

# IHP news 885 : Mid-June in global health

( 19 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,

With the **World Cup football** now in full swing, you will have noticed with me that **WHO is keeping its [partnership with FIFA](#) rather 'low profile'**. Among the many good reasons for doing so, just mentioning one here: while FIFA boss Infantino is doing - as usual - 'Infantino things' (as in: [using a private jet in an attempt to watch two World Cup matches per day](#)), earlier this week we [learnt](#) that **Aramco**, the state-owned Saudi Arabian oil and gas company, and the world's largest corporate climate polluter, is also a top sponsor of the 2026 World Cup and has a four-year global partnership agreement with FIFA. To keep in mind next time you hear about WHO's "climate-health agenda".

In the DRC, the **Ebola outbreak** sounds [ever more worrying](#), one month after WHO declared an international emergency. On Tuesday, Africa CDC's **Jean Kaseya** warned during a [virtual high-level meeting of African heads of state and partners](#) that ["the Ebola outbreak could be the worst ever"](#) (... *"If we don't stop the outbreak very soon, it will be worse than what we had in West Africa and eastern DRC"*). Fortunately, the **Evian G7 Leaders' summit** produced a [heartwarming "Call for a coordinated response to the Bundibugyo Ebola outbreak"](#). Added benefit: now that G7 leaders have finally "seen the light", maybe a (long awaited) PABS breakthrough might also happen [in July](#) : ) (#somerewhereinthemultiversethatis)

Speaking of PABS, in this issue, we also briefly come back on the **Member State Hearing for the United Nations High-Level Meeting on Pandemic Prevention, Preparedness and Response** in New York (9 June). And as you can imagine, the issue also came up at the **Global Health Security conference** in Kuala Lumpur last week (*see below for analysis in the Feat article by my colleagues Valérie & Gorik*).

We also pay some attention to **World Blood Donor day** (14 June), [Men's Health week](#) (*always organized around 'Father's day'*), **World Refugee Day** (20 June) (*with among others the launch of [The UCL-Lancet Commission on Migration and Health: review of the state of progress](#)*), and look ahead to the **UN High-Level meeting on HIV/AIDS** (22-23 June). It's a 'perilous moment' for the response to HIV, UNAIDS [warned](#) last week. An understatement, sadly.

In **Accra, Ghana**, a three-day event (17-19 June) (called "Next Steps") is taking place ["to advance the continent's push for reparatory justice after the adoption of the landmark UN resolution declaring the trafficking of enslaved Africans as the gravest crime against humanity."](#) Against that backdrop (but also for so many other reasons), we hope you take the time to read **Tlaleng Mofokeng's final report and dialogue, "The Right to Health as an Enabler of Dignity"**. Her mandate as the **UN Special Rapporteur on the right to health** ends soon. She asserts, correctly, that "... health cannot be realized without dignity, and dignity cannot flourish without health."

With that, we have arrived at the **Global Health reform discussions (& post-2030 brainstorm)** and the **future of international cooperation**. As for tackling one of the defining challenges of the 21<sup>st</sup> century (concentrated wealth), sadly the high-powered “ [Friends of Global Health Reform](#)” still leave it largely to the likes of **Zucman** (“[The era of trillionaires will be dire for democracy. Here is how we can fight back](#)”) and **Robeyns** (“[Is it bad that Elon Musk has a trillion dollars? Yes, and here’s why](#)” (“ it starts with understanding why billionaires and trillionaires are not a sign of success, but **of a dysfunctional system that is harmful to all our lives.**”) to put the issue on the global agenda. No doubt because most ‘Friends of Global Health Reform’ consider themselves as ‘realists’. The picture isn’t very different among the “**world’s top donors**” (cfr the [G7 summit](#) in Evian), now increasingly “[shifting towards investment and \(mutually beneficial\) partnerships](#)” which sounds great in theory till you read [the fine print](#) and all the [caveats](#).

Finally, we already want to flag here a new [UNICEF report on the impact of triple climate threats](#) now affecting **nearly half the world’s children**. The zillionth wake-up call for all self-proclaimed ‘realists’ and others. The ever expanding ‘planetary health & climate/health’ section in this newsletter points to the same.

Enjoy your reading.

Kristof Decoster

## Featured Article

### Between Optimism and Reality: Lessons from the 2026 Global Health Security Conference

Valérie Vermeersch & Gorik Ooms (both ITM)

*The [4th Global Health Security Conference \(GHS2026\)](#) convened in Kuala Lumpur Malaysia, against a backdrop of increasing concerns about global pandemic preparedness, sharpened by the recent Ebola outbreak and escalating climate-related health emergencies. At a moment when trust in public health institutions is under strain and the risks of future crises continue to grow, the conference brought together 1300 leaders, researchers, policymakers, and practitioners from around the world to exchange evidence and identify collective solutions to improve global health security.*

#### Optimism in plenary, realism in break-out rooms

Let’s start with a general observation: across discussions, we noticed a striking disconnect between the optimism projected in plenary sessions and the more sober assessments voiced in smaller break-out groups. While high-level panels often framed global health security as steadily improving - frequently citing the response to the ongoing Ebola outbreak as evidence of strengthened coordination and capacity response - these narratives largely downplayed mounting systemic pressures, including shrinking international solidarity, global governance unfit for purpose, and growing doubts about (the future of) multilateral cooperation. The motto in the plenaries seemed to be: “Keep calm and carry on.”

In break-out sessions, however, conversations were considerably more critical, focusing on the structural shortcomings and power imbalances that continue to constrain true cooperation and partnerships, setting the stage for a deeper discussion on equity in global health security. Or what remains of it.

### **Equity in global health security: Pathogen Access and Benefit-Sharing**

Equity remained a central and unresolved fault line throughout the conference, particularly in debates on the WHO Pandemic Agreement and broader global governance challenges. Discussions around the Pathogen Access and Benefit-Sharing (PABS) mechanism reflected cautious, often pessimistic expectations – with for example Laurent Muschel, Director of Health Emergency Preparedness and Response Authority (HERA), noting that he has little hope for progress on PABS at the upcoming UN General Assembly in September. At the core of these debates was a more fundamental question: what does “benefit sharing” actually mean in practice? Increasingly, panellists such as [Michelle Rourke and Mark Eccleston-Turner](#) pointed to the need to move beyond a narrow focus on access to medicines towards more structural approaches, including upfront financial contributions to strengthen primary health care systems in low- and middle-income countries.

At the same time, concerns were raised about the limited incentives for pharmaceutical companies to engage in more equitable arrangements. The debate was illustrated by references to the Pandemic Influenza Preparedness ( [PIP](#) ) framework. As some pharmaceutical companies, including Pfizer, can access influenza samples without signing benefit-sharing agreements, participants wondered whether PABS, if it ever materializes, risks reproducing the same asymmetries: access to pathogens without enforceable obligations to share benefits.

Some delegates questioned the usefulness of trying to ‘fix’ the WHO Pandemic Agreement and the PABS negotiations, and suggested to focus instead on the [recent amendments to the International Health Regulations](#). The latter seem to imply that countries’ commitment to strengthen domestic pandemic preparedness and response has been made contingent on equitable access to relevant health products. In other words, if some countries maintain that “benefit sharing” cannot be mandatory, then pandemic preparedness becomes optional too, and every country can decide for itself what its health priorities are.

Not exactly an enticing prospect.

## **Highlights of the week**

### **Structure of Highlights**

- G7 Leaders’ summit in Evian, France
- Ebola Emergency: Key messages from WHO & Africa CDC this week
- Ebola Emergency: more analysis, advocacy, snippets
- More on PPPR & GHS
- Run-up to the UN High-Level meeting on HIV/AIDS
- Global Health reform (& post-2030 brainstorm)

- US Global Health strategy & bilateral health agreements
- More on Global Health Governance & Financing/Funding
- The right to health: mandate UN Special rapporteur on the right to health ends soon
- The future of Development cooperation
- Malaria
- PHC & integrated health care
- Social and Commercial Determinants of health
- SRHR
- Child Health
- World Blood Donor Day
- Access to medicines, vaccines & other health technologies
- World Refugee Day
- Planetary health
- Miscellaneous

## G7 Leaders' summit in Evian, France (June 15-17)

### [Overview of G7 Leaders joint statements](#)

For our purposes, do check out in particular:

- [Leaders' call for a coordinated response to the Bundibugyo ebola outbreak.](#)

**“We, the Leaders of the G7, call for a strong and coordinated response** to address the health security risks posed by the re-emerging outbreak of Ebola in the Democratic Republic of the Congo (DRC) and Uganda....” They also **“urged other nations to dedicate resources** in a bid to ensure the virus remains contained to as small an area as possible....”

PS: **“...The United States will convene a G20 Foreign Ministers' meeting** to discuss further collective action and secure broader financial support for an impactful and coordinated global response to this public health emergency...”

*(ps: apparently the US was grandstanding about its (biggest) commitment so far in the response, among all countries)*

- [Leaders' declaration on mutually beneficial international partnerships.](#)

For more on this, see the analysis below (in Geneva Solutions).

PS: there was also a [Leaders' call on the fight against cancer.](#)

## G7 summit: World's top donors to mark shift from traditional development

<https://genevasolutions.news/sustainable-business-finance/g7-summit-world-s-top-donors-to-mark-shift-from-traditional-development>

This was a neat analysis ahead of the G7 Leaders summit. **“Amid the sharp aid decline, the elite club of powerful western economies, and still the world’s top aid donors, wants to swap the traditional handout model for investment and partnerships.”**

“... France, which holds the G7 presidency this year, has made **“reducing global economic imbalance”** its **priority** – a return to the original spirit of Rambouillet, the French town where the first summit was held in 1975. But don’t expect major financial commitments like in the past. Rather than new cash, **a change of model is on the table. A communiqué signed by G7 development ministers in April states the goal is to “end aid-dependency” and “build a reformed development system based on mutually beneficial partnerships” – powered by private capital and domestic resources rather than traditional aid.....”**

**“... Health signals a hard pivot.** Following devastating aid cuts – particularly in Africa, where health budgets were heavily reliant on the US – **the G7 proposes a framework for “health sovereignty financing and self-reliance” where development banks and private capital take the lead over institutions like the World Health Organization.....”**

PS: **“UN secretary general António Guterres and World Health Organization chief Tedros Adhanom Ghebreyesus, who have attended previous summits, were absent from the final list of top attendees for Evian.** Instead, it featured the **heads of the World Bank, the International Monetary Fund, the African Development Bank and the OECD. ....”**

And a few AI chaps.

- See also a **Devex Op-ed** - [France’s G7 presidency takes a pragmatic bet](#) (overall analysis of the summit, by A Berger)

**“ In a world fracturing along geopolitical fault lines, the G7 Évian summit was a test of whether the richest democracies can still govern collectively.”**

Final excerpt:

**“Joint language on development cooperation — at what cost?”** “...The French presidency has placed development cooperation at the center of its agenda. It is notable that — despite the profound disruptions currently affecting the field — **G7 development ministers succeeded in adopting a joint communiqué and four specific declarations on domestic resource mobilization, OECD Development Assistance Committee reform, health sovereignty, and economic corridors at their meeting in Paris in April 2026.** The documents articulate a **“new” development paradigm, placing particular emphasis on partnerships with low- and middle-income countries grounded in mutual interest.** The **emphasis on mutually beneficial partnerships was also carried over to the leaders’ summit,** which produced a declaration committing members to deeper cooperation on critical minerals processing — including support for local value addition in partner countries.

**But these compromises come at a cost. Consensus was achievable only by avoiding explicit reference to core principles of previous G7 meetings: sustainability, gender equality, and climate....”**

“For a summit that has invited partner countries from the global south to the table at Évian, this omission is not merely a diplomatic footnote. **It is a substantive gap between the language of mutual interest and the interests that actually matter to those partners. In Évian, the G7 has shown it can still reach consensus — the harder test is whether that consensus means anything to the partners it needs most to tackle global challenges.”**

### **Open letter to leaders of G7, G20, BRICS and all nations on finalizing the WHO Pandemic Agreement’s Pathogen Access and Benefit Sharing annex**

<https://www.who.int/news/item/15-06-2026-open-letter-to-leaders-of-g7-g20-brics-and-all-nations-on-finalizing-the-who-pandemic-agreement-s-pathogen-access-and-benefit-sharing-annex>

High-level advocacy. “The **letter by President Luiz Inácio Lula da Silva, Federative Republic of Brazil, and Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization**, is being issued on the occasion of the G7 Summit.”

With three requests: **political will at the highest level; a spirit of equity; a sense of urgency.**

### **Geneva Solutions - Global south leaders play their cards at G7 summit**

<https://genevasolutions.news/global-news/global-south-leaders-play-their-cards-at-g7-summit>

(nice read) “**The leaders of Brazil, India and Kenya met with the G7 in Evian as the western bloc seeks to counter China’s sprawling economic influence and presents its new narrative on development aid.”**

A few quotes:

“... While French president Emmanuel Macron has been careful not to antagonise Donald Trump, **the invitees proved less accommodating. The countries also play a crucial role in the G7 nations’ objectives – chiefly countering China’s sprawling Belt and Road Initiative....”**

“... As for Ruto, his invitation stemmed from a summit held by African heads of state in May in Nairobi. It corresponds with Macron’s efforts to reinvent French relations with African nations and dispel accusations of colonialism. **African countries have largely embraced the shift in narrative from traditional aid to mutual partnerships, with Ruto backing the declaration on international cooperation – unlike his Indian and Brazilian counterparts....”**

## Ebola Emergency: Key messages from WHO & Africa CDC this week

More or less **chronologically**, starting from the end of last week.

Ps: in a **next subsection**, you find **more analysis, advocacy, snippets...** on the Ebola emergency.

### Reuters - 'Blind spots' could hide full spread of Congo's Ebola outbreak, WHO suggests

[Reuters](#):

(12 June) “ There are many "blind spots" in the [Ebola outbreak](#) in the Democratic Republic of Congo, a World Health Organization expert said (last week) on Friday, suggesting the **spread of the deadly disease may be much wider than official estimates**. Congo said on Thursday the disease had spread to [three new health zones](#). It reported 676 confirmed cases and 136 deaths in an outbreak that has also spread to neighbouring Uganda...”

"There are still many blind spots in some areas that are high risk," Olivier le Polain, a WHO epidemiologist in Beni, eastern Congo, said. "Surveillance really needs to be strengthened in those areas." “

PS: “... **The WHO does not yet have projections for the size of the epidemic**, Le Polain said, after the U.S. CDC said it could be on the same level as the 2014-2016 West Africa outbreak which caused more than 11,000 deaths.....”

### UN News - DR Congo: Ebola spreads as agencies brace for child victims

<https://news.un.org/en/story/2026/06/1167702>

(12 June) “The deadly Ebola outbreak in eastern Democratic Republic of the Congo (DRC) is continuing to spread with a **spike in child infections an increasingly likely scenario in the days ahead**, UN agencies said (last week) on Friday.”

### Stat – WHO director-general is profoundly concerned after visit to Ebola outbreak area

[Stat](#):

Very dire message from Tedros, from last weekend. “Amid warring factions, hunger, other diseases, **DRC residents see Ebola as ‘a lesser evil’.**” (must-read)

### HPW - US Support for Ebola Response is Unclear Amid Opaque Funds Disbursement and Non-Engagement with WHO

<https://healthpolicy-watch.news/us-support-for-ebola-response-is-unclear/>

(15 June) State of affairs ahead of a High-level meeting on Tuesday. **“Despite claims by the United States that it has allocated over \$270 million to the Ebola Bundibugyo outbreak response, countries and groups dealing with the outbreak are in the dark about where the money is going. Washington’s directive to US health experts not to deal with World Health Organization (WHO) officials is also hampering their involvement in the response, sources told *Health Policy Watch*.”**

“The Africa Centres for Disease Control and Prevention and the WHO are leading the continental Ebola response, centred in the Democratic Republic of Congo (DRC), and recently launched a **joint continental preparedness and response plan**. Although Africa CDC Director General Dr Jean Kaseya described the US as **“the first partner for global health security”**, he acknowledged that he was unclear of the extent of the US financial contribution and where the money was going....”

**“... This Tuesday, the Ebola response [will be] discussed during a high-level meeting of African Presidents, which is being convened by the President of Burundi, chair of the African Union, said Kaseya. “We know that the US will attend the meeting on Tuesday, [and] they will have the opportunity to give us the reliable amount that they are putting into the response,” he added....”**

### **Reuters - Congo Ebola outbreak may be worst ever, Africa CDC says**

<https://www.reuters.com/business/healthcare-pharmaceuticals/red-cross-says-congo-ebola-epidemic-yet-peak-may-last-year-2026-01-08/?s=09>

(16 June) With coverage of the High-level meeting of Tuesday. **“Africa CDC points to critical challenges in response; Red Cross sees outbreak lasting a year; Tens of thousands of Ebola patients’ contacts not being traced, Africa CDC says; Africa seeks \$518 million to fight Ebola, has received just a fraction.”**

**“The head of Africa's Centres for Disease Control and Prevention warned that the Ebola outbreak in Congo could be the worst ever, saying on Tuesday that it could cost billions of dollars to contain later if critical weaknesses in the response are not addressed quickly. ... “If we don't stop the outbreak very soon it will be worse than what we had in West Africa and eastern DRC,” Africa CDC Director-General Jean Kaseya told a virtual meeting of African heads of state and donors in Burundi.”**

**“... But so far an Africa plan to raise \$518 million over the next six months has only received a fraction of that, according to Burundi's President Evariste Ndayishimiye, the African Union chair.”** “The resources received do not exceed \$100 million,” he said in opening remarks. Africa CDC's Kaseya warned that the total funding needs would surge if the initial plan did not get sufficient support. **“If we don't have it in the next four weeks, we will not ask again for \$500 million, we'll be asking about \$1.5 billion. If we delay that, it will be \$7.5 billion,” he said.”**

**“A Red Cross official said separately on Tuesday that the Ebola epidemic in eastern DRC had not yet peaked. “We are afraid that this could last one year to end this disease,” Bruno Michon, operations manager for the International Federation of Red Cross and Red Crescent Societies, told reporters by video link from eastern Congo....”**

PS: “Washington's representative said it was the fastest and most generous donor and called on others to contribute. South Africa, China, Germany, France also said at the meeting they would provide more support to help with the emergency....”

### Devex - Africa CDC: Over 28,000 contacts of Ebola cases aren't being tracked

<https://www.devex.com/news/africa-cdc-over-28-000-contacts-of-ebola-cases-aren-t-being-tracked-112741>

(16 June) With more quotes from the HL meeting. “Responders should be watching some 33,080 contacts, yet only 4,112 are being actively followed, according to Africa CDC Director-General Dr. Jean Kaseya.”

