

IHP news 886 : On airco polarization, the 2026 sustainable development report & the UN HL meeting on HIV/AIDS

(26 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,

At last, also over here in [Western Europe](#) everybody now realizes that [‘climate change is here’](#) – not somewhere in the future, or just affecting faraway places. Almost “on mutually agreed terms”, dare I say, now that this region is suffering from extreme heat. That would include myself :) As far as I can tell, it’s also the first time the [“airco debate”](#) is so prominent over here, with [climate inequality steadily growing](#). The use of airco is a [nuanced issue](#) – certainly for vulnerable people where it obviously can be a life-saver. From a slightly different angle, though: Republicans and other climate sceptics in the US would never have been so successful in dismissing climate change as a ‘hoax’ if they had been ‘experiencing’ scorching heat themselves for decades already (*without airco, that is*). And probably would have been a lot less keen too to make that case.

Earlier this week, [Greta Thunberg commented on the heat wave in the UK](#): *‘this is only the beginning’* and, “...*What is most concerning about this is not only that we continuously shatter heat records and destabilise the entire biosphere way faster than models have been predicting, but that it is not treated as the existential crisis it is in media and politics...*” That’s right. And I would add ‘[global health power corridors](#)’, still too focused on ‘building climate resilient and sustainable health systems’, mostly. Fortunately, there are more and more exceptions. Not sure yesterday’s [special G7 session on climate and health](#) qualified in that respect, but it sure came ‘timely’. In Paris, the French G7 presidency and WHO convened over 100 ministries of health, UN agencies, and various experts & organisations **to take stock of international collaboration on climate and health so far**. They also looked at ways for countries to strengthen their international collaboration on climate and health - including through the [Alliance for Transformative Action \(ATACH\)](#). But from where I sit, mankind still seems prepared to play [“Russian roulette” with tipping points](#).

Also against that sweltering backdrop, the [Sustainable Development Report 2026](#) was released earlier this week, this time including a [view on the post-2030 era](#). In a neat analysis, [R Siddiqui noted](#) the report’s **central argument**: “... *the 2030 Agenda has not failed because its goals were wrong. It has underdelivered because the implementation infrastructure — the financing, the governance, the accountability mechanisms — was never built at the scale the goals required.*”

The report also lists [eight priorities for the next era of sustainable development](#): “ (1) end ongoing wars and redirect military expenditures toward peace and human development; (2) establish an ambitious timeline for SDG implementation; (3) organize implementation around six major transformations (“*education for all; universal health; clean energy and sustainable industry; sustainable food, land, water and oceans; sustainable cities and communities; and digital revolution for sustainable development*”); (4) adopt long-term investment plans to support these

transformations; (5) strengthen continental, regional, and local cooperation and investment; (6) introduce new global taxes to finance global public goods; (7) develop global governance frameworks for AI, biotechnology, and other emerging technologies; and (8) establish new UN campuses in Asia, Africa, and Latin America.” (*quite a list, I hear you think, for the species oddly known as ‘Sapiens’, with befitting ‘leadership’*).

Interestingly, and somewhat encouragingly, the report [notes](#) **‘Commitment to the SDGs remains strong globally, with a large majority of countries continuing to vote in favor of UNGA resolutions that refer to the sustainable development paradigm.’** (quite a contrast with the **G7 summit** from last week in Evian, where the [“SDG agenda” wasn’t even mentioned...](#) by ‘Bravehearts’ Macron & other Merz’s)

But enough on the post-2030 era ([if we ever get there](#) ...).

This week we clearly also pay plenty of attention to the **UN High-level meeting on HIV/AIDS in New York** (22-23 June), which led to a rather [encouraging political declaration](#) (*I almost said ‘bold’ one*) in the [current circumstances](#) - even if it had to be put to a vote. In Geneva, **informals on PABS** started again (*given the technicity of some of the discussions, airco is probably a must over there*), and later today (**26 June**), **WHO convenes a "Member State consultation on the Reform of the Global Health Architecture"**. Let’s hope quite some Global Health reimagers & reformers will be inspired by **Ben Ramalingam’s ‘Bumble Bee principle’** in the coming months.

We end this intro by briefly coming back on the **International Day of Yoga**. Celebrated on 21 June, this year’s theme was **‘Yoga for healthy ageing’**. As you know, I’m all for ‘healthy ageing’, though I never really got into yoga (*except a few times when backpacking in India decades ago*). I’m sure it makes a difference, though, and even more so as we all wonder these days, paraphrasing a recent HPSR paper, [“Where are we and what does the future hold... ?”](#) I’m sure some of you can think of a few nice yoga postures (*‘asanas’*) to ponder that question!

