across Asia, the International Labour Organization estimates that more than 70% of the workforce are exposed to excessive heat at some point during their jobs, with informal workers among the most vulnerable. This has a big impact in countries like **India**, where nearly 90% of workers are employed in the informal economy.”

Access to Medicines, Vaccines & other health technologies

HPW – ‘Failure was Never an Option’: South Africa’s mRNA ‘Hub’ Awarded Good Manufacturing Practice Certification

<https://healthpolicy-watch.news/failure-was-never-an-option-south-africas-mrna-hub-awarded-good-manufacturing-practice-certification/>

“Afrigen Biologics, the South African facility that developed an mRNA vaccine from scratch during COVID-19, has become the first African facility to be certified to manufacture investigational biological products for Phase I and II clinical trials. The facility celebrated receiving its Good Manufacturing Practice (GMP) certification for its mRNA facility in Cape Town from the South African Health Products Regulatory Authority (SAHPRA) on Wednesday. This means that Afrigen now meets internationally recognised pharmaceutical manufacturing standards.”

““Failure was never an option,” said Afrigen CEO Professor Petro Terblanche, while paying tribute to her team, the World Health Organization (WHO), Medicines Patent Pool (MPP) and several key donors. Almost four years ago – on 21 June 2021 – Afrigen was selected as the “mRNA hub” by the WHO and MPP – along with BioVac and the South African Medicines Control Council. Afrigen had the “enormous task to develop an mRNA platform, to industrialise it and to transfer technology to 15 partners on four continents in low-middle-income countries representing four billion people”, she added. “We are ready to support clinical trial material production, advance technology transfer and contribute meaningfully to vaccine and biologics development and manufacturing.” Afrigen’s 15 partners – including Bangladesh, Brazil, Egypt, India, Nigeria, Ukraine, Serbia and Vietnam – are using the knowledge acquired from the hub to develop mRNA products to address a wide range of challenges from cancer to dengue to foot-and-mouth disease in animals.”

PS: re sustainability: “...However, Gore said that the next phase of the mRNA Technology Transfer Programme is to ensure that it is “really sustainable, because there is no point having the capacity if you then walk away and leave it to stagnate”. This means that Afrigen and its partners will need to make – and sell – high quality products to governments and companies. As previously reported by Health Policy Watch, the key challenge facing all mRNA hub partners is to ensure that governments procure their vaccines and medicines – although the new start-ups’ products are likely

to be more expensive than the giant pharma firms that have been in the business for years and are already supplying large global markets. “

FT - Philanthropists launch \$140mn push for Strep A vaccine

<https://www.ft.com/content/d56a49e7-a60a-48d2-9986-e77d7b2a7335>

“**Global health philanthropists are backing a fund for a vaccine against the Strep A bacterium** that kills hundreds of thousands of people annually in poorer countries and is an often underestimated threat in rich ones.”

“**Coefficient Giving will today launch a \$140mn fund**, backed by donors including former Facebook and Asana co-founder Dustin Moskovitz and his wife Cari Tuna. **Its lead goal is to double the number of vaccine candidates and ready at least one for full human clinical trials by 2030.**”

“**Group A Streptococcus, known as Strep A**, is estimated to kill similar numbers of people worldwide to malaria and HIV/Aids, but efforts to combat it have received only a fraction of the finance devoted to the other two threats....”

“**The new fund aims to mobilise \$200mn from a range of funders over the next five years.** Its aims include improving scientific understanding of Strep A, assisting existing and next-generation vaccine candidates, and working with authorities to smooth the deployment of any successful jabs.”

“... **Strep A** is familiar to many people in high-income countries as the cause of Strep throat, which often affects children and either disappears naturally or can be treated with common antibiotics. **But it can cause much more serious problems such as sepsis and rheumatic heart disease**, a chronic and potentially fatal condition estimated to affect more than 50mn worldwide. **More than 639,000 people are thought to die each year because of illnesses related to Strep A, most of them in poor and middle-income countries...**”

- Related: Coefficient Giving - [Announcing the Strep A Vaccine Fund](#) (26 May)

Stat (Opinion) - The innovation trap: How pharma weaponizes a word to extend monopolies

T Amin & R Malpani ; <https://www.statnews.com/2026/05/26/humira-patents-abbvie-innovation-pharma-monopoly-excerpt/>

“The patent system has become more of an exclusivity system for financial investment, not invention.”