“More than 28,000 people who’ve been in contact with positive Ebola cases aren’t being tracked, warned the [Africa Centres for Disease Control and Prevention](#) on Tuesday, exposing major gaps in surveillance efforts amid a deadly outbreak that’s spreading in ways and speeds responders can’t track — a key obstacle to containing it.”

“... On Tuesday, over 500 African heads of state, leaders of the [African Union](#), development organizations, [United Nations](#) agencies, and delegations from foreign donors — such as China, the United States, [European Union](#), and United Arab Emirates — gathered for a nearly five-hour pledging meeting to raise funds for the ongoing outbreak. Africa CDC and the [World Health Organization](#) are raising at least \$518 million for the continental six-month response plan.... This is the second high-level pledging event for this outbreak after the first held on [May 25th](#). During Tuesday’s meeting, African leaders urged pledged funds to hit the ground rapidly — with expectations the cost of the response could rise if early investments aren’t made.”

“...Burundi’s President Évariste Ndayishimiye, chairperson of the AU, said during the meeting that they aim for \$100 million of their \$518 million goal to come from African governments and the continent’s private sector. Africa CDC is still tallying the amount raised at the pledging event....”

PS: “...While the epicenter of the outbreak has been in Ituri province in eastern DRC, Kaseya also warned about a significant spike in cases in Goma — the largest city in North Kivu. The city has the highest fatality rate and the lowest rate of follow-up among contacts of positive cases....”

PS: “... On Tuesday, Richard Hatchett, CEO of the [Coalition for Epidemic Preparedness Innovations](#), or CEPI, a global partnership that invests in vaccine development, said his organization anticipates the [University of Oxford](#) and [Moderna](#)’s lead vaccine candidates will enter phase one trials as early as July, with field trials possible within several months. There are currently four vaccine candidates, but Hatchett said CEPI will soon announce its support for additional candidates....”

### UN News - Ebola treatment capacity expands in DR Congo as WHO issues new guidelines

<https://news.un.org/en/story/2026/06/1167738>

(17 June) **“Treatment capacity for the rare and deadly Bundibugyo species of Ebola is expanding in eastern Democratic Republic of the Congo (DRC), as the World Health Organization (WHO) warns that community mistrust remains a major challenge to ending the outbreak.”**

**“WHO has expanded isolation capacity for suspected cases and upgraded treatment facilities, including the construction of individual isolation rooms that meet latest infection prevention and control standards and the installation of a 10,000-litre water tank to support patient care....”**

**“Addressing a high-level meeting of African leaders on Tuesday, WHO head Tedros Adhanom Ghebreyesus described community mistrust as a “major barrier” to the response....”**

## **Reuters – Donors pledge \$910 mln for Ebola response in Congo, Uganda**

[Reuters](#);

(18 June) **“Donors have pledged \$910 million, including \$80 million from African Union member states, to support the Ebola response in Congo and Uganda, the Africa Centres for Disease Control and Prevention said in a statement on Thursday.”**

## **Africa CDC - Virtual High level presidential meeting (HLPM) of African Heads of State and Government and Partners on the Ebola Bundibugyo Virus Disease Outbreak in the DRC and Uganda**

[Africa CDC](#)

### **Overview of the meeting on Tuesday.**

Including also: **“The HLPM underscored that Africa must move from recurrent emergency appeals to predictable preparedness investment. It endorsed voluntary financing by African Member States and the African private sector of USD 100 million per year, to be complemented by external partners, to strengthen epidemic preparedness, sustain readiness between outbreaks and accelerate investments in local manufacturing of medical countermeasures, including vaccines, medicines, diagnostics and other essential commodities.”**

## **HPW – Ebola Outbreak is Three Times Bigger Than Previous Outbreaks at Four Weeks**

<https://healthpolicy-watch.news/ebola-outbreak-is-three-times-bigger-than-any-previous-outbreak-at-four-weeks/>

(18 June) **“The current Ebola Bundibugyo outbreak is three times larger than any other Ebola outbreak was four weeks after being declared a public health emergency, Africa CDC revealed at a media briefing on Thursday...”**

**“Meanwhile, less than 10% of the money pledged to address the outbreak has been released to responders, Mankoula said....” “On Tuesday, Burundi’s President Évariste Ndayishimiye, Chairperson of the African Union (AU), convened an emergency high-level meeting of African leaders, Africa**

CDC, the World Health Organization (WHO), Regional Economic Communities, partners and donors to accelerate the Ebola response in the Democratic Republic of the Congo (DRC) and Uganda. The meeting mobilised \$910 million in pledges, including \$80 million from African member states. However, only around \$90 million of this has reached countries, which is hampering the response, Mankoula added. “

“The high-level meeting resolved to ensure that the full \$518 million required for the joint continental preparedness and response plan is mobilised and disbursed within the next four weeks...”

- Related: [Guardian - CDC to tap \\$107m in emergency funding for Ebola response in DRC and Uganda](#)

“The Centers for Disease Control and Prevention (CDC) will tap \$107m in emergency funding for **Ebola outbreak response** in the Democratic Republic of the Congo (DRC) and **Uganda**, officials said on Thursday.... .. **Emergency funding from the CDC would add to the roughly \$910m already pledged to combat the Ebola outbreak**, less than 10% of which has been received from donors, according to **African health leaders**.”

## Ebola emergency: Analysis, snippets, advocacy, ...

GHF - A quick update on Ebola from the Africa CDC.

<https://newsletter.genevahealthfiles.com/eu-india-fta-tariffs-down-trips-plus-provisions-out-what-does-it-mean-for-access-to-medicines-guest-essay/>

(15 June) From earlier this week. Snippets:

“Member State Solidarity: **Kaseya is targeting a \$100 million contribution from African member states to demonstrate regional solidarity.**”

“**Chinese Support: China has pledged \$2 million to Africa CDC**, in addition to direct support of commodities and human resources to member states....”

“**Kenya Quarantine Center: Africa CDC supports Kenya's sovereign decision to establish 23 isolation centers, one of which could serve U.S. citizens....**”

**Reuters - True scale of Congo Ebola outbreak still unknown one month in, responders say**

[Reuters](#)

(15 June) “**Lack of testing and data gaps mask true death toll**; Security forces fired warning shots at funeral in latest security incident; **Treatment centres overwhelmed, WHO says.**”

**“One month after Ebola cases were confirmed in eastern Congo, its true scale remains unknown, with major data gaps muddying the picture and persistent, sometimes violent, community resistance hampering the response, health workers and officials say...”**

**“The government's figures likely understate the true toll, medical charity Medecins Sans Frontieres said in a statement, echoing a view shared by aid groups and some Congolese officials. “No one knows the true scale or exactly where the disease is spreading in DRC,” said Kate White, emergency medical coordinator for MSF, which operates treatment centres across the Ebola-hit east.**

**Testing remains “one of the most significant weaknesses in the response”, the MSF statement said. Many communities, particularly those affected by active armed conflict, still lack access to test kits, while treatment centres face significant delays receiving laboratory results, it said.....”**

- See also [MSF: RC: One month on, MSF warns dangerous gaps persist in Ebola disease response](#)

**“One month after the Ebola disease outbreak was declared in Democratic Republic of Congo (DRC), MSF warns that the outbreak is outpacing response efforts. Gaps persist in surveillance, diagnosis, contact tracing and community engagement. The authorities, along with all stakeholders, must do everything possible to enable a response that matches the scale of the crisis.”**

## **Reuters – Ebola outbreak spreads to crowded displacement camp in Congo**

[Reuters:](#)

**“Two Ebola-related deaths have been confirmed in a displacement camp in eastern Congo, the U.N. refugee agency said, with aid workers warning the risk of the disease spreading quickly in crowded refugee sites was high and worrying.....”**

## **Lancet Regional Health Africa – The Bundibugyo Ebolavirus Outbreak: the need for a solidaristic response under the revised International Health Regulations**

S A Karim et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00072-6/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00072-6/fulltext)

**“...the institutional response to the outbreak has been promising. In addition to declaring public health emergencies rapidly, there has been a mobilisation of resources and coordination. Africa CDC activated its incident management system, deployed surge teams, and convened regional coordination across DRC, Uganda, and South Sudan within 24 h.6 WHO released emergency funds and a clinical trial protocol was adapted and submitted to regulatory authorities in DRC and Uganda within hours of confirmation. Virus sequences were published within days. **Affected countries have been complying with the International Health Regulations (IHR), adopting evidence-based measures and solidaristically supporting the response with financial and other resources. “****

**“Effective outbreak response to a PHEIC depends on coordinated multilateral action, shared surveillance, and consistent application of evidence-based measures, all of which is governed by the IHR framework. Where states operate outside the framework, the ability to response**

**effectively is compromised**, although the multilateral system anchoring outbreak responses has been under significant strain since COVID-19.... .. **The IHR were amended in 2024, and in response to some of the failures of COVID-19, anchored equity, solidarity, and human rights guiding principles for responses. Yet, even as the amendments were adopted in 2025, 11 states rejected those amendments, including Argentina, Canada, Germany, Israel, the Netherlands, and the United States, which then withdrew from the WHO. Other states have not implemented the amendments, filing reservations.** The pandemic agreement, adopted in May 2025, cannot be opened for signature until the pathogen access-benefits sharing (PABS) annex is adopted by the World Health Assembly. Negotiations were extended in May 2026, with the next round scheduled for July 2026.<sup>11</sup> **This compromised legal framework makes coordinating responses challenging.....”**

### **Peter Singer - Why the race for an Ebola vaccine is worth winning**

[Peter Singer](#);

“Modelling the Bundibugyo outbreak shows **the value of a vaccine — and why the 100 Days Mission’s bet on speed is exactly right.**”

### **Nature Africa (Comment) - Why Ebola survivors belong at the decision-making table**

K Thomas et al; <https://www.nature.com/articles/d44148-026-00158-0>

“**Recognising survivor expertise could improve preparedness, response and recovery.**”

“... **Our qualitative work involving survivors from Ebola disease outbreaks that occurred between 2000 and 2023 in Uganda and Liberia has shown how powerful this testimony can be.** Our case study was **part of the wider Evaluation of Clinical Management Guidelines for High Consequence Infectious Diseases programme, funded by Wellcome Trust and led by Walimu Uganda, the Pandemic Sciences Institute at the University of Oxford, and Liverpool School of Tropical Medicine.** Using oral history approaches, we sought to understand survivors’ patient journeys and the insights they gained into the social dynamics of transmission and control....”

### **Cidrap News - Experts urge use of experimental antibodies in DR Congo to combat Ebola**

<https://www.cidrap.umn.edu/ebola/experts-urge-use-experimental-antibodies-dr-congo-combat-ebola>

“**In a new letter**, advocacy groups are urging the US government to make an experimental Ebola treatment, Mapp Biopharmaceutical’s MBP134, available for trials and emergency use in countries affected by an ongoing Bundibugyo Ebola outbreak in the Democratic Republic of the Congo (DRC) and neighboring Uganda. “

“Public Citizen, Health Global Access Project, AVAC, Congregation of Our Lady of Charity of the Good Shepherd, Doctors for America, Evangelical Lutheran Church in America, and National Advocacy Center of the Sisters of the Good Shepherd **sent the letter to the Biomedical Advanced Research and Development Authority (BARDA).** BARDA and the United States developed the monoclonal

antibody treatment to address Sudan strain of Ebola virus. **The monoclonal antibody “cocktail” has been investigated as a pan-ebolavirus therapeutic and was developed from antibodies taken from survivors of the 2014 West Africa outbreak...**”

### Science Insider – Big Ebola outbreak puts spotlight on little known virus

<https://www.science.org/content/article/big-ebola-outbreak-puts-spotlight-little-known-virus>

**“The Bundibugyo virus only emerged twice before. Now scientists see a change to get to know it better.”** “Does Bundibugyo virus, now causing the devastating outbreak in DRC and Uganda, differ in important ways from Ebola virus? Scientists aren’t sure.”

### NEJM Perspective - The Social Contract of Bundibugyo Ebola Isolation

S Tonen-Wolyec et al;

[https://www.nejm.org/doi/full/10.1056/NEJMp2607429?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMp2607429?query=featured_home)

**“The lack of vaccines and disease-specific therapeutics for Bundibugyo Ebola has dramatically affected the community’s perception of Ebola treatment centers.** In this context, trust becomes critical.”

### Lancet World Report - Life and death in an Ebola virus disease treatment centre

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01237-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01237-7/fulltext)

**“Dedicated treatment facilities are a cornerstone of an Ebola virus disease outbreak response, but conditions are extremely difficult and taxing for health workers.** Talha Burki reports.”

And a link:

- CEPS (Expert Comment) - [The ongoing Ebola outbreak could be a key moment for the EU’s health resilience agenda](#) (by C Lenz)

## More on PPPR & GHS

First with a few articles related to the ‘**Member State Hearing for the United Nations High-Level Meeting on Pandemic Prevention, Preparedness and Response**’ in New York from 9 June.

Then **state of affairs re PABS**, looking ahead to the next iteration in July. And an **update on the Pandemic Fund vs Africa CDC**.

### Think piece - Global Health Security and the Elusive Economic Lens

[https://www.thepandemicfund.org/sites/default/files/2026-06/EAC\\_ROI\\_High\\_Level\\_Think\\_Piece\\_Final.pdf](https://www.thepandemicfund.org/sites/default/files/2026-06/EAC_ROI_High_Level_Think_Piece_Final.pdf)

**“Why the next generation of pandemic preparedness decisions will depend on clearer evidence of value, trade-offs, and return.”**

On this think piece, via LinkedIn (**Pandemic Fund**): **“What is the economic case for investing in #PandemicPreparedness? A new think piece by members of The Pandemic Fund's External Advisory Council (EAC) calls for a practical, trusted economic lens to help national decision-makers prioritize pandemic preparedness investments based on clearer evidence of value, trade-offs, and return. Without it, preparedness risks being crowded out by competing priorities, even as infectious disease threats grow.... A group of EAC members are developing a more comprehensive working paper and will be engaging experts in the coming months to chart a way forward. We are encouraged by this effort to equip finance ministries with country-specific tools that reflect national realities and analysis that connects pandemic preparedness investments to economic resilience.”**

**A single pandemic cost what a thousand years of prevention would have. Now is the time to invest – and invest for the highest return.**

**S Mabuchi** (Head (Director) of Resilient and Sustainable Systems for Health and Pandemic Preparedness and Response, **The Global Fund**) ; <https://www.linkedin.com/pulse/single-pandemic-cost-what-thousand-years-prevention-would-mabuchi-bguse/>

**“Why should countries invest in pandemic preparedness — especially when global health funding is shrinking? And how do we ensure every dollar delivers the highest return? Last week, I had the opportunity to address these questions at the Member State Hearing for the United Nations High-Level Meeting on Pandemic Prevention, Preparedness and Response in New York. In this article, I share why this is fundamentally a security and fiscal question — not just a health one — and why the highest-return path is investing in integrated health systems while building pandemic readiness at the same time.....**

Excerpt: **“... Investments in HIV, TB and malaria are also investments in pandemic preparedness. [The Global Fund](#) has been the largest multilateral financier of PPPR over the last eight years – averaging US\$4.3 billion per year according to the [OECD - OCDE](#) – precisely because HIV, TB and malaria investments directly build pandemic preparedness capacity. This year, we are going further: integrating these investments into primary healthcare, and for the first time, setting explicit transition timelines in many countries to strengthen long-term sustainability and country ownership.....”**

**Geneva Graduate Institute (Global Health Centre) - 8th issue of the Governing Pandemics Snapshot**

<https://www.governingpandemics.org/gp-snapshot>

As usual, a must-read. *“What’s left to tackle in the PABS talks? As the clock ran out, and then was extended for another year, on negotiations over the Pandemic Agreement’s Annex on Pathogen Access and Benefit-Sharing (PABS), the diplomacy and the nitty-gritty of the issues faced were deeply linked. This edition of the [Governing Pandemics Snapshot](#) focuses on both, while noting that negotiators’ increased understanding of the technical issues may help pave the way for resolving key sticking points in future rounds of talks. “*

With **four articles**, by Suerie Moon, Adam Strobeyko, Daniela Morich & G Burci.

**“On the side of the nitty-gritty, a perennial challenge is the sheer complexity, as [Suerie Moon](#), the Global Health Centre’s Co-Director, writes in her opening article of this four-part Snapshot series: “What has been achieved and what’s left to tackle in the PABS talks?” ...”**

**“Meanwhile, the recent outbreaks of hantavirus and Ebola Bundibugyo virus (EBV) illustrate a case of how open and more restricted gene databases work, as discussed in a narrative elaborated by [Adam Strobeyko](#): “What Hantavirus and Ebola Outbreaks Teach Us About PABS Database Governance.” ...”**

**“Based on these hard facts, [Daniela Morich](#) elaborates on the concrete proposals for benefit sharing models that are emerging from the PABS negotiations, and some initial glimmers of convergence in her article: “Building Common Ground: The Evolution of Benefit-Sharing Discussions in the Pandemic Agreement.” ...”**

**“In “Governance of the PABS Annex”, the final article in this Snapshot series, [Gian Luca Burci](#), looks ahead to the implementation of the Pandemic Agreement. ...”**

- See also [HPW - Despite Delays, Negotiations Over Critical PABS Annex to WHO Pandemic Treaty Reveal Signs of Progress; Here’s Why](#) (by S Moon et al)

Neat summary of where things stand, based on the above-mentioned snapshot.

PS: **“What has been achieved and what’s left to tackle in the PABS talks?”**

**“ While the near total absence of ‘green text’ (indicating consensus) in the latest draft left the impression that little headway has been made, that may be misleading. A look back at countries’ original proposals, and the evolution of negotiations over the past year, shows that **progress has been significant, even if deep divisions remain.** ...”**

With a rather **good summary in the second half of the article of the current state of affairs** (where progress was made, where still lots needs to happen, and the ‘elephant in the room’).