Disclaimer: As I wrote this intro in my room at home (35 degrees, in vain trying to be ‘climate resilient’ (huh)), I hope it’s not too ‘disconnected from reality’ :)

Enjoy your reading.

Kristof Decoster

Featured Articles

What can the Sahel teach us about the resilience of health systems?

[Mohamed Ali Ag Ahmed](#)

From 24 to 26 June 2026, Bamako will host the second edition of the [Scientific Days of the Francophone Africa & Fragility Network \(AFRAFRA\)](#), dedicated to the resilience of health systems

in the face of crises in Sahel countries. Researchers, healthcare decision-makers, community stakeholders and technical partners will come together to address a shared concern: how can access to healthcare be ensured when crises become a permanent feature?

This question may seem specific to the Sahel. It is not.

All over the world, health systems face growing challenges: pandemics, conflicts, climate-related disasters, and economic or political instability. But in the Sahel, these challenges accumulate, intersect and reinforce one another. For millions of people over here, uncertainty is not a one-off occurrence; it is a daily reality.

In several regions of Mali, Burkina Faso and Niger, a health centre may have to continue operating even when roads are cut off, qualified staff have left the area, medicines are in short supply and displaced populations are increasing the demand for care. Indeed, in spite of all this, care is often still provided. Nurses carry on with their work. Community health workers maintain links with local communities. Local leaders find ways to get round supply shortages or organise services despite limited resources.

These realities prompt us to take a different view of health systems in the Sahel. All too often, international debates focus primarily on their vulnerabilities. And yes, these are real and must not be downplayed. But this perspective sometimes obscures another reality: the remarkable capacity for adaptation developed by those working in these contexts....

- To continue the full read, see IHP: [What can the Sahel teach us about the resilience of health systems?](#)

The Global Health Security Status Quo on display in Kuala Lumpur

[Remco van de Pas](#) & [Unnikrishnan Payyappallimana](#)

The [Global Health Security Conference 2026](#) took place in Kuala Lumpur from June 9-12th. The timely event, especially in the wake of recent Ebola and Hantavirus outbreaks, brought together a large number of international stakeholders and provided critical reflections on advancing the health security agenda by reinforcing policies, governance, multisectoral collaboration, and coordinated action and implementation. The discussions had a strong focus on traditional health security themes like biological threats, biosecurity, biosafety, zoonotics, surveillance, One Health, laboratory systems, AMR, AI, genomics, and preparedness. Overall, the agenda clearly seemed to be guided by the major post-COVID risk perception and priorities such as pandemic preparedness, climate-health risks, synthetic biology governance, and regional health security cooperation.

However, viewed against the current broader global health landscape, the Global Health Security (GHS) debates in Malaysia had some notable gaps, or at the very least a scattered focus on certain themes. ...

- To continue the full read, see IHP: [The Global Health Security Status Quo on display in Kuala Lumpur](#)

Highlights of the week

Structure of Highlights

- UN HL meeting on HIV/AIDS
- Ebola emergency: key messages WHO/Africa CDC & other key news
- Ebola emergency: some more analysis, reports, guidelines, advocacy news snippets, ...
- More on PPPR & GHS
- Sustainable Development Report 2026
- More on Global Health Reform & the Future of Development Cooperation
- WHO DG race
- More on Global Health Governance & Financing/Funding
- Global Tax justice & tax reform (& debt reform)
- UHC & PHC
- Trump 2.0 & US global health strategy & bilateral health agreements
- World Cup Football
- More on NCDs & Commercial Determinants of Health
- SRHR
- Child health
- Planetary Health/Climate & Health
- Access to medicines, vaccines & other health technologies
- Conflict/War & health
- Miscellaneous

UN High-Level Meeting on HIV/AIDS (22-23 June, NY)

Chronologically, more or less – starting with the **opening** on Monday.

HPW - 'Progress is Not Success,' Warns UNAIDS at Start of Poorly Attended UN High-Level Meeting on HIV

<https://healthpolicy-watch.news/progress-is-not-success-warns-un aids/>

“Despite remarkable advances against HIV over the past two decades, “let us not confuse progress with success”, warned UNAIDS head Winnie Byanyima at the start of the United Nations High-Level Meeting (HLM) on HIV in New York on Monday.”

