

IHP news 883 : On football, the Ebola emergency & planetary health (reform)

(5 June 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,

My week started with wasting another 3 hours of my life, watching an incredibly boring Champions League final (*I blame Arsenal*). Do read Branko Milanovic's [take](#) on **football's extreme commercialization**. But it's worse than that, actually, given the game's multiple links with unsavory authoritarian regimes, a FIFA president "BFF" with Donald Trump (*and a bunch of other thugs*), and of course a **World Cup about to begin** in a country constantly in the news for all the wrong reasons. Nevertheless, I still fancy late-capitalist football once in a while, and with a Belgium team not half as bad as many might suspect, I'll probably go for watching matches taking place in Mexico and Canada. Hope the stadiums will be mostly empty in the US - you'd have to be nuts to go there as a fan, for so many reasons.

Over to the more usual 'global health policy & governance' news then.

In Ghana, "**Ghana's LGBTQ community is living in fear after the country's parliament approved a sweeping bill that criminalises the promotion of LGBTQ+ activities and identifying as lesbian, gay, bisexual, transgender or queer**", the Guardian [reported](#) earlier this week. The sorry bill came ahead of the **fourth 'African inter-parliamentary conference on family values and sovereignty'** in Accra (from 3-6 June), the first time the event is being held in Ghana. I trust the High-Level panel advising president Mahama on the Accra Reset will make a related 'High-Level statement' one of these days (*Mahama has to sign the bill*).

In the DRC, meanwhile, the **Ebola outbreak** is raging, and the picture will no doubt remain very worrying for a long time still. On a slightly more positive note, however, on Wednesday evening, **WHO officials [sounded for the first time a cautious note of optimism](#)**. Last weekend, the [DRC's health minister said that, based on previous experience, they aim to stop this epidemic in four to six months](#). Let's hope that's possible.

Perhaps sparked by the new Ebola emergency, at least some people in the Trump administration seem to have second thoughts on the continued importance of multilateral Global Health these days, complementing their bilateral transactional, ahum, 'efforts' (see [Rubio on 're-engaging with GAVI' this week, in Congress](#)). All it took was apparently one major global health security crisis to shift some of the few remaining half-sane minds in the Administration. Though you can't rule out that concerns about the upcoming World Cup football play a role as well. In any case, it's certainly not a major shift yet (unlikely under this president).

Still on Ebola, in a [FT op-ed](#) from last weekend, Africa CDC's **Jean Kaseya** acknowledged the health emergency is a **serious [test for Africa CDC and the African Union](#)** ([among others](#)), but he also emphasized: "...I also saw something the world still fails to recognise clearly enough: **an African**

response taking shape rapidly, under African leadership, with African professionals on the front line. International partners still play an essential role. But their support matters most when it aligns with strategies built alongside African institutions and governments...”

And so this newsletter has a big chunk on the Ebola emergency, as you might expect. Against that backdrop, the [2026 Virchow prize](#) for JJ Muyembe & P Piot comes more than timely too.

Over to the US, then, where Bill Gates is [gearing up for a Congressional hearing \(10 June\) re the Epstein links](#). The [Gates Foundation’s CEO](#), M Suzman, naturally shied away from that topic in a new [Foreign Affairs op-ed](#), ‘*The end of foreign aid is not the end of development*’. Instead, he argued ‘*the world can do more with less*’. That doesn’t really seem to pertain to his own foundation, though – as it still intends to spend 200 billion over the next twenty years (*and I assume his own paycheck isn’t going to change much either :)*).

I’m not going to deny that some of what Suzman says in the op-ed makes sense. But for a far more ambitious & convincing view of what the world (including the ‘development crowd’) should aim for, we recommend [The Global Justice Report](#), released on Thursday by the [World Inequality Lab](#). The report also provides some great ideas for global health reform that actually *would* make a serious effort to tackle the key (interconnected) **post-2030 challenges** the world faces. As for all the positives the converging Global Health reform processes already brought (*and there are certainly some encouraging trends*), this report lays out where the reform is still found badly wanting. From where I sit (*and I usually sit in this job (huh)*), even if many of the ideas sound rather utopian, Piketty et al offer an alternative vision sorely needed if we still want to avert epic doom & gloom in the 21st century. And so ‘Global health’ should side with it, unequivocally. At least if ‘Health for all’ is still somewhat on our radar. And no, you don’t need to be Gramsci material to get that.

Continuing with the **publications** of this week, we also already want to flag here the [Cancer workforce – Lancet Oncology Commission](#). (*related HR hint: in case AI takes away your job, “One Direction” :)*).

Finally, we hope you take the time to delve into this week’s Featured article, “**Transcending Boundaries: From Inner Embodiment to Planetary Health**” (by B van Mierlo & W van de Put), who shed light on the climate-health nexus from an angle not often covered in ‘global/planetary health’. It’s a remarkable read, somewhat related perhaps also to “[The Health, Equity, Peace, and Planetary Value of “Unplugging”](#)” (*on ‘Cortisol Dysregulation as a Biological “Plug-Indicator” of Immersion in Extractive Systems’*) by [Juan Garay](#).

We still remember the time when European Global Health strategies and Communications weren’t all about ‘resilience’. Juan Garay was around back then in Brussels. Good times.

With that (*and perhaps Nirvana’s ‘[MTV Unplugged in New York](#)’ in the backdrop ?*), enjoy your reading!

Kristof Decoster

Featured Article

Transcending Boundaries: From Inner Embodiment to Planetary Health

Bibiane van Mierlo & Willem van de Put (Culture4change);

“Attention for the [climate-health nexus](#) is steadily increasing. Recent global initiatives, including the [WHO Global Action Plan on Climate Change and Health](#), emphasize that climate action must become integral to health strategies. On 20 May, the [UN General Assembly turned the International Court of Justice’s advisory opinion into tangible political, legal and practical momentum for stronger global action and accountability](#), and at the 79th World Health Assembly ([#WHA79](#)) the work continued. Yet, planetary health is still largely approached through technological interventions and policy reforms aimed at protecting vulnerable populations and [integrating health into climate action](#).

We suggest a new framework to understand and respond to the climate-health nexus. We argue that beyond the conceptual, knowledge, and governance challenges identified in 2015 by [Horton & Lo](#), [planetary health](#) also faces a more fundamental challenge: a deeper crisis of disconnection and alienation arising from disrupted relationships with [self](#) and others, rooted in contemporary patterns of self-optimization, [social acceleration](#), and weakening capacities for resonance with the world. This reverberates into social fragmentation and the ecological degradation that planetary health seeks to address.

People in modern societies are increasingly shaped by [nervous systems](#) that are [overwhelmed](#), [dysregulated](#), and disembodied. Internal instability can manifest outwardly in defensive behaviour, polarized thinking, and extractive patterns toward resources, attention, and life itself. ‘Planetary health’ is thus inseparable from the emotional and embodied capacities of human beings. How we inhabit our bodies shapes how we relate to others and to the world.

When [emotions](#) are suppressed, perception narrows, empathy diminishes, and our sense of belonging to a living world weakens. Conversely, the capacity to experience and integrate emotions expands our ability for connection, complexity, and care. These processes are not only personal; they influence how communities respond to social and ecological challenges.

- For the full read, see IHP: [Transcending Boundaries: From Inner Embodiment to Planetary Health](#)

Highlights of the week

Structure of Highlights

- Read of the week
- World No Tobacco Day
- Ebola PHEIC: overview of the past week
- Ebola PHEIC: more analysis, advocacy, snippets, ...
- More on PPPR, GHS & health emergencies
- AMR
- More on Global Health Reform (& early post-2030 brainstorm)
- Future of Development cooperation
- More on Global Health Governance & Financing/Funding
- Debt reform & global tax justice
- Bilateral health agreements & US Global Health strategy
- NCDs
- Determinants of health
- SRHR & women's health
- AI & Health
- Decolonize Global Health
- Access to Medicines, Vaccines & other health technologies
- Planetary health
- Conflict/War & health
- Some more reports
- Miscellaneous

Read of the week

Guardian - 'An equal and habitable world is possible': academics set out sweeping vision for planetary survival

<https://www.theguardian.com/environment/2026/jun/04/world-inequality-lab-equality-academics-planetary-survival>

With some longer quotes as we reckon the global health reform community should take note :)

“Humanity can raise living standards, reduce inequality and keep global heating within a 2C rise, according to a **sweeping vision for planetary survival**. The **new report by the World Inequality Lab (WIL)** aims to be **the most comprehensive attempt yet to navigate the polycrisis** that is pushing the world toward climate breakdown, political extremism and ever greater economic and social tension.”

“It offers a set of bold policy proposals, including hefty wealth taxes on billionaires, sharp reductions in working hours, a change in diets and a shift of investment from materially intense sectors like industry and mining to education and health...”

The **Global Justice Report** was published on Thursday.

“**At its core** is the concept of **sufficiency** – the idea that people can enjoy a prosperous, healthy life without constantly striving to consume or accumulate more material possessions that degrade the natural world on which all life depends.”

“**To achieve this, the authors envisage three steps**: more than halving average working time from 2,100 hours a year to 1,000 hours, roughly equivalent to a two-and-a-half-day working week; encouraging people to eat less red meat, which is the main driver of deforestation and ecological destruction; and refocusing the economy toward low-consumption activities by more than doubling education spending to €8,400 euros (£7,250) a person and healthcare spending to 14,400 euros...”

“**Tackling inequality is a central goal**. The plan sees an **average per capita gross national income across the world of €5,000 a month by the end of the century** – an increase for almost everyone and with the greatest gains to be seen in the global south. **The exception is the megarich**, who would be highly taxed because they are **most responsible** for the climate crisis. The share of global wealth held by billionaires, who make up only 0.001% of the world population, would fall from 6% to 0.05%, while the bottom 50% would see their share of wealth increase from 2% to 30%...”

“**Key among the practical steps needed to achieve the report’s goals would be the creation of a global justice fund** to finance the energy transition and oversee an increase in education and healthcare spending to 38% of world GDP, up from 13% today. **This work would be supported by a world sovereign fund**, which would rebalance global holdings of public and private wealth closer to proportions last seen in 1970....

PS: “**The report will be unveiled and discussed at the World Inequality Conference from 4-6 June in Paris**, with speakers including Ha-Joon Chang, Jean Drèze, Jayati Ghosh, Mariana Mazzucato, Branko Milanović, Lea Ypi and Gabriel Zucman....”

- Full report: <https://globaljusticeproject.wid.world/>

“**The Global Justice Project attempts to set out a new vision for global progress in the 21st century: grounding human development and equality in planetary habitability**. It explores the conditions under which the world could move toward this horizon and traces an economically and ecologically consistent transition path from 2026 to 2100.”

World No Tobacco Day (31 May)

WHO urges governments to protect young people from addiction to tobacco and nicotine products

<https://www.who.int/news/item/29-05-2026-who-urges-governments-to-protect-young-people-from-addiction-to-tobacco-and-nicotine-products>

WHO press statement.

“Worldwide, at least 40 million children aged 13–15 use tobacco products, and young people’s use of e-cigarettes and nicotine pouches continues to rise. **In advance of World No Tobacco Day – 31 May – the World Health Organization (WHO) urges governments around the world to protect a new generation from becoming addicted to tobacco and nicotine products.** WHO warns that tobacco and nicotine companies are deliberately engineering their products to make them more appealing, easier to use and harder to quit, particularly for adolescents and young people....”

World No Tobacco Day 2026 - Unmasking the appeal: countering nicotine and tobacco addiction

“World No Tobacco Day 2026 shines a spotlight on how the tobacco and nicotine industries continue to reinvent and market their products to attract a new generation of users. **WHO is calling for stronger measures to protect young people, including banning flavours, advertising, promotion and product design that increase appeal....”**

“**As part of the campaign, WHO is highlighting growing concerns around nicotine pouches.** A [new WHO report](#) warns that nicotine pouches are being aggressively promoted to young people through social media, influencers, flavourings and lifestyle marketing, while many countries still lack regulations governing their sale and marketing. ...”

- Related: [Plos Med – Availability, appeal, and addictiveness by design: Tobacco and nicotine industry deliberate targeting of youth](#)

Ebola PHEIC: overview of the past week

More or less chronologically, since end of last week (Friday). Towards the end of the week, some cautious optimism was expressed by WHO officials – but the journey ahead will be very difficult.

In a next subsection, we then provide **additional analysis & other news snippets.**

Devex – US commits \$13.5M to Kenya as Ebola evacuation plan sparks backlash

<https://www.devex.com/news/us-commits-13-5m-to-kenya-as-ebola-evacuation-plan-sparks-backlash-112634>

(29 May) **“Amid backlash over plans to send Americans sick or exposed to Ebola to Kenya, the U.S. State Department announced it's committing \$13.5 million to the East African country's preparedness efforts to fight the spread of the virus.”**

PS: “More broadly, a U.S. spokesperson said on Thursday that the **U.S has committed to providing \$112 million in bilateral assistance to the regional Ebola response.....** “

- See also [AP - Kenya court suspends US plan for Ebola quarantine facility for Americans](#)

“A court in Kenya on Friday suspended a U.S. plan to establish a [quarantine facility](#) for Americans exposed to a rare type of Ebola virus spreading in northeastern Congo, following a backlash by medical workers and activists.”

“... A Kenyan doctors' union on Thursday issued a 48-hour strike notice should the country proceed with the deal. It said the U.S. was clear that they would not allow Ebola on their soil and therefore Kenya should not become another “dumping ground.”...”

Reuters - Kenya's president defends planned U.S.-backed Ebola quarantine facility
[Reuters](#);

(update as of 2 June) **“President William Ruto cites U.S.-Kenya health partnership, national preparedness; 'We know what we are doing' – Ruto...”**

“Kenyan President William Ruto defended a planned U.S.-backed Ebola quarantine facility at a military air base in central Kenya, **saying it was part of a wider national preparedness plan and a long-running health partnership with Washington....** ... Ruto said he approved the facility after U.S. President Donald Trump asked Kenya to support it, citing decades of cooperation with Washington on health programmes including HIV/AIDS, Ebola and COVID-19.”

“The president said **Kenya had prepared isolation, surveillance and treatment facilities in 23 counties, adding the facility would serve Kenyans as well as foreign partners, including Americans, if needed.**” “... Ruto dismissed criticism of the plan, saying Kenya had a duty to prepare for any potential Ebola cases, including among Kenyans living or serving in the Democratic Republic of Congo.”

PS: But so far, it appears **23 June** will be an important day to see what happens on this front.

- Meanwhile (see [Reuters](#)): [US equipment, experts arrive at Kenya Ebola facility despite court order, protests](#) ...

UN News - ‘You are not alone’: WHO chief vows to stand with DR Congo through Ebola outbreak

<https://news.un.org/en/story/2026/05/1167612>

(30 May) **“Community trust will be decisive in bringing the rapidly evolving Ebola outbreak in eastern Democratic Republic of the Congo under control, WHO Director-General Tedros Adhanom Ghebreyesus said on Saturday, as health teams race to contain the emergency that has spread across multiple provinces and into neighbouring Uganda.”**

“Speaking in Bunia, the capital of Ituri province and the epicentre of the outbreak, Tedros said local communities must remain at the centre of the response to the Bundibugyo strain of Ebola, for which no approved vaccine or treatment currently exists.

“We are not here to tell people what to do. We are here to listen,” he said at a press briefing.

“Communities understand their own challenges and their own solutions. Our role is to support you in implementing those solutions, together.” ...”

HPW – Congo Ebola Outbreak Now Third-Largest on Record as Suspected Cases Pass 1,000

<https://healthpolicy-watch.news/congo-ebola-outbreak-now-third-largest-on-record-as-suspected-cases-pass-1000/>

(1 June) **“ The Ministry of Health in the DRC described the outbreak in a **joint statement** with the World Health Organization (WHO) late Sunday as “a rapidly evolving situation, with cases and deaths notified in several health zones” across Ituri, North Kivu and South Kivu. “Persistent challenges include early detection and isolation of cases, contact tracing, safe and dignified burials, robust infection prevention and control in health facilities, and strong community awareness,” the ministry added....” “Tedros added that the World Health Organization’s goal is to act as a **partner, rather than an enforcer, in the region.** “We are not here to tell people what to do. We are here to listen,” he said. “Communities understand their own challenges and their own solutions. Our role is to support you in implementing those solutions, together. **Community ownership is what will bring this outbreak to an end.** “**

“... The African Union estimates that approximately \$264 million will be required for response operations in the DRC and Uganda to contain the virus, with an additional \$54 million needed to strengthen preparedness across neighboring high-risk countries, including South Sudan. Officials caution the figures are preliminary and could increase as the outbreak progresses.”

PS: **“Tedros emphasized that the WHO will continue to coordinate closely with the DRC government, stressing that emergency investments made during the current crisis must be leveraged to fortify the country’s health infrastructure for the future, a sentiment the DRC Health Ministry in its joint statement. Support will continue after the outbreak ends and the public health emergency declared by the UN Health agency draws to a close....”**

- See also [the Guardian - WHO calls for community cooperation to contain Ebola outbreak in DRC](#) (1 June)

PS: **“ The **Africa** Centres for Disease Control and Prevention said national incident systems must be activated rapidly and that investments in pandemic preparedness must become permanent.”**

“Jean Kaseya, the organisation’s director general, said in the Financial Times on Sunday that international support was vital and most effective when it aligned with the strategies of African institutions and African governments. “Africa’s response to Ebola must be defined by Africa itself,” he wrote.”

“The **medical charity Médecins Sans Frontières (MSF) warned on Saturday** that the disease’s spread was deeply alarming and that never before had so many cases been recorded so soon. **MSF teams were “witnessing a response that has not yet caught up to the rapid spread of the epidemic”**, said the organisation’s deputy director, Alan Gonzalez. “The reality today is that nobody knows the true scale and severity of this outbreak. New suspected cases are being reported daily, yet hundreds of samples remain untested.” ...”

Cidrap News - WHO drastically downsizes Ebola case count in DR Congo outbreak

<https://www.cidrap.umn.edu/ebola/who-dramatically-downsizes-ebola-case-count-dr-congo-outbreak>

(2 June) “Yesterday and today, **the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC) reduced the official case count of the Ebola outbreak in the Democratic Republic of the Congo (DRC) and Uganda from nearly 1,000 cases to 321 confirmed cases**, including 48 deaths in the DRC. Another 116 cases are suspected. In Uganda, the new case count is 11 confirmed cases, one confirmed death, one probable case, and one probable death. “

“**But rather than signaling good news, relief organizations caution that the mixed messaging is part of a broader, chaotic picture of an outbreak that may have been simmering for months and could take several more months to contain.”**

- See also [HPW – WHO: Sharp Decline in Number of Suspected Ebola Bundibugyo Virus Cases as Numbers are Refined](#)

(3 June) – With some key messages from the WHO press briefing on Wednesday evening.