Moon et al conclude: **“In brief, negotiators must resolve many issues in the months ahead, but the slow wheels of multilateral negotiations have been grinding forward and are set to continue. It’s also important to remember that while the PABS negotiations proceed, delegates will be contending with at least two other political issues on the global health agenda – the race for WHO’s next Director-General and the global health architecture reform process. Contending with all three at the same time will stretch smaller delegations even more thinly across multiple negotiations. However, these additional bargaining chips could also open new possibilities for striking grand political bargains.”**

- And via [RANI's \(Resilience Action Playbook\) newsletter](#) :

**“Informal rounds. On 22-26 June, a first round of informal talks will be co-facilitated by six Member States (France, Malaysia, Mexico, Norway, South Africa, and Spain) rather than the Bureau. This format – tested in the previous round with positive outcomes – aims to give delegations more leeway to explore possibilities on access, benefit-sharing, and contracts. A second round of informal meetings will follow, with meetings on 28 June and 3 July.”**

**“Financing on the margins. While IGWG 7 will remain primarily focused on PABS, delegations raised the need to advance the Pandemic Agreement's Coordinating Financial Mechanism (CFM). The Bureau is expected to allocate some time for a high-level discussion, though substantive negotiations are not anticipated at this stage.”**

### **WHO issues comprehensive guidelines on filovirus disease, including Ebola and Marburg disease**

<https://www.who.int/news/item/17-06-2026-who-issues-comprehensive-guidelines-on-filovirus-disease--including-ebola-and-marburg-disease>

**“As the Democratic Republic of the Congo is battling an Ebola disease outbreak caused by the Bundibugyo virus, the World Health Organization (WHO) has released its first comprehensive guidelines for the clinical management of filovirus disease which include all types of Ebola and Marburg viruses. The new guidelines highlight the importance of early supportive care to improve patient survival and health outcomes, outlining 16 evidence-based recommendations....”**

### **Africa CDC Secures Pandemic Fund Accreditation as Implementing Entity, marking a major milestone for African-Led Health Financing and Health Sovereignty**

<https://africacdc.org/news-item/africa-cdc-secures-pandemic-fund-accreditation-as-implementing-entity-marking-a-major-milestone-for-african-led-health-financing-and-health-sovereignty/>

**“The accreditation gives Africa CDC direct authority to access and manage financing for pandemic prevention, preparedness and response across Africa.”**

**“The Governing Board of the Pandemic Fund has approved the accreditation of the Africa Centres for Disease Control and Prevention (Africa CDC) as an Implementing Entity. The decision follows the recommendation of the Pandemic Fund's Accreditation Panel and places Africa CDC among a select group of institutions authorised to directly access, manage and deploy Pandemic Fund resources.”**

**“Africa CDC becomes the first African Union institution and the first continental public health agency globally to be accredited as a Pandemic Fund Implementing Entity. It is also only the second African institution, after the African Development Bank, to receive this status....”**

- See also Devex - [Africa CDC earns Pandemic Fund accreditation after years of pursuit](#)

**PS: “And the timing is ideal. Africa CDC and WHO are leading the continental plan for the Ebola response. The Pandemic Fund has committed \$220.6 million to support containment of the outbreak and protect at-risk countries in central and eastern Africa. This funding will go toward this joint plan....”**

## **Lancet (Comment) - Hantavirus: the need for a rapid regional response platform in Latin America**

Patricia J Garciaa et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01188-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01188-8/fulltext)

« **Global health security initiatives have frequently underestimated Latin America as a geography of infectious disease emergence and re-emergence, despite its ecological diversity, environmental disruption, cross-border mobility, and recurrent arboviral and zoonotic threats. In the past decade alone, the region has experienced the emergence of Zika, chikungunya, yellow fever, measles, and other neglected and re-emerging viruses, risks that are amplified by climate change, anthropogenic ecosystem disruption, and little coordination between countries....”**

« **... Dengue offers a striking example of this blind spot. The Americas recorded their highest-ever number of dengue cases in 2023, only to surpass that record again in 2024, with more than 13 million cases across 47 countries and territories. Yet this outbreak did not translate into tangible global political attention, underscoring how regionally concentrated crises can remain peripheral to global health security agendas, even when they strain health systems.... ... In contrast, the 2026 hantavirus cluster rapidly attracted global visibility and triggered an international response....”**

« **... The recent hantavirus event leads to a clear recommendation: Latin America needs a strong regional platform to prevent, prepare for, and respond to infectious disease threats before they become international emergencies. ...”**

PS: « **All authors are part of the Latin American Technical Working Group, which comes together to discuss how to address the region's pandemic prevention, preparedness, and response challenges. ...”**

## **Run-up to the UN HL meeting on HIV/AIDS (22-23 June)**

**UNAIDS (press release) – A ‘perilous moment’ for the response to HIV warns UNAIDS**

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/june/20260612\\_PR\\_global\\_aids\\_brief](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/june/20260612_PR_global_aids_brief)

(12 June) **“A new report released today by UNAIDS shows that external funding cuts, a strong push back on human rights and under investment and under prioritization of HIV prevention and community services are threatening to reverse years of gains in the AIDS response. “**

PS: **“In the coming days (22-23 June) the United Nations General Assembly will convene a High-Level Meeting on HIV/AIDS where countries will come together to adopt a new Political Declaration on HIV. This will be the final Political Declaration before the 2030 deadline to end AIDS as a public health threat. The new Political Declaration will include new 2030 targets from the Global AIDS Strategy. Overarching targets include reaching 40 million people with antiretroviral treatment by 2030, ensuring 20 million people have access to medicine to prevent HIV and ensuring that all people receive services free of stigma and discrimination. ”**

**“The 2030 goals remain achievable.** Reaching 2030 targets could avert 3.2 million additional new infections. This requires continued unity and commitment, with countries in the lead, backed by global partners with communities at the centre. ...”

### **Global AIDS brief - United to end AIDS**

[https://www.unaids.org/en/resources/documents/2026/20260612\\_Global\\_AIDS\\_brief](https://www.unaids.org/en/resources/documents/2026/20260612_Global_AIDS_brief)

The **related UNAIDS brief.** “Progress made to date on the HIV response is real and fragile. Without renewed commitment and action, we risk a resurgence of the epidemic. In 2025, HIV responses around the world were disrupted by shifts in funding that threatened to stall years of progress in the HIV response. In 2025, external financing for all development sectors fell by 23% compared with 2024.”

### **HPW – HIV Response Faces ‘Biggest Storm’ in Its History After Funding Nosedive**

<https://healthpolicy-watch.news/hiv-response-faces-biggest-storm-in-its-history-after-funding-nosedive/>

Coverage & analysis via HPW.

**“The global HIV response is facing its “biggest storm” since the world united against the epidemic, UNAIDS warned (last week on) Friday,** as it published new data showing **donor funding for HIV/AIDS prevention and community services critical** to containing infections **dropped by almost one quarter last year.”**

**“The [Global AIDS Brief](#) is being published** just 10 days ahead of the [United Nations High-Level Meeting \(HLM\)](#) in New York City, where member states are due to adopt a new Political Declaration on ending HIV/AIDS as a public health threat by 2030. **It is the first comprehensive damage assessment of the funding shock that hit HIV response and the entire array of global health crises in 2025.”**

**“External development assistance to HIV/AIDS programmes fell by 23% last year,** the sharpest drop on record, the report reveals. This followed on the Trump administration [dismantled USAID](#) and slashed contributions to the HIV response the United States had anchored for two decades. **The result is an HIV response that is collapsing.....**

PS: **“Prevention programmes 80% donor dependent in disarray: The deepest cuts are in prevention which only received 11% of HIV funding overall in 2024.** In sub-Saharan Africa, prevention

programmes depended on donors for 83% of their funding when the cuts hit, the UNAIDS report found. **Globally, two-thirds of prevention programmes were funded by external donors.....**

PS: “... **Rights in retreat:** For decades, the slow drift of HIV-related law around the world moved in only one direction: toward decriminalization. That tide has now turned. **For the first time since UNAIDS began tracking the data, criminalization of the marginalized populations most at risk of HIV is increasing.....**”

“... **The last declaration before the SDG 2030 deadline:** Next week’s **UN High-Level Meeting will produce the final Political Declaration before the 2030 deadline** that world leaders set under the Sustainable Development Goals to end AIDS as a public health threat. **The goal is not actual eradication of the virus, but reducing new infections and deaths by 90% compared to 2010, shrinking the epidemic to a scale health systems can manage.**”

“**This year’s declaration will set new targets drawn from the Global AIDS Strategy 2026-2031:**

- 40 million people on ARV treatment
- 20 million accessing antiretroviral prevention,
- and HIV services free of stigma and discrimination for all.

Meeting those targets would avert 3.2 million new infections and 1.2 million deaths by 2030, according to UNAIDS modelling. ...”

PS: “... **UNAIDS is already cutting its secretariat staff by 54% and consolidating country offices from 85 to 54** under its own board-approved restructuring.....”

- On the **UNAIDS reform**, see also [the Guardian](#):

PS: “UNAids has itself been hit by the Trump administration’s funding cuts, and the UN secretary general has proposed that the agency should be “**sunset**” by the end of this year. **Byanyima said a working group would present proposals to the UNAids board in October, but said she foresaw “a much smaller joint programme that is more dispersed within the UN but that continues to have a hub – leading for the UN and for the world”.**

## **BMJ GH – Africa’s ownership of a sustainable health journey towards an AIDS-free future**

M Chola, M Robalo, K Buse, M Dybul et al (The African-led HIV Control Working Group); <https://gh.bmj.com/content/11/6/e018198>

“Progress on Africa’s HIV response is under threat due to dependence on external models and underinvestment from African countries. **Africa must redefine its health agenda and HIV response with locally designed and financed strategies, rooted in regional collaboration and solidarity....**”

“...In view of urgent and diverse health challenges, **Africa must redefine its health and HIV agenda, moving from one-size-fits-all solutions to tailored local strategies rooted in its diverse cultures and intracontinental collaboration.** Funding-related barriers must be addressed, and international initiatives should align with Africa’s priorities. **The 12-member African-led HIV Control Working**

Group (HCWG) aims to redefine Africa's health and HIV agenda by advocating for a sustainable, African-owned HIV response. The group advocates for a cooperative approach based on social justice, dignity, cultural diversity, health, transparency and community empowerment, decolonising global health architecture, while embracing the ethos of Ubuntu.”

PS: (among others), ...” **The group proposes an African-owned Global Health and Wellbeing Fund, embodying Africa's commitment to control its health destiny, promoting empowerment and ownership....”**

## Global Health Reform (& post-2030 brainstorm)

Partnership for International Politics and Diplomacy for Health - Insights on global health reform discussions, trends and perspectives: June 2026

<https://www.globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-june-2026>

“... In today's reform landscape, two major initiatives stand out: the Accra Reset, led by President John Mahama of Ghana, and the WHO-hosted reform process, formally adopted by the 79th World Health Assembly. While there is ample curiosity around both processes, we note that **the confidence in their ability to deliver change varies across the global health community. Those closely engaged in reform discussions express concerns that the proposals may not be ambitious or transformative enough.**”

“Discrepancies between rhetoric and reality, and between what is said in public fora compared to closed-door discussions, must be recognised. **Reform conversations are far more palatable when kept at the level of systems and principles but become notably sensitive when they begin to unpick the underlying drivers of systemic dysfunction.** “

“Whether due to complacency, self-interest, or insistence on a flawless process, **there is a risk that the ongoing sense of urgency will fade. Though the appetite for change remains strong, this reform moment will be judged by whether it delivers meaningful outcomes, or becomes another collection of well-worded commitments. With significant leadership transitions approaching in 2027, including at the AU, WHO, Africa CDC, and The Global Fund, now is the time to think, and act, boldly.**”

### The Missing Piece in the Global Health Architecture Conversation: The People Inside It

B Orya; <https://www.linkedin.com/pulse/missing-piece-global-health-architecture-conversation-breshna-orya-cfxse/>

Well worth a read. On the ‘**generalist trap**’, the ‘**golden cage**’, and what this does to the global architecture.

“... This one is about something I have been witnessing alongside all of it, a quieter and more painful transition that almost never makes it into the conversation. **The transition of the people in this**

**field, the ones who built their careers inside this system and are now being moved out of it at the same time as the money.** I think it is worth having this conversation openly, rather than in corridors and in silence because **what is happening to people is also shaping the architecture itself. The architecture is not an empty structure that exists on its own. It is the people who make it work.** When we talk about its future without talking about them, we are missing the part that holds the whole thing up.”

## **Project Syndicate – Global Health Reform Must Bolster Innovation**

M Balasegaram (GARDP), M Fitchet (Medicines for Malaria Venture) & L Pizarro (DNDi);

<https://www.project-syndicate.org/commentary/product-development-partnerships-important-for-country-led-global-health-system-by-manica-balasegaram-et-al-2026-06>

“As funding falls for global public health, calls for a country-led system have grown louder. Such reforms are necessary, but **they must not come at the expense of new vaccines, medicines, and diagnostics, which can be delivered by strengthening mechanisms—such as product development partnerships—that already work.**”

“**The real challenge ....** is to ensure that a reformed global health system, driven by the needs of countries, **can continue to produce the next generation of health tools...**”

## **WHS Perspectives - The Nairobi moment: Why global health reform must begin with Africa**

Commentary by **Prof Lukoye Atwoli**; <https://www.worldhealthsummit.org/whs-perspectives/lukoye-atwoli-the-nairobi-moment-why-global-health-reform-must-begin-with-africa>

Coming back on the **regional World Health Summit in Nairobi**. “What Nairobi made clear is that the old model is finished. A new global health framework must respect regional sovereignty, demand accountability from leaders, and be grounded in genuine equity, not the performative kind, but the structural kind. ...”

“The WHS Regional Meeting crystallized **five pillars that must anchor this transformation. ..**”

## **IJHPM – Global Health 2050: Beyond the Modular Approach**

E Paul et al ; [https://www.ijhpm.com/article\\_4884.html](https://www.ijhpm.com/article_4884.html)

“**This viewpoint interrogates the core assumptions and methodological shortcomings of the 2024 LCIH report’s disease-centred approach to health policy...**”

“The most recent **(2024) Lancet Commission on Investing in Health (hereafter LCIH)**... publication aims to “halving premature death by mid-century.” It posits that global deaths before age 70 (“premature”) could be halved through a targeted strategy focussed on 15 priorities: 8 infectious and maternal health conditions and 7 non-communicable diseases (NCDs). **To achieve this, it proposes a package of cost-effective interventions grouped into 19 modules, each “representing a programme area with a specific set of policies and financing arrangements.” ....**”

## US Global Health Strategy & bilateral health agreements

### NYT – New Plan Scales Back C.D.C.’s Work on Diseases Abroad

<https://www.nytimes.com/2026/06/17/health/pepfar-cdc-cuts.html?smid=nytcore-ios-share>

**“The State Department is taking over much of the control of global health initiatives, for which critics say the department does not have the expertise.”** Excerpts:

**“... The new plan, proposed by the State Department, aims to overhaul the Centers for Disease Control and Prevention’s work on a landmark global H.I.V. program (i.e. PEPFAR) that also helps countries manage surveillance for emerging diseases, strengthen laboratory networks and support childhood immunizations. If the plan goes into effect on Oct. 1 as scheduled, it would effectively shut the agency out of overseeing many global health programs and shift control over the bulk of funds and decisions to the State Department.”**

**“The changes may sideline the country’s premier experts on global health and could lead to the closure of about a third of its 60 country offices within the next three years,** according to some officials with knowledge of the programs.... **...The proposal is intended to diminish the agency’s authority in the President’s Emergency Plan for AIDS Relief, known as PEPFAR,** a program credited with saving 26 million lives since it was created by the administration of President George W. Bush in 2003. **Before 2025, U.S.A.I.D. managed more than half of PEPFAR’s budget, and the C.D.C. handled much of the rest.** The changes may jeopardize the health of the more than 12 million people on H.I.V. treatment supported by C.D.C. funds, said Dr. Michele Montandon, who led the agency’s team on mother-to-child transmission of H.I.V. until she was laid off in August.... **“This will completely destabilize H.I.V. work abroad,”** she said. **“We’ve seen service disruptions, deaths and babies born with H.I.V. after shuttering U.S.A.I.D., and we can expect more to come if C.D.C. is also shut out of this work.”**...”

PS: **“In a typical year under the current system, the State Department would hand the C.D.C. a budget of about \$2 billion.** The agency then would work with countries to set their health priorities and allocate the funds to ministries and partner organizations to support them. **The new plan replaces the health agency’s budget for the work with a “fee-for-service” menu that requires countries to choose and pay for assistance from C.D.C. staff in specific areas — wastewater and environmental surveillance, for example...”**

**“... In interviews, more than a dozen current and former employees of the C.D.C. and the State Department said they expected countries would, for financial or political reasons, pay for only a minimum of services, forgoing spending in areas that have less immediate impact but that are nonetheless important.** (Many spoke on condition of anonymity because of fear of retaliation from the administration.) ... They predicted that the new transactional model would further destabilize relationships with foreign governments, unravel public health programs and make Americans more vulnerable to infectious disease threats....”

### Emily Bass - State Takes Aim at CDC's Health Security Portfolio in Nigeria

[Emily Bass;](#)

“ The Department of State's June 5 funding announcement for Nigeria is the clearest sign yet that State is taking over activities that, for years, have been led by the U.S. Centers for Disease Control and Prevention. Addendum D: Health Foreign Assistance Memorandum of Understanding (MOU) Implementation in Nigeria invites applicants to submit proposals for functions identical to those that the US CDC has directly funded and implemented for years...”

PS: “In addition to Nigeria, State has also published addenda for Malawi and Uganda....”

## Health Security Policy academy - The Global Health Spending Stall Is Worse Than It Looks

K J Seung & V Lin; [Global Health Watch](#);

Summarized via [Devex checkup](#):

“Speaking of disbursing — or not disbursing, in these cases — [new analysis](#) indicates that the Trump administration is still holding back global health funds, and officials are running out of time to spend them. Physician and global health leader KJ Seung and [Partners In Health](#)’s Vincent Lin have pored through public spending data with their eyes on **two particular pools of money for global health programs: a five-year account for HIV services and a two-year account for everything else.** That second account is supposed to be used for programs such as battling tuberculosis and malaria and improving maternal and child health. And **if history is any precedent, in the second year of the two-year allocation, spending ramps up dramatically. But not with the fiscal year 2025-26 funds, now worth roughly \$3.5 billion. According to Seung and Lin, virtually none of that money had been obligated through April 2026 — more than halfway through the second and final fiscal year. As they warn in their analysis: “If the administration continues to fail at moving the 25/26 money, it will soon have an argument that the funds cannot be used in time.”**”

“**The HIV funds** — which include allocations to the [President’s Emergency Plan for AIDS Relief](#), or PEPFAR — stretch over five years. As a result, money has historically [gone out at a slower pace](#), though it also tends to accelerate in the second year. But **even there, spending is billions behind where it has been in previous cycles, according to the findings.** By April 2026, **only \$385 million of the 2025-29 money had been spent.** At that point, the previous year, \$2.6 billion of the 2024-28 money had been obligated.”