Via T Amin: “In this excerpt from Chapter 5 of Pharma Monopoly, titled “The Innovation Trap,” **we explain how the pharmaceutical industry has weaponized the word “innovation” to ensure a perpetual novelty of knowledge that should be in the public domain.**”

On the marvels of ‘lifecycle management, ‘incremental innovation’ etc. Big Pharma is stunningly good at it (and makes billions out of it).

NYT – A powerful HIV drug lands in Zambia. But will it reach those who need it?

<https://www.nytimes.com/2026/05/26/health/lenacapavir-hiv-zambia.html>

“Lenacapavir is arriving in a country where the health systems has been hollowed out by US aid cuts.”

Global Housing crisis

UN News - World Urban Forum backs ‘Baku Call to Action’ on global housing crisis

<https://news.un.org/en/story/2026/05/1167577>

“A landmark gathering of more than 57,000 participants – the largest in the history of the World Urban Forum – closed on Friday in Baku with an **urgent call to rethink how the world houses its people, as a new roadmap urges governments, cities and communities to act collectively on a crisis affecting billions.**”

- And via [HHR's weekly digest](#):

“**Türk: Build sustainable houses for people everywhere:** UN Chief Human Rights Commissioner Volker Türk urged the international community to commit to developing sustainable housing solutions for people everywhere. Speaking to the 13th World Urban Forum this week, he warned of the growing global housing crisis, compounded by climate-induced disasters, proliferating conflicts, and deepening inequities. “Even as challenges grow, so does our capacity to respond with creativity, solidarity, commitment – and human rights at the centre,” he said.....”

- Related: IISD - [World Urban Forum Tackles Global Housing Crisis](#) (with some more info on the Baku Call to action).

AI & Health

Guardian - Pope Leo denounces ‘culture of power’ driving rise of AI

<https://www.theguardian.com/world/2026/may/25/pope-leo-encyclical-ai-artificial-intelligence-slavery>

“Pontiff calls for ‘disarming’ of artificial intelligence and apologises for church’s delay in condemning slavery.”

“Pope Leo has denounced the “culture of power” driving the rapid rise of artificial intelligence while warning that the technology must be subject to the “most rigorous” ethical constraints as it infiltrates everything from work to war. In his **encyclical** – the first major text on safeguarding humankind of his papacy – he also apologised for the Catholic church’s long delay in condemning slavery, describing it as “a wound in Christian memory”, and spoke of the “new forms of slavery” due to the digital economy.....”

Conflict/War & Health

Via HHR's [weekly digest](#) :

“Nations investing in war rather than wellbeing: The right to development is under threat as nations are investing in war rather than in the wellbeing of their populations, the High Commissioner for Human Rights told the UN Intergovernmental Working Group on the Right to Development. Volker Türk urged States to “recommit to economies and societies that deliver for everyone” and expressed grave concern at current trends in global security....”

TGH - Cuba's Health Care Buckles Under Fuel Blockade

Arachu Castro;

<https://www.thinkglobalhealth.org/article/cubas-health-care-buckles-under-fuel-blockade>

“A professor of Latin American public health details how the 2026 fuel blockade has affected every domain of Cuba's health system.”

Some more reports, Lancet Commissions, ...

Lancet – The Lancet Commission on precision health: equitable, data-driven health outcomes for all

Paul W Franks et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00612-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00612-4/fulltext)

“The Lancet Commission on precision health is a new global initiative that will assess the landscape of precision health and make recommendations for equitable adoption in health systems worldwide. The Commission will align with other key initiatives and processes, including the 2026 draft resolution on precision medicine from WHO. Key outputs will include precision health frameworks amenable to contextualisation, consideration of disease burden, and cultural, economic, and social characteristics of specific populations and health-care systems.”

“... The Commission will primarily consider four categories of high-burden non-communicable disease (NCD): oncology, cardiometabolic disease, respiratory disorders, and mental health...”