“**The World Health Organization’s estimate of the number of suspected, but as yet unconfirmed, cases of the deadly Ebola Bundibugyo virus has sharply declined from over 1000 a week ago to just 116 today**, said WHO on Wednesday. **That doesn’t mean that the tide has yet turned on the outbreak. But WHO officials sounded notes of cautious optimism about the surge response to the Democratic Republic of Congo’s isolated eastern region at a press briefing in Geneva.** This, after a delayed start in a region besieged by conflict, displacement, poverty and inadequate health infrastructure. “

“... **“The outbreak had a big head start, and we are still behind, but under the leadership of the government of DRC, we are catching up in Bunia,” Tedros declared**, sounding the most positive note since he abruptly declared a Public Health Emergency of International Concern (PHEIC) on 17 May...”

PS: “In a time of declining donor contributions, **financing the response remains a big challenge as well, said WHO’s Chikwe Ihekweazu**, Assistant Director-General for Health Emergency Intelligence and Surveillance Systems. He said that **WHO would launch on Friday a \$115 million emergency appeal for Ebola response, together with Africa Centers for Disease Control, other African partners, DRC and Uganda.** “But it’s part of a much bigger requirement for the total response,” Ihekweazu added. “**We are only 35% funded at the moment for this initial period, and considering the scale of the outbreak, we estimate we will need a lot more for the duration of the response.**” Yet despite all the financial, logistical and community-based barriers on the way, the surge in personnel and materials seems to be showing results, said Ihekweazu, speaking from Bunia. ...”

- See also the **Guardian** (still on the WHO press briefing from Wednesday) – [DRC Ebola outbreak could have begun as early as January, WHO chief says](#)

(3 June) With some more key messages. **“The Ebola outbreak in the Democratic Republic of the Congo could have begun as early as January, the head of the World Health Organization said, giving the virus “a big head start”.”**

“Dr Tedros Adhanom Ghebreyesus also said the response was being hindered by blanket travel restrictions and highlighted high levels of community mistrust and low levels of contact tracing as key concerns....”

“... Tedros said it was a key priority to scale up laboratory and diagnostic capacity in the most affected areas as well as neighbouring provinces and countries.....”

Pandemic Fund – Statement from the Voting Members of the Governing Board on the Pandemic Fund’s Accelerated Support for the Ebola Emergency

<https://www.thepandemicfund.org/news/statement/statement-from-the-voting-members-of-the-governing-board-on-the-pandemic-funds-accelerated-support-for-the-ebola-emergency>

(29 May) **““...At an extraordinary meeting, the Governing Board of the Pandemic Fund approved the activation of the Fund’s Emergency Financing Procedures (EFP), enabling the mobilization of up to US\$220.6 million in Pandemic Fund grant financing to provide rapid and flexible support to fill critical gaps in response to the ongoing Ebola outbreak in Central and Eastern Africa, in line with the Pandemic Fund’s core mission and mandate.”**

“... The **US\$220.6 million package** will be delivered through a combination of reprogramming resources from existing country and regional projects and fast-tracking the approval of projects currently under preparation. It **includes accelerating up to US\$175.7 million in financing from already active Pandemic Fund projects to support immediate response efforts in the affected or at-risk countries**, including — Democratic Republic of Congo, South Sudan, Rwanda, Burundi, Tanzania, Zambia, Angola, Kenya, and Ethiopia—through reprogramming of existing resources. Further, up to **US\$44.9 million will be provided through expedited financing processes to support prevention, preparedness and response efforts in Uganda, Central African Republic and the Republic of Congo.**”

PS: **“The Board emphasized the importance of early, coordinated action, grounded in the principle of *one plan, one budget, one team* to contain transmission, focus resources on populations of greatest risk and need, and reduce the risk of wider regional and international spread.”**

Gavi commits US\$ 50 million to Bundibugyo Ebolavirus vaccines and outbreak response

<https://www.gavi.org/news/media-room/gavi-commits-us-50-million-bundibugyo-ebolavirus-vaccines-and-outbreak-response>

“Gavi’s First Response Fund will make up to US\$ 40 million available to enable accelerated access to investigational doses and, eventually, approved vaccines. A further US\$10 million will support outbreak response and protection of routine immunisation services in impacted countries”

CEPI fast-tracks three Bundibugyo ebolavirus vaccine candidates

<https://cepi.net/cepi-fast-tracks-three-bundibugyo-ebolavirus-vaccine-candidates>

“CEPI funding will advance vaccine candidates towards clinical trials as quickly as possible. **Portfolio includes candidates under development by IAVI, Moderna and University of Oxford manufactured at Serum Institute of India.....**”

- See also **Stat:** [CEPI offers up funding for three vaccine candidates](#) (1 June)

“The Coalition for Epidemic Preparedness Innovations this morning said it had allocated funding to three efforts to develop a vaccine for the Bundibugyo Ebola strain that is behind the current outbreak. The support will help the preclinical work, early clinical testing, and manufacturing of the vaccine candidates. **The three groups behind the vaccines are IAVI, which is designing an immunization similar to an approved vaccine for Ebola Zaire; Moderna, which is working on an mRNA shot; and the University of Oxford, which has a manufacturing partnership with the Serum Institute of India.** Some of the Oxford scientists working on the Ebola vaccine were also behind a Covid-19 shot that was developed with AstraZeneca. “

- And via [Stat – Global coalition to fast-track three vaccines targeting Ebola outbreak with \\$62 million in funding](#)

“**Trials for drug to combat Bundibugyo in Democratic Republic of Congo probably months away.**”

“With no licensed vaccines available to protect against the Ebola virus currently spreading in Democratic Republic of Congo, efforts are underway to fast-track development of at least three vaccines. **But even with infusions of cash to help fund the work, it is likely to be months before clinical trials of vaccines that specifically target the Bundibugyo ebolavirus can begin....**”

- See also [Devex - The race is on to develop Bundibugyo Ebola vaccines](#)

“**In a portfolio approach,** CEPI is backing three candidates that use different vaccine technology.”

“**CEPI will take a portfolio approach and invest in candidates developed by the IAVI, Moderna, and the University of Oxford, which each use different types of vaccine technology.** These are vaccine technologies that have been used to develop vaccines for COVID-19 and the more common species of Ebola called Zaire.”

“... **Gavi, the Vaccine Alliance is also making up to \$40 million available in surge financing for the manufacturers of leading candidates to manufacture doses.** They will work with CEPI and other partners to design incentives for manufacturers to produce doses and help reduce the financial risks for these manufacturers, including exploring advance purchase commitments, the organization’s CEO, Dr. Sania Nishta, said in a release. **The organization will make early investments in manufacturing of candidates even during the period when there's uncertainty around efficacy — given the urgency of the situation.** That will help outbreak responders move with speed. Gavi said, “as soon as clinical trials demonstrate positive outcomes, investigational vaccine doses could be deployed rapidly to support outbreak response.” **CEPI and Gavi call this a “push” and “pull” strategy to ensure funding exists along the spectrum of vaccine development to delivery.** But even so, there’s a long road ahead, given these candidates are in early stages. Because of this, outbreak responders will need to continue responding without vaccines....”

Reuters - Rubio says US is considering naming official to run Ebola response

[Reuters](#) ;

(June 2) « **U.S. Secretary of State Marco Rubio told a House of Representatives committee on Tuesday that the Trump administration is considering appointing a single official to coordinate its response to the Ebola outbreak in Africa.** "I don't want to use the term 'Ebola czar', but (it would be) someone with the qualifications to sort of serve full time in the coordination of the interagency," Rubio said, adding "a couple of people" were being considered for the role...."

Ebola emergency – More analysis, advocacy, snippets...

Analysis from a number of angles: re timeline, vaccines, tests/diagnostics/treatment, financing, ... & much more.

Lancet Editorial – Responding to Ebola: a test

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01100-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01100-1/fulltext)

Today's Lancet Editorial. "... **This is a challenging moment for global health:** traditional donors have retreated, funding has shrunk, multilateralism is floundering, and fragile health and social systems need to respond under pressure.... **The current Ebola outbreak is a test of a changed landscape of global health. How well it responds to that test will determine the health, wellbeing, and lives of many thousands of people.**"

Telegraph – Ebola may have been spreading unchecked since January, aid groups fear

<https://www.telegraph.co.uk/global-health/science-and-disease/ebola-outbreak-may-have-begun-in-january-aid-groups-fear/>

"**The first Ebola case in the current epidemic in the Democratic Republic of Congo (DRC) may date back as far as January, according to local medics.** The information was shared with several international NGOs, including the International Rescue Committee (IRC), Action Aid and Doctors Without Borders (MSF), **by local medics last week,** sources have told The Telegraph. **The medics believe the outbreak began with a patient treated at a hospital in Rwampara, a town in eastern DRC, in late January.** They said the patient went on to infect eight healthcare workers before dying in February. "

"... **If confirmed, the information would suggest that the virus has been spreading unchecked for at least four months, having only been officially confirmed by the Congolese Ministry of Health on May 15.** The **World Health Organization (WHO)** had previously said they believed the index case was a healthcare worker in Bunia, who developed symptoms of Ebola on April 25 and later died."

TGH – Charting Ebola Responses: How 2026 Stacks Up After Aid Cuts

S Psaki, A Krugman et al; <https://www.thinkglobalhealth.org/article/charting-ebola-responses-how-2026-stacks-up-after-aid-cuts>

“An Ebola outbreak circulating undetected for weeks or months is a collective failure of global health security, regardless of cause.”

“... Below, we examine what is known publicly about the timeline of the current Ebola emergency and compare how responses were handled during five other outbreaks that occurred between 2000 and 2021. These examples capture the two largest Ebola outbreaks in history and the responses that took place during four previous U.S. presidential administrations, as representative examples of prior outbreaks...” **“ The data suggest delayed detection—**defined here as the time between the index case and confirmation of the Ebola outbreak by health officials**—for the ongoing crisis. Yet the early response has been prompt so far.** The coming weeks and months will determine whether the gaps that slowed detection will also hamper an effective long-term response....”

“An Ebola outbreak circulating undetected for weeks or months is a collective failure of global health security, regardless of cause. If the U.S. government, WHO, and Africa CDC were all operating at full capacity while this happened, that's arguably more alarming than the alternative. More likely, these and other international actors were **hampered by persistent gaps in global capacity and insufficient resources dedicated to disease surveillance—**and the outbreak spread as a result. **Understanding why the outbreak is already so large is essential for our collective health security—now and for the future....”**

Stat Morning rounds - CDC says containing the spread of Ebola is top priority

[Stat](#) (1 June)

“Top officials in the Trump administration have made clear that their priority in the U.S. response to the Ebola outbreak in the Democratic Republic of Congo and Uganda has been ensuring Ebola patients — or even people at risk of having contracted the virus — do not set foot in the United States, even if they are American. But during a press conference on Friday, the CDC struck a different tune. Helping to contain the spread of the dangerous virus at the source is the agency's key priority, incident manager Satish Pillai told reporters. Supporting the affected countries and neighboring nations at risk was No. 2 on Pillai's list. In position No. 3 was shoring up U.S. domestic readiness, should an Ebola case arrive on U.S. soil. Pillai described the risk to Americans as “very low.” He said 236 CDC staff are involved in the response at present and many more have expressed eagerness to volunteer. “People want to help,” Pillai said...”

Nature (News explainer) – What it will take to stop the spiralling Ebola outbreak

[Nature News explainer](#);

“The tally of people with suspected and confirmed cases of Ebola in central Africa is rocketing upwards with shocking speed, but specialists say that we have the tools to control it thanks to hard-won expertise gained during previous Ebola epidemics. They recommend:..

Ramping up testing and contact tracing — a challenge in regions with limited testing capacity and other public-health resources.

Providing supportive care, such as keeping people hydrated, which can drastically increase the chance of surviving even the Bundibugyo species of ebolavirus, for which there is no vaccine or targeted treatment.

Building trust with communities to implement preventive measures that can sometimes clash with cultural traditions, such as washing or touching a body before burial.”

Science – Desperate to fight Ebola outbreak, Congo weighs using longshot vaccine options

<https://www.science.org/content/article/desperate-fight-ebola-outbreak-congo-weighs-using-longshot-vaccine-options>

“Existing vaccines may offer some protection against the rare strain now circulating, but evidence is scant. “

NYT - Only the Right Tests Can Stop This Ebola Outbreak. Congo Has Hardly Any.

https://www.nytimes.com/2026/06/02/health/ebola-tests-congo.html?unlocked_article_code=1.nFA.FMKg.Gkt90P-yuw_S&smid=url-share

“**A chronic lack of investment in development of better tests** has left clinicians blind and allows deadly viruses to spread unchecked.”

“**There is no rapid test for Ebola like the home tests that became popular during the coronavirus pandemic** — kits that would allow health workers in Ituri to quickly separate potential Ebola patients from uninfected people in clinics, and simplify contact tracing. **While rapid tests for the virus do exist, they were designed for the Zaire species** — and in any case, because of the way Ebola viruses behave in the body, a rapid test cannot accurately identify sick people until their viral load is extremely high. Such a test could, however, be used to confirm Ebola in people who have already died...”

“**But while the need for better tests has been clear for years, there has been little investment to develop them because there is no high-income market**, said Sonjelle Shilton, who works on access to diagnostics for the aid group **Doctors Without Borders**.”

“**That message was there: We need pan-species Ebola tests — because they faced these same problems in the last Bundibugyo outbreak**,” Ms. Shilton said. **But the private sector sees little incentive to invest in research and development for a diagnostic tool that will be used almost exclusively in the world’s poorest places**, the same reason there are no vaccines or treatments to deploy against Bundibugyo, she said....”

Nature World View – Better diagnostics could have limited this Ebola outbreak

Kevin Ariën; <https://www.nature.com/articles/d41586-026-01724-0>

“**Quick identification of viruses holds the key** to minimizing their spread.”

Excerpt: « ... This outbreak must be a wake-up call. **Once again, preparedness has been too narrow, too reactive and too dependent on tools designed for the last outbreak rather than for the next one.** Ten years after the West Africa Ebola outbreak, **it is hard to understand why no proper diagnostic tests for Bundibugyo virus are available. Just like in 2014, we are using one diagnostic kit that requires manual steps. Why haven't tests for other Ebola viruses been developed along the same principles as those run on GeneXpert? And why is there no alternative diagnostic platform that can be used at scale?** These concerns apply equally to related species such as Sudan ebolavirus and Marburg virus.....”

Lancet Comment – Urgent need for a reliable rapid diagnostic test for the Ebola epidemic caused by Bundibugyo virus in Africa

Safura Abdool Karim et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01093-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01093-7/abstract)

“The response to this epidemic therefore faces the **severe challenge of diagnostic delays in the absence of reliable point-of-care diagnostic tests....”**

Science - ‘That could be a game changer’: an antiviral pill gets first test for Ebola prevention

<https://www.science.org/content/article/could-be-game-changer-antiviral-pill-gets-first-test-ebola-prevention>

“Researchers are preparing to launch an unprecedented trial to protect people exposed to Ebola in the DRC and Uganda.”

“When the World Health Organization (WHO) announced on Thursday its recommendations for treatments and preventive measures to test in the current Ebola outbreak, a lot of the candidates were familiar: vaccines in various stages of development (though none ready to test are specific to the rare Ebola virus variant known as Bundibugyo that’s currently spreading), and antivirals and monoclonal antibodies for those who fall sick. But one thing is new: **a trial for a 10-day course of pills intended to protect people after they have been exposed to Ebola. Researchers and health officials hope the approach can slow the outbreak,** which has now caused more than 1000 suspected cases including more than 200 deaths in the Democratic Republic of the Congo (DRC) and Uganda. “Since we don't have vaccines, this is something you can do immediately that could be effective”, says Ira Longini, a biostatistician at the University of Florida....”

“**The preventive strategy, known as post-exposure prophylaxis (PEP), mirrors what has proved successful for other infectious diseases. Here, researchers will test an experimental antiviral called obeldesivir. It would be the first controlled trial to evaluate antivirals as a preventive measure during an Ebola outbreak....”**

Devex – Can Africa pay for its own outbreaks? Ebola offers an early test

<https://www.devex.com/news/can-africa-pay-for-its-own-outbreaks-ebola-offers-an-early-test-112601>

(must-read). **“As donor funding contracts and global health priorities shift, the latest Ebola outbreaks in the DRC and Uganda are becoming a test of Africa’s ability to finance and lead its own epidemic responses.”**

“African governments have pledged about 10% of the funding required to contain the latest Ebola outbreak in the Democratic Republic of Congo and Uganda, exposing the difficult gap between the continent’s growing rhetoric around health sovereignty and the financial realities of responding to public health emergencies. The current outbreak is happening at a critical moment for global health financing, as traditional aid systems face increasing pressure from budget cuts, shifting donor priorities, and aid fatigue. Against that backdrop, **health experts say the outbreak could become one of the clearest tests yet of whether African countries are prepared to finance and lead epidemic responses themselves.”**

“... For now, experts say the current Ebola outbreaks may represent less of a turning point and more of an early stress test for Africa’s ambitions around health sovereignty.”

With views from **Oche Joseph Otorkpa, Githinji Gitahi & others. ...”**

Nature Editorial – Ebola can be stopped — but only if world leaders prioritize public health

<https://www.nature.com/articles/d41586-026-01630-5>

“The deadly disease was identified half a century ago in the Democratic Republic of the Congo. It is unacceptable that it continues to take lives.”

PS: “...By coincidence, this week, Africa’s leaders gathered near Brazzaville for the annual meeting of the African Development Bank, the continent’s main funding agency for infrastructure projects. Delegates discussed the latest African Economic Outlook, an annual report projecting the continent’s growth rates, as well as plans to unlock domestic finance for infrastructure, given the change in US policy. **But spending on public health is not included in infrastructure spending, and neither public health nor science was on the main agenda at the meeting. This is baffling given that a major epidemic is growing in Central Africa — and the clear impact of the loss of external donors to protect the health of its people. The continent’s leading policymakers and their international partners must now prioritize public health.”**

“Many studies remind us why protecting public health is not only a moral obligation and a human right, but also crucial for a country’s economic health. Nations that invest in public health are also investing in people’s ability to go out to work and support their families. Earlier this year, the [Africa CDC launched a report](https://www.nature.com/3o9wxfc) that urged member states to prioritize health-policy spending (see [go.nature.com/3o9wxfc](https://www.nature.com/3o9wxfc)). Africa’s leaders need to regard public health as essential infrastructure: a sound investment with benefits that greatly outweigh the costs...”