“The researchers tell me the next few months will be crucial in showing whether the administration has the willingness or capacity to actually get the money out the door before it disappears....”

## AVAC – US FDA and African Medicines Agency Enter Into New Partnership

<https://mailchi.mp/avac/global-health-watch-april18-2108331?e=f66302bb8e>

“The US Food and Drug Administration (FDA) and the African Medicines Agency (AMA) have signed a new Memorandum of Understanding (MoU) to create a shared framework for information sharing and regulatory cooperation. The agreement could allow African regulators to draw on FDA assessments and regulatory decisions when evaluating medical products, while also facilitating greater cooperation on inspections, scientific reviews and regulatory capacity building. “

**“IMPLICATIONS:** This agreement between two stringent regulatory authorities (SRAs) is another example of the Administration's evolving approach to global health and in-line with the US government's recent “America First” global health strategy. This partnership could be interpreted as a regulatory harmonization effort that would allow for the rapid influx of American-made health technologies for emerging markets in Africa. The expansion and procurement of US-made health commodities is a central feature to the US government's new transactional approach to global health...”

### Think Global Health – Ebola Recalls Why the U.S. Needs a Foreign Health Service

M D Brown; <https://www.thinkglobalhealth.org/article/ebola-recalls-why-the-u-s-needs-a-foreign-health-service>

**“The Trump administration is right that U.S. health diplomacy needs stronger leadership, but turning the CDC into a vendor is the wrong path.”**

“The U.S. response is functioning so far for one reason unrelated to any decision made this year. **The U.S. Centers for Disease Control and Prevention (CDC)'s country offices—nearly 30 staff in DRC and close to 100 in Uganda—kept their relationships with both health ministries intact** through the dismantling of the U.S. Agency for International Development (USAID) and the American exit from the WHO. **When the outbreak was confirmed, those ministries called the CDC, and the State Department named the CDC as the lead agency for the U.S. response.** The architecture is holding only because its people built those relationships before the rules changed...”

**“To protect that capability, the United States does not need to dismantle the CDC: It needs instead to build the diplomatic workforce to lead it. Guidance the State Department issued on May 5 [PDF] does the opposite** by changing who will be in the room when the next outbreak begins.... ... The May 5 guidance routes U.S. global health funding through the State Department and **recasts the CDC from a directly funded implementing agency into a fee-for-service provider, paid by partner governments one service at a time.** The change undercuts the strategy it is meant to serve....”

### Devex Pro – State Department continues to rebuild aid staff through contractors

<https://www.devex.com/news/state-department-continues-to-rebuild-aid-staff-through-contractors-112708>

(gated) **“It's encouraging because it's starting to address the problem,”** said Tod Preston, the executive director of the Modernizing Foreign Assistance Network. **“Much more needs to be done, but they could be doing nothing.”**

**“ The U.S. State Department is continuing to refill its foreign aid workforce, with dozens of roles posted at the agency's global health, foreign assistance, and disaster response bureaus in recent weeks....”**

## More on Global Health Governance & Financing/Funding

### Guardian – Ghana to advance reparatory justice at first major gathering since landmark UN resolution

<https://www.theguardian.com/news/2026/jun/17/ghana-to-advance-reparatory-justice-at-first-major-gathering-since-landmark-un-resolution>

**“Ghana to advance reparatory justice at first major gathering since landmark UN resolution; Heads of state and participants from more than 80 countries at three-day event in Accra to pursue actionable commitments to reconciliation and restitution.”** The meeting is called **“Next Steps”**.

**“... Participants are engaging in dialogue around five objectives – including formulating a framework to advance the resolution’s objectives globally and establishing global panels on reparatory justice and restitution – to “transform political momentum into a common concrete institutional commitment for reparatory justice”, organisers say.....”**

- For the **concept note**, see [High-Level Consultative Conference on the Next Steps to the Landmark United](#)

### Devex Pro – Is the WHO Foundation meeting its commitments to WHO?

<https://www.devex.com/news/is-the-who-foundation-meeting-its-commitments-to-who-112677>

(gated) **“A report of WHO’s external auditor found the WHO Foundation had fallen short of the funds it was supposed to transfer to WHO. But the foundation’s response suggests that’s not the case.”**

**“The World Health Organization’s external auditor says the WHO Foundation appears to be falling short of a key commitment to channel most of the money it raises back to WHO. At the center of the issue is a provision in the foundation’s affiliation agreement with WHO requiring that between 70% and 80% of funds raised over any two years be provided to the agency.”**

**“In a report released in May, the auditor found that the foundation raised 69 million Swiss francs (approximately \$75.37 million) between 2022 and 2024 but disbursed only CHF 27.9 million (approximately \$44.14 million) during that period. Just 25% or \$19.3 million of the money raised went to WHO, prompting the auditor to flag a “substantial shortfall” in funding transferred to the agency....”**

**“Not so fast, according to the foundation. A lot of the money raised was for its operational costs, which they’re not obligated to hand over to WHO. According to their calculations, they raised \$150 million for WHO and other health programs between 2021 and 2025, and they are directing 89% of that money to the agency. That would mean they met the terms of their affiliation agreement. “**

**“You know who does not seem bothered by the discrepancy? WHO. Agency management told the auditors they understood the distinction between operational and programmatic fundraising. And a spokesperson there told my colleague Jenny Lei Ravelo that the agency “recognizes the role of the WHO Foundation in supporting resource mobilization efforts for WHO’s mission and priorities.” ...”**

## CEPS (paper) – Health under the Global Gateway: achievements and future prospects

C Lenz et al ; <https://www.ceps.eu/ceps-publications/health-under-the-global-gateway-achievements-and-future-prospects/>

**“The EU has increasingly positioned global health as a strategic component of its external action through the EU Global Health Strategy and the Global Gateway initiative. While health is formally one of the Global Gateway’s five priority sectors, it remains a relatively small part of the portfolio, accounting for less than 10 % of flagship projects. This gap between ambition and implementation raises questions about whether the Global Gateway is delivering on its health objectives and the commitments set out in the EU Global Health Strategy.”**

**“This paper examines the health dimension of the Global Gateway by analysing flagship projects between 2023-26. It finds a strong focus on infrastructure investments, particularly water and sanitation and pharmaceutical manufacturing, with less emphasis on health systems strengthening and primary healthcare. Investments are also concentrated in sub-Saharan Africa and Latin America.”**

**“The analysis also explores how health objectives are operationalised through Team Europe Initiatives and the Global Health Resilience Initiative. While some programmes, particularly those supporting local manufacturing of medical countermeasures, demonstrate strong political commitment and resource mobilisation, implementation across the portfolio remains uneven. Limited transparency on financing, governance arrangements and results further constrains accountability and learning.”**

**“Amid declining health aid, rising geopolitical competition, and growing emphasis on resilience, the paper finds that health should be elevated as a cross-cutting pillar of the Global Gateway. This will require stronger links between investment, research, diplomacy and partner-country priorities, alongside improved coordination, accountability and anchored in country ownership.”**

## The Brussels Times - Global health at a crossroads: True partnership, not dependency

<https://www.brusselstimes.com/2194005/global-health-at-a-crossroads-true-partnership-not-dependency>

Joint statement by civil society re the EU’s Global Health Resilience initiative.

Excerpt:

**“While the EU's Global Health Resilience Initiative presents itself as a departure from blatantly transactional models of health engagement, such as the bilateral U.S. approach, its reorientation toward market-based mechanisms must also be accompanied by the sustained and predictable support that fragile health systems need to survive the transition. Current reductions in external assistance and crushing sovereign debt are already compromising the capacity of many developing countries to support access to essential services, so a transition that further erodes public financing risks deepening ongoing public health crises worldwide.”**

**“The Initiative speaks of "health sovereignty" but positions European pharmaceutical and biotechnology firms as the default implementation partners in developing countries. It relies on blended finance instruments that shift financial risk onto strained public budgets while directing returns to private investors. Without more, a stated commitment to multilateralism and the WHO does not alter the underlying structure: dependencies are reorganized rather than eliminated.”**

**“The undersigned organizations observe that the initiative must also confront the root causes of health inequity: sovereign debt crises that drain public health budgets, chronic underfunding that leaves countries unable to adequately build and support their own health systems, and intellectual property barriers that keep life-saving medicines out of reach.”**

**“As such, we call on the European Commission and all global health actors to ensure that frameworks presented as partnership translate into genuine shift toward cooperation in power and resources rather than a consolidation of donor influence under new architecture.”**

**“The undersigned organizations remain committed to working with all actors toward a global health architecture that serves the people it claims to protect. We urge the European Commission to ensure that the Global Health Resilience Initiative does not simply repackage the same power asymmetries that have contributed to the current global health crisis, but instead delivers on its stated promise of partnership....”**

### **ECDPM (Commentary) - Steering without a map: What the Council conclusions on Global Gateway reveal**

<https://ecdpm.org/work/steering-without-map-what-council-conclusions-global-gateway-reveal>

**“The Council of the EU adopted its conclusions on the Global Gateway. San Bilal and Karim Karaki went through it to identify what stands out.”**

**“...On 15 June 2026, the Council of the EU adopted its Conclusions on Global Gateway – the Union's flagship connectivity and investment strategy. Beyond the now-familiar language of ‘Team Europe’ and ‘360-degree’ partnerships, the text offers a useful window into what member states actually want from a strategy that has grown rapidly in scope, visibility and political weight since its launch in 2021. Three messages stand out: an endorsement of Global Gateway's geostrategic turn, a firm reminder that development remains its foundation and a clear push to recover political control over how the strategy is governed....”**

### **Devex Pro – Inside Gavi’s \$189 million plan to boost Africa’s vaccine ecosystem**

<https://www.devex.com/news/inside-gavi-s-189-million-plan-to-boost-africa-s-vaccine-ecosystem-112721>

(gated) **“Gavi is seeking board approval for AVMA+, a \$189 million package designed to strengthen Africa’s vaccine manufacturing ecosystem at a time of shrinking global health budgets.”**

**“Gavi, the Vaccine Alliance wants to inject \$189 million into Africa’s vaccine production ecosystem, hoping to bolster its African Vaccines Manufacturing Accelerator amid a tight financial**

climate. **The proposal, dubbed AVMA+, aims to strengthen Africa’s regulatory network and make it easier for governments to buy vaccines, and guarantees direct sales for up to 70 million vaccines made on the continent.** Gavi announced the plan in May, and **its board will consider it in July....”**

**“On the vaccine side, governments would go through Gavi’s standard cofinancing model.** Eligible lower-income countries contribute directly toward the cost of their vaccines, starting at a flat rate of \$0.20 per dose and rising with national income. That money would be “only spendable on African-made products, representing a win-win by filling a public health need and securing assured demand,” a Gavi spokesperson says.”

**“Meanwhile, the regulatory side would focus on streamlining vaccine approvals and procurement across the continent.** “The African vaccine manufacturing sector is still so fragile and fragmented,” says Petro Terblanche, CEO of Afrigen Biologics. “If we can work on one dossier for 10 countries, and not 10 dossiers for 10 countries, that’s important.”....” **“ That’s also a prime objective of the African Medicines Agency, or AMA, which entered into force in 2021** to harmonize the regulation of medical products across the African Union’s member states.....”

## **TGH – Securing Sustainable Funding for Civil Society Organizations**

M Elhardt, C Collins et al; <https://www.thinkglobalhealth.org/article/securing-sustainable-funding-for-civil-society-organizations>

**“The United States and Global Fund should work with partner governments to transition support for groups delivering HIV and TB services after aid cuts.”**

**“As donor funding shifts toward greater country ownership, the United States and the Global Fund need to plan for CSO continuity and growth, including to incentivize national governments to sign contracts and fund CSOs for the services they deliver so effectively. LMIC governments also need to channel their domestic financing to CSOs.** Two questions will help determine whether decades of progress against HIV and TB survive or unravel as the United States and the Global Fund reshape how they deliver global health assistance: **What will happen to the CSOs that deliver essential services on the frontlines? How will funding for CSOs transition from donors to LMIC governments?...”**

PS: **“In the face of reduced donor support, LMIC governments can fill the gaps. Botswana and North Macedonia are clear examples....”** Read how.

PS: **“... What Needs to Happen Now: The current wave of U.S. bilateral health agreements with partner countries focuses on commodities such as drugs and diagnostic tests and data systems but largely ignores how CSO-delivered services will be financed after donors pull back. Three actions are recommended to address this issue...”**

**Global health associations will launch new partnership for maternal, newborn and child survival**

<https://internationalmidwives.org/global-health-associations-launch-new-consortium-for-maternal-newborn-and-child-survival/>

**“On 15 June 2026, five leading global professional associations working across sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) presented the Global SRMNCAH Professional Association Partnership in Lisbon, Portugal, during the 34th ICM Triennial Congress. The partnership is bringing together the Council of International Neonatal Nurses (COINN), the International Confederation of Midwives (ICM), the International Council of Nurses (ICN), the International Federation of Gynaecology and Obstetrics (FIGO), and the International Paediatric Association (IPA).”**

**“This marks the first time global associations representing midwives, nurses, neonatal nurses, obstetricians, gynaecologists and paediatricians have come together in a structured platform to advance maternal, newborn and child survival in high-burden countries. ... The Partnership was presented alongside a Joint Declaration...”**

- Related: HPW - [Midwives: The High Return Investment That’s Not Being Made](#) (by Af Ugglas, R Khosla et al)

**“A return on investment of 16:1 should be irresistible. So why does midwifery keep losing the budget fight, and what would make funders and finance ministers finally move?”**

**With three clear demands from Lisbon.**

### **CGD (blog) - Global Health’s Timing Problem**

A Gheorge & P Baker; <https://www.cgdev.org/blog/global-healths-timing-problem>

**“...This blog argues that global health doesn’t always get timing right: it can commit too late, stop too soon or even too late, as it measures the value of spending over time horizons that do not always match when benefits occur. Better timing may be one of the most overlooked ways to protect the value of global health financing.”**

**“The outcome of good prioritization should be spending the right amount on the right thing, at the right time. But this hasn’t always been the case in global health....”**

**“Bad timing can erode the value of global health investments in three ways: by acting too late, by stopping too soon, or by withdrawing too late....”**

**“Two complementary approaches can help the timing problem...”**

**PS: “ ... a value monitoring mechanism would undoubtedly be a GPG and its creation should be considered by the ongoing global health architecture reform conversations. Analytically, a starting point could be one of the initiatives that monitors global health financing flows, but its governance would most likely require balancing both independence from and alignment with the major global health financing stakeholders. The World Health Organization can have a strong role to play in such a mechanism should its focus sharpen towards GPGs....”**

**Authors conclude: “...Delayed action, unstable commitment, and failure to transition are all symptoms of the same problem with global health investments: timing currently sits outside the notion of “value.” Good timing should be treated as an integral part of value in global health investments. Making timing explicit in global health financing and aligning institutional mandates to when value can be created—as opposed to when financing decisions are made—**

can go some way towards fixing this problem. With much tighter budgets, global health cannot afford to treat timing as an afterthought: when money arrives and how long it lasts are part of what determines its value.”

## Governance RX- Stewardship at Twenty-Five: The Most Important Idea We Forgot

David Clarke; [On Substack](#);

“Why a quiet concept from WHR 2000 may be the missing link between UHC, AI in health, and real-world governance.” Some excerpts:

“Twenty-five years ago, the World Health Organization slipped a quietly radical idea into a report best known for something else. **The World Health Report 2000** is remembered for ranking health systems — and for the arguments that followed about methods, weights, and performance scores. But **beneath the league tables, the report did something more enduring: it named stewardship as a core function of health systems...**”

“... The world of 2000 already seemed complicated. **Much of the system complexity of 2026 would have been difficult to anticipate....**” “**Today’s health systems are not merely mixtures of public and private providers. They are ecosystems.** Patients move between government clinics, private hospitals, online pharmacies, insurance platforms, digital health applications, and increasingly artificial intelligence systems. Medicines cross borders before they reach pharmacies. Health data flows through platforms that governments do not own. Clinical decisions are increasingly supported by algorithms developed on another continent. International donors finance programmes alongside domestic budgets. Professional standards are shaped by networks that operate well beyond national jurisdictions. **Yet one thing has not changed. When citizens cannot access care, when corruption undermines services, when health spending rises faster than incomes, when a digital platform causes harm, or when an AI system produces dangerous outcomes, people still expect governments to respond. Accountability has remained national even as the systems being governed have become increasingly distributed....**”

“... **One way to understand the past twenty-five years is to see them as a period in which health systems became progressively more complex, while our practical understanding of stewardship developed more slowly.** We became increasingly sophisticated in designing reforms, but less clear about how those reforms would ultimately be **governed.. ... That distinction between architecture and stewardship is increasingly important. Architecture describes how a system is supposed to work.** It establishes institutions, financing arrangements, reporting lines, partnerships, and accountability structures. It tells us what has been designed. **Stewardship begins when reality encounters the design.** It is the set of capabilities by which governments align incentives, monitor performance, respond to unintended consequences, resolve conflicts, build trust, and keep systems oriented towards public purposes despite competing interests. A framework tells you what was intended. An instrument tells you what happens when interests collide....

“Put more bluntly for health systems: **we have become much better at designing reforms than at governing them once they exist. ...Over the past few years, the problem stewardship was meant to address has resurfaced independently in several different corners of health policy,** often among authors who are not explicitly writing about stewardship at all. ...” Clarke lists *four different debates, with one underlying question.*

And then comes up with **some recommendations.**

Including : **“Plan for stewardship in the post-2030 agenda. The next generation of global health goals will fail if they continue to specify outcomes without equal attention to the governance capabilities required to deliver them.** The Sustainable Development Goal era ends in 2030. Whatever succeeds it will shape the next generation of global health ambitions. The risk is that we repeat a familiar mistake: defining outcomes while remaining largely silent about the state capabilities required to achieve them; building architectures while assuming stewardship will somehow emerge around them. **If the post-2030 settlement is to avoid that trap, it will need to treat stewardship not as a value to be affirmed but as a capability to be built, measured, supported, and financed.”**

### **IJHPM - The World Medical Association: The Voice of Physicians in the Turbulence Between Ethical Rigor and Geopolitical Imperatives**

M Gaddas et al; [https://www.ijhpm.com/article\\_4882.html](https://www.ijhpm.com/article_4882.html)

**“This editorial examined the enduring ties between medicine and political power, highlighting how the World Medical Association (WMA) arose in response to recurring ethical crises involving physicians.** Created after the Second World War alongside new international institutions, the WMA aimed to protect professional autonomy and defend medical neutrality. **Over the decades, it has acted as an ethical counterbalance within global health governance, especially through collaboration with the World Health Organization (WHO).** Yet history shows that **political pressures have repeatedly compromised medical practice, generating dual-loyalty dilemmas, human rights violations, and scandals that erode public trust.** The WMA has sometimes responded firmly—suspending national associations, issuing statements during conflicts, or challenging unethical state policies—though its actual influence remains contested. Internal political divisions have often slowed or limited its actions. **Today’s (ie, mid-March 2026) severe degradation of health systems in conflict zones reinforces the need to renew core ethical principles through collective responsibility and vigilance.”**

### **Global Policy – "Reform Has Not Collapsed, It Has Bifurcated": Global Tax Reform Amid Power Politics**

T Rixen ; <https://www.globalpolicyjournal.com/blog/17/06/2026/reform-has-not-collapsed-it-has-bifurcated-global-tax-reform-amid-power-politics>

Worth a read.