“Over 40 million people are living with HIV, yet “almost nine million people are still not on treatment, and last year 1.2 million people were newly infected,” said Byanyima, **her address delivered to a sea of empty chairs – symptomatic of waning interest in responding to the virus.”** ...**“This is our last High-Level Meeting before the 2030 promise to end AIDS as a public health threat. We are just four years away, and the opportunity is extraordinary.” ...”**

“Africa is unhappy with political declaration: However, African countries **expressed unhappiness with the political declaration due to be adopted at the end of the HLM on Tuesday. ...”** Read why.

UNAIDS – United Nations High-Level Meeting on HIV/AIDS opens as UNAIDS urges countries to firmly commit to ending AIDS by 2030

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/june/20260622_HLM26_opens

UNAIDS press release at the opening.

“The United Nations High-Level Meeting on HIV/AIDS opened today at a moment of incertitude for the global AIDS response. Decades of progress have delivered what once seemed impossible: millions of lives saved, new HIV infections reduced, and treatment expanded around the world. **However, as global leaders gather in New York to adopt a new UN Political Declaration on HIV/AIDS, the last Declaration before the goal of ending AIDS as a public health threat by 2030, that progress is increasingly threatened due to funding cuts and a push back on human rights.** Global leaders face a defining question: will the world protect hard-won gains and accelerate towards ending AIDS? ...”

“... UNAIDS’ new data for 2025 also show that success is fragile. ...” (see last week’s IHP News)

PS: **“... Importantly, there are windows of opportunity. Domestic financing for HIV rose from 28% in 2010 to 52% in 2024, however it cannot replace global solidarity. Regional initiatives like the Accra Reset or the African Union Roadmap to 2030 are examples of a new and progressive face to aid and development. Also, new innovations, particularly long-acting HIV prevention medicines, are becoming available and have the potential to significantly advance the end of AIDS—but only if implemented at scale and with regional production.”**

HPW – US and Russia Vote Against UN Political Declaration on HIV/ AIDS

<https://healthpolicy-watch.news/us-russia-oppose-un-political-declaration-on-hiv/>

(24 June) **“The United States and Russia were part of a group of eight countries that voted against the United Nations (UN) Political Declaration on HIV/AIDS, which was adopted by 149 votes at the High-Level Meeting (HLM) on Tuesday afternoon. Israel, Burkina Faso, Burundi, North Korea, Niger and Senegal also voted against the declaration, while there were 14 abstentions, including nine from countries in the Middle East....”**

PS: re the **US point of view:** **“US Ambassador Tammy Bruce said that the declaration diverged from the 95-95-95 targets “by including divisive topics, reaffirming documents that do not enjoy consensus or which are not related to the fight against AIDS”. The UN adopted the 95-95-95**

targets, in 2021 which involve ensuring that 95% of people with HIV know their status; 95% of people with HIV are on antiretroviral (ARV) treatment, and 95% of those on ARVs are virally suppressed. **Bruce also recorded “deep concern” that the declaration included issues related to trade – a reference to clauses encouraging the transfer of technology to countries to enable them to produce their own HIV treatment.** “We have made clear our longstanding position on intellectual property protection and the need for transfer of technology to be on both voluntary and mutually agreed terms. We cannot accept references without appropriate caveats,” said Bruce....”

Re the Africa group: “... A last-minute oral amendment to the declaration by Malawi, on behalf of the Africa Group, removed the phrase “mutually agreed terms” in relation to technology transfer. This also incurred the disapproval of Switzerland and Canada, which dissociated their countries from these paragraphs. However, Malawi’s Madalitso Baloyi said: **“The African group believes that keeping ‘on mutually agreed terms’ in the text in connection to technology transfer undermines the key objective to access medicines, vaccines, and medical products, and to boost research and development”.** ... The Africa Group has advanced the same argument during negotiations for a **Pandemic Agreement**, arguing that pharmaceutical companies need to be compelled to share technology during health emergencies....”

Re the EU: “... **Cyprus, on behalf of the European Union, succeeded in amending the declaration to include the terms “sexual and reproductive health services”, “gender-based” in relation to violence” and “key populations”** – a reference to groups that are most at risk of HIV. These differ per country, but traditionally include sex workers, gay men, young women, prisoners and people who inject drugs....

“... While **the declaration commits to ending HIV by 2039**, it identifies several gaps, including “reductions in global financing for HIV and the impact of recent disruptions on HIV services”.