Some (early online) Lancet letters re the Ebola outbreak

- Eg [Ebola outbreaks in DR Congo and Uganda: until when?](#)

“... This outbreak also highlights persistent inequity in global research priorities. Unlike Zaire ebolavirus (*Orthoebolavirus zairense*) outbreaks, this epidemic involves Bundibugyo virus

(Orthoebolavirus bundibugyoense), for which there is currently no licensed vaccine or specific antiviral therapy. More than a decade after previous Bundibugyo virus disease outbreaks in Uganda and DR Congo, the continued absence of approved countermeasures reflects chronic underinvestment in diseases that disproportionately affect low-income populations in sub-Saharan Africa. Although WHO has activated research and development initiatives for candidate vaccines and therapeutics, these efforts repeatedly emerge only after outbreaks escalate. The humanitarian context further complicates containment efforts. ...”

“... ... International partners must also recognise that epidemic preparedness in sub-Saharan Africa is not regional charity but global health security. **Until equitable investments in prevention, research, and resilient health-care systems become a priority, recurrent Ebola virus disease outbreaks in central Africa will not be a question of if, but when.”**

- [Lancet - The 17th Ebola outbreak in the Democratic Republic of the Congo: a syndemic challenge](#)

“... This outbreak must not be treated as a routine virological emergency. Immediate global priorities must include rapid, independent genomic characterisation of the circulating strains; adaptation of diagnostic assays for non-Zaire orthoebolaviruses; and the deployment of advanced supportive care, including haemodialysis. **Crucially, we must investigate the syndemic interactions worsening patient outcomes....”**

Check out the **other Lancet Letters** related to the Ebola outbreak.

Stat – NIH cuts weakened network primed to respond to outbreaks like Ebola

[Stat plus](#)

(gated) **“Grant terminations affected centers meant to streamline creation of diagnostics and treatments.”**

“... In 2020, the NIH funded a network of 10 centers focused on emerging infectious diseases. Last year, the Trump administration terminated those centers’ grants as part of broader cuts on work related to Covid-19 and pandemic preparedness. And as you know, this year we’ve seen a major Ebola outbreak in Central Africa. **The centers weren’t on the front lines of outbreak responses in the way that CDC or USAID have been. But some researchers who were involved in the network say the cuts weakened relationships with experts abroad that had been fostered over years, undercutting research collaborations on dangerous diseases like Ebola. ...”**

Geneva Solutions - “The Ebola outbreak is outpacing the response – because we are fighting the wrong battle

A Sparrow; [Geneva Solutions](#);

“In eastern Congo, the international playbook ignores the reality on the ground: conflict is not just the backdrop to the epidemic – it’s the driver. To stop Ebola, **treat malaria, pay healthcare workers and ensure hospitals are not bombed, writes war zone clinician Annie Sparrow.”**

Sparrow concludes: “... **For too long, global health has treated conflict as a humanitarian issue and epidemics as a biomedical issue. Increasingly, they are one and the same.** Tedros is right to call for a ceasefire. It’s not only a political intervention. It is a public health intervention. But **cessaifires alone will not be enough. Unless we also protect and support healthcare workers, rebuild health services, address community priorities and stop the weaponisation of healthcare, outbreaks will continue to outpace our response.**”

“If we are serious about pandemic prevention, we must stop treating war as a backdrop and address it as an epidemic risk.”

Lancet Letter –Ebola: ignoring past lessons puts women at risk

J Smith, S Davies & C Wenham; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01045-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01045-7/fulltext)

“... Early data indicate two-thirds of cases have been in women, and local organisations have raised concerns about access to sexual and reproductive health and gender-based violence. **Yet we have heard nothing from leading international organisations or governments indicating a gender-based response...**”

With some recommendations (based on lessons from the past).

Stat – HHS confirms Americans with high-risk Ebola exposures will have access to experimental therapy

<https://www.statnews.com/2026/06/04/kenya-ebola-quarantine-experimental-treatment-mbp-134-authorized/>

“Antibody treatment has been developed by Mapp Biopharmaceuticals.”

More on PPPR, GHS & health emergencies

Geneva Health Files – Africa CDC: Ebola Emergency Underscores The Access to Countermeasures in the Negotiations On Pathogen Access & Benefit Sharing

[Geneva Health Files](#);

(1 June) “... we ... bring you an **update from Africa CDC's press briefing from last week where Jean Kaseya, Director General of the organization shared his views on the importance of accessing benefits during health emergencies referring to the on-going negotiations on the Pathogen Access Benefit Sharing System.** He also **discussed the declaration of public health emergency of continental security** that followed the declaration by WHO on May 17th.”

PS: “**Economic Impact and Investment:** “The Ebola outbreak in West Africa previously resulted in a \$53 billion loss, accounting for 12% of the region's GDP. **A joint response plan for affected countries**”

requires an investment of nearly \$319 million. In addition to country-specific funding, partners require approximately \$149 million to support the response....”

Bluesky thread re a Politico Pro article

<https://bsky.app/profile/thirugeneva.bsky.social/post/3mnemxz3we22a>

re EC Commissioner Gallina at a “the Friends of Europe event” in Brussels Tuesday morning. With some quotes, including on the European Commission’s stance re the pandemic agreement negotiations.

Among others:

"Defending IP: Gallina, speaking at a panel on “prevention and preparedness: reducing risk before systems break,” also highlighted the Commission’s commitment to rewarding innovation, both in the Biotech Act and the pandemic agreement under negotiation at the WHO."

*Politico: "Performance review: POLITICO asked whether the EU needs the agreement as part of its own prevention strategy and if so, how much further it would be prepared to move in negotiations with low- and middle-income countries." "She answered, nonetheless: **Gallina said the Commission was “fully committed” to the agreement, adding it would be “paradoxical” if it wasn’t, since the EU was the one to propose the idea.**"*

Politico: "One important detail: The proposal for a pandemic agreement came from former Belgian leader and president of the European Council, Charles Michel. Some European negotiators have even questioned how committed senior Commission officials really are." Politico: "The reason we asked: The Commission has consistently been at odds with some EU countries over its rigid, pro-industry approach to the pandemic agreement negotiations, as we’ve reported at length."

Politico: "We’ve done our bit: Gallina said the Commission had already made a “big, massive concession” in the last round of talks, where it backed a ‘hybrid system’ that failed to win support outside Europe." Politico: "“Dr Tedros and the other brokers in this agreement are actually waiting for a step from the others,” she said. Morning Health Care contacted the WHO for comment, but did not receive a response before publication."

Telegraph – Britain invests £25m to halt new pandemic risks in Southeast Asia

<https://www.telegraph.co.uk/global-health/science-and-disease/britain-invests-25m-to-halt-new-pandemic-risks-in-southeast/>

“New funding will boost capacity in a known hotspot for dangerous pathogens, and also tackle threats from drug resistance to food safety.”

“Called **the Health Security Partnership Programme**, the **UK’s latest initiative is a collaboration with the Association of Southeast Asian Nations (Asean)** to strengthen the region’s capacity to detect, contain and respond to these sorts of known and emerging health threats.... **The network now includes the 11 Asean countries, plus Pakistan, Nepal and Papua New Guinea**, and received a £1.5 million grant in the first round of funding for the Health Security Partnership Programme....”

Contemporary Security Policy - Global health security: The retreat of the liberal international order and the prospects for cooperation in a multi-order world

Simon Rushton; <https://www.tandfonline.com/doi/pdf/10.1080/13523260.2026.2678468>

Also a good read ahead of the **GHS conference** in Kuala Lumpur (9-12 June). **“This Forum article examines what the emergence of a multi-order world might mean for the future of international cooperation over global health security.** It argues that recent years have seen a retreat of key states of the liberal international order from the internationalist vision of collective disease control, weakening its foundations. At the same time, leading states of other international orders, such as Russia and China, have been resistant to some of the core principles of global health security, and have primarily been interested in utilizing health as a part of their wider order-building strategies. **We seem to be entering a future in which the world could splinter into multiple order-based sets of parallel cooperative arrangements. This is not a recipe for success in global health security given that transboundary disease threats cannot be addressed by individual international orders any more than they could by individual states....”**

Telegraph –Suspected mpox outbreak with hundreds of cases hits Sudan’s Darfur

<https://www.telegraph.co.uk/global-health/science-and-disease/sudan-mpox-outbreak-with-hundreds-of-cases-hits-darfur/>

“Aid groups fear the virus could cause a ‘catastrophe’ if it gets into the region’s crowded displacement camps.”

TWN – WHA79 Documents reveal fragmented nature of the WHO’s Work in Health Emergencies

N Ramakrishnan; <https://www.twn.my/title2/health.info/2026/hi260601.htm>

“The **fragmented nature of the World Health Organization’s work in health emergencies** was revealed in discussions that took place at its annual gathering of Member States....”

“...the **fragmented reporting makes it difficult for Member States and observers to assess WHO’s performance in health emergencies.** For example, while WHO is expected to promote equitable access to health products during the mpox emergency, information on these efforts is scattered across multiple reports. There is no consolidated assessment of what worked, what did not, or the challenges faced by WHO in promoting equitable access. Nor do the reports provide a clear picture of demand and supply of vaccines, therapeutics and diagnostics. As a result, it is difficult to answer even the most basic question: whether WHO’s response met the expectations of Member States.”

AMR

Guardian - Antibiotics use in livestock could rise by a third in next 15 years, UN report warns

<https://www.theguardian.com/environment/2026/jun/03/antibiotics-use-in-livestock-rise-un-fao>

“Governments urged to act to prevent potentially disastrous impacts on human resistance to medicines.”

“**The use of antibiotics on livestock will rise by nearly a third in the next 15 years without government intervention, according to new global estimates**, with potentially disastrous impacts on human resistance to essential medicines....” Cfr a **report from the UN’s Food and Agriculture Organization** published on Wednesday (which) says a **continuation of current trends would result in more than 143,000 tonnes of antimicrobials being administered to livestock annually by 2040, a 30% increase from 2019** and **surpassing the previous peak** of 118,000-130,000 tonnes in 2013.”

More on Global Health Reform (& early post-2030 brainstorm)

Partnership for International Politics & Diplomacy for Health What's at Stake and What Comes Next for Global Health Reform - May 2026

<https://globalhealthdiplomacy.se/whats-at-stake-and-what-comes-next-for-global-health-reform-may-2026>

May update – update of the slide deck.

“The Partnership for International Politics and Diplomacy for Health has developed a second iteration of the slide deck providing an overview of the ongoing global health reform discussions, covering major developments since mid-2025, the drivers behind the current momentum, and the obstacles that could prevent meaningful change.”

“**This year’s World Health Assembly** reaffirmed that global health reform is not only an active discussion topic, but also an agenda supported by a committed group of actors with the mutual trust and willingness to act. There were several much-anticipated updates from **major reform processes, including interventions by President Mahama and convenings of the Accra Reset High-Level Panel, alongside the Assembly’s decision to proceed with the WHO-hosted joint reform process**. This was accompanied by a wide range of side events and dialogues throughout WHA.”

Do check out some more info on **the Accra reset**, among others (slides 10-14).

J Ratevosian et al - How (not) to design the future of global health architecture

<https://www.linkedin.com/pulse/how-design-future-global-health-architecture-jirair-ratevosian-ajone/>

“Inspired by Rahman-Shepherd et al.’s satire on how (not) to organise a panel at a global health conference, **here is how (not) to design the future of global health architecture, written by Nelson Aghogho Evaborhene, Rosemary Mburu, Levi Singh and myself.** “

“If recent actions toward reform are any indication, there is a clear and consistent way to ensure that global health architecture evolves just enough to sound different, while remaining fundamentally the same....”

(ps: among others zooming in on the **fragmentation**)

TGH – World Health Assembly Recap: Financial Crunch, Affected Mandates, and Future Leadership

P Patnaik; <https://www.thinkglobalhealth.org/article/world-health-assembly-recap-financial-crunch-affected-mandates-and-future-leadership>

“This year's assembly revealed competing visions for the future as global health architecture faces forced transformation.”

Quote: “The poorest countries cautioned against the reduction in WHO's technical capacities, especially at the national levels.”

Global Policy Forum - The battle for global health supremacy: What's next for the WHO?

K Seitz; <https://www.globalpolicy.org/en/news/2026-05-28/battle-global-health-supremacy-whats-next-who>

“The WHO is fighting for its place as the world's central health authority.”

A few excerpts:

“...Against this backdrop, reform of the so-called global health architecture has become unavoidable. ... Yet the central question running through all of these debates is: what role should the WHO play in this architecture? This is where a core political tension lies. The WHO's mandate is to set global health standards and ensure international coordination. But it is far from certain that member states — particularly major donor countries with powerful pharmaceutical industries, such as Germany — actually want the WHO to take on a stronger norm-setting role.”

“Given the current wave of deregulation at EU level, there appears to be little political appetite in many EU member states for granting the WHO binding authority over economic actors. This is especially evident in the ongoing negotiations over the proposed Pathogen Access and Benefit Sharing (PABS) system for sharing pathogen data and medical countermeasures, where the EU is pushing for a voluntary mechanism. Industry associations also warned during WHA79 that the WHO could seek to intervene more directly in matters of intellectual property rights, licensing, or price regulation.;...”

Seitz concludes: “This reform process will not fundamentally change the system.Expectations for the new reform process are high — but fundamental transformation is unlikely. The Director-General's proposal, as adopted by member states, explicitly rules out deep institutional change. There will be no revision of existing organisations' mandates, and no mergers or consolidations are

on the table. This leaves the reform process with inherently limited scope. Yet **the real challenge goes beyond improving coordination or creating more efficient structures. What will ultimately matter is whether the process can address the structural dependencies and global inequalities that define the current system. For as long as donor-driven interests, geopolitical power imbalances, and commercial profit logic continue to dominate, no reform process will resolve the global health crisis.**"

Reforming the Global Health Architecture: Important Conversation, Wrong Starting Point? A critique

L Engelbert Bain; <https://www.linkedin.com/pulse/reforming-global-health-architecture-important-wrong-engelbert-bain-iaore/>

"The global health architecture reform discourse will gain credibility not when it speaks most loudly about changing hypothetical global systems, but **when it humbly recognizes and supports countries in building resilient systems** capable of protecting their own people first."

He makes **five points**: "**Old Problems Presented as New Discoveries... National Health Systems Remain the Real Priority ... Regional Cooperation Matters More Than Distant Architecture Reform Is Not Equally Urgent Everywhere** (Another revealing reality is that the urgency around global health architecture reform is disproportionately concentrated in Africa and other low- and middle-income countries); ... **Inclusivity and Power Remain Unresolved.**"

Book – Redefining Global Health in the 21st Century

M J A Reid & E Goosby;

<https://www.sciencedirect.com/book/monograph/9780443236174/redefining-global-health-in-the-21st-century>

"**Redefining Global Health in the 21st Century** explores the evolving landscape of global health as the world approaches the conclusion of the Sustainable Development Goals (SDG) era. This comprehensive book examines strides made in global health while emphasizing the urgent need to address emerging and persistent challenges. Topics include shifting patterns of diseases, demographic changes, and the evolving nature of health financing, both internationally and domestically."

- Start with **chapter 1** : [Chapter 1 - The end of the old -order—and what comes next](#)

"... **The chapter maps five interconnected forces accelerating this unraveling**: (1) persistent epistemic hierarchies that marginalize local knowledge and reinforce technocratic dominance, (2) governance failures exposed by COVID-19 and deepened by geopolitical fragmentation, (3) the fragility of donor-dependent health systems unable to withstand funding shocks, and (4) the disruptive effects of climate change, and (5) rapid technological change—including artificial intelligence, which are simultaneously reshaping health system capacity, control, and sovereignty. **Chapter 1 presents this disruption as a necessary reckoning and makes the case for a new paradigm grounded in shared responsibility, domestic leadership, plural knowledge systems, and sustainable financing. It argues that global health must be reimagined as a deeply political and**

moral project—not just a technical enterprise—if it is to remain relevant in an era of constrained resources and growing complexity.”

IISD - Global Network Shares Scenarios for Post-2030 Sustainable Development

<https://sdg.iisd.org/news/global-network-shares-scenarios-for-post-2030-sustainable-development/>

“The post-2030 process, the paper argues, **“must not become a vehicle for lowering ambition, weakening rights or shrinking accountability”**. Instead, “[i]t must be an opportunity to correct the implementation, financing and participation gaps that have limited the SDGs, while defending their universal and transformative promise,” it underscores.”

“A global network of over 24,000 civil society organizations (CSOs) working in the areas of civic space and sustainable development has launched its collective contribution on what a post-2030 development framework must **“defend, demand and decline.”** Presented as an early collective civil society intervention, **Forus’ Post-2030 Vision** aims to create a platform to bring together wider alliances for frank and meaningful conversations around the future of sustainable development. The 52-page ‘**Forus Post-2030 Vision Paper**’ notes that **while formal negotiations on a post-2030 development agenda are expected to launch at the 2027 SDG Summit, informal conversations around agenda setting, coalition building, and political positioning are already underway...**”

PS: **“The paper identifies three possible scenarios for the post-2030 process – continuity, reset, and fragmentation.** Recognizing continuity as the most likely baseline and warning about fragmentation posing a constant risk, **it proposes an approach that is relevant across all three scenarios....”**

GPF - The global sustainability agenda on the defensive: Options for a Beyond 2030 Agenda

Jens Martens; <https://www.globalpolicy.org/en/publication/global-sustainability-agenda-defensive-options-beyond-2030-agenda>

“This briefing analyses the political and structural causes behind the lack of progress in implementing the SDGs and discusses different options for an effective **“Beyond 2030 Agenda”**, from questions of development financing and international cooperation to a fundamental debate about the current understanding of development policy.”

PS: “This publication is the final publication by our former director Jens Martens, who passed away in May 2026. “

Sketching **4 options.**

PS: **“What will happen to the global sustainability agenda after 2030 is going to be the focal issue at the next UN SDG Summit, which takes place in September 2027.** The next **UN Global Sustainable Development Report**, which provides the content frame for this summit, is also reckoned to deal with this topic...”

Foreign Affairs - The End of Foreign Aid Is Not the End of Development

Mark Suzman; <https://www.foreignaffairs.com/united-states/end-foreign-aid-not-end-development-mark-suzman>

“How the World Can Do More With Less.” By the **Gates Foundation CEO**. For some reason, it’s always these chaps who say ‘one can do more with less’.... (*apparently the rule doesn’t apply to themselves*)

Some excerpts:

“... Yet the world can still make progress with less money if global institutions narrow their objectives and invest in the capacity of poor countries to handle problems on their own. The long-term goal of the aid sector should be to make itself unnecessary in the future. Targeted investments in areas that contribute to local growth and human potential can push the world there within the next 20 years....”