Quote: **“ The reform has not collapsed, but it has bifurcated. We now have a two-tier system: a minimum tax that applies to most of the world's multinationals, but with a significant carve-out for the country that hosts the largest share of them. ...”**

## The right to health: mandate UN Special rapporteur on the right to health ends soon

Tlaleng Mofokeng's mandate as the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health ends soon (end of July).

Some related reads below:

### Dr Tlaleng Mofokeng's final report and dialogue as UN Special Rapporteur

Via Georgetown's Institute:

**"Next week in Geneva, Dr Tlaleng Mofokeng presents her final report and Interactive Dialogue to the Human Rights Council as UN Special Rapporteur on the right to health, closing a mandate she has held since 2020 and will conclude on July 31st, 2026.** Dr Mofokeng is a Senior Scholar at the Center.

**Her report, "The Right to Health as an Enabler of Dignity,"** goes before the Council's 62nd session. Over six years she has reported each year to the Human Rights Council and the United Nations General Assembly, monitored the right to health worldwide, visited countries to see conditions first-hand, and advised member states on meeting their human rights obligations...."

**"The Special Rapporteur explores the intrinsic relationship between dignity and the enjoyment of the right to health. She analyses how dignity operates, both as a foundational principle of the right to health and as a practical condition for its realization.** She examines violations of dignity, including stigma, discrimination, criminalization, coercion, violence and exclusion from decision-making, as root causes of poor health outcomes. She underscores that these factors disproportionately affect persons, groups and communities who have been systematically marginalized. **The Special Rapporteur situates dignity within the normative framework of the right to health and its interdependence with other human rights, including the rights to life, equality and non-discrimination, privacy, information and informed consent, and with access to the underlying determinants of health. She highlights the role of the underlying determinants of health, including social, legal and commercial determinants of health,** in shaping the conditions in which people are born, live, work, age and die, including the harmful effects of punitive legal frameworks and unregulated commercial practices on autonomy, access to care and health equity. **The Special Rapporteur asserts that health cannot be realized without dignity, and dignity cannot flourish without health...."**

### Lancet Regional Health Africa - Health is political: setting an African agenda for the right to health

Tlaleng Mofokeng et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00063-5/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00063-5/fulltext)

**"As my mandate draws to a close, I return to a simple proposition: the right to health in Africa, and around the world, requires political choices.** Governments must fund health systems and build manufacturing and regulatory capacity for medicines, vaccines, diagnostic equipment, and other

health technologies. They must protect civic space and stop treating civil society as an enemy, and thereby open themselves to public scrutiny. They must collect disaggregated data to help showcase health disparities and remedy it. International partners must also change. Solidarity cannot be built on extracting data, labour, and resources from Africa while leaving its communities dependent on imported solutions. We cannot celebrate the resilience of African healthcare workers while continuing to underfund and sideline them. Accountability should be people-centered, rather than solely to external donors. **The right to health is not granted to people because they meet some criteria of deservingness, as is too common with the language around Africa. It is owed because they are human beings. For Africa, the task ahead is to actualise a model of the right to health that is honest, anti-racist, anti-colonial, and premised on accountability from below. The marginalized in our health system must not be occasionally considered, but must become an anchor from which health systems are designed, financed, evaluated, and periodically repaired. Only then can the right to health transform from an aspiration to a lived reality.**"

## The future of Development Cooperation

### The future of Development Cooperation (report) – The Development Balance Sheet: Rethinking Development Cooperation from the Ground Up

[Development Cooperation](#);

"The Coalition released its first report: [The Development Balance Sheet: Rethinking Development Cooperation from the Ground Up](#). **The paper argues that low- and middle-income countries can best achieve their goals by leveraging their assets and managing their liabilities.** It strongly posits that long-term development, while influenced by external regional and global currents and shocks, is first and foremost the result of domestic policy choices, productive investment, trade integration, innovation, institutional strength, and political economy. Ultimately, **the balance sheet approach** is not only a lens for understanding individual country trajectories, but for better understanding how best to shape cooperation in support of those trajectories. In addition to the link to the report above, you can also read the [press release](#) that accompanied the report and quickly peruse some of the [key facts](#) shared in the report."

PS: "The report identifies **institutional capacity** as a central determinant of whether countries can effectively leverage diverse financial and non-finance resources and coordinate diverse forms of development cooperation. It argues that **the ability to strategically manage assets and liabilities** — optimizing assets while actively mitigating liabilities — is often more important than the starting point of any country's given balance sheet..."

### ODI (Expert Comment) - North Stars for Northern Donors: what should guide donors as dialogues turn to decisions?

N Gulrajani; <https://odi.org/en/insights/north-stars-for-northern-donors-why-dialogues-need-to-evolve-into-decisions/>

This was an interesting process. Wrapping up the "Donors in a Post-Aid World (dPAW)" dialogue after 18 months of discussions.

Here, they list “**eight bold "North Stars for Northern Donors"**. These are radical and interlinked propositions achievable over the next ten years but requiring foundations to be laid now. ...”

Many of them sound like great ideas (as well as ‘common sense’).

## **Devex (Opinion) - Aid is being replaced by investment. That’s a dangerous mistake**

A Behar (executive director Oxfam International); <https://www.devex.com/news/aid-is-being-replaced-by-investment-that-s-a-dangerous-mistake-112699>

PS: also related to the G7 Leaders’ summit.

**“There is enough wealth to fund development and climate goals. What’s missing is the willingness to tax it and use it for the public good.”**

**“Two major global development summits in Paris and London have recently concluded, with the stated aim of reshaping the strategic direction of international cooperation. Both took place against a backdrop of historic hypocrisy. We are witnessing the deepest aid cuts on record, precisely as billionaire wealth reaches record highs that defy moral comprehension. Over the past 12 months alone, billionaires have gained \$4 trillion, bringing their wealth to \$1.5 trillion more than that of the poorest half of humanity. Meanwhile, global military spending surged toward \$3 trillion, and fossil fuel giants are projected to pocket profits at an astronomical rate of \$3,000 every single second.”**

**“I raised these stark realities on a panel of the Organisation for Economic Co-operation and Development’s conference on the Future of Development Co-operation. While attendees politely agreed that the system needs to be “rethought,” the underlying narrative felt less like a summit on human solidarity and more like a commercial investment fair....”**

Read why that’s a grave mistake.

## **Geneva Solutions: Civil society urges G7 leaders in Evian to strengthen development aid**

<https://genevasolutions.news/peace-humanitarian/civil-society-urges-g7-leaders-in-evian-to-strengthen-development-aid>

**“NGO Oxfam deplores the G7’s attitude following drastic cuts in aid to the most disadvantaged nations. Oxfam is therefore urging the G7– and especially the “G6” (minus the US)—to reverse the trend. The NGO recommends taxing windfall profits, suspending or cancelling the debts of the countries facing the greatest difficulties, and calls on G7 members to return to the United Nations target of allocating 0.7 per cent of gross national income to development assistance....”**

## **CGD - What Is India Doing for International Development?**

E Ritchie & I Mitchell; <https://www.cgdev.org/blog/what-india-doing-international-development>

**“India’s income levels remain well below those of China, and it continues to face significant financing needs of its own. Yet over the past decade, India has provided enough finance to place it ahead of most OECD Development Assistance Committee (DAC) providers, and in line with countries such as Australia and Switzerland. What’s more, while commitments slowed in 2024, India’s economy is [expected to grow](#) by around 50 percent between 2025 and 2030 (in nominal terms), so there is potential for its development cooperation to increase, at a time when aid from most providers is falling. While India’s cooperation is undeniably strategic in nature, it demonstrates that even lower-income countries see the value in international cooperation...”**

**“India concentrates its development cooperation in certain countries with which it has strong diplomatic ties. For those countries, finance from India is a substantial share of the total they receive. India accounted for over a quarter of all finance received by Bhutan during this period; for four countries, it accounted for over 10 percent (see Figure 3). Measured against ODA alone – a subset of total finance—it rises above 30 percent...”**

## Malaria

### HPW – Leading Malaria Scientist Warns Tools Alone Will Not End the Disease

<https://healthpolicy-watch.news/leading-malaria-scientist-warns-tools-alone-will-not-end-the-disease/>

**“Those are people who are being killed socially.”** That is how **Dr. Marcus Lacerda, Director of the WHO-hosted Special Programme for Research and Training in Tropical Diseases (TDR)**, describes children whose futures are shaped by repeated bouts of vivax malaria. ... **“Malaria sometimes kills, but sometimes it kills you in the sense of not allowing those kids to go to the university,”** Lacerda said....

**“Despite major advances in diagnostics, treatment and prevention, Lacerda argues that scientific innovation alone will not eliminate malaria. ”So now we have the tools, but we don’t have the same appetite for eradication,”** he said, noting that **competing national priorities have pushed malaria down the global agenda....** For Lacerda, the challenge ahead is not only developing new solutions but ensuring countries have the support and determination needed to put existing ones into practice....”

## PHC & integrated health care

### Results for Development - Mainstreaming Private Pharmacies and Drug Shops into Primary Health Care in Low- and Middle-Income Countries

<https://r4d.org/projects/mainstreaming-private-pharmacies-and-drug-shops-into-primary-health-care-in-low-and-middle-income-countries/>

**“Across many low- and middle-income countries (LMICs), private pharmacies and drug shops are already the first point of care for essential primary health care (PHC) services. Yet despite their**

reach, convenience and importance to communities, they remain only weakly integrated into formal PHC systems, if at all. Results for Development (R4D) and Endless Health are collaborating to accelerate the mainstreaming of private pharmacies and drug shops into PHC systems — through learning, evidence generation, stakeholder coordination and support for early country experimentation. **By building a global platform to facilitate practical country-led learning and implementation**, the initiative aims to support countries to transform pharmacies and drug shops from peripheral actors into more effective, connected and accountable contributors to PHC and universal health coverage.”

“... R4D and Endless Health have launched **Agora** — a multi-year initiative that begins by convening stakeholders, shaping a shared learning agenda and identifying early-adopter countries ready for experimentation. **This work builds on an initial phase — a global landscape report that synthesized key barriers, opportunities and emerging models for integrating private pharmacies and drug shops into PHC — and now moves into a second phase focused on developing a global platform to drive coordinated action, learning and country experimentation...**”

### **Lancet (Letter) - From slogan to practice: integrating mass health campaigns in Africa**

B Impouma (WHO Afro) et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01046-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01046-9/fulltext)

“...mass health campaigns, traditionally vertical, take place periodically to complement routine services and reach unreached populations, relying on the same health workers and communities. This fragmentation of health campaigns overburdens front-line staff, disrupts routine services, and uses scarce resources inefficiently. **In this Correspondence, integrated campaigns refer to the synchronised planning and partial or full co-delivery of health campaigns through a unified operational platform.** Ethiopia's 2025 pilot integrated campaign achieved a 25% measles vaccine coverage while saving 60% of campaign time. A similar pilot campaign in Nigeria saved more than US\$0.20 per child. In April, 2026, in the Democratic Republic of the Congo, an integrated measles–rubella and polio mass campaign compressed 12 days of standalone campaigns’ time into 7 days, saving about \$4 million and achieving 91% coverage for measles–rubella and 102% coverage for polio. **These examples show that integration of mass campaigns is feasible at scale. Priority programmes should include immunisation, nutrition, neglected tropical diseases, and malaria.**”

“Lessons learned from these countries draw together five critical enablers of successful health campaign integration...”

“... The evidence supports a **conclusion**: countries that establish sustainable systems for integrated health campaigns will protect coverage under budget pressure while strengthening the broader health system foundations required for progress towards universal health coverage...”

## Social & Commercial Determinants of Health

### Reuters - UN labour organisation sets first global standards for gig workers

<https://www.reuters.com/business/world-at-work/un-labour-organization-adopts-convention-set-employment-standards-gig-workers-2026-06-12/>

“The International Labour Organization agreed on Friday to adopt the first binding employment standards for gig workers in sectors such as ride-hailing and food delivery, potentially giving them rights on pay, safety and social benefits. The standards, however, still need ratification by governments, and then enforcement. The United States, for example, has frequently declined to ratify ILO conventions and its government voted against Friday's convention, whereas European countries have been more supportive....”

“While the convention recognises that platform workers may be employees or independent contractors, it establishes, for the first time, a set of protections that apply regardless of employment status, including measures on occupational safety and health, minimum remuneration, and protection against unjustified termination or deactivation. However, how those protections are applied will depend on employment status.”

“A total of 406 members including the governments of China, Japan, Germany, France and South Africa voted in favour of the employment standards convention while eight, including the United States and New Zealand, voted against. Another 36, including Britain and India, abstained. Members of the U.N. agency include governments, employers and workers....”

PS: “The World Bank estimates that the number of app-based gig workers globally is somewhere between 154 million and 435 million people. “

“Rights groups, including Human Rights Watch and trade unions, say that the widespread classification of workers as independent contractors allows companies to avoid paying the minimum wage and providing benefits....”

### Stat - Study highlights influence of socioeconomic status on children's brain development

[Stat](#)

“Chronic stress and disrupted sleep in disadvantaged communities are likely to influence brain function.”

Cfr a new study [published in Science](#).

### Global Health 50/50 - Men's Health Week 2026: If the fish are dying, look at the water

<https://global5050.org/updates/if-the-fish-are-dying-look-at-the-water/>

**“Three experts on what public health keeps getting wrong about men’s health and what it would take to get it right.”**

**“... In May 2026, researchers and practitioners gathered at the Brocher Foundation on the shores of Lake Geneva for a workshop on sex, gender and health, where men’s health surfaced as a recurring thread. Afterwards, Global 50/50 spoke to three of the participants, Prof Sally Theobald, Dr. Jeremiah Chikovore, and Dr. Vegard Skirbekk about what the field keeps getting wrong, and what it would take to get it right....”**

**Kent Buse** summarizes on LinkedIn: **“Three things from this conversation I keep returning to:**

**(1) “The male-female life expectancy gap is not solely biology.** In Norwegian municipalities with the most favourable social conditions, the gap approaches zero. **Men's excess mortality is overwhelmingly structural, commercial, and social. That means it's changeable.** The fish are not the problem. Look at the water.”

**(2) “Narrowing 'gender and health' to women's reproductive health has cost everyone.** It has cost men targeted attention on suicide, mental health, and occupational disease. It has cost women, whose health beyond the reproductive years has been treated as an afterthought. **A genuine gender lens covers the whole life course, for all of us. Advancing men's health does not come at the expense of women's health. It strengthens the case for both.”**

**(3) “The #manosphere is a public health crisis we have been too slow to name.** It doesn't manufacture men's problems, it exploits real ones: loneliness, poor mental health, economic marginalisation. The response cannot be counter-messaging alone. It requires upstream investment in the social conditions that make young men vulnerable to recruitment in the first place.”

## **SRHR**

### **WHO - A new blueprint offers definitive solutions to end one of childbirth’s deadliest complications**

<https://www.who.int/philippines/news/detail-global/12-06-2026-a-new-blueprint-offers-definitive-solutions-to-end-one-of-childbirth-s-deadliest-complications>

As already flagged in last week’s IHP news.

**“A landmark Lancet Series definitively estimates that excessive bleeding after birth affects 27 million women, kills nearly 43 000 women every year and costs countries, health systems and families globally over US\$ 10 billion each year.”**

**“The Series, with lead researchers from HRP (the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction), the World Health Organization (WHO), and University of Oxford amplifies a fundamental shift in how postpartum haemorrhage (PPH), a leading cause of maternal deaths worldwide, should be detected and treated.....”**

## The Lancet Series – Postpartum haemorrhage

<https://www.thelancet.com/series-do/postpartum-haemorrhage>

“Postpartum haemorrhage (PPH) is the leading cause of maternal mortality worldwide, occurring in an estimated 27 million women globally every year and causing about 43 000 maternal deaths. Common causes of PPH are uterine atony, trauma, retained placenta, and coagulopathy, with risk heightened by factors including caesarean birth, anaemia, and inadequate antenatal care. As outlined in this three-paper Series, prevention centres on addressing modifiable risk factors for PPH, reducing unnecessary caesarean sections, and administration of uterotonic prophylaxis. Early diagnosis by objective quantification of blood loss and monitoring of vital signs is crucial. Swift treatment following a standardised bundle, and avoiding delays along the management pathway, saves lives.”

## Devex - USAID leaves contraceptives in limbo as storage costs exceed \$360,000

<https://www.devex.com/news/usaids-leaves-contraceptives-in-limbo-as-storage-costs-exceed-360-000-112745>

“According to the Office of Inspector General, which provides oversight over USAID programs, the agency will continue to incur monthly storage costs of over \$24,000 until it decides what to do with the commodities.”

“The **U.S. Agency for International Development** needs to provide final instructions on what to do with the family planning commodities still sitting in a warehouse in Belgium, or else it will continue to accumulate monthly storage costs of over \$24,000, according to a government watchdog. The Office of Inspector General estimates that USAID has already paid over \$360,000 for storage and other costs associated with keeping the contraceptives and other family planning commodities for more than a year....”

## Guardian - Sierra Leone’s first lady refuses to condemn FGM without ‘reliable data’ on harms

<https://www.theguardian.com/global-development/2026/jun/17/sierra-leones-first-lady-refuses-to-condemn-fgm-without-reliable-data-on-harms>

“Exclusive: health professionals, survivors and politicians voice concerns in open letter over comments by Fatima Maadi Bio, who denies supporting the practice.”

“The first lady of **Sierra Leone** has denied that she supports female genital mutilation amid rising anger around her perceived approval of the practice. But in an exclusive response to the Guardian, Fatima Maada Bio, the wife of President Julius Maada Bio, also said she would not openly condemn FGM until she saw “reliable data” that the practice was harmful.”