PS: “The Commission will critically evaluate existing regulatory frameworks and community engagement models, including considerations about data sovereignty and power dynamics between researchers and research participants. **Implementation barriers in high-income countries and low-income and middle-income countries (LMICs) will be considered, alongside opportunities to help LMICs bypass intermediate, outdated technologies and adopt advanced, modern systems directly, allowing the acceleration of precision health in LMICs.** Such opportunities might exist where clinical care pathways are less entrenched, task-sharing and task-shifting among health-care professionals are common, and the mechanisms for health-care delivery are versatile—all features of some LMICs. **Health systems around the world are increasingly strained, creating an urgent need for innovations in health care. The Lancet Commission on precision health will help address this need**

by providing guidance to facilitate affordable, accessible, scalable, fair, and effective precision health care across diverse health-care settings and populations.”

Lancet special issue on neurology

<https://www.thelancet.com/journals/lancet/issue/current>

Start with the Editorial - [A new era in neurology](#)

“Reflecting on both the growing global burden and recent scientific progress, The Lancet publishes today a special issue on neurology.....”

Miscellaneous

Guardian - US-Israel war on Iran driving historic levels of global hunger, UN says

<https://www.theguardian.com/global-development/2026/may/27/us-israel-war-on-iran-driving-historic-levels-of-global-hunger-un-says>

“Conflict and cuts in funding have left World Food Programme ‘taking from the hungry to feed the starving’.”

“The continuing **US-Israel war on Iran** has compounded other global disasters to drive record numbers of people into hunger at a time when funding to combat famine has fallen dramatically, the head of the UN World Food Programme has said. The WFP says **363 million people** around the world are now at risk of acute hunger, 45 million of them as a result of conflict in the Middle East and the consequent oil price spike....”

Global health governance & Governance of Health

Report of the Secretary-General: UN80 Initiative Progress Report

<https://www.un.org/un80-initiative/en/media/629>

(26 May 2026) “**This report frames the next phase of the initiative.** It records decisions already taken. It shows where UN80 has generated movement, and how reform proposals are advancing along their respective pathways. It distinguishes issues that are ready, or nearly ready, for decision-making from those requiring further design and consultation. It also makes clear where political support and decisions are now needed to carry reform all the way from design to delivery, always as a Member State-driven process and in strict respect of established mandates and governance arrangements.”

PS: Related **comment** by United Nations Secretary-General **António Guterres**: “...urging strong Member States’ engagement to move the process forward. ... **“The status quo is untenable,”** he

warns, arguing that the choice is between planned reform, led by Member States, or externally imposed, crisis-driven change. “

Health Affairs - China's Evolving Global Health Strategy And Its Implications for the US

Jennifer Bouey and Yanzhong Huang; <https://www.healthaffairs.org/content/forefront/china-s-evolving-global-health-strategy-and-its-implications-america-first-global>

“The strategic convergence of the US moving to an America First Global Health Strategy while China advances multilateral soft power undermines US health diplomacy at the very moment China’s structural limitations are most exposed.” A few excerpts:

“In 2021, Xi announced the Global Development Initiative at the United Nations—a rebranding that offered a more palatable, people-centered face for China’s global ambitions. By 2023, mentions of the BRI (Belt & Road Initiative) by China’s top leaders had declined noticeably. ... **The GDI was preceded by China’s foreign aid reform, which began in 2018 with the transfer of policy leadership from the MOFCOM to the newly established China International Development Cooperation Agency (CIDCA).** The CIDCA has since drafted comprehensive foreign aid legislation—including the Foreign Aid Evaluation Measurement System (2021), Foreign Aid Governance Methods (2021), Foreign Relations Law (2023), and Manual for the Foreign Aid Project Database (2023)—aimed at standardizing aid categories, governance, financing, and evaluation.”