“...Overall, the past 25 years have seen the greatest improvements in life for the most people in history—with the progress primarily benefiting the world’s poorest. Most donor countries played a significant role in advancing that progress without spending more than one percent of their annual government budgets on aid. It is understandable that those who are still invested in health and development work focus their energy on disproving the myth that aid has failed. But they must also be careful to not get so bogged down in trying to defend the successes of the past that they miss a vital opportunity to help global institutions evolve for a new era.”

“...If the world is going to continue making progress against sickness and poverty in an era of tight resources, leaders in global health and development must change their approach. They must focus on investing in local capacity; setting clear, achievable goals; and ensuring that institutions are as efficient as possible. The economic models we use at the Gates Foundation suggest that global health and development organizations can achieve significant progress over the next two decades—but only if they update their strategies. ... It is vital that global development institutions hand over some of their functions to recipient countries, many of which are eager for more autonomy... The only way to get out of this trap is to spur broad-based economic growth that can support a strong domestic revenue base...”

“But to take advantage of growth opportunities such as these, low-income countries need resources to build the physical and digital infrastructure that makes them possible. The International Monetary Fund, multilateral development banks, and bilateral donors will need to mobilize a comprehensive suite of tools to alleviate debt burdens and open up space for investments that drive future growth. These should include debt restructuring, debt-for-development swaps, funding mechanisms that better match the risk and return appetites of private and public investors and unlock affordable financing at scale, and—for the foreseeable future—continued grant funding....”

“...It is critical to focus today’s scarce grant money on what we call core development investments: reducing poverty and supporting health and education. By investing in sectors that will drive future growth and opportunity, over time, countries can graduate from relying on development assistance to funding their own needs with more domestic resources and better access to private capital. Of course, donors should continue to fund emergency grants during conflicts or natural

disasters. But **core development investments are essential to fostering human capital in the long term and cannot be easily replaced by commercial finance.....** It takes time for investments in human capital to pay off, so donors must set realistic expectations. **Most developing countries will need at least another decade of grants to meet basic human needs in health and education while spurring the growth necessary to become self-sufficient. The goal should be for the vast majority of the world's poorest countries to generate enough prosperity to move beyond reliance on health and development aid altogether within 20 years.** But it will take focused investment now to make that vision possible.”

Habib Benzian – Tell the Truth. Then Make It Matter.

[Habib Benzian on Substack](#) ;

“A response to R Horton on the dishonest politics of global health.”

Excerpt: “...**The deeper issue is that global health has informal rules about which truths may be spoken and which truths may reorganise the room. Many uncomfortable things can now be said in polite settings.** Inequality can be named. Colonial legacies can be acknowledged. Commercial determinants can be discussed. **Power can be mentioned, sometimes even by those who hold it. But naming power is not the same as redistributing it.** Naming inequity is not the same as changing incentives. Naming broken promises is not the same as making future promises harder to break. **This is where truth-telling becomes political.**”

“**A truth is not disruptive because it is accurate. It becomes disruptive when it threatens arrangements that depend on its suppression. That is why some truths circulate harmlessly while others make rooms uncomfortable.** The most important truths are often not those nobody knows. They are the ones everybody knows, but the system has learned not to act upon. **Horton is right. Without truth, we have nothing. But truth is not yet accountability. It is not yet redistribution. It is not yet consequence. It is not yet reform. The first step is to tell the truth. The next is to make sure global health cannot simply applaud it, absorb it, and move on.**”

Future of Development Cooperation

Global Policy - Beyond the Donors' Club: What Future for the OECD-DAC?

A Sumner & S Klingebiel; <https://www.globalpolicyjournal.com/blog/28/05/2026/beyond-donors-club-what-future-oecd-dac>

“In Paris delegates convened at the ‘future of development cooperation’ conference organised by the OECD's DCD which supports the work of the OECD Development Assistance Committee (DAC), the leading traditional donors' aid club. **The OECD's Development Assistance Committee (DAC) itself is under review. The review comes at a moment of considerable upheaval in global development policy. ...**”

“In a new IDOS Discussion Paper, we contribute a piece to the set. **We identify structural challenges facing the DAC and its future in global development policy.** That world has changed. **We frame the challenges ahead for the DAC as five shifts needed for reinvention....**”

“... The five shifts we propose point in the same direction. The DAC needs to move beyond the donors' club model it was created to serve. That model assumed Western donor coordination and concessional finance as the primary instruments of development cooperation. Neither assumption holds any longer. Not least because the United States is not only ignoring the basic concept of sustainable development, but is even actively challenging it. A reinvigorated DAC would be a platform for negotiating development norms across a wider set of actors, financing instruments and political configurations than its founders imagined.” **“In short, the DAC was built for a world that no longer exists, but that is an opportunity.** The shifts we identify suggest a clear direction of travel **toward a more inclusive, strategically ambitious committee that recognises the diversity of development cooperation now practised by its own members and their partners.** Whether the current review meets the challenge or settles for incremental adjustment will shape the DAC's relevance for the next decade.”

More on Global Health Governance & Financing/Funding

Reuters - US to re-engage with Gavi vaccine alliance amid Ebola outbreak, Rubio says

<https://www.reuters.com/business/healthcare-pharmaceuticals/us-re-engage-with-gavi-vaccine-alliance-amid-ebola-outbreak-rubio-says-2026-06-02/>

“U.S. Secretary of State Marco Rubio said on Tuesday that the U.S. would re-engage with the global vaccine alliance Gavi amid the Ebola outbreak in several African countries. Rubio told the Senate Foreign Relations Committee that the decision had been made a few weeks ago to re-engage, after the Trump administration [pulled funding](#) from Gavi last year.”

“...Rubio said that Secretary Kennedy had taken a leading role in determining what was going to happen next with Gavi, but the State Department would now re-engage because "we need to drive this to an outcome". "The State Department a few weeks ago made the decision that we were going to re-engage on this issue of Gavi, respecting what HHS' (Department of Health and Human Services) views are on it as well," Rubio said. **"We'd like to get this issue resolved in an outcome that's acceptable both to Congress and also to our goals on global health."...**

PS: **“As well as cutting future funding for Gavi, the U.S. was also withholding \$600 million of funding for two years that had been approved by Congress. Several U.S. senators had been pushing for that money to be released.”**

“Gavi's chief executive Sania Nishtar said she was "very encouraged" by Rubio's remarks. "Unlocking the funds that Congress has appropriated to Gavi would enable us to keep the world safe from infectious disease threats," she said in a statement. Gavi's work on Bundibugyo underlined the importance of this work, she said.....”

- See also [the NYT – Rubio Suggests U.S. Return to Global Vaccine Program in Rebuke of Kennedy](#)

“ Secretary of State Marco Rubio indicated in pointed testimony to senators that he was reclaiming control of the U.S. relationship with Gavi, an international vaccine alliance.”

“Testifying on Capitol Hill, Mr. Rubio told senators that President Trump had asked the State Department to allow Mr. Kennedy to “play a leading role” in the decision on whether to fund Gavi, an organization that provides immunizations for low-income nations and maintains the global Ebola vaccine stockpile.....” “ But Mr. Rubio suggested in pointed testimony that he was reclaiming control of the U.S. relationship with Gavi, which has historically been managed by the State Department. The State Department is “going to re-engage on the issue of Gavi,” Mr. Rubio told the Senate Foreign Relations Committee. He said that the department was not going to “yank” the matter from Mr. Kennedy, a longtime vaccine skeptic, or ignore “his points of view.” But he said that a few weeks ago, he had made the decision to resume management of the relationship....”

BMJ Feature- Six ways Gavi will continue to immunise half the world's children amid vaccine backlash and a funding crisis

<https://www.bmj.com/content/393/bmj-2026-393658>

“The global vaccine alliance is facing a major setback following major funding cuts, most notably from the US. Simon Williams asks how the world's largest funder of vaccines for low and middle income countries will survive in the Trump era.”

A few excerpts:

“Painful cuts: As with other organisations such as WHO, **one way Gavi is responding to cuts in donations is by cutting staff costs, which is easier said than done.** “Gavi is already a relatively lean organisation, so there isn't necessarily much room for obvious cuts,” says Keller. The Gavi spokesperson tells The BMJ that the alliance had “concluded a review of staffing and expenditure, a process that will see headcount reduced by 30% and operating expenses reduced by 40%.” Most of the job cuts are taking place in Gavi's secretariat, at its offices in Geneva and Washington, DC. **Gavi has described plans to “drive additional savings through expanding shared services at the Global Health Campus,” alongside the digitisation of grant management and streamlining of the country operating interface....” “**

““Smart” financing: At the June 2025 funding replenishment, **Gavi introduced a proposal for a new financing mechanism that would combine grant funding with loans from multidevelopment banks.** This could allow Gavi to support more countries with the same amount of money by reducing delivery and administrative costs. To help its funding needs, Gavi has also secured about \$3bn in new commitments from banks. **Gavi is also planning to move towards more technological solutions. Gavi chief executive Sania Nishtar says it is “using AI more”** as part of an effort to “end-to-end digitizing our processes.” ... “... For example, the organisation is trialling AI and machine learning to improve modelling for vaccine demand, more accurately identify vaccine demand forecasting, identify undervaccinated populations, anticipate infectious disease outbreaks, and strengthen immunisation workers' training and supervision. This is designed to enhance efficiency over time - although Gavi acknowledges that initial investment in AI hardware and expertise is high and potentially prohibitive....

“New funding sources: One way Gavi is trying to offset these cuts is through new funding sources. **“We have been actively engaging donors who have not yet pledged,”** says the Gavi spokesperson.

Brazil, for example, has recently pledged \$72m to Gavi for the next five year period. “Brazil’s pledge is a powerful demonstration of global solidarity and leadership,” says Nishtar....”

PS: The article also delves into the “GAVI Leap”, and **into how GAVI intends to tackle antivaccination misinformation.**

“...Gavi acknowledges that tackling false information on vaccines is a part of a much broader problem of health misinformation that requires cooperation across and beyond the health sector. However, for its part **Gavi is helping to spread accurate information about vaccines, such as through its VaccinesWork platform, and is working with other Vaccine Alliance partners, such as WHO and Unicef, through the Africa Infodemic Response Alliance (AIRA).** It also supports efforts to combat misinformation, by providing information toolkits for frontline community health workers and vaccine workers, or funding, and by funding vaccine “demand generation” activities designed to increase trust, acceptance, and confidence in vaccines....”

Global Fund - Global Fund Board Selects New Chair and Vice-Chair

<https://www.theglobalfund.org/en/news/2026/2026-06-02-global-fund-board-selects-new-chair-vice-chair/>

“The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) announced today they selected Erna Solberg, the former Prime Minister of Norway, as the new Chair, and Javier Hourcade Bellocq, a global public health leader and current member of the Global Fund Board, as Vice-Chair. They will be serving a three-year term beginning in late October.....”

- Related: **Development Today – [Strong Nordic presence on Global Fund Board](#)**

“The Nordics will soon have **two positions on the board** of the Global Fund to Fight AIDS, Tuberculosis and Malaria. **Former Norwegian Prime minister Erna Solberg (Conservative) has been appointed chair and Sweden’s Gunilla Carlsson confirms to Development Today that she continues as board member. “**

WSJ – Bill Gates Spent Years Crafting His Image. Now It’s Cracking.

https://www.wsj.com/business/bill-gates-image-epstein-e0b83243?eafs_enabled=false

“The billionaire philanthropist was once ranked the world’s most admired man—but the revelations of his Jeffrey Epstein ties are eroding efforts to burnish his reputation.” Excerpts:

“Amid internal unrest about the new revelations, the foundation told employees it had opened an external review into its ties with Epstein. Next month, Gates will face questioning before a congressional committee over his dealings with the sex offender. His team tapped lawyer John Moran, a Republican former Justice Department official, to represent Gates. The team successfully pushed the voluntary questioning back a few weeks and secured an agreement to keep his appearance off video. Some committee members plan to ask Gates about emails in the Justice Department files that Epstein had sent to himself, according to people briefed by their staffers. ...”

PS: **“Gates ranked at the very top of a 2019 survey of public figures that people look up to—ahead of the Dalai Lama and Pope Francis.... ...Fallout from the revelations about Gates’s behavior is now eroding efforts to protect his reputation.** Gates, co-founder of Microsoft, was recently snubbed from the company’s annual CEO summit and from the annual meeting of Berkshire Hathaway shareholders, which he has attended for years.... ... **Two different polling teams—at the Gates Foundation, and his private office, Gates Ventures—for years have closely tracked opinions about Gates, including on favorability, trustworthiness and inspiration. A media analysis prepared for the Gates Foundation found that there had been a more than 40% increase in “critical news narratives” about Gates and the foundation since the Epstein files were released through February,** according to internal documents reviewed by The Wall Street Journal. ...”

PS: **“Gates is gearing up for his congressional appearance on June 10, with staff helping him to prepare,** according to people familiar with the matter. Among the topics likely to be discussed: No allegations of affairs between Gates and foundation employees have been made and no formal complaints have been made. ...”

Tim Schwab - New book takes aim at Gates Foundation

<https://timschwab.substack.com/p/new-book-takes-aim-at-gates-foundation>

“An investigation into Big Pharma's destructive monopoly patents led the authors to the doorstep of an unlikely target---Big Philanthropy.”

Re the new book by **Tahir Amin & Rohit Malpani.** Interview with **Malpani (by mail), with some focus on the Gates Foundation,** but also rather interesting **paragraphs on GAVI.**

Schwab’s question: **“...What is Gavi—and what is wrong with the Gavi model? How does Gavi embody the problems with “neoliberalism” that are central to your critique?...”** Do check out Malpani’s answer, and also how he sees the future.

Geneva Health Files – What A Procedural Report At The Executive Board Says About The Politics At The WHO?

<https://newsletter.genevahealthfiles.com/what-a-procedural-report-at-the-executive-board-says-about-the-politics-at-the-who/?ref=geneva-health-files-newsletter>

With a quick **update on the WHO executive board meeting** that took place in Geneva last week. **“Specifically, we delve into a discussion around the Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR).”**

PS: **“The SCHEPPR was established in 2022. Broadly, the functions were to provide guidance to the Executive Board and advice to the Director-General on matters regarding health emergency prevention, preparedness and response, and immediate capacities of the WHO Health Emergencies Programme. And to also review, provide guidance and, as appropriate, make recommendations to the EB for strengthening and oversight of the emergencies programme and to make it more effective.” “ The contentious discussion at the Board last week, concerned the final report of the SCHEPPR committee. (re Palestine/Gaza)...”**

Patnaik concludes: **“WHO will have to increasingly navigate political issues since conflicts give rise to health emergencies. The reality is that political discussions on emergencies are here to stay.** The Executive Board is a key component of WHO's governing bodies. Procedural reports are therefore crucial for documentation, accountability and justice, for all member states and the populations they serve.”

IS Global - ISGlobal Publishes a Series of Analyses on the Retreat of European Development Aid

<https://www.isglobal.org/en/-/isglobal-publica-serie-analisis-retroceso-ayuda-europea-desarrollo>

“Over the past two years, France, Germany, and the United Kingdom have moved from incremental adjustment to structural retreat.” (see also the next item)

Including **ISGlobal's Proposal:** “...This disruption also exposes the structural weaknesses of the previous model: an over-reliance on the annual discretion of donors, governance imbalances that limit ownership in the Global South, and fragile funding mechanisms. Therefore, simply restoring previous funding levels would not be enough. **The alternative proposed in a new series of ISGlobal publications is built on three fronts:**

Politically: health must be reaffirmed as a global public good, protected from transactional logic, and backed by a more legitimate and balanced governance.

Scientifically: sustained investment in research, regional manufacturing, and transferable technology platforms is essential to reduce structural dependency and respond more swiftly to future crises.

Economically: the system requires more predictable funding, innovative instruments, and stronger alignment with national plans, alongside a renewed commitment to quantitative targets.”

Preprint with the Lancet - Effects of Humanitarian and Development Assistance Defunding from Major European Donors on Mortality in 130 Low-And Middle Income Countries

Hugo-Alejandro Santa-Ramírez et al; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=6831588

Related read. « **We aimed to assess the impact of reductions in ODA from 11 major donor European countries on mortality in LMICs through 2030.** »

« ... **The largest estimated excess deaths under the reduction scenario, compared with the reference scenario, were observed for the United Kingdom** (4,304,844 additional deaths [95% Uncertainty Intervals - UI: 1,673,595–6,840,258]), **followed by France** (3,017,695 [95%UI:1,271,946–4,771,584]) **and Germany** (2,823,230 [95%UI:1,242,110–4,394,089]). ...”

« Interpretation of the findings: **Reductions in ODA from European donors may translate into millions of avoidable deaths in LMICs by 2030, even if funding stabilizes over the coming years.** «

Devex - Why WHO can't just 'prioritize' in the Middle East

<https://www.devex.com/news/why-who-can-t-just-prioritize-in-the-middle-east-112635>

“WHO’s Eastern Mediterranean region is home to some of the world’s most complex emergencies, from Gaza to Sudan. But it can't simply shift available funds to emergencies, nor can it focus entirely on them, given the needs in other countries in the region.”

“Facing funding cuts, the [World Health Organization](#) was forced to restructure over the past year, which led to a shrinking of staff and a review of its priorities. But **for an agency dealing with increased demands — from health emergencies to climate change — and with little flexible funding, prioritizing is a complicated task. That appears to be the case in the WHO Regional Office for the Eastern Mediterranean, home to some of the world’s most complex emergencies.** The agency is responding to several [ongoing health emergencies](#) in the region, including in Gaza, Iran, Lebanon, and Sudan. **Yet its \$633 million emergency appeal for the region is only 49% funded,** and a flash appeal of \$30.3 million to support the escalating conflict in the region — which includes potential nuclear and water contamination incidents — is only 12% funded, according to Dr. Hanan Balkhy, WHO’s regional director for the Eastern Mediterranean region....

“... **But despite limited resources, WHO needs to continue supporting a wide range of programs. It also can’t simply shift a large part of its resources to emergencies....”**

PS: “... the U.N. health agency’s work in the region isn’t all consumed by emergencies. Countries also expect WHO to provide them with guidance on health governance, health financing, and in building their regulatory functions and capacities to locally produce medicines. Yet, Balkhy said, without sufficient funding, “we will not be able to have enough space to move within these different areas.”