“Now, a group of health professionals, survivors, human rights activists and politicians has written to the Organisation of African First Ladies for Development (Oaflad) to raise concerns. Sent on 10 June, the letter demands clarification on public statements made by Maada Bio, currently president of Oaflad....”

PS: “An advocate for women’s rights and against child marriage, Maada Bio leads a **campaign called “Hands off our girls”** in Sierra Leone. However, since her husband was elected in 2018, she has refused to condemn FGM....”

## Child Health

### UN News - Triple climate threats affect nearly half the world’s children

<https://news.un.org/en/story/2026/06/1167723>

“Drought, extreme heat and heatwaves are the most prevalent trio of hazards endangering millions of children globally, warned a newly released climate report by the UN Children’s Fund (UNICEF).”

“About 1.1 billion children now face at least three overlapping climate hazards, threatening their health, education and survival, according to the **Children’s Climate Risk Report 2026....”**

### Lancet GH - WHO estimates of the global, regional, and national burden of 14 foodborne diarrhoeal enteric hazards, 2000–21: an updated data synthesis

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00159-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00159-2/fulltext)

“Findings: “In 2021, the 14 diarrhoeal hazards caused 666 million (95% UI 483–884) illnesses, 265 000 deaths (196 000–351 000), and 15·2 million (11·6–19·1) DALYs from foodborne transmission. *Shigella* spp, *Campylobacter*, and rotavirus caused the most DALYs from foodborne transmission. **The greatest burden was in the African region** (773·5 DALYs [95% UI 559·7–1033·3] per 100 000 population due to foodborne transmission). Mortality rates were 7·1 times higher and DALY rates 18·9 times higher in children younger than 5 years than in people aged 5 years or older....”

“... Interpretation: Diarrhoeal hazards continue to cause a substantial foodborne disease burden, despite decreases over time. Children in low-income countries bear the greatest burden. Prevention requires concerted efforts, including **expanding global diarrhoeal disease prevention efforts beyond water, sanitation, and hygiene and vaccination to include improvements in the safety of the food supply.**”

### Lancet GH - WHO estimates of the global, regional, and national burden of eight foodborne non-diarrhoeal enteric disease hazards, 2000–21: an updated data synthesis

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00143-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00143-9/fulltext)

“In 2021, transmission of these eight hazards by food collectively caused 24·0 million illnesses (95% uncertainty interval 16·9–31·7), 106 000 deaths (63 900–169 000), and 7·26 million DALYs (4·15–12·0). *S* Typhi, iNTS, and hepatitis A virus caused most DALYs. **The greatest burden was in the WHO African region, followed by the South-East Asia region.** Mortality was 5·2 times higher and

DALY rates were 8.3 times higher in children younger than 5 years compared with people aged 5 years and older. ....”

“Interpretation: **Non-diarrhoeal enteric diseases still cause considerable foodborne disease burden, despite decreases over time. Vulnerable populations, particularly children in low-income countries, bear the greatest burden.** Integrated efforts including vaccination, food safety, clean water, sanitation, hygiene, and improved health-care access are required.”

## World Blood Donor Day (14 June)

**WHO - Safe blood supply improves as voluntary donations exceed 85%, but many people still lack access**

<https://www.who.int/news/item/12-06-2026-safe-blood-supply-improves-as-voluntary-donations-exceed-85---but-many-people-still-lack-access>

“New data from the World Health Organization (WHO) show sustained progress towards safer blood supplies globally but also highlight persistent inequalities in access to safe blood and weaknesses in governance, financing and regulation of blood systems.”

“Data collected from 132 countries reveal that **global blood collections increased by nearly 19% between 2013 and 2023. Voluntary, unpaid donors continued to drive this progress, accounting for over 85% of the estimated 120 million blood donations received in 2023.**”

“Despite these gains, **access to safe blood and blood products remains highly unequal worldwide.** Many patients – including women experiencing life-threatening bleeding during childbirth, children with severe anaemia, trauma or burn victims, patients undergoing surgery, and people living with conditions such as sickle-cell disease, thalassaemia, haemophilia, immune deficiencies and certain cancers – still lack reliable access to safe blood and life-saving transfusions, particularly in lower-income countries....”

PS: “WHO released its latest dataset, ahead of **World Blood Donor Day, observed annually on 14 June.**”

**Lancet GH (Editorial) – Barriers to voluntary blood donation in LMICs: a state of play**

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00173-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00173-7/fulltext)

“**June 14 is World Blood Donor Day: an event to raise awareness of the need for safe blood and blood products globally. A 2019 modelling study on global blood need found that every country in central, eastern, and western sub-Saharan Africa, Oceania, and south Asia had insufficient blood to meet their needs. Some would be defined as blood deserts: an area where blood components cannot be accessed in a safe or timely way in at least 75% of cases where a transfusion is needed. On this World Blood Donor Day, it is essential to highlight the barriers to voluntary blood donation and initiatives to tackle blood deserts.....**”

**“An Article published online first explores these issues. In this qualitative study in Kenya, [Linda Barnes and colleagues](#) found that fragmented blood donation and transfusion systems, alongside substantial structural, cultural, and health-related barriers, either preclude individuals from donating or make it much harder for them to do so....”**

The editorial concludes: **“This World Blood Donor Day, we call for a renewed focus on addressing global blood deserts through scalable, multisectoral, implementable interventions. These should be guided by country-based research conducted with key stakeholders to establish the barriers and enablers to voluntary donation and ensure that developed interventions are feasible, relevant, and culturally specific. By shining a light on blood deserts, and the barriers faced by donors to voluntary blood donation, it is our hope that the global health community can come together to ensure this life-saving resource is available to all.”**

## **Access to Medicines, vaccines & other health technologies**

**Devex -Global Fund partners with CIFF to bring new TB tests to 13 countries**

<https://www.devex.com/news/global-fund-partners-with-ciff-to-bring-new-tb-tests-to-13-countries-112707>

**“CIFF coming on board helped the Global Fund to expand its ambition to introduce the new TB tool to 13 countries.”**

**“The Global Fund to Fight AIDS, Tuberculosis and Malaria, with support from the [Children’s Investment Fund Foundation](#), or CIFF, is helping introduce a new test to an initial 13 countries that experts hope will enable the diagnosis of millions more tuberculosis cases....”**

**Africa CDC – Egypt Joins African Pooled Procurement Mechanism (APPM)**

<https://africacdc.org/news-item/egypt-joins-african-pooled-procurement-mechanism-appm/>

**“The Arab Republic of Egypt has become the first African Union (AU) Member State to formally join the African Pooled Procurement Mechanism (APPM), signing the APPM Memorandum of Understanding (MoU) during the opening ceremony of Africa Health ExCon 2026 in Cairo. ... .. Egypt’s accession to the African Pooled Procurement Mechanism (APPM) marks a significant milestone in the operationalization of the Africa CDC-led initiative...**

PS: **“Established by the Assembly of the African Union Heads of State and Government in 2024, the African Pooled Procurement Mechanism (APPM) is a strategic continental initiative designed to achieve two complementary objectives: improving access to essential health products and creating sustainable demand for African manufacturers....”**

## ARIPO Faces Test of Transparency as Groups Challenge Gilead HIV Drug Patent Bid

<https://gemnation.co.zw/aripo-faces-test-of-transparency-as-groups-challenge-gilead-hiv-drug-patent-bid/>

**“A fresh patent fight filed from Harare could decide how easily future HIV medicines reach millions across Southern and East Africa.”**

**“On 11 June, 2026, the Pan African Treatment Access Movement (PATAM) and Third World Network (TWN) submitted a “Third-Party Observation” to the African Regional Intellectual Property Organisation, challenging Gilead Sciences’ broad patent application for a family of HIV integrase inhibitor compounds. The move puts ARIPO’s patent review process under the spotlight, and with it, the cost of HIV treatment in 21 African countries.... “**

(ps: ARIPO: Africa’s Regional Intellectual Property Organsation)

**“What is being challenged here is Gilead’s application, Bridged Tricyclic Carbamoylpyridone Compounds and Uses Thereof PCT/US2023/065401, filed on 5 April 2023. It claims wide protection over a whole genus of HIV drugs for treatment and prevention. If it is granted, it would give Gilead exclusive rights across all ARIPO Contracting States under the Harare Protocol. That list includes Zimbabwe, Botswana, Kenya, Ghana, Uganda, Tanzania, Zambia, Malawi, Namibia and 12 others.”**

**“PATAM and TWN argue that the compounds aren’t new at all. In their submission they point to earlier Gilead patents and scientific papers that already disclosed very similar “bridged tricyclic carbamoylpyridone” structures and spirocyclic modifications before Gilead’s 2023 filing date....”**

## Lancet Infectious Diseases (Newsdesk) - Rollout of lenacapavir begins in South Africa

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(26\)00353-1/abstract](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00353-1/abstract)

**“Rollout of lenacapavir in South Africa, supported by the Global Fund, began on June 5, 2026, but activists argue that funding for doses is insufficient to make a difference. Ed Holt reports.”**

## Bhekhisisa - What happens when the world’s best HIV prevention tool meets the planet’s deadliest infectious disease?

<https://bhekhisisa.org/health-news-south-africa/2026-06-18-what-happens-when-the-worlds-best-hiv-prevention-tool-meets-the-planets-deadliest-infectious-disease/>

**“The arrival of the nearly foolproof six-monthly HIV prevention shot, lenacapavir (LEN), earlier this month was never going to be just an HIV story. That’s because in South Africa, HIV and TB have been fellow travellers for decades.”**

**“Many people who have TB — or are likely to get it — also have a high chance of getting HIV. Giving HIV prevention medicine to people who have TB or are likely to develop it could help prevent**

many new HIV infections. But if someone is using LEN and needs to take medicine to treat or prevent TB later, they may have to take extra doses of LEN or have different TB treatments. That is because TB medications such as rifampicin and rifabutin speed up the body's "drug-clearing system", causing lenacapavir to be broken down and removed from the body faster than normal. This leaves too little LEN in the bloodstream to provide reliable protection against HIV. South Africa's plan for people who need TB treatment while using LEN includes extra doses of LEN to keep HIV protection in place. But there is much more that scientists need to learn."

### **Devex - Is Kenya's lenacapavir rollout missing young women and girls?**

<https://www.devex.com/news/is-kenya-s-lenacapavir-rollout-missing-young-women-and-girls-112723>

"The breakthrough HIV prevention drug is now available in Kenya, but critics say the delivery model may bypass many of the young women and girls who need it most."

### **Doctors without Borders – LEN campaign brief: Two shots. \$40. Everywhere. Accelerating Global Access to HIV prevention**

[https://www.doctorswithoutborders.org/sites/default/files/documents/MSF\\_LEN-campaign-brief\\_June2026.pdf](https://www.doctorswithoutborders.org/sites/default/files/documents/MSF_LEN-campaign-brief_June2026.pdf)

"... To address these worldwide access constraints, MSF is launching the "Two Shots. \$40. Everywhere" global campaign, demanding that Gilead make LEN affordable for all LMICs, supply it at the scale and speed the pandemic demands, and sell it directly to healthcare providers like MSF that are ready to scale up HIV prevention efforts around the world now. Governments must also do their part by using all possible legal, policy, and other measures to enable increased access to LEN..."

"...MSF calls on Gilead to: 1. Reduce the price of LEN to less than \$40 per person per year, to make the drug affordable for all LMICs. 2. Increase LEN production and make more supply readily available to meet actual demand and need in all LMICs. 3. Sell LEN directly at a fair price to MSF and others who want to rapidly expand HIV prevention efforts around the world..."

### **Reuters - India limits cough syrup sales to pharmacies after contamination cases**

[Reuters;](#)

"India has restricted cough syrup sales to licensed pharmacies especially in villages, preventing over-the-counter sales from retail outlets, as regulators step up scrutiny following contamination-linked child deaths last year..."

### **Reuters - Big pharma taps UK playbook to pressure European capitals on drug prices**

[https://www.reuters.com/legal/litigation/big-pharma-taps-uk-playbook-pressure-european-capitals-drug-prices-2026-06-17/?utm\\_medium=Social&utm\\_source=Facebook](https://www.reuters.com/legal/litigation/big-pharma-taps-uk-playbook-pressure-european-capitals-drug-prices-2026-06-17/?utm_medium=Social&utm_source=Facebook)

**“Germany's drug pricing reforms aim to cut healthcare costs; Move prompts swift reactions from major pharma players; Pressure includes pulling investment, expansion plans; Echoes similar moves by industry in Britain, ahead of concessions from Washington.”**

## World Refugee Day (20 June)

### Lancet Editorial – Migration: a reality, not an emergency

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01240-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01240-7/fulltext)

**“As we mark World Refugee Day, the follow-up Review to the 2018 UCL–Lancet Commission on Migration and Health, published in this issue, renews the Commission's call for action and asks whether, in a climate shaped by fear, evidence can still drive policy.** The Review finds that migration and forced displacement **continue to rise**, driven by conflict, climate change, and economic instability...” **“...The gap between what the evidence shows and what governments do has only widened...”**

The **editorial concludes:** **“As more people are on the move, they cannot be left out of health-system planning. The Review's renewed call is clear: embed health in every migration and displacement policy, strengthen data systems and support research, and confront the political determinants of who is protected and who is not.** The health community must keep making the case for equity, inclusion, and the right to health—but in a debate ruled by fear, how it is made matters as much as the case itself. That will take courage and leadership. **Good policy cannot turn back the clock; it can only meet the world as it is, and as it will be—one in which the health of migrants and the health of all are indivisible.”**

### The UCL–Lancet Commission on Migration and Health: review of the state of progress

I Abubakar et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00494-0/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00494-0/abstract)

**“Although progress towards implementation of international agreements since publication of the UCL–Lancet Commission on Migration and Health in December, 2018, has been slow, global trends in migration and forced displacement have continued to rise.** However, the COVID-19 pandemic showed that **reaching refugees and migrants with health interventions is feasible with political will.** The **benefits of refugee-inclusive and migrant-inclusive health-care systems during emergencies** (eg, COVID-19 and the war in Ukraine) **are apparent**, with numerous examples of inclusive policy making being rapidly introduced and innovative models developed to support health-care access, including preventive measures such as vaccination. **Lessons from these successes should be learned and incorporated into future policy and practice. ...”**

**“... In this Review, nearly 8 years after the UCL–Lancet Commission on Migration and Health was published, we renew our call for action to:** (1) improve health-care access and optimise outcomes for refugees and migrants by emphasising health in all migration and forced displacement policies; (2) establish data systems to monitor progress, together with appropriate use of new technologies to improve access, prevent harm, and safeguard privacy; (3) support research on adaptation to and

mitigation of the health consequences of climate change on refugees and migrants; and (4) renew focus on the political determinants of health outcomes for people on the move. **At this pivotal moment, with geopolitical, sociodemographic, and environmental turmoil, political leaders and societies can shape a better future by leveraging the human capital of migrants and upholding the human rights and dignity of all.**"

## Planetary Health

First with some more reads related to the **Bonn climate summit**.

### HPW – Clean Electricity, Waste and Construction Set to Top COP31 Agenda

<https://healthpolicy-watch.news/cop31-electricity-waste-and-construction-sector-to-top-cop31-agenda/>

**Overall analysis** of the state of affairs – recommended read. **Excerpts:**

**"The stepping-stone meetings on the road to COP31 in Antalya unfolding in Bonn this week brought the first real clarity on what the incoming presidency wants the next UN climate summit to deliver on: electrification, reducing waste, and the energy efficiency of buildings and construction. The three headline targets call for electricity to meet 35% of final energy demand by 2035, up from just over 20% today, a goal the presidency calls "35 by 35". The second would halve the growth in global waste by the same date, and the third would cut the energy intensity of buildings by at least a quarter. Together, they chart a course around sectors that are among the largest sources of global greenhouse gas emissions; the buildings sector alone accounts for around 37% of the global total. But the agenda is deliberately fossil-fuel free, built to dodge the political torpedoes that sank the last two COPs, in Brazil and Azerbaijan...."**

**"The presidency has cast the package as the practical core of an "implementation COP", echoing Brazil's framing of COP30 a year ago." "... ..Yet money — the other perennial battleground of recent UN climate summits, and the thing that makes any implementation possible — is also absent from the core agenda...."**

**"Beyond the three headline goals, the presidency's ten-theme Action Agenda spans food security, oceans, green industrialisation, youth and education, and, of note for the health community, a pillar on resilient health systems...."**

**".....The new targets for Antalya land as the planet closes in on the 1.5°C limit UN climate negotiations are committed to defend. While the presidency lists protecting that threshold in its official targets, the latest science shows the planet is on course to breach it permanently around 2030...."**

**"... A separate analysis released in Bonn on Tuesday by Climate Analytics found that fossil fuel use must halve by 2035 to keep 1.5°C within reach. The growth in CO2 emissions has begun to slow, but emissions are still climbing, not falling...." "Fossil fuels are still pouring oil on the climate fire," said**

Neil Grant, a senior mitigation expert at Climate Analytics. “We need to cut fossil fuel use sharply this decade, halve it by 2035, and drive it down to real zero by 2070.” ...”

“... The other key battleground of every COP since Paris – money – is not addressed in the presidency agenda either. A **concept note** circulated in Bonn unveiled a “Global Implementation Accelerator” and a “Climate Implementation Bridge” to speed climate solutions to the ground. **Both are coordination structures. Neither is a fund, and the presidency specifies that no new money is attached....”**

### **Climate Change News - Bonn Bulletin: Finance dominates discussions in every room**

<https://www.climatechangenews.com/2026/06/15/bonn-bulletin-ministry-divisions-complicate-brazils-roadmap-away-from-fossil-fuels/>

“Lack of progress on finance issues – including putting a number on the new goal to triple adaptation funding – is causing blockages across negotiating tracks at UN climate talks.”

### **Climate Change News – Bonn Bulletin: Adaptation Fund stalemate puts people at risk, says head**

<https://www.climatechangenews.com/2026/06/16/bonn-bulletin-adaptation-fund-stalemate-puts-people-at-risk-says-its-head/>

“To receive money from the Paris Agreement carbon market, **the Adaptation Fund must change its status but that’s blocked by divisions on who’s responsible for climate finance.**”

“**Dark clouds are gathering over adaptation finance.** The US has all but stopped providing it and European countries are slashing their aid budgets to spend more on their militaries. Much of what is flowing comes in the form of loans and doesn’t reach the most vulnerable, as we’ve reported.....”