“In health-related development assistance, China is increasingly positioning itself as a global health knowledge producer rather than merely an aid provider. Tsinghua University’s BRIGHT program, launched in 2022, funds early-career researchers in developing countries to collaborate with Chinese scientists, building networks similar to the National Institutes of Health’s Fogarty model. In September 2025, China launched its first research, development, and translation institution dedicated to global health equity—the **Global Health Innovation Institute in Shanghai**—leveraging China’s low-cost manufacturing and rapid clinical trial capabilities to develop affordable treatments for tuberculosis, malaria, neglected tropical diseases, and maternal-child health. **Against the backdrop of the US pause from global health and development assistance, China is positioning itself as a “stabilizing force.””**

“...While still unfolding, China’s evolving approach to international development is generating a multifaceted array of effects—spanning economic, geopolitical, normative, and developmental dimensions. In the health sector, China has strategically sustained signature initiatives that exemplify its long-term commitment to South-South cooperation. These include Chinese medical teams and friendship hospitals operating across dozens of developing countries; major infrastructure investments, such as the Africa Centers for Disease Control and Prevention (CDC) headquarters and central laboratory (completed in 2023 with Chinese funding), specialized tropical disease surveillance laboratories in West Africa, and high-level biosafety facilities for outbreak response in formerly Ebola-affected countries; **and decades-long medical training programs that have equipped African health professionals—many now in key governance positions across the Global South.... ”**“

“Can China translate these changes into meaningful soft-power gains and reshape global health norms? Evidence from RAND Corporation field research in Africa suggests significant structural constraints remain. China’s foreign aid budget—a combined \$2.85 billion from the MOFCOM and the CIDCA in 2024, compared to USAID’s \$42.8 billion—limits scale, while overlapping mandates between the CIDCA and the MOFCOM keep commercial imperatives dominant over health outcomes. Most fundamentally, decades of prioritizing trade and geopolitical returns over health impact have left China with a chronic shortage of global health professionals skilled in cross-cultural

communication, implementation science, and health systems strengthening. These constraints are not incidental—they are structural, and they offer the US a durable competitive opening.

Summarizing **“Beijing’s structural constraints—limited global health capacity, modest grant budgets, bilateral bias, and implementation shortcomings....”**

Chapter - Rising Powers and the Shifting Landscape of Global Health Governance

Pranjal Khare ; <https://www.igi-global.com/chapter/rising-powers-and-the-shifting-landscape-of-global-health-governance/411746>

“This chapter examines the profound shift in global health governance, arguing that the traditional Western-dominated system is giving way to a new multipolar order shaped by rising powers like China and India. It analyzes the distinct mechanisms through which these nations exert influence, including financial contributions, strategic health diplomacy, and the push for institutional reform. Through detailed case studies, **the analysis highlights the divergence in approach, contrasting China's state-led, top-down model with India's market-driven, cooperative strategy.** The manuscript explores the dual implications of this transition, identifying significant challenges such as fragmentation and institutional gridlock, while also highlighting opportunities to decolonize global health and reduce North-South inequalities. **It concludes that the future of global health governance will be defined by a complex interplay of competition and cooperation, with the ultimate outcome impacting the achievement of the Sustainable Development Goals and the very definition of global health itself.”**

ECDPM – Experts on the collapse of ODA and what comes next

<https://ecdpm.org/work/experts-collapse-oda-and-what-comes-next>

Well worth a (short) read.

“Just as global crises demand we work together, the machinery of development cooperation is breaking down. The continued decline of Official Development Assistance (ODA) - down 23% this year alone - is not the cause itself, but a symptom of the general collapse of faith in the aid model. Something will have to replace it. At this turning point, **we spoke to the people who shaped and challenged this model: former African Prime Ministers, senior EU civil servants and leading development experts.** They describe a system losing its purpose without a clear path to what should come next....”

“The old certainties are fading: Assumptions that shaped development cooperation for much of the past four decades have broken apart: a relatively stable multilateral order, a clear hierarchy between ‘donors’ and ‘recipients,’ and the idea that poverty reduction could be pursued at arm’s length from geopolitics....

Check out what they see as a possible future.

IDOS (Discussion paper) - International development cooperation and the emerging global order

M Furness et al; <https://www.idos-research.de/discussion-paper/article/international-development-cooperation-and-the-emerging-global-order/>

Sketching three scenarios.

“This discussion paper **brings together 14 contributions** drawing on the German Institute of Development and Sustainability’s (IDOS) broad regional and thematic expertise to examine these questions....”