Beyond Fiscal Space: The Missing Layer of Sustainable Health Financing

Emilie S K Besson ; <https://www.linkedin.com/pulse/beyond-fiscal-space-missing-layer-sustainable-health-koum-besson-hytoe/>

« **Sustainable health financing has four layers, not three. The first layer is fiscal space.** Can a country mobilize resources for health through taxation, insurance contributions, economic growth, or external financing? **The second layer is budget execution.** Can approved resources actually be spent and translated into services and programmes? **The third layer is treasury liquidity.** Is cash available when needed to pay suppliers, health workers, and service providers? These three dimensions are well understood within the health financing community. **The fourth layer is less frequently discussed: Foreign-currency access....”**

« **Can local resources be converted into the currencies required to pay for imported medicines, vaccines, diagnostics, medical equipment, software licenses, laboratory reagents, and emergency supplies? A country may succeed on the first three layers and still fail on the fourth.** A ministry of health may have a budget. Parliament may have approved the expenditure. Treasury may have released the funds. Yet if foreign currency is unavailable, medicines cannot be imported, suppliers cannot be paid, and procurement contracts cannot be settled....”

Plos GPH – Converting donor dependence to domestic ownership: The realignment of tuberculosis financing for sustainability

William A. Wells et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006523>

« The financing of tuberculosis (TB) programs in high burden countries (HBCs) requires an overhaul.... »

“ Our analysis suggests that, in almost three quarters of high TB burden countries, increases in health budgets and in the proportion of health budgets dedicated to TB could compensate financially for a complete withdrawal of donor funding for TB. However, marginalized populations may be left behind and, in countries with less resources, major gaps will remain. Ministries of Health and Finance should assess whether the country can pay for more of its own TB response; this includes defining TB-specific financing needs, and assigning these needs to specific domestic financing sources. They should also demand that future TB donor funds flow through domestic channels, and prioritise TB in their engagement with Multilateral Development Banks (MDBs). **Donors and MDBs should:** renew their commitment to funding TB; ensure that TB donor funds and TB loans flow through domestic systems; communicate more clearly around transition; provide assistance related to advocacy, accountability, and the raising, allocation and more efficient use of domestic TB funding; and target TB implementation funding to lower-income countries where it is most urgently needed. **The end result would be national TB programs that are system-aligned, with donor support that is more clearly differentiated between implementation and system building in lower-income countries and addressing health system constraints in middle-income countries.** »

HPW - ‘Totally Underrepresented’: The Push to Put Men’s Health on the Global Agenda

<https://healthpolicy-watch.news/push-mens-health-global-agenda-gscf-gamh/>

Coverage of a side event at the WHA – on men’s health.

“The numbers underpinning Peter Baker’s case were highlighted in a **new GAMH report launched at a World Health Assembly side event in Geneva, organised in collaboration with the Global Self-Care Federation. Male life expectancy globally is 71.5 years**, five years shorter than women’s. There is no country in the world where men live longer than women. **Men also face a higher burden than women across most of the top 20 causes of premature death**, including cardiovascular disease, liver disease, and road traffic accidents, the report found. **Suicide rates** hold perhaps the most tragic inequality: **three in every four people** who end their own lives globally are men....”

Peter Baker: “...The combined health effects resulting from this list of potentially deadly habits put men at significantly higher risks for liver diseases, lung cancers and respiratory illnesses, among other NCDs. **“Men aren’t some kind of distant, weird race,” he said. “Men are people’s fathers, their brothers, their sons. Most of us care about the men in our lives, want them to be healthy.”** “

PS: “ **Nine countries currently have national men’s health policies: Australia, Brazil, England, Iran, Ireland, Malaysia, Mongolia, the Philippines and South Africa. Canada is expected to publish its first by the end of 2026, which would make it the tenth and the first G7 country other than the UK to have one....”**

“... the case Baker returned to in his conclusion is a simple one: **treating men’s health as a public health issue does not require treating it as a zero-sum competition with anyone else’s.** “We don’t have to think in terms of binary choices. It’s not either or.” “

- The new GAMH report: [Global Action on Men’s health – Men & self care: A Critical Gap in Health Policy & Practice](#)

PHM - The Nyéléni Common Political Agenda is Out

<https://phmovement.org/nyeleni-common-political-agenda>

« **After the 3rd Nyéléni Global Forum in Sri Lanka in September 2025**, which brought together over 500 representatives of social movements and grassroots organizations from across the world, **the Common Political Action Agenda (CPAA) that will guide the movement actions in the years to come is finally out.** The CPAA is a comprehensive roadmap organized around six interrelated axes of struggle: **constructing people’s democracy and rights; building people’s economies based on solidarity and feminism; advancing food sovereignty and agroecology; securing land, water, and territories through popular agrarian reform; achieving comprehensive health for all; and ensuring climate justice through a feminist just energy transition..”**

Journal of Interventional Epidemiology & Public Health - Operationalising regional public health in Africa: The contributions of the West African Health Organization

A B Usman, V Lokossou et al.; <https://afenet-journal.org/wp-content/uploads/2026/05/Article63-Vol9.pdf>

“Public health in Africa is at a critical juncture. Debates over securing population health have swung between strengthening national systems and building pan-African institutions. **Today, cross-border disease transmission, the transnational determinants of health (from migration to climate change), and the need for coordinated health diplomacy show that neither national approaches nor international aid alone is sufficient. A third approach, placing regional institutions at the center of public health governance, is essential.** The **West African Health Organization (WAHO)**, the specialised health agency of the Economic Community of West African States (ECOWAS), **illustrates this model by combining technical coordination, policy harmonization, capacity building, and practical support in contextually appropriate ways. This perspective advances three key claims.** First, many public health challenges in Africa are inherently regional; second, WAHO demonstrates how a regional institution can add value without replacing national responsibilities; third, scaling this model across the continent requires investments in institutional capacity, financing, and political frameworks that support regionalism in health. **We discuss WAHO’s contributions, structural challenges, and strategies to strengthen regional public health governance in Africa.** We refer to **layered governance** as the **coordinated interaction of national, regional, continental, and global public health actors. These experiences are discussed in the context of Africa’s New Public Health Order**, a strategic framework promoted by the Africa Centres for Disease Control and Prevention to strengthen health security, local manufacturing, and resilient health systems across the continent.”

Sovereignty in Health: Why Global Health Needs a Definition

David Clarke; [on Substack](#);

“Sovereignty is an increasingly invoked concept in global health, and one of the least clearly defined.”

Clarke provides a **working definition**: **“Sovereignty in health is a polity’s claim to authority over the resources, infrastructures and decisions on which population health depends, within a defined jurisdiction.”**

“... The definition becomes usable once you see that the claim it describes becomes real only under conditions. Sovereignty is a claim (authority) over an object (substance), requiring a capability (capacity) and sustained by a relation (recognition)....”

PS: **“What sovereignty is not:** Sovereignty is **routinely conflated with autonomy, independence, self-determination and power.** These are related, but not synonyms, and the relationship is worth getting right rather than simply denying it....”

Habib Benzian - The Hope Paradox

https://habibbenzian.substack.com/p/the-hope-paradox?r=ap2ly&utm_campaign=post&utm_medium=web&triedRedirect=true

“Global health’s most necessary resource and its most effective anaesthetic.”

Excerpts:

“Václav Havel, reflecting on his years of imprisonment, described hope as “not the conviction that something will turn out well, but the certainty that something makes sense regardless of how it turns out.” This is **hope as a directional force.** It orients you toward what should be, and the orientation itself is the action. **Hope of this kind is not a prediction. It is a stance. And it is what keeps serious people in a field that often rewards seriousness with disappointment.** Call this **generative hope.** It belongs to the person who carries it. It drives them forward without promising delivery.”

“Something different happens when hope migrates from people to institutions, when it becomes the product of a declaration rather than the conviction of a practitioner....”

Benzian then discusses more in detail **UNAIDS’ 90-90-90 campaign**, launched in 2014.

Re the ‘hope paradox’: **“... Institutional hope does not die when targets are missed, it regenerates. And this is precisely the problem. Because hope that cannot be falsified by failure is no longer functioning as hope. It is functioning as something else: as the narrative that makes the gap between aspiration and delivery tolerable rather than intolerable.”**

“There is a subtler problem embedded in institutional hope, and it concerns whose hope it is. **Generative hope belongs to the person holding it.** It is first-person, active, and restless. **But when an institution announces that “we can end AIDS by 2030” or achieve “health for all” by a given deadline, the subject of the hope quietly shifts. The institution becomes the agent. The community becomes the recipient of its vision.** Hope that ought to be the engine of a community’s own demand for change is installed instead as the property of a declaration signed in Geneva or New York.”

Benjian concludes: “ ... **The distinction that matters** is not between optimism and pessimism. **It is between hope that belongs to communities - restless, demanding, first-person, unwilling to settle for a migrated deadline - and hope that belongs to institutions, managed on behalf of those communities, calibrated to be just ambitious enough to sustain the system without threatening it.**”

Debt reform & global tax justice

Reuters - Ghana's president calls for fairer debt restructuring tools

[Reuters](#);

“Ghana's President John Dramani Mahama on Wednesday told a conference in London that debt restructuring mechanisms need improvements and that the UK's approach to Africa should focus on investment, rather than aid.”

“... "Debt restructuring mechanisms must become faster, fairer and more inclusive," Mahama said during the event. Ghana restructured its debt under the G20's Common Framework debt restructuring mechanism, which some have said is too slow. Mahama called for debt reform that supports development and said the continent needs climate finance as well....”

CGD (Policy paper) – Beyond a Blueprint: Reconciling Sovereign Debt Reform Proposals with Impact and Reality

M Svenstrup et al ; <https://www.cgdev.org/publication/beyond-blueprint-reconciling-sovereign-debt-reform-proposals-impact-and-reality>

“Many developing countries are experiencing high debt and debt service burdens, built up through repeated shocks, large fiscal deficits, and tighter external financing conditions. Despite these trends, the policy response remains fragmented. This is partly because there is not a single debt problem, but rather a set of overlapping liquidity and solvency pressures that affect countries differently. It is also due to rising geopolitical and financial constraints, including shrinking donor budgets, that make the conditions for ambitious debt reform especially difficult.”

“Recent reports have advanced a wide range of creative reform proposals, but these have not always been sufficiently differentiated by country circumstances or reconciled with current political and financial constraints. **This paper seeks to organize and reconcile these proposals to identify what is both needed and achievable in 2026.** It does so by identifying groups of countries that face similar issues based on their macroeconomic and financial positions, providing a taxonomy of

existing debt proposals, and discussing underlying assumptions based on the current geopolitical landscape that will need to be factored into the feasibility and design of any proposal.”

The Need for a Permanent Mechanism on Sovereign Debt Restructuring

Attiya Waris; <https://saiia.org.za/research/the-need-for-a-permanent-mechanism-on-sovereign-debt-restructuring/>

Policy brief: “This policy brief sets out a vision for a proposed sovereign debt restructuring mechanism, suggesting where and how it should be set up and what its underlying principles should be. The brief also examines the political barriers that are likely to present themselves and how these could be managed, with reference to what an African position should be. Finally, it provides key recommendations for the establishment of this mechanism.”

Via Waris (on LinkedIn): “... what's missing is a permanent sovereign debt restructuring mechanism — one housed closer to debtors than creditors, grounded in justice, fairness and human rights. South Africa and the African Union have the G20 platform to push for this.”

And a link:

- The Conversation – [Rating agency Fitch changes its criteria on pausing debt repayments: why it matters](#) (by N Godin et al)

“... What is changing remains modest. It nevertheless suggests that **sovereign debt markets are beginning to develop ways to distinguish temporary financial stress from deeper solvency problems**. This will allow countries to manage shocks before they escalate into full debt restructuring episodes....”

Bilateral health agreements & US Global Health strategy

Emily Bass – First Look at a Full America First Global Health Strategy Country Implementation Plan: Not Exactly a Plan

[On Substack](#);

“Secretary of State Rubio: How does the miracle occur?”

“The Ugandan implementation plan for the America First Global Health Strategy, portions of which are shared here for the first time, is long on bullet-pointed lists and soaring aspirations and, for all its hundreds of pages, surprisingly thin on explanations of how those aspirations are expected to translate into measurable public health results. This is true even for lenacapavir, or LEN, a twice-yearly HIV prevention tool that the Department of State has embraced as a potential means of ending the HIV epidemic.”

“The implementation plan documents are supposed to have some, if not all, of the things the Memoranda of Understanding did not: specific goals, activities, outcomes, metrics and budget lines. Unfortunately, they do not. This is enormously relevant for members of Congress who will hear Secretary of State Marco Rubio’s testimony during hearings tomorrow—and for those who participated in hearings today....”

Devex Pro: Kenya plans to start implementing US bilateral health deal in July

[Devex Pro](#)

(gated) “.. A different court case in Kenya had put the brakes on the **Trump administration’s bilateral health deal with the country**, but **that deal appears to be moving full steam ahead, according to Dr. Ouma Oluga of Kenya’s Ministry of Health....** Concerns largely centered around the amount of health data that the U.S. wanted to collect from Kenya. But **Oluga tells Devex that the court recently cleared the way for the country to move forward with the agreement, which will start implementation in July.** “

PS: “**Kenya was the first country to sign on to a deal with the U.S. State Department.** The United States said it will invest up to \$1.6 billion over five years in Kenya, with the Kenyan government cofinancing the agreement with \$850 million....”

WSJ - Trump Wants Minerals, Health Data for Aid. African Nations Are Pushing Back.

https://www.wsj.com/world/africa/trump-wants-minerals-health-data-for-aid-african-nations-are-pushing-back-c04bed87?st=ZcDG6h&reflink=desktopwebshare_permalink

“Governments bridle at U.S. demands for private medical data and, in some cases, access to minerals.” **State of affairs** (*not much new in this article, though*)?

“A year after President Trump reversed decades of American policy toward poor countries and closed the U.S. Agency for International Development, **some African governments are bristling at the conditions he has set** for resuming funding to combat AIDS, tuberculosis and malaria. **Nearly two dozen sub-Saharan countries have assented to Trump’s demands and struck deals with the U.S., including a \$900 million, five-year pact with the Democratic Republic of Congo,** which is currently the epicenter of a deadly Ebola outbreak. The Congo agreement came a couple of months after the country sealed a minerals deal with the U.S. **But Zimbabwe, Ghana and Zambia have said no or dragged out negotiations** over the Trump administration’s self-described America First foreign-assistance policies, which aim to tie health aid more directly to U.S. diplomatic and security goals....”

PS: “... **Health emergencies, however, are already forcing the (Trump) administration’s hand. The State Department recently pledged \$112 million to help contain the fast-moving Ebola outbreak in Congo. The federal government said Thursday it had reached a deal to erect a field hospital in Kenya to quarantine and treat Americans exposed to the virus,** rather than flying them home for care. A Kenyan court on Friday halted work on the hospital pending a legal challenge....”

Devex (Opinion) - What does success look like for the US-Nigeria bilateral health deal?

W Edom; <https://www.devex.com/news/what-does-success-look-like-for-the-us-nigeria-bilateral-health-deal-112589>

“Nigeria must turn its cofinancing commitments in the bilateral agreement with the U.S. into funds that are disbursed and tracked, with a long-term view to sustainable domestic health financing...”

Emily Bass - The State Department Say Foreign Countries Will Decide on US CDC Budget for Global Work

[on Substack](#):

“Secretary Rubio: Does this make America safer?”

“Countries receiving funds under America First Global Health Strategy agreements will have the final say in how much money the US CDC has for specific global health activities, according to a statement by a spokesperson for the US Department of State reported in Politico earlier this week. The position makes the United States highly dependent on sovereign nations to decide that a robust CDC presence matters within their borders....”

“Rather than transferring USD\$2 billion in funding for crucial laboratory, human resource, and technical assistance functions tied to HIV programming but supportive of a range of health security interests, **the State Department has developed a ‘fee schedule’ for CDC services. Countries can choose from these services; many are required to purchase a minimum package. The State Department spokesperson sounded downright hopeful that countries would opt in for services, rather than holding on to the money for other purposes.** “If countries select even a modest share of those optional services, CDC funding for direct technical assistance goes up — not down,” they said to Politico. “We believe CDC provides valuable expertise, and we expect countries will continue to rely on it.” **Recent events suggest this optimism may be misplaced.** Today, a Kenyan court put a hold on US plans to build an Americans-only Ebola quarantine facility. Last week the Ugandan Minister of Health called out US Foreign Assistance on X about a post about America’s plans to help with the regional Ebola response....”

TGH - Restoring the Lost Records of U.S. Global Health

R Godbole et al ; <https://www.thinkglobalhealth.org/article/restoring-the-lost-records-of-u-s-global-health>

“Former USAID officials are calling for data transparency, as **they launch a tool to preserve lost global health findings.**”

“...Building on efforts to [preserve U.S. government data](#) across sectors before they disappear, **former USAID officials built a new interactive tool that recovers USAID global health data from the Wayback Machine, an internet archiving site, to preserve available results for the public. [The tool](#) displays available USAID global health data from fiscal years 2019 to 2023 across countries,**

health areas, and select indicators, providing a record of past achievement, accompanied by a downloadable dataset....”

“The incomplete public record of U.S. global health performance has implications beyond the erasure of USAID's past achievements. The State Department's America First Global Health Strategy emphasizes efficiency, integration, and evidence-based programming. The strategy commits to "streamlined foreign assistance" and "results-driven partnerships" with other governments, and it highlights PEPFAR's "robust data reporting and monitoring systems" as a model for accountability. The data blackout makes it difficult to verify whether the State Department is applying its own principles. Without historical data, it is also impossible for anyone outside the State Department to assess what the U.S. contribution to those decades of progress actually was, or to verify that current planning is informed by that baseline. And without fiscal year 2025 data, there is no way to independently determine whether the transition maintained that contribution or whether backsliding has occurred that requires recovery efforts. “

“Historical data matters immediately for the bilateral agreements now being negotiated. To date, the U.S. government has signed 31 bilateral health memoranda of understanding with partner countries. The implementation planning process—which was set to run through March 31, 2026, and is now delayed—required countries to develop strategies for each health area and to provide "data outlining the rationale for prioritizing the strategy" for each approach they propose. Countries were also set to establish targets for specific process metrics, including numbers of new HIV diagnoses, people on antiretroviral treatment, facility deliveries, and children receiving nutrition interventions, that will be used to track performance over the five-year agreement period. However, a recent Amfar report suggests that—in addition to use of flawed metrics—confidentiality agreements all but guarantee that although the U.S. government and countries themselves will have access to data, the public likely will not....”