UNAIDS (press release) - United Nations High-Level Meeting on HIV/AIDS concludes with strong support for a bold political declaration for ending AIDS as a public health threat by 2030

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/june/20260624_HLM2026AIDS_concludes

(24 June) **“At a moment of growing pressure and roadblocks to international cooperation, the United Nations High-Level Meeting on HIV/AIDS concluded today with overwhelming majority of Member States adopting a new Political Declaration on HIV and AIDS with strong support.** The declaration reaffirms global commitment to ending AIDS as a public health threat by 2030 and sets specific and important new targets. “

“... The declaration will serve as an important road map to advance further success in the global HIV response over the next five years, guiding global efforts to accelerate additional progress despite decreases in funding for HIV and anti-rights headwinds. **Notably, the 2026 political declaration reflects the ambitious targets contained in the new Global AIDS Strategy 2026-2031 and committed to convene a High-Level Meeting in 2031** to review progress against the pandemic after the 2030 milestone. “

“Setting out an agenda to evolve the global AIDS response for the shifting pandemic, **it includes important new and ambitious targets and commitments** to increase equitable coverage of HIV

testing, treatment and prevention; addressing funding gaps; protect human rights and gender equity; expand access to HIV medicines and other technologies through sharing of technology and strengthening local production for sustainability; and expanding the space for communities and civil society in the AIDS response. ...”

- PS: for a good **overview of the commitments in the political declaration**, see WHO - [HIV political declaration proves surprisingly divisive](#)
- Related **analysis: Devex (Andrew Green)** - [Devex Check-up](#)

“Adopted every five years since 2001, this was the first time the declaration was not approved by consensus, speaking to the politicization of some elements of the document. That includes support for sexual and reproductive rights, which the Trump administration has targeted since taking office, and for services for men who have sex with men and other marginalized — but also frequently criminalized — communities...”

Guardian – Africa can end Aids on its own terms. Will the world back us to finish the job?

Jean Kaseya & AA Twum-Amoah ; <https://www.theguardian.com/global-development/2026/jun/22/africa-can-end-aids-hiv-own-terms-world-global-support>

Op-ed from just before the UN HL Meeting. **“With aid funding falling by 70%, a change to HIV response is needed. The continent must treat health as a matter of sovereignty rather than charity.”**

“... The Common Africa Position for this week’s 2026 High-Level Meeting at the UN in New York on HIV/Aids is Africa’s answer. Agreed across member states, experts and institutions, it speaks with one voice. **It is built on the Africa Health Security and Sovereignty agenda**, which heads of state adopted to treat health as a matter of sovereignty rather than charity. The political declaration should take it forward. **It rests on three main demands....”** Check out what they entail.

Ebola Emergency: messages WHO & Africa CDC from this week (& some other key news)

AP - Africa CDC chief says the continent needs to invest its own funds in Ebola response, vaccine

<https://apnews.com/article/congo-ebola-africa-cdc-ituri-a5bfda53dbef567146cc1b39cce6f3f3>

“African officials must step up financing to respond and develop vaccines for the [Ebola outbreak in Congo and Uganda](#), the continent’s top health agency said (last week) on Friday, warning that the continent cannot continue to rely on foreign partners for its health needs.

PS: “...As part of the plan to push African states to financially support the agency’s efforts, Kaseya said South Africa’s President Cyril Ramaphosa is due to fly to Ituri Province in Congo and to Uganda next week in support of the mobilization of funds. A newly established African Epidemic Fund has received pledges totaling about \$80 million from African governments, while a broader donor conference held this week generated pledges of about \$910 million, he said....”

UN News - Global Ebola cases top 1,000 as UN races to reach DR Congo’s most vulnerable

<https://news.un.org/en/story/2026/06/1167783>

“As global confirmed Ebola cases reach 1,000, nearly three million children and adolescents are at risk in the eastern part of the Democratic Republic of the Congo (DRC), while efforts increase to treat prisoners near the epicentre of the current outbreak, UN agencies warned on Monday.”

“Making up 15 per cent of confirmed cases and over 25 per cent of deaths since the outbreak in April, children are almost twice as likely to die as adults, according to UNICEF...”

Guardian – Kenyan minister orders halt to construction of US Ebola facility

<https://www.theguardian.com/world/2026/jun/23/kenya-minister-orders-halt-us-ebola-facility>

(23 June) “Kenya’s health minister has told a court he has ordered a halt to preparations for a US-run Ebola quarantine facility, after being held in contempt for ignoring a previous stop-work order.”