- Related: [Global Climate & Health Alliance - Bonn Climate Conference: Civil Society Calls for Tripling of Adaptation Finance](#)

(17 June) “**Civil society organisations have called for a dramatic increase to public, grant-based adaptation finance during a press conference** held during the annual Bonn climate conference (SB 64). “**Clearly, governments must agree to triple public, grant-based adaptation finance to at least USD 120 billion by 2035**”, said Jess Beagley, Policy Lead at the **Global Climate and Health Alliance. ...”**

PS: “**Adaptation finance falls dangerously short of the levels needed – UNEP projects that by 2035, the level of adaptation finance required in developing countries will reach US\$ 310-365 billion annually.** Yet, adaptation finance fell from US\$28 in 2022 to US\$26 in 2023 (UNEP, 2025). At COP30, Parties committed to triple adaptation finance by 2035....”

## Climate Change News - Science 'under attack' from fossil fuel interests at UN climate talks

<https://www.climatechangenews.com/2026/06/17/science-under-attack-from-fossil-fuel-interests-at-un-climate-talks/>

**“A coalition of some rich nations and the world’s most vulnerable have vowed to protect climate science in UN negotiations.”**

“Dozens of countries have called out growing “coordinated attacks” by fossil fuel interests aimed at undermining the role of climate science in the UN negotiations at the mid-year talks in Bonn. **Under the banner of ‘Friends of Science’,** in an overflowing press conference room lined with negotiators and civil society supporters, **diplomats from Fiji, Nepal, the European Union, Switzerland, Sierra Leone and Panama** vowed to ensure that decision-making in the UN climate process remains based on the “best available science”. That includes reports from the Intergovernmental Panel on Climate Change (IPCC), the UN's climate science body, they said.”

“While steering clear of singling out any specific country, **they said efforts to cast doubt on established scientific concepts, such as the 1.5 global warming limit, are led by “the usual suspects”** and those who think “science threatens their economic prospects”. ...”

## Devex Pro - Scoop: World Bank considers scrapping 45% climate finance target

[https://www.devex.com/news/scoop-world-bank-considers-scrapping-45-climate-finance-target-112730?utm\\_term=Autofeed&utm\\_medium=Social&utm\\_source=Bluesky#Echobox=1781539451](https://www.devex.com/news/scoop-world-bank-considers-scrapping-45-climate-finance-target-112730?utm_term=Autofeed&utm_medium=Social&utm_source=Bluesky#Echobox=1781539451)

(gated) **“With the June 30 deadline looming, negotiators are weighing whether to strip the flagship climate finance benchmark or let the entire framework lapse.”**

**“The World Bank management may remove the target to spend 45% of its lending on climate finance from its Climate Change Action Plan, or CCAP, under pressure from its largest shareholder — the United States — to weaken climate targets, multiple officials and experts with knowledge of the negotiations told Devex.”**

**“In just two weeks, the bank’s only plan for meeting global climate targets and climate finance commitments will lapse after a one-year extension. The plan, originally established in 2021 and already extended one year past its initial 2025 expiration date, lays out the institutional road map for responding to climate change and avoiding projects that worsen global warming.** Without CCAP, the bank would not have an overarching climate finance target, nor would it have a specific guideline to keep it in line with the Paris climate agreement. **Over the last few months, pressure has mounted from the United States for the bank to scrap the plan entirely.** Three experts and officials told Devex that the U.S. has not come to the discussions on CCAP “in good faith,” but have approached the conversations with no intention to compromise....”

## IPS – Fossil Fuel Wealth Fails to Deliver Development in Africa – Report

<https://www.ipsnews.net/2026/06/fossil-fuel-wealth-fails-to-deliver-development-in-africa-report/>

**“ A new report examining the economic impact of oil and gas production in Africa has found that fossil fuels have failed to deliver sustained or inclusive economic development, observing that the resources have contributed to economic vulnerability and inequality and have constrained growth through prohibitive commodity prices, inflation, and weak local currencies. It reveals that oil- and gas-rich countries were running on economies that are ‘extractive’ in nature, while their other economic sectors remained weak and tended to have elevated levels of corruption, benefiting a few rich, thus perpetuating inequality. This is while delivering few job opportunities, and the sectors employ about 0.3% of the national workforce overall.”**

**“The document titled *Pipe Dreams*, based on evidence from 13 oil- and gas-producing countries, finds that the structure of the oil- and gas-producing economy concentrates on exporting wealth while leaving populations to bear the costs of producing it, ultimately fuelling poverty. ...”**

**PS: “Observing that Africa is in the midst of a “fossil fuel crisis” where global energy prices have surged in the wake of the American-Israeli-Iranian war, exposing countries to expensive petroleum, the analysis by advocacy groups Power Shift Africa and Oil Change International note that producing countries have not been spared the price shocks...”**

## **China Daily – Eco-civilization meets planetary boundaries**

J Rockström; <https://www.chinadaily.com.cn/a/202606/12/WS6a2b5b52a310d6866eb4ddb1.html>

**“Over a decade after the United Nations adopted the Sustainable Development Goals — to end poverty, protect the planet and ensure prosperity for all by 2030 — we are in a precarious situation. As we approach the 2030 deadline for the SDG framework that has defined not only the last decade of global development, but also work on climate, water, health and beyond, the question naturally arises: What next? At a time of growing geopolitical fragmentation, it is increasingly difficult to imagine the UN forging the same broad consensus around a new global development framework that it did with the SDGs.”**

**“In this context, China's vision of an ecological civilization is a political and developmental framework that seeks to reconcile economic growth, social stability and environmental protection.**

**PS: “Scientifically, we have recently suggested that all tipping point systems (such as the large ice sheets, the Atlantic Meridional Overturning Circulation, the Amazon rainforest) need to be legally defined as global commons. Why? Because, to ensure strong socioeconomic development, not only must the ecological civilization targets of all countries be met within their national borders, but also all tipping point systems on Earth must stay within safe planetary boundaries.”**

## **HPW - South Asia Faces Hotter, Drier Monsoon and ‘Multi-Hazard’ Risks**

<https://healthpolicy-watch.news/south-asia-hotter-drier-monsoon/>

**“Home to 1 in 4 people globally, the region should brace for “multi-hazards” and poor air quality apart from heat and water stress, according to a new report. The authors called on countries in the fractious neighbourhood to cooperate on data and form common solutions.”**

**“The monsoon season this year is likely to bring more water and heat stress, rather than relief, to South Asia, home to over two billion people – a quarter of the world’s population. This preliminary assessment comes from the Hindu Kush Himalaya Monsoon Outlook 2026 for June to September, which draws on global and regional climate outlooks for South Asia. ....”**

### **Science – El Nino has begun. It may become the strongest this century**

<https://www.science.org/content/article/el-nino-has-begun-it-may-become-strongest-century>

**“After clearing a spring forecast hurdle, scientists see growing odds of a powerful climate event that could disrupt weather worldwide.”**

### **BMJ Editorial – Adapting health systems for water bankruptcy**

R Ramchandani et al; <https://www.bmj.com/content/393/bmj-2026-812317>

**“Increasing risks to clinical and public health globally need management.”**

**“Recent analyses describe a transition from water stress to water bankruptcy, which describes a state in which extraction persistently exceeds replenishment, permanently diminishing the natural capital that sustains the hydrological cycle...”**

**“Three evidence informed priorities for health system reforms and cross-sectoral advocacy can support adaptation.... “**

**“The first is integrating hydrometeorological, climate, and food security data into health decision making to trigger anticipatory action, including distribution of co-packaged oral rehydration salts and zinc for diarrhoea, chlorination and household water treatment, and rapid mobilisation of community health workers and other essential WASH and treatment supplies before outbreaks. ... Second is treating water security as essential to health system functioning by investing in climate resilient WASH for health facilities... ... The third priority is embedding health in upstream water and land use governance. Health systems cannot adapt their way out of decisions made elsewhere. Health impact assessment (HIA), a WHO endorsed framework for assessing the health consequences of non-health policies, should be required before major irrigation expansions, industrial water permits, dams, and groundwater allocations...”**

### **Guardian – ‘Mega-consumers’ of food and energy cost environment \$5.7tn a year, study finds**

<https://www.theguardian.com/environment/2026/jun/18/mega-consumers-food-energy-damage-cost-environment>

**“Top 10% generate climate and biodiversity damage bill that exceeds economies of most countries, say researchers.”**

**“The environmental damage bill racked up by the highest-consuming 10% of the world’s population has reached up to \$5.7tn a year – larger than the economy of every country except the**

**US and China, a study has found.** Mega-consumers in this group are concentrated in the global north, accounting for more than half the population of the US and 40-45% of people in the EU.

The **damage tally**, which one researcher described as “bonkers”, **also exceeds global funding gaps for tackling the climate and biodiversity crises**, highlighting how economic priorities remain skewed towards running down the Earth’s life-support systems. **The most destructive forms of consumption were linked to two main areas: food** – particularly red meat, a primary driver of deforestation – **and energy**, including flights and heating and cooling homes, which typically rely on burning of fossil fuels, such as gas, oil and coal....”

“The **\$5.7tn figure, published in a paper** by researchers at **University of Oxford and University of Leiden**, was calculated by using estimates of the monetary impacts of climate disruption, biodiversity loss, nutrient pollution and freshwater use.”

- And via [RANI’s newsletter](#):

“**On the Loss and Damage front, Kenya became the first African country to receive climate loss and damage funding**, totalling US\$700,000. More health and climate progress is expected at the **upcoming Alliance for Transformative Action on Climate Change and Health (ATAACH) High-Level Strategic Meeting hosted by France on 25 June.....”**

## Miscellaneous

**WHO launches first global database on the prevalence of sexually transmitted infections**

[https://hq\\_globaltuberculosisprogramme.cmail20.com/t/d-e-wlixdk-ihkktihhw-k/](https://hq_globaltuberculosisprogramme.cmail20.com/t/d-e-wlixdk-ihkktihhw-k/)

“**The World Health Organization (WHO) has launched a new global database on the prevalence of sexually transmitted infections (STIs)**. The open-access database is the first global platform to provide consolidated, standardized and quality-assured STI prevalence data from low- and middle-income countries for the period 2010 onwards. ... **Currently, the database focuses on five STIs - chlamydia, gonorrhoea, HSV-2, syphilis and trichomoniasis - but it is designed as a dynamic resource that can continue to expand and evolve.**”

**Habib Benzian & E Beltran - Ban This Sentence**

[On Substack](#) ;

“Why “**more research is needed**” is not as neutral as it sounds.” As always, very interesting article from Benzian (et al).

## CGD (blog) - Childcare Increasingly Appears on the MDB Agenda. The Hard Part is Making It Last.

K Harris et al; <https://www.cgdev.org/blog/childcare-increasingly-appears-mdb-agenda-hard-part-making-it-last>

“COVID-19 helped expose an issue that had long been invisible—the [staggering amount of unpaid care work](#) that women do compared to men, including childcare. In the years since, multilateral development banks (MDBs) and governments have increasingly [recognized](#) this as critical to women’s economic empowerment and broader development outcomes. But recognition has outpaced policy and financing, and large gaps in childcare access, affordability, quality, and system design [remain](#) globally....”

“In 2021, CGD published a [review of childcare investments across MDBs](#), as these institutions play an important role in elevating emerging issue areas and channeling financing to the poorest and most vulnerable. Our new analysis (policy paper forthcoming) updates that baseline, finding 163 projects approved across seven MDBs between June 2021 and December 2024, encompassing \$20.94 billion in core financing plus \$2.7 billion in co-financing and other grants—a measurable expansion since our last review....” Check out the findings.

## Global Health events

HSG – HSR2026 The 9th Global Symposium on Health Systems Research

<https://hsr2026.healthsystemsresearch.org/>

... will take place in **Cairo (7-9 December)**.

## Global health governance & Governance of Health

Reuters – China calls for more Global South voices to be heard at United Nations

<https://www.reuters.com/world/china/china-calls-more-global-south-voices-be-heard-united-nations-2026-06-17/>

“Emerging markets suffer from inadequate representation at the United Nations, its authority increasingly challenged by escalating political and economic disputes worldwide, **Chinese Foreign Minister Wang Yi said on Wednesday**. The comments, featuring brief mention of the Middle East and Ukraine conflicts but few details, came in a **rare press briefing in Beijing for the issue of a white paper outlining ways to make global governance more just and equitable.**”

“... New challenges in quick succession bring intertwining global crises, Wang said, adding, **"The ship of civilisation has entered dangerous waters with hidden reefs and violent storms."** The disputes reveal deep-seated conflicts, while **"black swan and grey rhino events"** emerge continually, he said, referring to unexpected events or threats that are ignored despite their visibility....”

“... The [white paper](#) aims to build international consensus on effective responses to global challenges, Wang said, and upholding the United Nations' authority and status is fundamental to the success of the initiative.”

## **Carnegie (paper) - Retreat, Rebel, Replace, or Reform? Making Sense of Multilateralism Under Trump 2.0**

G Romero & S Patrick; <https://carnegieendowment.org/research/2026/06/retreat-rebel-replace-or-reform-making-sense-of-multilateralism-under-trump-20>

**“The conventional narrative of the second Trump administration simply repudiating multilateralism is incomplete. The record to date is far more mixed and varies across issue areas and institutions.”**

“... the conventional narrative of the second Trump administration simply repudiating multilateralism is incomplete. The record is more complicated, has evolved since January 2025, and varies across issue areas and institutions. The administration’s behaviors toward multilateralism and international organizations can be sorted into four broad categories, which might be labeled **disengagement, disruption, substitution, and conditional continuity**. Or, for the more alliteratively minded: **retreat, rebellion, replacement, and reform....**”

“In some settings, the United States is indeed defecting from the old order it helped to build. In other contexts, it is exercising leverage to disrupt existing bodies and reconfigure the terms of U.S. participation. In still others, it is experimenting with alternative arrangements, creating new frameworks that operate outside of or alongside inherited multilateral institutions. Finally, in ways that receive less attention, the United States is in some instances doubling down on multilateral institutions, while trying to narrow their mandates or reform their functions to advance America First preferences. ...**Importantly, these behaviors are not mutually exclusive. The administration sometimes pursues these approaches in parallel within the same institution.** The overall result is less a policy of pure hostility or exit but a **more selective, transactional, and ideologically conditioned form of multilateral engagement.** ...”

## **European Journal of Public Health (Editorial) - Moving beyond moral indignation: global health governance in an era of defunding**

<https://academic.oup.com/eurpub/article/36/4/ckag073/8706793>

“... To explore possible pathways, at the EPH conference in November 2025, the EUPHA Public Health Politics and Policies Section and the Public Health Economic Section jointly organized a panel workshop on the ‘global health implications of the US foreign aid review for the EU in global health governance’, with the aim of revisiting EU capacities and positioning in global health governance and exploring options for action. In this issue, **Scott Greer, João Vasco Santos, Scott Burris, and David Patterson present their views on the issue from political science, economics, and law.** They combine critical analysis with historical awareness and institutional self-reflection: **How do we move beyond astonishment, moral indignation, and paralysis?**”

**“In an attempt to explain why key EU member states are disinvesting in international development aid instead of leveraging the global health infrastructure at relatively low transaction costs, we argue that the anti-science and anti-public health policies of the past year require introspection...”**

**“... The key message emerging from the perspectives is that the international public health community can reclaim its position through a three-fold approach.** Explaining the robust economics of high-income countries’ (HICs) dependence on global health investments, combined with vigilant legal scrutiny of often opaque administrative regulations and the strategic use of international legal institutions, must be integrated with a substantive reorientation of public service performance—including health systems—toward addressing unmet needs and strengthening public support. Such a comprehensive approach is necessary to restore the political legitimacy underpinning both global and national funding commitments....”

- Related : [You aren't going to like what comes after America: Europe and global health after 2025](#) (by Scott L Greer)

Quote: **“... In the meantime, European and allied leaders of rich democracies, worried about broader geopolitics and budgets, are declining to take up the mantle of global health leadership.** Simple arithmetic says the EU and its member states, if they coordinate, are leading, if not the leading global health governance actors. **But so far, they are cutting ODA, while focusing on supporting and reshoring their pharmaceutical industry.** It is no surprise that the attention of policymakers in the rest of the world is turning to ways they can develop collaboration and greater self-reliance....”

- And **Editorial** - [Europe must act: rethinking global health preparedness without the United States](#) (by A Schreijer, M McKee et al)

## **Global Public Health - Eighty years of postwar multilateralism: Global health law's emergence and its contemporary challenges**

Po Han-Lee et al ; <https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2691388>

**“Founded on the postwar conviction that health is ‘fundamental to the attainment of peace’ and that its enjoyment constitutes ‘a fundamental human right’, the WHO has embodied the UN’s ambition to constitutionalise solidarity through law. Nearly eight decades later, this normative order faces a profound legitimacy crisis.** The tension between sovereignty and universality has reemerged, and the ethical foundations of global health law are increasingly contested and fragmented. **From several revisions of the International Health Regulations to the WHO Framework Convention on Tobacco Control and, most recently, the post-COVID Pandemic Agreement, the WHO’s authority has been tested by populist nationalism, market logics, and the erosion of multilateralism, exposed most visibly during the US withdrawal under the Trump administration.** Through a genealogical reading of the WHO as legal infrastructure, **this article examines it as a postwar legal experiment in transforming international health cooperation into a form of global constitutionalism.** It asks whether contemporary regressions toward security-driven governance mark a return to the prewar logic of exceptionalism. **It concludes that the future legitimacy of global health law depends on a decolonial approach to what counts as ‘global’ and what constitutes ‘health’ through plural, equitable, and interdependent forms of governance for justice.”**

## Global Health Journal – Reforming WHO to strengthen its role in the global health architecture

Minghui Ren et al; <https://www.sciencedirect.com/science/article/pii/S2414644726000254>

« Against the background of global health system restructuring, **WHO reform should be carried out in four aspects: adapting to changes in global disease burden and demographic structure, conforming to the trend of multipolar health governance, building an agile and efficient modern governance framework, and improving sustainable financing mechanisms.** This paper constructs a **hierarchy-function coupling model integrating horizontal core functions and vertical organizational hierarchies (headquarters, regional offices, and country offices)** to analyze the **challenges of WHO in three core functions: global health leadership, norms and standards setting, and national health capacity-building and partnership promotion.** It proposes targeted reform strategies at headquarters, regional, and national levels to streamline management, decentralize authority, promote the localization of norms and standards, and shift from vertical aid to sovereign empowerment. ....”

### Chapter : The SDGs and global health governance: impacts, shifts, gaps, and risks

Liz Willetts;

[https://www.elgaronline.com/edcollchap/book/9781035320851/chapter9.xml?tab\\_body=abstract-copy1](https://www.elgaronline.com/edcollchap/book/9781035320851/chapter9.xml?tab_body=abstract-copy1)

Chapter in The Elgar Companion to Global Governance and the Sustainable Development Goals.