“Without baseline comparison data, there will be no way to evaluate whether the new bilateral approach is producing better or worse results than prior aid-centric strategies, making it impossible to determine whether the transition represented improvement, continuity, or decline. ...”

The authors end with three recommendations to restore transparency.

NCDs

HPW – Historic WHA Resolution on Fatty Liver Disease Opens Door for Integration into National NCD Strategies

<https://healthpolicy-watch.news/milestone-wha-resolution-on-fatty-liver-disease-offers-path-to-more-awareness-and-action/>

“Steatotic liver disease (SLD) was recognized as a “missing piece” of the global noncommunicable disease response in a milestone World Health Assembly resolution last week. With countries making extraordinary progress in combating viral hepatitis, SLD, formerly known as fatty liver disease, is now the fastest-growing chronic liver disease – but far less recognized. Experts and advocates believe the new World Health Assembly (WHA) decision will trigger more awareness and action in countries and globally. “

Lancet Oncology Commission – Cancer workforce—a global crisis: a *Lancet Oncology Commission*

[https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(26\)00065-3/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(26)00065-3/fulltext)

“To better understand the extent of the rising global cancer burden and the resulting workforce needs, we modelled the current and future global landscape of 17 common cancers and 18 workforce personnel types. Among the modelled cancers, diagnosed incidence rates are projected to increase globally, especially in LMICs, driven by growing and ageing populations and changing risk factors. Crucially, we estimate that one in three cancers go undiagnosed worldwide, with more than 60% of cancers remaining undiagnosed in parts of Africa. We find that, among the diagnosed cancers in LMICs, late-stage presentation and a lack of essential treatments and qualified health professionals contribute to poor survival. According to our modelling, in 2050, 5-year net survival is projected to remain lowest in Africa (34%) and Asia (39%), while reaching beyond 60% in high-income settings. **The global cancer workforce shortage is projected to reach about 100 million in 2050, with the largest shortages being for nurses (65 million) and diagnostic (radiology and pathology) specialists (16 million), especially in Africa and Asia.** Comprehensive workforce scale-up of all personnel types is **projected to avert 170 million cancer deaths and yield net economic benefits of US\$120 trillion between 2030 and 2050, translating to a global return on investment of \$4 per \$1 invested.** Focusing primarily on examples from sub-Saharan Africa and Latin America, we examine key obstacles to workforce development and retention in LMICs and propose pragmatic actions to address the workforce crisis.”

- See also [the Guardian - World faces cancer workforce crisis with 100m staff shortfall, report warns](#)

“Researchers say healthcare systems could be overwhelmed by 2050 as global burden of disease continues to rise.”

Lancet series on chronic kidney disease

<https://www.thelancet.com/series-do/chronic-kidney-disease>

“This **three-paper Series on chronic kidney disease (CKD)** highlights recent advances in our understanding of CKD, its consequences for population health and the opportunities provided by advances in treatment strategies.”

Determinants of Health

HPW - Big Tobacco Engineered Ultra-Processed Food, Creating Harmful and Addictive Products

<https://healthpolicy-watch.news/big-tobacco-engineered-ultra-processed-food/>

“Tobacco companies have helped to engineer and scale up the ultra-processed food (UPF) industry, developing addictive products that are driving obesity, cancer, dementia and chronic

diseases like diabetes. This is according to one of the most comprehensive reviews of the drivers and impact of UFP, published in the American Journal of Public Health (AJPH) on Wednesday.”

“The researchers define **UPF** as products that people can’t make in their own kitchens – primarily because they contain additives such as colours, flavours and emulsifiers that change the properties of food. **Taken together, the 18 research papers show that a commercial system “has engineered, marketed, and normalised products linked to widespread chronic disease”**, said lead author Nicholas Chartres, from the Universities of Sydney and University of California, San Francisco (UCSF)....”

“By examining over 100 previously secret tobacco industry source documents, Kansas University’s Professor Tara Fazzino found that **US tobacco companies had developed multi-billion dollar global food companies by “leveraging their existing tobacco businesses and infrastructures”**. Laura Schmidt, from UCSF’s School of Medicine, dug into **one example**: how Philip Morris “used cigarette design expertise, flavour engineering, and processing technologies to develop the iconic ultra-processed food brand for kids, Lunchables””

FT - Ultra-processed food harms tied to content not manufacture, review says

<https://www.ft.com/content/9915a36a-d140-488c-b15b-cbeafcc015e5>

Cfr a **new study in Science**. “Some UPFs are benign, while others are unhealthy because of their contents.”

Geneva Solutions – ILO closes in on setting global ground rules for gig economy

<https://genevasolutions.news/human-rights/ilo-closes-in-on-setting-global-ground-rules-for-gig-economy>

“**Low pay, job insecurity and opaque management systems run by algorithms** have long topped the list of grievances for workers tied to digital platforms.”

“**The International Labour Organization (ILO)** is in financial straits. Like other United Nations agencies, it has been swept up in reform plans and cost-cutting efforts. But **over the next two weeks, at the work organisation’s annual conference in Geneva, countries will, at least momentarily, put gloom over their ledgers aside as they look to score another point on the multilateralism scoreboard. Governments, employers and workers that make up the ILO’s special tripartite structure are due to finalise the first-ever international convention safeguarding workers in the gig economy, in which online platforms provide everything from temp work to dog walking to food delivery services.** It comes after a majority of ILO members at last year’s meeting backed the landmark decision to move forward with creating international ground rules, despite resistance from some countries including the United States, Argentina and Pakistan.”

“The **seven-page draft text**, which once adopted and ratified requires countries to translate into domestic law, **sets out rules to guarantee core labour rights, fair pay, and safe working conditions for all platform workers, regardless of how companies classify them, whether employees or contractors....”**

SRHR & Women's health

The future we want for sexual and reproductive health and rights

<https://www.linkedin.com/pulse/future-we-want-sexual-reproductive-health-rights-hrp-research-2yuue/>

(hard-hitting) **Remarks delivered by Pascale Allotey**, Director, WHO and HRP, at the ANSER - Academic Network for Sexual and Reproductive Health and Rights Policy Conference 2026, hosted by Universiteit Gent in Brussels, Belgium .” **Absolute must-read.**

Devex Pro –Melinda French Gates commits \$215M, expanding women's health focus

<https://www.devex.com/news/melinda-french-gates-commits-215m-expanding-women-s-health-focus-112633>

“This funding will continue to focus on expanding access to contraceptives and improving maternal care, but will also expand to support women in their mid-lives and in menopause, alongside mental health support. ... Pivotal, founded by Melinda French Gates, announced a \$215 million commitment toward women's health on Thursday....”

“One of the goals of the new funding is to help fill a vacuum in research on menopause and other midlife conditions. Less than 1% of aging research currently focuses on menopause. Pivotal, which describes itself as a group of organizations, would **also help address gaps in funding for mental health conditions during and after pregnancy.** Some 20% of mothers are affected by these conditions, but most never receive treatment. The new money will help integrate mental healthcare services into health systems, where they can reach more women....”

Devex - Nigeria seeks to put Africa at the center of women's health conversations

<https://www.devex.com/news/nigeria-seeks-to-put-africa-at-the-center-of-women-s-health-conversations-112660>

“Nigeria is borrowing from the Accra Reset playbook, arguing that Africa should define its own women's health priorities and partnerships. A new summit in Abuja will bring African leaders together to advance that conversation.”

“Nigeria is seeking to position itself at the center of global conversations on women's health and has announced it is convening the Women's Health Africa Summit in Abuja this December, in partnership with Devex.... The announcement came at Devex Impact House @ WHA on the sidelines of the 79th World Health Assembly, where **Adanna Steinacker, senior special assistant to Nigerian President Bola Ahmed Tinubu on women's health,** outlined the **country's effort to shape a more coordinated African agenda on women's health....”**

AI & Health

WHO – New WHO discussion paper sets out opportunities and risks of AI in evidence-informed health policy

<https://www.who.int/news/item/02-06-2026-new-who-discussion-paper-sets-out-opportunities-and-risks-of-ai-in-evidence-informed-health-policy>

“The World Health Organization has published *Artificial intelligence and evidence-informed policy – emerging challenges and opportunities*, a **discussion paper** examining how AI is reshaping the way health policy is made and what is needed to ensure those changes strengthen, rather than weaken, the evidence base on which decisions rest....”

HPW – China’s Massive AI Rollout in Healthcare Spurs Urgent Need for Global Guardrails

<https://healthpolicy-watch.news/china-long-term-care-ai/>

“Artificial intelligence promises massive efficiency gains for strained health systems, but algorithmic surveillance in long-term care systems introduces profound ethical dilemmas. In response, the World Health Organization (WHO) has unveiled a comprehensive consultation draft on global long-term care standards to ensure digital innovation is balanced with fundamental human rights.”

“Across the world, countries are racing to build digital safety nets for their rapidly ageing populations amid overburdened healthcare systems. **China is massively scaling up AI-driven long-term care insurance, with the system now covering over 300 million inhabitants, utilising big data platforms to disperse benefits.** Over \$16 billion has been distributed to support 3.3 million of those in need since pilot programmes began in 2016. At the corporate level, Zhang Junjie, president of **China’s major digital corporation, Ant Health Business Group,** notes that their AI platform serves 120 million users and processes 10 million daily interactions....”

“... This **unprecedented corporatised and public scale AI implementation in long-term healthcare, and the profound technical and ethical questions** it raises, anchored an exclusive **79th World Health Assembly side event** hosted by the Huazhong University of Science and Technology, the Geneva Health Forum, and the University of Geneva, with support from the WHO and China’s National Healthcare Security Administration.”

PS: “While the 2024 WHO guidance offered broad ethical guardrails for AI, **the organisation has now unveiled a consultation draft providing the first operational blueprint tailored specifically to long-term care.** This normative framework attempts to harmonise the planning, clinical delivery and quality monitoring of care systems – and digital interventions – across diverse global economies.

To ensure digital innovation remains human-centred, equitable and firmly rooted in protecting individual rights without deepening social exclusion, **the draft establishes standards across eight chapters.** These provide detailed operational benchmarks for definitions and principles, home- and facility-based care, unpaid carers, the workforce, financing, governance and quality monitoring. **Crucially, WHO avoids prescribing a rigid, single model. Recognising that legally binding mandates**

often fail globally, the framework instead advocates for “progressive realisation,” allowing nations to flexibly adapt standards based on their economic resources and care system maturity. The standards **explicitly interconnect five foundational principles**, prioritising rights-based, person-centred delivery to ensure older adults retain autonomy and support to safely “age in place”.

Geneva Health Files- Participation is The Medicine For AI Healthcare, But It Needs To Be Real

Michael Strange & Sara (Meg) Davis (Co-Chairs, HealthAI Participatory AI working group);

<https://newsletter.genevahealthfiles.com/participation-is-the-medicine-for-ai-healthcare-but-it-needs-to-be-real-guest-essay/>

“...scholars working at the intersection of human rights and digital health, bring you an urgent commentary on the need for participatory approaches in the design and development, through to deployment and governance of the AI in the health ecosystem. The WHO is currently working on the **Global Strategy on Digital Health (GSDH) 2028-2033**. The authors urge that “**meaningful participation in AI governance faces a structural obstacle: although AI policy is a matter of democratic governance, it inherits technical barriers associated from the AI industry.**” They urge **building literacy in two directions**: public understanding of AI, and public familiarity with how policy processes work.”

Decolonize Global Health

Plos GPH - Reforming competitive global public health funding: Bridging equity and practice gaps

Y Ye et al; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006588>

“Calls for competitive proposals are among the most influential instruments in global health. They do more than allocate resources: they shape priorities, influence which ideas gain traction, and determine which institutions build capacity. In principle, these mechanisms are designed to promote fairness, transparency, and merit-based selection. In practice, however, they can function as **structural gatekeepers**, concentrating resources in the Global North while filtering out high-performing but resource-constrained institutions in the Global South. ... **As major funding bodies, including Gavi and the Global Fund, enter new strategic cycles, there is a need to examine the “wearing friction” embedded in these processes.** This need is made **more urgent by the current funding environment**: recent estimates suggest that development assistance for health fell by 21% between 2024 and 2025 with further declines projected, likely to intensify competition for fewer opportunities. At the same time, emerging Artificial Intelligence (AI) tools may also begin to shape proposal competitiveness, with uncertain implications for equity and access. **This article explores structural inefficiencies in competitive funding, including proposal labor, opaque commissioning processes, disproportionate requirements, and reliance on proxies of credibility.** It also considers legitimate funder constraints and outlines practical reforms to support more efficient and equitable commissioning practices.”

Africa CDC – Journal of Public Health in Africa Expands with New Rapid Communications, Policy and News Sections

<https://africacdc.org/news-item/journal-of-public-health-in-africa-expands-with-new-rapid-communications-policy-and-news-sections/>

“ The *Journal of Public Health in Africa (JPHIA)*, owned by the Africa Centres for Disease Control and Prevention (Africa CDC), has launched three new article categories to accelerate the sharing of public health evidence, policy insights and news from across the continent.”

“The new categories – ‘Rapid Communications’, ‘Health Policy’ and ‘Scientific News’ – will provide researchers, policymakers, public health practitioners and science journalists with additional platforms to share findings, perspectives and developments that can inform public health action in Africa. The move follows a growing trend among leading scientific and medical journals to introduce dedicated formats for rapid reporting, policy analysis and science journalism, to ensure key public health information reaches decision-makers and practitioners more quickly....”

Access to medicines, vaccines & other health technologies

HIV activists slam South Africa’s Lenacapavir’s roll-out as too slow and too small

https://www.timeslive.co.za/news/south-africa/2026-06-04-hiv-activists-slam-south-africas-lenacapavir-rollout-as-too-slow-and-too-small/#google_vignette

They want access for at least 2 million people annually. An allocation of 480000 doses won’t cut it.

For more detail, see the [press release](#).

Stat - Ultra-low doses could bring costly cancer treatments to more patients in poorer countries

<https://www.statnews.com/2026/05/31/low-dose-nivolumab-extends-survival-trial-head-neck-squamous-cell-carcinoma-asco-2026/>

“Researchers found a tiny dose of nivolumab helped patients in India live longer.”

“What if the trick to getting cancer immunotherapy to parts of the world that can’t access it is simply lowering the dose? **A lower-cost immunotherapy approach could extend survival for patients with advanced head and neck squamous cell carcinoma in resource-limited countries**, according to results presented Sunday at **the annual meeting of the American Society of Clinical Oncology.....”**

Planetary Health

Global Climate & Health Alliance - Health Community: “Climate & Health Inseparable in Practice So Must Be In Policy”

<https://climateandhealthalliance.org/press-releases/health-community-climate-health-inseparable-in-practice-so-must-be-in-policy/>

(28 May) “Following last week’s 79th **World Health Assembly**, the **Global Climate and Health Alliance**, representing over 250 health organisations, is urging governments and the **World Health Organization** to integrate climate change considerations into and across all areas of global health planning, programs and policy, and to recognize the profound health harming impacts of the primary driver of climate change, fossil fuels.”

PS: “... “With the **UNFCCC’s Bonn SB 64 (8-18 June)** on the horizon, governments must also consider how to embed health across their climate policies and plans”, said **Jess Beagley**, Policy Lead at the **Global Climate and Health Alliance**. “This must be supported by decision-making at the international level, including the tripling of adaptation finance, a robust and well resourced just transition mechanism, and sustaining the call in the outcome of the first global stocktake for a just, orderly and equitable transitions away from fossil fuels as preparations for the **second Global Stocktake** progress.”

UN News - El Niño confirmed, set to fuel more extreme weather, says WMO

<https://news.un.org/en/story/2026/06/1167620>

“The UN urged all countries on Tuesday to bolster early warning systems after confirming the onset of El Niño, warning that the Pacific Ocean-warming phenomenon will bring above-average temperatures “nearly everywhere” and fuel more extreme weather.”

“According to the **World Meteorological Organization (WMO)**, there is an 80 per cent probability that El Niño conditions will emerge between June and August and a 90 per cent chance of this happening thereafter....

Guardian - Wildfires devastating richer areas but fewer hectares burned globally – study

<https://www.theguardian.com/world/2026/jun/01/wildfires-devastating-richer-areas-but-fewer-hectares-burned-globally-study>

“‘Megafires’ in California, Canada, South Korea and Europe in 2025, but changes to farming slowed spread in parts of Africa.”

“...“2025 shows that a ‘quiet’ fire year globally can still be devastating,” said **Matthew Jones**, a climate scientist at the **University of East Anglia** and lead author of the study. “We are seeing a growing disconnect between total area burned and real-world impacts.” Changes in land use mean wildfires burn less of the planet than they have historically done, but global heating is creating conditions allowing them to spread, increasing the danger at what researchers call the

wildland-urban interface, where people are most at risk. Adverse weather, inflamed by carbon pollution, turned some of last year's fires into explosive infernos...."

"... **"The broader pattern highlighted by this study is consistent with what we are observing across southern Europe: while total burned area may fluctuate from year to year, climate change is increasing the likelihood of extreme fire-weather conditions, and fuel accumulation associated with rural abandonment is making many landscapes more vulnerable to large, fast-moving fires,"** he said. **"The challenge is therefore not only reducing the number of fires, but increasing the resilience of landscapes and communities to extreme events."**

The Open encyclopedia of anthropology – Planetary Health

C Lang et al; <https://www.anthroencyclopedia.com/entry/planetary-health>

New entry.

"The concept of 'planetary health' asks how human health and disease relate to the environment and to other species on a planetary scale. ... **This broad approach to health responds to multiple crises of the Anthropocene, including climate change, biodiversity loss, environmental degradation, and rising inequalities. At the same time, planetary health is not just an analytic tool but also an applied concept, one that connects health and environmental justice.** As such, it provides a new ethical terrain that informs political agendas and social movements rooted in ecology, human rights, and feminism, and oriented towards justice and sustainable futures. "

"This entry describes how the concept of planetary health has been taken up in anthropology.

Anthropologists have engaged critically with planetary health, exploring its heterogeneous origins and uses, foregrounding the work of Indigenous scholars and postcolonial theorists. **First, the entry outlines two important conceptual lineages of planetary health:** One that extends the framework of 'global health' to account for 'planetary' systems, and another grounded in postcolonial theory, which frames 'the planetary' as a horizon of shared responsibility and transformative inhabitation across difference. **Then, the entry considers critiques of planetary health, including concerns about technocratic and universalist framings of health. The entry further explores three modes of anthropological engagement with planetary health,** namely a focus on (a) wellbeing and chronic disease, (b) new risks to humanity, such as pandemics, and (c) anxieties about a planet on the edge. It ends by reflecting on the possibilities and challenges of planetary healthcare as an evolving set of practices and relations aimed at fostering sustainable and just futures for both human and non-human life."