Global health financing

CGD (brief) – Health Taxes and the IMF

M Ahmed et al; <https://www.cgdev.org/publication/health-taxes-and-imf>

“...In summary, governments are missing out on additional revenue and health benefits, particularly where consumption is high and administrative capacity exists to implement and enforce higher health taxes. Revenues from tobacco and spirits taxes, for example, remain below estimated benchmark levels in Africa, the Middle East and Central Asia, and the Western Hemisphere....”

“With fiscal pressures mounting and health burdens rising, the IMF is well positioned to elevate health taxes from underused instruments to a central pillar of domestic revenue mobilization, delivering both stronger public finances and better health outcomes...” With some recommendations.

UHC & PHC

Lancet GH (Comment) – Uniting public and private sectors: sustainable partnerships for resilient health systems in Egypt

Ahmed S Hammad et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00114-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00114-2/fulltext)

“Egypt, similar to many low-income and middle-income countries (LMICs), operates two parallel health-care systems. This dual system places a large proportion of the population in a vulnerable middle ground, where their income levels render them ineligible for free public care yet are insufficient for them to afford private insurance, forcing them into catastrophic out-of-pocket spending that WHO calls a major barrier to universal health coverage (UHC). **Achieving UHC through public systems alone remains challenging for several LMICs.** Workforce capacity, funding, and service quality pose major constraints when public systems dominate health-care provision. However, equity concerns, fragmentation, and high spending are key constraints when private sectors dominate health-care provision. Private systems are known to promote innovation but risk worsening the disparities in access to medical services, financial protection, and quality and continuity of care without strong public oversight. **Public–private partnerships (PPPs) offer a pragmatic solution, leveraging the efficiency of private sectors within regulatory frameworks that prioritise equity and UHC.** PPPs align private provision with public goals through contracts, linking payment to quality indicators, and enforcing common clinical and reporting standards....”

Well, in theory I guess.

Planetary health

Plos Climate - The subnational wedge in Paris-aligned pathways

Angel Hsu et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000921>

“In this commentary, we introduce the notion of a “subnational wedge”—the share of the global 1.5 °C-consistent mitigation gap that could be closed if existing city and regional government targets were fully delivered. We not only assess its magnitude and distribution, but also its temporal credibility, asking whether near-term emission trajectories are consistent with stated mid- and long-term goals. On this basis, we argue that turning the subnational wedge from paper commitments into real emission cuts requires a multilevel “delivery architecture” that links finance, legal-institutional entrenchment and network capacity across scales of governance...”

Covid

Nature Health - Learning from COVID-19, MERS and SARS to build sustainable coronavirus disease threat management

<https://www.nature.com/articles/s44360-026-00144-8>

“To advance the sustained, integrated and evidence-based management of coronavirus disease threats, WHO released the *Strategic Plan for Coronavirus Disease Threat Management: Advancing Integration, Sustainability, and Equity, 2025–2030* in December 2025. This is not a new, stand-alone COVID-19 emergency plan, but a deliberate effort to help countries to consolidate a shift that is already underway, moving from bespoke, coronavirus-specific emergency responses to the long-term management of the risks posed by this viral family.... The plan frames coronavirus disease threat management as a comprehensive, One Health-anchored approach, encompassing prevention, preparedness, monitoring, response and impact reduction across settings, populations and time horizons. To translate this approach into practice, the plan sets out four strategic objectives...”

Infectious diseases & NTDs

Lancet Infectious Diseases – June issue

[https://www.thelancet.com/issue/S1473-3099\(26\)X2005-9](https://www.thelancet.com/issue/S1473-3099(26)X2005-9)

- Editorial: [The value of infectious disease conferences.](#)

Plos Med – Differences in tuberculosis prevalence by sex in low- and middle-income countries over 1993–2025: A systematic review and meta-analysis

Nicole A. Swartwood et al;

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005114>

Conclusions: “Men in LMICs consistently experience TB at a higher prevalence than women. Time trend estimates are uncertain, but consistent with widening sex differences in TB prevalence over the last three decades, despite efforts to address the risk factors underlying this excess TB burden.”