Africa CDC - Africa CDC Statement on the High-Level Ebola Response Meeting in the Democratic Republic of Congo

<https://africacdc.org/news-item/africa-cdc-statement-on-the-high-level-ebola-response-meeting-in-the-democratic-republic-of-congo/>

(23 June) “Today, 23 June 2026, Africa Centers for Disease Control and prevention (Africa CDC) participated in a high-level meeting convened in the presence of H.E. Évariste Ndayishimiye, President of the Republic of Burundi and Chairperson of the African Union, and H.E. Félix Tshisekedi, President of the Democratic Republic of Congo, alongside the Prime Minister of the Democratic Republic of Congo, senior government officials, and key partners, including WHO, UNICEF and OCHA.... The meeting reviewed progress made to date in the ongoing Ebola outbreak response, as well as the critical challenges that continue to affect response efforts, particularly in Ituri Province, the epicentre of the outbreak.”

“... Nearly 900,000 people in internally displaced person’s camps remain without adequate access to essential health services, with Ebola also present in these vulnerable settings. Africa CDC and the Ministry of Humanitarian Affairs are jointly assessing an estimated USD 1.4 billion required over the next six months to strengthen the humanitarian response, support contact tracing and isolation, and sustain essential health services....”

HPW – As Ebola Cases Breach 1000, Trial of Two Antiviral Treatments Due to Start Soon

<https://healthpolicy-watch.news/as-ebola-cases-breach-1000-trial-of-two-antiviral-treatments-due-to-start-soon/>

Cfr a WHO media briefing on Wednesday.

“A clinical trial of two antivirals that may be effective in treating Ebola Bundibugyo is expected to start in the Democratic Republic of Congo (DRC) next week. “The trial will evaluate whether MVP134 and remdesivir can help to reduce mortality in patients with Bundibugyo virus disease, alone or in combination,” World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus told a media briefing on Wednesday...”

“... However, Tedros warned that “the outbreak is continuing to outpace the response”, and “political advocacy and action are essential to create the conditions for increased humanitarian access and a scaled response” ...”

PS: re WHO-US collaboration : “... Mahamud also said that the WHO has a weekly call with officials from the US Centers for Disease Control and Prevention (CDC) globally, while WHO officials were in almost daily contact with the US CDC country director in the DRC. “We are in the process of ensuring, because they are not able to go to the field, to link [up with] them, so that they can participate in the coordination,” said Mahamud. “At the technical level, both in the field and at the global level, there’s some excellent collaborations, and hopefully this will be strengthened. I think this outbreak has shown WHO, US CDC and the US government how critical collaborating in the field, sharing information, everything that’s required to respond is.”

Cidrap News - Africa CDC triples amount needed to fight Ebola

<https://www.cidrap.umn.edu/ebola/africa-cdc-triples-amount-needed-fight-ebola>

(25 June) “Today during a press conference, Africa Centres for Disease Control and Prevention Director-General Jean Kaseya, MD, MPH, said the Ebola outbreak in the Democratic Republic of the Congo (DRC) would require **\$1.4 billion in funding** to contain, almost triple the \$518 million Africa CDC estimated it needed at the beginning of the month. “If we don't have this \$1.4 billion and if we don't resolve the humanitarian issue, we will not stop this outbreak,” Kaseya said. **So far, about \$910 million has been pledged for the outbreak, but only 13% of that had been released....”**

PS: “... According to a **new dashboard** created by an international group of researchers, the current Ebola outbreak stands at 1,118 cases and 291 deaths...”

PS: “Yesterday UNICEF and Gavi, the Vaccine Alliance announced the launch of a Request for Expression of Interest (EOI) to gather information from vaccine manufacturers on their plans to develop a vaccine against Bundibugyo Ebolavirus disease. There is no vaccine available against the Bundibugyo species, and the move builds on Gavi’s recent commitment of \$40 million to support accelerated vaccine access. “This EOI will help inform how that financing can best support manufacturing scale-up and rapid access to doses if and when they become available,” UNICEF said in a **press release**.