“The Sustainable Development Goals (SDGs) have impacted the vision, architecture, and priorities of global health governance. The adoption of the SDGs shifted the focus of global health from specific priorities to a more general approach to health and well-being (i.e., SDG 3). Along with this shift came recognition of the role of food systems and nutrition (SDG 2) and water management (SDG 6) as pillars to the overall 2030 Agenda for Sustainable Development. **As a result, the scope of global health expanded within institutions and demanded collaboration across health-related agencies.** Actors have moved toward understanding and prioritizing drivers of the burden of disease and taking new approaches to metrics. **This chapter looks at the impacts of the SDGs on the World Health Organization through the evolution of its General Programme of Work, with a focus on the environment.** It also examines **how, despite changes, significant gaps remain between global health and sustainable development agendas.**”

## UHC & PHC

Lancet Primary Care – May issue

[https://www.thelancet.com/issue/S3050-5143\(26\)X2005-2](https://www.thelancet.com/issue/S3050-5143(26)X2005-2)

Check out, among others:

- The Editorial - [Primary care is essential to disability inclusion](#)

- [Integrating non-communicable disease care into primary health systems in the Horn of Africa: opportunities and challenges](#) (by Ayodele A Falobi et al)

### **Lancet Primary Care - Mainstreaming neglected tropical disease interventions into primary health care: accelerating elimination and sustaining gains**

Kebede Deribe et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00073-7/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00073-7/fulltext)

Early online.

## **Pandemic preparedness & response/ Global Health Security**

### **International Journal of social determinants of health and health services - The World Expected More of Canada: Canada and the Pandemic Agreement**

Joel Lexchin; <https://journals.sagepub.com/doi/abs/10.1177/27551938261458695#tab-contributors>

**“This paper uses a variety of documents and personal experience to examine how the Canadian government communicated with its domestic stakeholders about the stances that Canada was taking during the negotiations and to illustrate what positions Canada was advancing at the negotiations table in Geneva. This article argues that the government lacked transparency in its communications and gave no indication that it was listening to the feedback it was receiving. During the negotiations, aside from advancing a progressive position of gender equality, the government pushed to weaken the obligations of countries and the commercial sector to ensure that vaccines, treatments and technology would be available on an equitable basis globally in any future pandemic. Now that the Pandemic Agreement has been adopted by the World Health Assembly, there is still the task of agreeing on an annex on pathogen access and benefit sharing. Past experience suggests that during these negotiations Canada will favor commercial over public health interests.”**

### **Nature Health - Evidence for sexual transmission of Marburg virus during the 2024 outbreak in Rwanda**

<https://www.nature.com/articles/s44360-026-00155-5>

**“Two probable cases of sexual transmission of Marburg virus are reported from the 2024 outbreak in Rwanda, both following condomless sexual contact with male partners who recovered from the disease, but who had viral RNA in semen....”**

## Planetary health

### Lancet Planetary Health (Comment) - Health and plastics: avenues for strengthening the plastics treaty

Simon Beaudoin et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00055-0/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00055-0/fulltext)

With some suggestions.

## Covid

### Plos GPH - Comparing the psychosocial impacts of COVID-19 in seven low- and middle-income countries: A cross-sectional study

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005944>

By Sandila Tanveer et al.

## Infectious diseases & NTDs

### BMJ GH (Analysis) - The impact of the regime change on polio outbreaks in Afghanistan

M I Zubair et al ; <https://gh.bmj.com/content/11/6/e020142>

« **Two important conclusions can be drawn.** First, a polio outbreak did not occur following the withdrawal of US forces from Afghanistan in August 2021. Second, similar patterns of WPV1 outbreak and control are observed in both the 2001 and 2021 regime changes in Afghanistan. The findings also indicate that **polio vaccination programme efforts in Afghanistan did not decline following the 2021 regime change...**”

## AMR

### Lancet GH – Invisible nexus of antimicrobial resistance and urban informal settlements

Rosie Steege et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00097-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00097-5/fulltext)

“By 2050, antimicrobial resistance (AMR) is predicted to have caused 40 million deaths globally. In the same timeframe, almost 70% of the global population has been projected to be living in urban areas. **90% of this urbanisation will occur in Africa and Asia, regions most burdened by AMR. Urbanisation is linked to an abundance of pathogens in soil, drains, and water. Yet, research and action on the convergence of AMR and rapid, often informal, urbanisation are scarce....**”

“... The continued positioning of AMR as a behavioural problem highlights insufficient understanding of the complex socioeconomic and environmental drivers of AMR within urban informal settlements and masks the potentially more dominant role of environmental transmission...”

“...Scarce national data on the rates of infection and resistance in informal settlements underscore how these spaces are both problematised and neglected within the global AMR agenda. The **2026 Draft Global Action Plan (GAP)** refers to spillover from dense human settlements as a driver of AMR. This characterisation risks positioning communities within informal settlements as reservoirs of AMR, rather than recognising settlements as environments of structurally produced risk. The GAP’s strategic objectives default to familiar approaches—strengthening awareness, behavioural change, and surveillance and appropriate use and disposal of antimicrobials—without considering how these goals can be realised in informal settlements. **We suggest some solutions to drive meaningful action in urban informal settlements....**”

## NCDs

**BMJ Feature - Obesity versus China: how Ozempic is complicating the world’s largest weight loss campaign**

<https://www.bmj.com/content/393/bmj-2026-523232>

“China has mounted the world’s largest weight loss campaign, tapping education, exercise, and a host of drugs old and new, reports Flynn Murphy.”

## Social & commercial determinants of health

**Nature News - Should nicotine be regulated like a narcotic? A Pacific nation makes the case**

<https://www.nature.com/articles/d41586-026-01903-z>

“Existing global efforts to reduce harms caused by smoking have targeted tobacco smoking, but vapes containing nicotine are also harmful.”

**Globalization & Health - The policy implementation playbook: a cross-policy taxonomy of post-adoption tobacco industry tactics**

<https://link.springer.com/article/10.1186/s12992-026-01220-0>

By B K Matthes et al.

## Mental health & psycho-social wellbeing

Lancet Regional Health Africa (Comment) - Contextualising adolescent emotional development in Africa: toward culturally grounded interventions

[https://www.thelancet.com/journals/lanafra/article/PIIS3050-5011\(26\)00074-X/fulltext](https://www.thelancet.com/journals/lanafra/article/PIIS3050-5011(26)00074-X/fulltext)

By Nothando Ngwenya et al.

SSM Health Systems - Health Workers' Perspectives on Mental Health Services in Primary Health Care: Qualitative Interviews with Stakeholders of the Kenya Mental Health Action Plan 2021–2025

<https://www.sciencedirect.com/science/article/pii/S2949856226000930>

By L Jung et al.

## Sexual & Reproductive health rights

Lancet Obstetrics, Gynaecology & Women's Health – Rethinking maternal health beyond linear paradigms

Leyla Larsson et al; [https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038\(26\)00097-X/abstract](https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038(26)00097-X/abstract)

« Despite decades of investment, **progress in improving maternal health remains too slow to meet the UN Sustainable Development Goal target 3.1 of reducing the maternal mortality ratio to below 70 per 100 000 livebirths by 2030.** **Key contributing factors** include: insufficient progress in strengthening health systems; limited and uneven coverage of interventions; delayed care seeking; and widening social, gender, and geographical disparities. These issues are likely to be exacerbated by global funding cuts to health and development, and growing environmental and geopolitical instability, including climate-driven impacts on health. **Yet, a deeper concern persists. Interventions relating to maternal health continue to be rooted in a linear so-called magic-bullet paradigm—ie, identify a risk factor, design and implement a targeted intervention, and measure the impact.** This approach has yielded notable successes in the past, such as recommendations about **iron and folic acid supplementation in pregnancy, antenatal syphilis screening,** and prevention of **mother-to-child transmission of HIV.** **However, a linear approach is poorly equipped to address the multiple biological and deeply embedded social, structural, and environmental determinants** that underpin persistent inequities, leaving many critical pathways to maternal morbidity and mortality largely unaddressed....”

## Neonatal and child health

### Telegraph - Can this cheap pill end stunting?

<https://www.telegraph.co.uk/global-health/science-and-disease/can-this-cheap-pill-end-stunting/>

“Pregnancy vitamin and mineral supplements are showing more promise than previous solutions.”

“...After decades of gathering evidence, **advocates for pregnancy vitamin and mineral supplements called Multiple Micronutrient Supplements (MMS) say it is now clear these can have a big effect on stunting and work far better than commonly-used iron and folic acid pills (IFA).** A recent review published in the **American Journal of Clinical Nutrition** of 19 previous studies found that a UN-approved MMS formulation containing 15 different supplements reduced stunting at birth by nine per cent compared to IFA...”

### Lancet GH (Review) - From permission to pride: a realist synthesis of how to improve emergency care for children in low-income and lower-middle-income countries

Rami Subhi, et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00117-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00117-8/fulltext)

“In this Review, we conducted a realist synthesis to develop a mid-range theory of how and why hospital-level emergency care interventions improve (or fail to improve) outcomes. Three interdependent **mechanisms** recur across published literature: **legitimacy** (permission, expectation, and identity), **capability** (knowledge, skills, confidence, and individual action), and **connectedness** (coming together, collective purpose, and coordinated team action). Legitimacy creates the conditions for action, capability enables individual action, and connectedness enables coordinated team responses...”

### HP&P- Health facilities as a lever for Birth Registration in Low- and Middle-Income Countries: A Realist Review

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag078/8710971?searchresult=1>

By Lisanne Wolsink et al.

## Access to medicines & health technology

### Nature Medicine (Editorial) -Medical innovation in LMICs: can India lead the way?

<https://www.nature.com/articles/s41591-026-04499-z>

**“With its biomedicine at an inflection point, India can seize the opportunity to scale up research and development at home and offer a distinct model of biomedical innovation for the global south.”**

### **Lancet Regional Health Africa (Comment) - Technological leap or equity trap? Emerging cancer detection technologies and the risk of widening health disparities in Africa**

Kelechi Njoku et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00073-8/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00073-8/fulltext)

**“Emerging cancer detection technologies such as artificial intelligence (AI)-assisted diagnostics, digital pathology, liquid biopsy, and portable point-of-care platforms offer major opportunities to improve cancer detection in resource-limited settings. By enabling earlier, faster, and more accessible diagnosis, these innovations could transform cancer care delivery across Africa....”**

**“... Emerging cancer diagnostics can advance equity, if strategically designed and implemented... The decisions made now about technology development and adoption, financing, and workforce training, will determine whether these tools become instruments of equity or drivers of exclusion....”**

### **Plos GPH - The Health of Nations Fund: Financing global drug development**

Joonhyuk Cho et al;  
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005248>

**“We explore the design and performance of a “Health of Nations Fund,” a proposed securitization of a biomedical “megafund” that pools capital to invest in a diversified set of global drug development projects. Incorporating assets from four stages of the drug development process as well as royalties from approved therapeutics across eight therapeutic areas, our Monte Carlo simulations show that such a megafund can deliver an annual expected return of 12.0% with a Sharpe ratio of 1.37, indicating a favorable balance between risk and return. At the same time, it finances an average of 25 approved drugs that potentially benefit approximately 44 million patients worldwide over a 14.5-year horizon.”**

### **BMJ (State of the Art review) - Advances in the development of malaria vaccines**

H Sorgho et al; [BMJ](#);

**“This review explores recent advances and future directions in malaria vaccine development, highlighting the need for new approaches to achieve sustainable protection against *Plasmodium* species. ...”**

## Decolonize Global Health

### Global Health Promotion - Introducing polysectionality: an innovative multidimensional policy framework towards decolonising global health

P Sengupta et al ; <https://journals.sagepub.com/doi/abs/10.1177/17579759261446310>

“... This paper critically analyses DGH and introduces a multidimensional policy framework for health called ‘polysectionality’, diversifying the ambit of DGH underlining equal access to health for all by breaking the North–South binary. I argue that the innovative polysectional conceptual framework will take the DGH conversation further in times of ‘poly-crisis’ by providing a blueprint to implement DGH policies effectively.

## Miscellaneous

### UN News - Worsening hunger could push millions closer to famine in 13 global hotspots

<https://news.un.org/en/story/2026/06/1167742>

“Millions of people across some of the world’s most vulnerable regions are expected to face worsening hunger in the months ahead, as **conflict, economic pressures and shrinking aid budgets exacerbate long-running crises.**”

“A new Hunger Hotspots report released Wednesday by the UN Food and Agriculture Organization (FAO) and the World Food Programme (WFP) identifies **13 countries and territories where food insecurity is expected to worsen** between June and November 2026.”

“Sudan, South Sudan, Yemen and Palestine remain the most critical hotspots, while Nigeria and Somalia have moved into the highest-risk category amid growing concerns over famine. **Conflict remains the main cause of hunger, affecting 12 of the 13 hotspots....**”

### TGH - A Roadmap to Effective Gun Violence Policy

S Hargarten et al; <https://www.thinkglobalhealth.org/article/a-roadmap-to-effective-gun-violence-policy>

“**Countries like Australia and Colombia show paths** to reducing preventable gun-violence homicides and suicides.”

“... Despite the devastating magnitude of global firearm violence, the global health community has remained largely silent on the subject. A **new report, Tracking the World Health Organization's Attention to Gun Violence, 2000–2025, launched on February 10, 2026, by the Global Coalition for WHO Action on Gun Violence (Global Action)**, provides a compelling case and a comprehensive roadmap for the World Health Organization (WHO) and its states to engage in this critical but neglected area of global health....”

## Papers & reports

### Sustainable Development - Institutions Matter for Sustainable Development: Economic Growth, Structural Transformation, Efficiency, and Health Outcomes in Sub-Saharan Africa

Zhenhong Sun et al; <https://onlinelibrary.wiley.com/doi/10.1002/sd.71321>

“... **Although economic growth has a positive effect, it is modest and largely mediated through institutional quality.** Structural transformation produces uneven benefits, favoring countries with stronger institutions. Efficiency analysis reveals significant performance gaps in health systems, suggesting that **improved governance and service delivery**—rather than increased spending alone—can substantially enhance health outcomes across SSA...”

Ps: via **David Clarke** (on LinkedIn): “**It is a quantitative echo of an older lesson. Good Health at Low Cost** showed, case by case, that **the systems achieving the most were those that governed well and kept learning.** Here is the same pattern in the econometrics”

### Lessons from a global review of health system resilience (Policy Brief 81)

<https://eurohealthobservatory.who.int/publications/i/lessons-from-a-global-review-of-health-system-resilience>

By WHO’s ‘European Observatory on Health Systems and Policies’ team.

### World Futures - Equity Unit Approach: An Enhanced Human Rights Collective Framework to Effectively Tackle Global Health Inequality

Funom Theophilus Makama;  
<https://www.tandfonline.com/doi/full/10.1080/02604027.2026.2687144>

“Countries of the global south suffer severe health challenges and poor quality of life as compared to the nations of the global north. This review aims to develop a strategy that should effectively address global health inequalities and inequities. **Since the individualistic nature of human rights does not enforce the implementation of the rights to health for all, the synthesis of some previous human rights policies via analyzing their strengths and weaknesses on a ‘rights to development’ framework has birthed a new approach.** This novel approach which has a participatory-collaborative politico-legal mechanism for horizontal accountability is **the ‘Equity Unit Approach.’**”

### Plos GPH – Reparations for Indigenous Peoples in the USA and Canada

J P Gone; <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006688>

“...**Even in the comparably wealthy nations of the USA and Canada, Indigenous health inequities persist.** It is common to attribute Indigenous health inequities to poverty and despair; and yet, for most Indigenous Peoples, these disparities result from harms that were deliberately engineered by others.... **Repair for colonial legacies of poor health within Indigenous communities will require**

adequately funded healthcare, robust social services, and the eradication of poverty. Beyond this, reparations for Indigenous Peoples should include recognition of Indigenous sovereignty, honoring of historical treaties, and return of Indigenous lands.”

### Transparency International Global Health (Policy Brief) - Strengthening Integrity in Africa’s Health Systems

<https://ti-health.org/content/strengthening-integrity-in-africas-health-systems/>

“This policy brief presents findings from Corruption Risk Assessments conducted in the Democratic Republic of Congo, Ghana, Madagascar, Rwanda, and Zimbabwe through the Inclusive Service Delivery in Africa (ISDA) project. The assessments reveal significant integrity challenges across procurement, medicine supply chains, workforce governance, and frontline service delivery, undermining the right to health for millions of people. **Women, girls, persons with disabilities, and other marginalised groups are disproportionately affected**, highlighting the impact of corruption on progress towards Sustainable Development Goals 3 (Good Health and Well-being) and 16 (Peace, Justice and Strong Institutions)....” “The **evidence demonstrates how corruption directly affects the availability, affordability, and quality of healthcare.** ..”

### International Journal for Equity in Health - Strengthening women’s leadership in health systems through innovation and intersectionality

A Osborne et al; <https://link.springer.com/article/10.1186/s12939-026-02926-8>

« ...This **viewpoint argues that strengthening women’s leadership should be treated as a core component of health systems strengthening** rather than as a peripheral diversity agenda....”

### SSM Health Systems - The role of HPSR pracademics in enabling learning health systems: Reflections from the trenches

O Motshweneng; <https://www.sciencedirect.com/science/article/pii/S2949856226000966>

“ **Health Policy and Systems Research (HPSR) pracademics** can play an important role in enabling LHS. They can span boundaries, as embedded researchers and strategist implementers, to help bridge both the research-policy and policy-implementation gaps, respectively....”

- Related: SSM Health Systems - [Scaling Learning Health Systems in Practice: From Interdisciplinary Science to System Integration](#) (by L Desveaux et al)

### Health Research Policy & Systems - Instituting solidarity: the role of research institutes in advancing global health equity

M Ndu et al; <https://link.springer.com/article/10.1186/s12961-026-01500-6>

“Despite the increasing discourse around equity, social justice and partnership, global health (GH) research remains shaped by entrenched asymmetries in funding, authorship, data ownership and priority-setting. Solidarity, framed variously as a moral principle or political stance, has been

promoted as both corrective and a necessary response to these inequities. Yet, the **operationalization of solidarity within research institutes (RIs)** (i.e. how leaders interpret, institutionalize and negotiate solidaristic commitments) remains underexplored. **This paper draws on findings from a global study of meanings and practices relevant to solidarity among diverse GH stakeholders....”**