Science – New drug ‘functionally cures’ many hepatitis B virus infections

<https://www.science.org/content/article/new-drug-functionally-cures-many-hepatitis-b-virus-infections>

“GSK’s “bepi” performs better than expected in efficacy trials, but its global impact is likely limited.”

“A 6-month regimen of an experimental drug for the hepatitis B virus (HBV) added to standard antivirals has “functionally cured” 19% of people in two efficacy trials, meaning they can naturally control that virus without any further treatments. The **results**, published today in *The New England Journal of Medicine (NEJM)* and presented at Europe’s largest meeting on liver health, come from people whose chronic HBV infections were already relatively well controlled with the existing drugs, so its effectiveness in other populations that are more challenging to treat remains unknown....

“The findings are “remarkable” and “a major step” forward for the field, hepatologist Anna Lok of the University of Michigan Medical School wrote in an **editorial** accompanying the *NEJM* editorial — although she cautioned it was far from a solution to a major global problem....”

Guardian – Mosquitoes can become attracted to insect repellent, study suggests

<https://www.theguardian.com/environment/2026/may/28/deet-mosquito-spray-attract-insects-study-malaria-zika>

“The insect may learn to associate the chemical Deet with a ‘blood meal’, researchers say.”

Cfr a study in the Journal of Experimental Biology.

Social & commercial determinants of health

Globalization & Health - Commercial practices of the arms industry and implications for global public health: a scoping review

S Meciar, D Gleeson et al; <https://link.springer.com/article/10.1186/s12992-026-01215-x>

“ Our review found that the arms industry not only engages in commercial practices identified within established commercial determinants of health frameworks but also employs additional

strategies, such as bribery and corruption, worker surveillance, contesting worker illness claims, and a number of supply chain practices that extend beyond existing typologies. The majority of studies focused on firearms-related practices, particularly within the United States, while few addressed other arms industry sub-sectors such as major conventional weapons and nuclear weapons, and little attention was given to low- and middle-income countries....”

“... Despite the scale and influence of the arms industry, its commercial sector practices remain largely overlooked in public health research. Greater scrutiny and recognition of the arms industry as a commercial determinant of health is essential to mitigate the health harms and inequities associated with the global production, proliferation, and use of weapons.”

Globalization & Health (Debate) – Shrinking appetites: Will GLP-1 adoption in high-income countries accelerate Big Food’s push into low- and middle-income countries?

B Even et al ; <https://link.springer.com/article/10.1186/s12992-026-01217-9>

“We argue that if demand for energy-dense, ultra-processed products softens further in high-income markets, transnational food and beverage firms may hedge by redirecting and intensifying marketing pressure and portfolio growth towards some low- and middle-income countries (LMICs), where regulatory frameworks often remain weaker and GLP-1 access remains uneven. This could add to the already rising burden of diet-related non-communicable diseases linked to ultra-processed foods and beverages in LMICs. The risk is sharpened by limited and inequitable access to GLP-1 therapies in these settings, even though most people living with overweight and obesity are projected to reside in LMICs by 2035. We outline plausible pathways for an LMIC GLP-1 “spillover effect”, including intensified corporate political activity, more aggressive marketing, accelerated modern retail expansion; and more aggressive use of price promotions, pack size engineering, and premium “healthier for you” ultra-processed products....”

Sexual & Reproductive health rights

Lancet Regional Health – Perineal trauma in Africa: from normalized morbidity to preventable injury

Timothy Mwanje Kintu et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00057-X/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00057-X/fulltext)

“Perineal trauma, comprising first and second-degree perineal tears and obstetric and anal sphincter injuries (OASIS), complicates a significant number of vaginal deliveries worldwide, and is documented as the second leading cause of postpartum hemorrhage, the leading killer of mothers in Sub-Saharan Africa (SSA). A recent review of low- and middle-income countries estimated rates of second-degree tears at 24% and OASIS at 1.4%. Yet these figures may underestimate the true burden of perineal trauma in SSA, where country-specific studies report OASIS rates as high as 7.4% in Ethiopia² and 6.6% in Uganda. This underestimation is driven by fragmented documentation, varying diagnostic and therapeutic standards for perineal injury assessment, and providers’ varying attitudes regarding the significance of this injury. Historically, survival has been prioritized above well-being for maternal health. However, as African health systems strengthen, long-term morbidity from perineal trauma can no longer be neglected....”