PIK – Carbon dioxide removal might need to scale faster than solar to meet climate targets

<https://www.pik-potsdam.de/en/news/latest-news/carbon-dioxide-removal-might-need-to-scale-faster-than-solar-to-meet-climate-targets>

"The third edition of the State of Carbon Dioxide Removal report finds that national pledges fall short of pathways limiting warming to 1.5°C this century by more than 5 billion tonnes of carbon dioxide removal (CDR) per year by 2050. Closing this gap would require CDR grow at rates **comparable to, or faster than, solar power and electric vehicles,** according to **the report,** with contributions from scientists at the Potsdam Institute for Climate Impact Research (PIK)...."

- See also [Guardian coverage: New ways to remove CO2 from atmosphere must grow much faster, report says](#)

“Novel forms of CO2 removal must expand at ‘highly ambitious rates’ if world is to limit global heating to 1.5C, says study.”

Drought linked to 46% increase in sexual violence among adolescents in Southern Africa

<https://phys.org/news/2026-06-drought-linked-sexual-violence-adolescents.html>

Linked to a new **study in the Lancet Planetary Health**.

“**New research from the University of Oxford** provides the first quantitative evidence that drought exposure over the last 12 months is associated with an increased risk of sexual, emotional and physical violence among adolescents in Southern Africa. This risk rises substantially during cumulative droughts over two years....”

UNU (report) –The Environmental Cost of Artificial Intelligence: Carbon, Water, and Land Footprints

<https://unu.edu/inweh/collection/environmental-cost-of-AIs-Enrgy-Use-Carbon-water-and-land-footprints>

“AI’s rapid growth drives huge energy, water, and land use, raising environmental and equity challenges across its global infrastructure.”

FT - The World Cup’s heat hazard

<https://www.ft.com/content/3b3776b6-1f9f-41b7-95eb-8ec352346d9f?syn-25a6b1a6=1>

“Fans and players could be hit by high temperatures and humidity at the tournament in North America.”

“Footballers and fans heading to the World Cup in the US face a dangerous combination of heat and humidity, with growing research highlighting the health effects of high “wet-bulb globe temperatures”. The heat-stress metric, which also takes into account sun and wind exposure, is considered dangerous above 28C — roughly equivalent to an air temperature of 38C in dry heat. According to FT analysis, many of the host cities for the matches — including Miami, Dallas, Houston and Atlanta — are regularly experiencing WBGT above the threshold that medical experts say can harm human health...”

Conflict/War & Health

Lancet World Report – Rik Peeperkorn: health and humanitarianism in Gaza

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01139-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01139-6/fulltext)

“After 5 years as the WHO representative in the occupied Palestinian territory, Rik Peeperkorn reflects on one of the world's most severe humanitarian crises. John Zarocostas reports.”

““What this, and other crises, teach us is that WHO needs a strong health emergency–security programme and must be enabled to provide substantial implementation support”, said Peeperkorn...”

Some more reports & Collections

WHO – Unsafe food causes 866 million illnesses and 1.5 million deaths annually, young children at highest risk

<https://www.who.int/news/item/04-06-2026-unsafe-food-causes-866-million-illnesses-and-1.5-million-deaths-annually--young-children-at-highest-risk>

“Children aged less than five years face almost three times the risk of illness from unsafe food than older children and adults, according to new estimates released today by the World Health Organization (WHO).”

“Despite being just 9% of the global population, young children suffer from nearly one third of all cases of foodborne diseases, particularly diarrhoeal diseases which can be deadly for this vulnerable age group. In addition, exposure to chemical hazards such as methylmercury and lead in food can harm the developing brain and cause lifelong neurological and developmental problems in children....”

“WHO estimates that unsafe food causes around 866 million illnesses and 1.5 million deaths annually, many of which could be prevented with measures including improved water, sanitation and hygiene, food safety practices such as pasteurization and access to health care for vulnerable populations. **Although the total foodborne disease burden has declined since 2000, major regional inequalities persist, with the greatest burden in Africa and South-East Asia.**”

“Exposure to biological hazards, including foodborne bacteria and viruses as well as parasitic infections, caused the majority of foodborne illnesses (approximately 860 million in 2021), while chemical exposures drove a disproportionate share of deaths. In 2021, chemical hazards accounted for a striking 73% of deaths due to contaminated food. Most of these chemical-related deaths were linked to inorganic arsenic (42%) and lead (31%), largely because these exposures increase the risk of heart disease and cancers....”

“Beyond health impacts, the study estimates that in 2021 foodborne disease led to about US\$ 310 billion in lost productivity (time away from work due to illness). When the economic impact was adjusted for cost-of-living differences between countries, the estimate increased to US\$ 647 billion in lost productivity....”

PS: “WHO is releasing these updated foodborne disease estimates ahead of World Food Safety Day on 7 June 2026.”

- Related: [Lancet GH – WHO estimates of the global, regional, and national burden of 42 foodborne infectious and chemical hazards, 2000–21: an updated data synthesis](#)

UNAIDS calls for renewed global solidarity as UN Secretary-General's report warns that AIDS is not over and fragile gains are at risk

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/june/20260602_PR_UNSG_report

“UNAIDS welcomes the release of the United Nations Secretary-General's report on HIV/AIDS, issued ahead of the UN General Assembly High-Level Meeting on HIV/AIDS taking place in New York on 22–23 June 2026. In the report, UN Secretary-General António Guterres delivers a clear message that the world has made historic gains against HIV, but that the gains are increasingly at risk unless governments urgently recommit to the global AIDS response. ...”

Check out **the key findings**.

BMJ Collection on neonatal, child, and adolescent mortality

[Progress in reducing child and adolescent mortality slowed since 2015](#)

“As many as 9.4 million people (including 2.5 million children under 5) could die by 2030, say experts; Renewed commitment and sustained investment critical to prevent unfolding tragedy.”

“Funding by Bill and Melinda Gates Foundation, US Government. The articles are part of a collection proposed by UNICEF, WHO and Johns Hopkins University.”

Check out for example:

- Editorial - [Global estimates of mortality in newborn babies, children, and adolescents](#)
- Opinion - [After remarkable progress, newborn, child, and adolescent survival is now at risk](#)

And some **research articles**.

Miscellaneous

Guardian - People 'panicking' as Ghana passes sweeping law criminalising LGBTQ+ activity

<https://www.theguardian.com/global-development/2026/jun/01/ghana-new-law-criminalising-lgbtq-activity>

“Community groups say some fear they could lose homes, jobs and access to healthcare if the new law is ratified by President John Dramani Mahama.”

“Ghana's LGBTQ community is living in fear after the country's parliament approved a sweeping bill that criminalises the promotion of LGBTQ+ activities and identifying as lesbian, gay, bisexual, transgender or queer, rights groups have warned. The legislation, which was passed on Friday,

mandates prison sentences of three to 10 years. **The human sexual rights and family values bill is expected to be signed into law by the Ghanaian president, John Dramani Mahama.**”

PS: “...The bill comes as Ghana this week hosts the fourth African inter-parliamentary conference on family values and sovereignty in Accra from 3-6 June. It is the first time the conference will be held in Ghana, after three years in which it was hosted by Uganda. ...”

- See also [HPW – Ghana’s Parliament Passes Extreme Anti-LGBTQ Bill to Coincide with Conservatives’ Conference](#)

“Ghana’s Parliament passed one of the most extensive, repressive anti-LGBT laws in the world late Friday, introducing prison terms for people who simply identify as lesbian and gay – but human rights groups say there was no quorum when it did so. Only 32 of the 276 Members of Parliament were present when the **Human Sexual Rights and Family Values Bill** was passed – **apparently in haste to coincide with a conference of conservative African MPs being hosted by Ghana’s parliament from Wednesday...**

“...An alliance of over 100 African civil society organisations calling themselves **Ukumbini** appealed to Ghanaian President John Mahama to send the bill back to Parliament “with instructions for a full sitting and a genuine public process before any further vote is taken”. “

“..... Mahama, who is in London this week for a **UK-Ghana Investment Conference**, **told a meeting** hosted by Chatham House on Monday that there was still a way to go before the Bill becomes law. “There have been a few issues raised. One, that there wasn’t a quorum when it was passed. That’s an issue that has come up, and then two, there were some procedural lapses in terms of its passage,” Mahama said. He added that the Bill needs to be scrutinised by his legal advisers “to make sure that everything is in order” and he could send it back to Parliament if his legal team found it wanting...”

“**Contradicting the Accra Reset:** Mahama is at the forefront of the **Accra Reset**, an initiative in response to the withdrawal of aid that both encourages African governments to invest more in their citizens’ health and advocates for Africa to have more of a say in the global health “architecture”. **However, the civil society group warned that the Bill will have a direct negative impact on Ghanaians’ health.** “Senegal enacted **comparable legislation** earlier this year. **The effect on public health was not gradual.** Within a single month, **HIV treatment consultations fell by over 25%** across treatment sites,” they noted.;..”

PS: “... Kenyan human rights lawyer Tabitha Saoyo told *Health Policy Watch* that the Bill had been passed to coincide with the fourth annual conference of the **Inter-parliamentary Network on African Sovereignty and Values**, which is an informal association of conservative African MPs. The network’s previous three conferences have been hosted in Uganda (in 2023, 2024, 2025) and were used to “advance anti-LGBTQ legislation, restrict sexual and reproductive health and rights (SRHR), and mobilise parliamentary resistance to international human rights norms”, said Saoyo.”

“... Human rights activists have repeatedly **singled out US anti-rights group Family Watch International** for instigating anti-LGBTQ and anti-abortion legislation in Africa under the guise of “family values”. Saoyo also described the raft of anti-LGBTQ laws as “new versions of the Penal Codes that were imposed on African societies by European colonisers”. **This week’s inter-parliamentary network conference focuses on promoting an “African Charter on Family,**

Sovereignty and Values”, which narrowly defines “the family” as a patriarchal structure based on marriage between a man and a woman. **Ultimately, the group wants the African Union to adopt their charter**, although legal analyses by the **Initiative for Strategic Litigation in Africa (ISLA)** and think tank **Afya na Haki** note that it conflicts with several continental treaties – including the African Charter on Human and Peoples’ Rights (ACHPR), Maputo Protocol, and the African Charter on the Rights and Welfare of the Child (ACRWC).”

“... An **academic analysis** of the draft charter notes that it is part of the global move to the right, which rejects SRHR, especially abortion under any circumstances; opposes comprehensive sexuality education (CSE) in schools and pushes for African “sovereignty” over health, food, education and economic development.”

- Related: [New Humanitarian – How the US Christian right built an interfaith coalition against LGBTQ rights in Africa](#) (by: C Okereke)

“The irony is difficult to miss: A movement that presents itself as resisting Western cultural imperialism relies on a vision of Africa that is itself profoundly colonial.”

Virchow Prize 2026

<https://virchowprize.org/vp2026/>

Goes to **JJ Muyembe & P Piot**. “The Virchow Prize 2026 Awarded for Pioneering Work on Ebola, Advancing Global Epidemic Preparedness and Fostering Global Solidarity.”

Full press release: https://www.virchowprize.org/media/PR-VirchowPrize-english_02062026.pdf

UN News – Banning children from social media is not enough, UN warns – platforms must be made safe by design

<https://news.un.org/en/story/2026/05/1167608>

“**Blocking children from social media is no substitute for making platforms safe in the first place, the UN human rights office warned Friday, as it issued a 10-point framework** urging governments and tech companies to go further and faster to protect children online.”

“**UN High Commissioner for Human Rights Volker Türk** said the harms children face in digital spaces – from addictive design features to privacy violations – were not inevitable, but the result of deliberate commercial choices....”

Nature Africa – Why Africa Must Not Build the Cities the World Already Regrets

A Allam; <https://www.nature.com/articles/d44148-026-00136-6>

“**Volatile Urbanism**: cascading crises are exposing the vulnerability of African cities built for stability instead of shock.”

“... **volatile urbanism**, a condition defined as **the permanent exposure of cities to cascading shocks that arrive with a speed and simultaneity that stability-optimised infrastructure and governance systems cannot absorb...**”

Guardian - Debugging: Google requests permission to release 32m mosquitoes in California and Florida

<https://www.theguardian.com/technology/2026/jun/01/google-permission-release-mosquitoes-california-florida>

“**Company asks US government to release army of sterile male mosquitoes to lower number of illness-spreading bugs.**”

“**As part of its successful “Debug” program**, Google is tapping into its tech expertise to raise an army of sterile male mosquitoes to lower the number of illness-spreading bugs. ... While it may sound unusual for big tech to venture into labs and rear bacteria-infected mosquitoes, **Google’s parent company – Alphabet – is no stranger to science. Verily Health, a health and AI company that began as a “moonshot” project at Google X, has been a key driver behind the Debug program for years.** Verily, an Alphabet subsidiary until **earlier this year**, uses technology and data science to combat diseases and other global health problems. **As of December 2024, Google fully acquired Debug – removing it from Verily’s portfolio**, Verily said in an email to the Guardian.”

“**A 2016 blogpost** for the Debug project notes the **program started exploring tech-driven solutions to combating deadly mosquitoes about a decade ago.**” ...”

Global health governance & Governance of Health

IDOS (Policy Brief) - The oil shock and the new political economy of development cooperation

A Sumner & S Klingebiel; <https://www.idos-research.de/policy-brief/article/the-oil-shock-and-the-new-political-economy-of-development-cooperation/>

Via LinkedIn: “In our new policy brief we **argue that the shock arrives at a moment when the international development system is already under severe strain**, with declining ODA (official development assistance), rising defence expenditures and growing scepticism towards multilateralism. ... The brief by **Stephan Klingebiel and Andy Sumner FAcSS FRSA** discusses **the implications especially for low-income and fragile states, multilateral development finance, and the future geography of concessional finance.**”

“**The 2026 US–Israel–Iran war and the closure of the Strait of Hormuz have triggered one of the largest oil supply disruptions in modern history ... This brief examines how the oil shock will impact development cooperation.** The significance of the oil shock lies not only in the price increase itself but also in its timing, and it arrives amid an ongoing reconfiguration of development cooperation. **The analysis is organised around two postulates that underpin the post–Cold War development architecture.** The first is the existence of states in the Global South with sufficient authority and developmental aspirations and capacity to pursue broad-based development goals.

The second is the existence of donor countries willing and able to support those states' aspirations. The oil shock weakens both postulates through different mechanisms."

"... The brief argues that alternative financing sources such as Gulf finance, South–South cooperation and climate finance are unlikely to compensate for the scale of OECD donors' retrenchment. The likely result is a more fragmented, transactional and geographically selective development cooperation system, in which the countries most in need are increasingly among the least likely to receive sustained support unless they hold geopolitical importance. Three policy implications follow from the war..."

CGD (blog) - When Is a Country Too Rich for Aid? Rethinking ODA Eligibility

E Ritchie et al; <https://www.cgdev.org/blog/when-country-too-rich-aid-rethinking-oda-eligibility>

"The OECD's Development Assistance Committee (DAC) is discussing changes to the rules on which countries are eligible to receive official development assistance (ODA), the primary measure of foreign aid."

"Currently, countries' eligibility is based solely on whether they are "high-income" according to the World Bank, who base this on gross national income (GNI) per capita: above this threshold, countries are not eligible. The proposals being considered would expand eligibility to include more countries based on criteria other than GNI per capita. In other words, the proposals would allow some countries to qualify even if they exceed the current income threshold..."

"In a [new note](#), we argue against adding non-income criteria to eligibility criteria, and make the case for a different measure of income to be used. That's because the specific measure of "income" used to define eligibility is not the best for assessing living standards. **Assessing income instead by a "purchasing power parity" (PPP) measure which reflects different costs of goods and services across economies** reveals that some countries eligible to receive ODA are better off than DAC members, and historical comparisons suggests that many others are better off than the richest countries in the world were only decades ago. **The PPP measure suggests that rather than expanding ODA eligibility to more countries, it should be tightened to ensure that dwindling resources are focused on the places that need it most.**"

ECDPM (Brief) – Emerging fault lines in the negotiations on the future Global Europe Instrument

<https://ecdpm.org/work/emerging-fault-lines-negotiations-future-global-europe-instrument>

"The negotiations on the future Global Europe Instrument are increasingly revealing the core political fault lines of the next EU multiannual financial framework. In this context, Alexei Jones looks at the different positions of the European Parliament and the Council of the European Union."

"... The negotiations on the future Global Europe Instrument (GEI) are increasingly revealing the core political fault lines of the next EU multiannual financial framework (MFF). While early debates focused on the structure of the instrument and its broader strategic orientation, **both the European Parliament and the Council of the European Union now broadly accept an instrument that is expected to deliver simultaneously on development, humanitarian, enlargement and geopolitical**

objectives. The central disputes are therefore increasingly shifting from architecture towards governance, safeguards and implementation....”

SSM Health Systems - Maximizing Public Health Impact: The Strategic Advantages of National Public Health Institutes in Countries with Existing Ministries of Health

T Ritthipairoj & W Khan; <https://www.sciencedirect.com/science/article/pii/S2949856226000851>

“This comparative case study examines the roles of MoHs and NPHIs **across six countries with varying income levels, governance structures, and fragility contexts.**

“...**We found that NPHIs offer four key advantages in countries with established MoHs:** (1) strengthening public health operations; (2) enhancing technical expertise and capacity building; (3) advancing research and innovation; and (4) aligning national efforts with global health agendas. **NPHIs often serve as the operational arms of public health systems—leading surveillance, workforce training, and outbreak response—allowing MoHs to focus on policy development and governance....”**

UHC & PHC

Public Health - The association between disability and problems in accessing healthcare: Evidence for women aged 15 to 49 in 16 low- and middle-income countries

<https://www.sciencedirect.com/science/article/pii/S0033350626001708>

by P Mitra et al.