Neonatal and child health

Plos GPH - Development of an effective illness severity measure and assessment of the impact of perceived illness severity on formal careseeking for fatal illnesses of neonates and infants in six sub-Saharan Africa countries and Pakistan

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006455>

by Henry D. Kalter et al.

Access to medicines & health technology

SS&M - Social capital and vaccine decision-making: A scoping review

Erynn Monette et al; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626005198>

“34 studies use social capital theory to examine vaccine decision making. **17 studies use Putnam's theory. 6 use Coleman's. Only 4 use Bourdieu's.** Variables used to measure social capital vary across studies. **Social capital can act as a facilitator or barrier to vaccine uptake. Vaccine decisions are used to gain membership into specific networks.**”

BMJ GH – Weak economic evidence for WHO’s essential cancer medicines for Africa

A E van der Steege et al; <https://gh.bmj.com/content/11/5/e022533>

Authors conclude: “...Recent WHO MLEM(c) modifications to cancer medicines are rarely supported by robust, context-specific economic evidence yet several have been adopted in African LMICs. Stronger requirements for economic evaluations are essential to ensure the affordability, sustainability and policy relevance of WHO essential medicine recommendations.....”

Lancet Regional Health Africa - Can the near point-of-care TB test close the diagnostic gap in Africa?

[https://www.thelancet.com/journals/lanafra/article/PIIS3050-5011\(26\)00056-8/fulltext](https://www.thelancet.com/journals/lanafra/article/PIIS3050-5011(26)00056-8/fulltext)

By N A Ismail et al.

Lancet World Report – From hope to uncertainty: regulating novel drugs for Alzheimer's disease

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01035-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01035-4/fulltext)

“Why have regulatory agencies offered differing assessments of new treatments that have brought promise to millions of people affected by Alzheimer's disease? Nayanah Siva reports.”

Decolonize Global Health

Panafrican Medical Journal - Health economics and financing for health systems transformation: lessons from five African epistemological frameworks

<https://panafrican-med-journal.com/content/article/53/152/pdf/152.pdf>

By A O Adjagba et al.

Conflict/War & Health

Guardian - Hunger increasingly used as weapon of war as 'food-related violence' surges, analysis shows

<https://www.theguardian.com/global-development/2026/may/24/hunger-weapon-of-war-food-violence-surges>

“More than 20,000 attacks on markets, farmland and food distribution systems have been recorded since 2018... .. The analysis looked at the period since UN resolution 2417 unanimously condemned the deliberate starvation of civilians in 2018. It found starvation is being increasingly weaponised with the supply of food routinely targeted in Gaza, Sudan, Lebanon and Haiti among others.”

“Data compiled by Insecurity Insight uncovered 21,403 incidents in 15 countries where food supplies have been deliberately targeted since 2018, when the UN security council unanimously passed a resolution condemning the unlawful denial of humanitarian aid as a tactic of warfare....”

AI & health

Nature Health - A framework for longitudinal health AI agents

G Lin et al ; <https://www.nature.com/articles/s44360-026-00141-x>

“In this Perspective, we draw on established clinical and personal health informatics frameworks to define what it would mean to orchestrate longitudinal health interactions with AI agents....”

“The Perspective outlines the main components needed to design AI models that can assist individuals in the long-term management of their health, formalizing also the shortcomings and challenges of current solutions.”

Lancet Comment – The recursive care law: artificial intelligence reinforcing feedback loops and health inequity

J Car, R Atun et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00982-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00982-7/fulltext)

« In The Lancet in 1971, Julian Tudor Hart gave medicine one of its most important insights: the availability of medical care tends to vary inversely with need—the inverse care law. Half a century later, artificial intelligence (AI) risks turning this observation into something more dynamic and dangerous. Evidence suggests that AI implementation is already unevenly distributed. In a 2023–24 analysis of 3560 US hospitals, implementation of AI models was geographically clustered, and regions with greater health-care need were less likely to have hospitals using such systems. This finding substantiates the inverse care law but is not surprising, as the inverse care law has been a persistent feature of health systems around the world...”