Pandemic preparedness & response/ Global Health Security

International Studies Perspectives - Blame Games and Disease Outbreaks: Narratives of Blame and the World Health Organization's Mandate to Report

SoYun Chang ; <https://academic.oup.com/isp/advance-article-abstract/doi/10.1093/isp/ekag006/8698431?redirectedFrom=fulltext>

« Despite widespread participation in the International Health Regulations (2005) and coordinated efforts by various stakeholders to increase surveillance capacities of states, why do some states continue to delay reporting novel disease outbreaks to the World Health Organization? **I argue that the target of disease blame attribution by the domestic public of the reporting state matters.** When a state perceives the likely target of disease blaming by the public to be externally facing towards the “other,” namely foreign nationals, they will be more likely to report a disease outbreak. However, this effect is conditional on whether there is internal domestic opposition within the

incumbent government. I argue that presence of domestic opposition affects the persuasiveness of the “other” blaming... **The findings highlight that, beyond legal obligations under international treaties and improvements in surveillance capacity, domestic blame attribution dynamics significantly impact global health coordination efforts....”**

Plos GPH - Beyond global North-led response: South-South collaboration at the frontline of Marburg virus outbreak control

Tsion Firew et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006515>

“...To mitigate this crisis (in Rwanda), the Ethiopian Society of Emergency Professionals (ESEP) rapidly organized **a series of national webinars linking Ethiopian health professionals with Rwandan frontline responders**. Rwanda’s success in containing the virus, achieving a significantly reduced case fatality rate (CFR) of 22.7% (rounded to 23%) compared to historical benchmarks, provided an invaluable pedagogical opportunity...”

Planetary health

Journal of Dentistry - The air travel carbon footprint of four recent global oral health meetings – Should we fly less?

<https://www.sciencedirect.com/science/article/pii/S0300571225002398?via%3Dihub>

By R Lalloo et al.

Plos Climate (Opinion) - Climate action needs more than policy: The moral and spiritual foundations of sustainable change

Tiago Pinto, et al; <https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000946>

“... The argument advanced in this article does not imply that moral and spiritual transformation can substitute for regulatory frameworks or green investment. The climate crisis still requires policy, institutional, and technological action. The claim is more specific: that **the current architecture of climate governance systematically neglects a dimension of the problem that is not peripheral but central**. As Hitzhusen and Tucker argue, **religious and spiritual worldviews possess significant but underutilised potential for fostering forms of Earth stewardship capable of motivating long-term ecological responsibility....”**

Ecological Economics - Limits to growth revisited: System dynamics simulations of global economic developments and distributional implications in the 21st century

Arthur Lauer et al; <https://www.sciencedirect.com/science/article/abs/pii/S0921800926001795>

« **We use a system dynamics environment-economy model to explore how multiple limits to growth may affect global economic output and consumption across different social classes until 2100**. Based on a five-dimensional scenario space, we simulate global economic development in 120

scenarios that differ in labor productivity growth, per-capita consumption growth, fossil resource availability, climate change severity, and climate system sensitivity. **In 92% of the simulations, output peaks and then declines persistently. Excluding scenarios without climate impacts, output in 2100 is 15–70% lower than in 2019....** While resource depletion and climate damages act as stressors, most simulations indicate that growth ultimately halts and reverses due to a shortage of labor hours. During the phase of unintentional economic degrowth, economic convergence and redistribution reduce consumption in high-income countries to values 3–4 times lower than initial consumption levels, while middle- and low-income countries return to consumption levels similar to those at the start of the simulations. Poverty reduction in poorer regions ends as global output peaks, while environmental destabilization caused by economic growth threatens development opportunities beyond the 21st century. »

Earth System Governance - Microbial rights for a planetary age

A Rizk et al; <https://www.sciencedirect.com/science/article/pii/S2589811626000212?via%3Dihub>

“While microbes have primarily been viewed as pathogens, contemporary microbiome science and microbial ecology increasingly emphasize their non-pathogenic and symbiotic roles in shaping ecosystems and the health of all life forms. Yet, as scientific conceptions shift toward relational, functional, and ecological approaches in microbiology, this transformation has yet to be reflected in international legal frameworks governing interactions among humans, microbes and their environments. In response, we propose two post-anthropocentric approaches to microbial rights: Rights to Microbes, advocating for the protection of microbial functions instrumental for the survival of all life forms; and Rights of Microbes, which calls for recognizing the intrinsic and relational values of microbes as integral to planetary processes, and as deserving of rights in and of themselves. We explore the respective potentials of both approaches as different ways of prioritizing microbial rights.”

Mpox

Science – NIH scientists criminally charged bringing Mpox virus into US, although samples ‘inactivated’

<https://www.science.org/content/article/nih-scientists-criminally-charged-bringing-monkeypox-virus-us-although-samples>

“Defendants plead not guilty, but could face up to 5 years for alleged ‘smuggling’ ...”

Infectious diseases & NTDs

Devex – Uganda’s TB gains face new pressure without US-funded outreach programs

E Nakkazi; <https://www.devex.com/news/uganda-s-tb-gains-face-new-pressure-without-us-funded-outreach-programs-112535>

“U.S. aid cuts are weakening the outreach systems that helped the country make major gains against tuberculosis, even as new AI-powered screening technologies expand access to diagnosis.”

« Uganda has spent years building one of Africa’s strongest TB detection systems. Now, health workers worry that aid cuts are starting to pull pieces of it apart.

Among the casualties are the country’s “cough desks” — screening stations at hospital entrances designed to catch TB cases before they are missed. Community health workers would identify patients with symptoms, collect specimen on the spot, and help fast-track testing and treatment.

Following U.S. aid cuts, The AIDS Support Organisation, which relies on external funding for about 90% of its operations, has sharply scaled back its TB program. Staff working on cough desks, community outreach, and case-finding efforts have been let go....”

Lancet Regional Health Africa - Beyond 2026: preventing the collapse of yellow fever elimination in Africa

Chinwe Iwu-Jaja et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00062-3/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00062-3/fulltext)

“Yellow fever remains a significant and persistent threat to public health in Africa, driven by the volatile interplay of rapid urbanization, climate-mediated vector expansion, and persistent immunity gaps. With an estimated 67,000–173,000 severe cases and 31,000–82,000 deaths annually, the vast majority occurring in Africa, the disease remains one of the continent’s most consequential vaccine-preventable threats. The 2016 epidemics in Angola and the Democratic Republic of the Congo exposed important gaps in global preparedness; they exhausted the emergency vaccine stockpile and led to the first documented yellow fever exportation to Asia. These events catalysed the development of the Global Strategy to Eliminate Yellow Fever Epidemics (EYE) 2017–2026. However, as the EYE strategy enters its final months, the transition from a decade of emergency-driven success to a sustainable, integrated model remains insufficiently defined....”

“... A key limitation of the past decade is that yellow fever control has largely operated as a series of expensive, donor-funded emergency interventions rather than a durable component of resilient health systems. As the EYE mandate concludes in late 2026, Africa faces a funding cliff. Without a clear successor framework, yellow fever may become deprioritized, with responses driven primarily by outbreaks rather than sustained prevention efforts. The challenge is no longer just eliminating epidemics but embedding yellow fever elimination within primary health care (PHC) systems. The sunset of the EYE strategy must not signal a retreat. We call for a post-2026 roadmap for Africa that moves beyond the “emergency” label. This requires domesticating yellow fever funding within national health budgets and integrating diagnostic platforms into existing laboratory networks for malaria and viral haemorrhagic fevers. Alignment with Immunization Agenda 2030 offers a natural institutional vehicle for this transition, ensuring that yellow fever elimination is not

orphaned as a standalone programme but embedded within the broader vaccine-preventable disease architecture...”

Plos NTDs - From invisibility to political power: Policy lessons from a decade of Brazil’s Social Forum for Infectious and Neglected Diseases

Eloan dos Santos Pinheiro et al ;

<https://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0014336>

« **In 2016, amid democratic backsliding and fiscal austerity, civil society, researchers, and affected communities created the Brazilian Social Forum for Combating Infectious and Neglected Diseases (FSBEDIN) to strengthen political participation.** Using documentary analysis of Forum letters (2016–2025), institutional records, and participant observation, **we show how FSBEDIN evolved from a crisis-driven initiative into a recognized actor in Brazilian health governance.** The Forum has linked disease-specific movements, expanded the presence of affected leaders in health councils and technical committees, supported leadership training, and helped catalyze the creation of a National Movement for Neglected Diseases. It also advances an agenda that connects NTD control to democracy, social justice, and pharmaceutical sovereignty. **We argue that FSBEDIN offers practical lessons for implementing the World Health Assembly resolution on social participation and the WHO 2030 NTD roadmap....” “**

NCDs

Nature (Comment) – Obesity doesn’t equate to ill health: why the ‘disease’ label doesn’t always fit

F Rubino; <https://www.nature.com/articles/d41586-026-01729-9>

« Excess body weight affects individuals’ health differently. Taking this variation into account is crucial for effective health care, policy and research.”

“**Instead, there should be two diagnoses: clinical obesity**, in which excess fat tissue directly impairs daily activities or causes demonstrable organ dysfunction, and **preclinical obesity**, in which it doesn’t. The former is “unequivocally disease” while the latter represents elevated health risks, Rubino writes. This distinction can help clinicians know who to prioritize for treatment and avoids labelling people as diseased when they might not consider themselves to be ill.”

Nature (News) – Landmark cancer trial shows success against ‘undruggable’ cancer — raising hopes for future treatments

<https://www.nature.com/articles/d41586-026-01760-w>

“Unprecedented results against a stubbornly hard-to-treat cancer are boosting optimism that other challenging tumours will be next.”

“The landmark success of a drug against an ‘undruggable’ cancer is spurring fresh optimism in the quest to treat seemingly untouchable tumour targets. **The experimental drug, daraxonrasib, disarms all three members of the RAS family of proteins, which are linked to some of the deadliest cancers.** Designing drugs that target the RAS proteins has been notoriously challenging. But **a large clinical trial has found that daraxonrasib nearly doubled survival — from 6.7 months to 13.2 months — in people with a form of advanced pancreatic cancer.**”

Plos GPH - Happiness and hypertension prevalence: A global analysis

Moosa Tatar et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006472>

“The objective of this study is to investigate the association between happiness and hypertension prevalence across countries....”

Social & commercial determinants of health

Plos GPH - Tiered manufacturing of pharmaceuticals as a commercial determinant of health: Implications for medicine quality and equity

Jean Christophe Rusatira et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006576>

« **Tiered manufacturing, the practice of adapting different levels of pharmaceutical production standards to low- and middle-income countries (LMICs) versus high-income countries, has not been investigated as a commercial determinant of health (CDoH),** defined by the World Health Organization as a private sector activity affecting public health. **This paper examines this practice and its implications for medicine quality, universal health coverage, and global health equity. ...”**

TGH - Will the UK's Generational Tobacco Ban Survive?

G Galvin; <https://www.thinkglobalhealth.org/article/will-the-uks-generational-tobacco-ban-survive>

“Britain's ban on tobacco sales for people born after 2008 could spell the end of smoking—if regulators can figure out enforcement.”

Nature Health - Health effects associated with alcohol consumption: a Burden of Proof study

X Dai et al ; <https://www.nature.com/articles/s44360-026-00139-5>

“**A meta-analysis using the Burden of Proof framework, drawing on 16 systematic reviews and 843 observational studies,** finds that **alcohol consumption increases risk for most health outcomes,** with high intake uniformly harmful for all tested outcomes and only limited, outcome-specific U-shaped associations at low-to-moderate levels for some cardiometabolic and neurological conditions.”

Mental health & psycho-social wellbeing

BMJ GH (Commentary) – Unignorable burden of mental health disorders among adolescents in sub-Saharan Africa: a call for urgent action

R A Gosse et al ; <https://gh.bmj.com/content/11/6/e022058>

« Adolescent mental health disorders in sub-Saharan Africa (SSA) constitute a growing public health crisis, with approximately one in five adolescents affected. Despite this significant burden, adolescent mental health remains severely underprioritised because of pervasive stigma, insufficient funding, limited infrastructure and a critical shortage of trained mental health professionals throughout the region....”

Neonatal and child health

BMJ GH - Evaluating global health programmes targeting under-5 mortality: problems and recommendations

A Kenny, G Yamey et al; <https://gh.bmj.com/content/11/6/e022958>

“Reducing the under-5 mortality rate (U5MR) is a key public health priority and remains a persistent challenge in low- and middle-income countries. Many interventions have been developed in attempts to lower U5MR through partnerships between governments, funding partners, researchers, product developers and non-governmental organisations. **The well-intentioned desire to use data to set priorities has led to many large-scale evaluations that specify U5MR as a primary outcome.** The results of these evaluations are then used to inform investments, policies and advocacy efforts. While important insights can be gained from tracking U5MR at the population level, these evaluations often present serious scientific, pragmatic and ethical challenges. **In this article, we outline six problems associated with evaluations targeting a U5MR outcome.** “

PS: “... When evaluating interventions that aim to reduce under-5 mortality rate (U5MR), **targeting intermediate outcomes (rather than U5MR) will generally result in greater causal validity, provide increased insight into mechanisms of impact, and have higher statistical power, while lowering both study length and costs.**”

Also with: “... Given the challenges associated with evaluations targeting a U5MR outcome, this section provides **high-level recommendations on alternative modes of evaluation** to guide policymakers, funders and implementers....”

Lancet GH - Including female genital mutilation or cutting in the WHO Adverse Childhood Experiences International Questionnaire: the case and the barriers

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00155-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00155-5/fulltext)

by K A McDonnell.

Access to medicines & health technology

Lancet GH – Global, regional, and national impact of the Expanded Programme on Immunization against 14 pathogens from 1974 to 2024: an economic evaluation

X Lai et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00110-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00110-5/fulltext)

Conclusion: « **The 50-year EPI has proven highly cost-effective at global, regional, and national levels, and remains a worthwhile investment.** The EPI delivered impactful life-saving benefits and favourable economic returns, especially in high-burden and low-income settings.”

Global Health Action - Systemic challenges in the supply and distribution of medicines in conflict-affected areas of Mali: a qualitative study

<https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2676369#abstract>

By Mohamed Ali Ag Ahmed et al.

Decolonize Global Health

International Journal for Equity in Health -Escaping the metric-driven governance trap in global health: how DALYs and coverage indicators mislead policymakers in LMICs

<https://link.springer.com/article/10.1186/s12939-026-02909-9>

By Y H Abdi et al.

BMJ Open - Decolonising global health through implementation science: defining the path to equity and structural transformation

<https://bmjopen.bmj.com/content/16/5/e112843>

By Deena Mehjabeen et al.

Lancet GH – Decolonising implementation science: Southeast Asian perspectives

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00095-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00095-1/fulltext)

“**Christopher G Kemp and colleagues offer seven principles for decolonising implementation science grounded in Indigenous leadership from the USA, Aotearoa New Zealand, and Australia.** Writing from **southeast Asia**, we welcome their discussion on sovereignty, relational accountability, and community-defined evidence. However, **we are compelled to raise a concern—treating one**

colonial configuration as a universal template risks reinstating the epistemic hierarchies decolonisation seeks to dismantle....”

Migration & Health

Lancet Primary Care - Models of health care for responding to the complex health needs of refugee and asylum-seeking children: a scoping review

Natasha O’Sullivan et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00047-6/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00047-6/fulltext)

Review.

Miscellaneous

CGD (Working paper) – The Costs of Denial

S Devarajan; <https://www.cgdev.org/publication/costs-denial>

“Noting that the recent performance of developing countries is significantly worse than it was in the first decade and a half of this century, this paper suggests that the latter may have contributed to the former. Drawing on cases from the Middle East, Africa, and South Asia, I show how rapid growth and poverty reduction can lead policymakers and the international community to deny the existence of governance problems such as corruption and elite capture. When this denial increases distrust between citizens and the government, it often leads to political and economic turmoil that can result (and has resulted) in civil wars, instability, and a slowdown in economic growth. Moreover, growth-fueled denial works against transparency, which is an important tool for addressing governance problems. It also represents a lost opportunity to build domestic consensus for reform, which is easier during periods of economic growth. In sum, the costs of denial are huge.”

- Related [CGD blog: The Costs of Denial](#)

Vox - What the \$1-a-day global poverty line gets wrong

L Pritchett; <https://voxdev.org/topic/methods-measurement/what-1-day-global-poverty-line-gets-wrong>

“The \$1-a-day poverty line has long understated the true scale of global poverty. New research proposes a \$21.50-a-day upper bound that would shift the focus of development policy towards broad-based economic growth.”

“... Pritchett argues that the persistence of the low-bar poverty line is not merely a matter of inertia or legibility – it is also politically convenient. A narrow definition of extreme poverty effectively excludes the near-poor from international concern, allowing rich countries and donors to treat poverty as a problem that developing countries can largely solve through internal

redistribution....” “ **It completely got the rich countries off the hook. It excludes people who are legitimately poor...** The way in which a low bar poverty line puts more emphasis on the poor is by giving zero, exactly mathematically zero emphasis to everybody else.”

“...Pritchett's response is not to abandon poverty measurement but to supplement existing lines with a global upper bound – a threshold above which no one could reasonably be considered poor by international standards. The conceptual logic mirrors the lower bound: just as the \$2.15 line identifies those who are unambiguously poor, the **upper bound identifies those who are unambiguously not poor, and frames everyone in between as existing on a spectrum that development policy should address....**”

“... **The policy implications are substantial.** If the vast majority of people in lower-middle-income countries are considered poor by a globally legitimate measure, **the case for narrow transfer programmes targeted only at the extreme poor becomes much harder to sustain. Pritchett argues that this reframing should push development institutions back towards supporting broad-based productivity growth and inclusive economic development** – concerns that were central to development economics long before the dollar-a-day line arrived.”

Papers & reports

Health Systems & Reform (Commentary) - Health Policy and Systems Research: Where Are We and What Does the Future Hold?

Tolib Mirzoev et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2668734>

“The evidence around HPSR has grown significantly, but there is a paucity of reflections on HPSR as a field in a context of multiple inter-linked crises. **This commentary reflects on key thematic, methodological, and value-driven trends in HPSR to underline its utility within the global health discourse and inform its prioritization. Key HPSR trends** include increasingly multidisciplinary, participatory, and inclusive approaches and efforts toward decolonization. These reflect national and global societal priorities and respond to shifting burdens of communicable and non-communicable diseases, aging populations, rapid and uncontrolled urbanization, epidemics of infectious diseases, and climate emergency. **Improved prioritization of HPSR nationally and globally, including dedicated and diversified funding for research and strengthening of local research and implementation capacities for HPSR, are particularly important in the current context of geopolitical and fiscal changes....**”

Tweets (via X & Bluesky)

Ricardo Baptista Leite

“I’m deeply concerned about what I would call the ‘**AI Savior Complex**’. **Some leaders seem to have an almost blinded belief that #ArtificialIntelligence will solve all our problems.** By simply deploying technologies without solving the underlying societal and managerial problems, we won’t reap the potential benefits #AI has to offer. Putting it simply: ***‘If you don’t know where you’re going, AI won’t save you.’***”

M Kavanagh

(re Ebola vaccine pipeline)

“This is great, mRNA tech is remarkable. But who will own the knowledge? Will a US company end up with monopoly control of a vaccine that almost exclusively affects Africans.”