Health Data Science - Digital and AI-Empowered Health Elements: An Integrated Pathway to Advancing Health

Pengfei Li et al; <https://spj.science.org/doi/10.34133/hds.0468>

“Health outcomes arise from complex and evolving interactions among biological, behavioral, social, environmental, and technological influences. **The social determinants of health framework** have played a central role in establishing the importance of nonmedical drivers of health and continues to inform population health research and policy. As health data ecosystems expand and digital technologies become increasingly embedded in daily life, there is growing interest in approaches that can more explicitly represent dynamic, multidomain interactions shaping health in contemporary societies. **In this Analysis, we introduce the concept of Health Elements, a framework that conceptualizes health as an emergent property distinct from complex additive effects arising from the interplay of biological, behavioral, social, environmental, and technological domains....”**

PS: chronic kidney disease in China is offered as a case study.

Miscellaneous

Development Policy Review - A new architecture of solidarity: The Global Alliance Against Hunger and Poverty in an age of weakened multilateralism

Thiago Lima et al ; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.70071>

« **The Global Alliance Against Hunger and Poverty, launched during Brazil's presidency of the G20 in 2024, represents a significant innovation in global governance.** It responds to widespread frustration with fragmented aid systems and the erosion of trust in traditional multilateral institutions. **This analysis of its emergence offers insights into how middle-ranking powers can advance development agendas within a fractured international order, as well as the risks and limitations involved.** »

« The Alliance exemplifies a “post-aid” approach to development cooperation, based on coordination, evidence-based policy-making, and shared ownership. Policy-makers should support such adaptive, coalition-based mechanisms that improve effectiveness within the constraints of fragmented global governance. Its early performance will determine whether this experiment can serve as a template for revitalizing international solidarity in the post-multilateral era. »

CGD (blog) - The Developing World’s Jobs Crisis Was Here Before AI

A S Gonzalez et al; <https://www.cgdev.org/blog/developing-worlds-jobs-crisis-was-here-ai>

“Developing countries need to create roughly 800 million more jobs over the next decade than they are on track to produce. That gap is already there before a single algorithm has replaced a single worker. Of the **1.2 billion young people** who will reach working age over that decade, only about **420 million** can expect a job to be waiting. In Africa alone, **nearly a quarter of young people** will struggle to find work. Robots and large language models are not the reason. The labor markets they are entering were never built to absorb them in the first place. The crisis is decades old. AI is mostly just making it harder to look away....”

Papers & reports

IJHPM - What Is Not Conceptualized Is Not Measured: Towards Healthier Societies; Comment on “How to Build Healthy Societies: A Thematic Analysis of Relevant Conceptual Frameworks”

Erica di Ruggiero; https://www.ijhpm.com/article_4867.html

“Global geopolitical conflicts, pandemics, the climate crisis or rising inequities within and between countries alongside other intersecting crises all impede the pursuit of healthier societies. **This commentary highlights gaps in how framing and measurement approaches reflect narrower biomedical conceptualizations of health.** These gaps also relate to whether and how power is analysed, and how interventions that contribute to the (re)building of healthier societies are designed, implemented and evaluated. **Dominant measurement approaches in health that prioritize individual measurement of problems and solutions at the expense of whole-of-society intersectoral interventions, and their governance are among some of the reasons. More holistic and explicit measurement equity and well-being (as opposed of disease) are required.** Theory-informed research that interrogates values, social norms and ideologies, power asymmetries and that centres the study of complex context-sensitive policy and program interventions should inform future inquiries.”

Health Policy Open – Structural drivers of health inequality in sub-Saharan Africa: Evidence and policy implications

Mercedes Tejería-Martíne et al;

<https://www.sciencedirect.com/science/article/pii/S2590229625000164>

« This paper presents a **comprehensive analysis of health disparities in 10 SSA countries.** We focus on both men and women, **using BMI as a health indicator.**”

« **Socioeconomic factors drive disparities, while lifestyle choices have minimal impact.** We find **notable gender disparities**, suggesting systemic discrimination in health access.”