Reuters - Trump to seek more than \$1.4 billion in Ebola funding from Congress

[Reuters](#);

(24 June) **“The White House is planning to seek more than \$1.4 billion in new funds from Congress to address the widening Ebola virus outbreak as soon as Wednesday, according to a Trump administration official. The request, which is set to be included in a larger supplemental funding request, would include \$800 million for humanitarian crisis responses.”**

“That \$800 million will fund a quarantine center in Kenya for Americans exposed to the virus as well as supplies, treatment, contact tracing, a regional logistics network and infection control practices. U.S. officials are also seeking \$500 million in global health security funds they say are needed to prevent the virus from spreading to the United States. That funding would include disease surveillance, laboratory capacity, and cross-border coordination, and potential partnerships with multilateral organizations and the private sector, the official said....”

And a link:

- [Africa CDC – Africa CDC Calls for Solidarity and Stronger Collaboration Following Imported Ebola Case in France and Reinforces Cross-Border Surveillance](#) (24 June)

Ebola emergency: More analysis, reports, guidelines, advocacy, snippets...

Bloomberg – Ebola scientists lack access to virus samples behind Congo’s largest Bundibugyo outbreak

<https://www.bloomberg.com/news/articles/2026-06-25/ebola-scientists-lack-virus-samples-needed-to-test-vaccine-in-congo-outbreak?srnd=undefined&embedded-checkout=true>

(gated) **“Scientists racing to develop potential vaccines and treatments against a deadly Ebola outbreak are having to do so without a viable sample of the virus, highlighting growing disputes over pathogen sharing and the difficulty of moving infectious materials across borders for research....”**

WHO - The allocation, disbursement and reporting of external and domestic funds during health emergencies: guidance on effective financing modalities for filovirus disease outbreaks, June 2026

<https://www.who.int/publications/i/item/B09792>

“This guidance provides recommendations for the allocation, disbursement, use, and reporting of domestic and external resources during disease outbreaks. Issued in the context of the 2026

Bundibugyo virus disease (BVD) outbreak, it outlines **key actions for countries in both response and preparedness settings, as well as for development partners.**

The guidance sets out priority measures for countries in active response, including the establishment of accelerated and transparent disbursement mechanisms, expedited expenditure approvals, timely transfers to subnational levels, and the application of flexible emergency procurement. **For countries in preparedness**, it highlights the need to establish financing and governance arrangements in advance, including contingency fund activation protocols, budget reallocation plans, reporting systems, procurement readiness, and multisectoral coordination mechanisms.

Across all contexts, the guidance emphasizes rapid costing of needs, mobilization of domestic resources, activation of budgetary instruments, and the strengthening of transparency and accountability systems through financial tracking, reporting, and integration into national systems. **It also underscores the role of development partners in aligning external financing with national priorities, using local systems where feasible, harmonizing funding practices, and avoiding fragmented parallel mechanisms.”**

Two statements by the Independent panel for Pandemic Preparedness and Response (& calls to action)

(24 June) “As the Bundibugyo Ebola outbreak enters its second month, **The Independent Panel is issuing two statements today — on [emergency financing](#) and on the [need to guarantee access to countermeasures](#). Both call for urgent action.”**

“Emergency financing: not clear enough, not reaching the front line fast enough: While approximately **\$900 million has been pledged to the Ebola response, less than 10% of that has been disbursed.** The Independent Panel warns that a pledge is not funding — and that without transparency on what is new money, who receives it, and when, accountability is impossible. **We call for funds to flow with minimal conditions, and for a real-time public financing tracker to be published.”**

“Equitable access to countermeasures: a transparent roadmap is urgently needed: Vaccine, treatment and diagnostic candidates are in development — but the pathway from development to delivery is unclear. Responsibility is fragmented and access terms are largely unspecified. **The Independent Panel calls on WHO and Africa CDC, together with affected countries and stakeholders, to coordinate a single end-to-end roadmap showing how these products will reach the people and communities most at risk.”**

World Bank (factsheet) - Response to Ebola Outbreak in Democratic Republic of Congo (DRC) and Uganda

https://www.worldbank.org/en/news/factsheet/2026/05/27/ebola-outbreak-response-democratic-republic-of-congo-uganda?cid=HNP_TT_health_EN_EXT

As of 18 June.

Development Today - Almost 1,000 Ebola cases confirmed. Donors respond with differing priorities

<https://www.development-today.com/archive/2026/dt-5--2026/almost-1-000-ebola-cases-confirmed.-donors-respond-with-differing-priorities>

“Nordic support branded as a response to the Ebola crisis in the Democratic Republic of Congo (DRC) and Uganda has mainly been given as core funding for the World Health Organization (WHO) and its crisis fund, which targets multiple crises. The exception is Denmark, which has provided its entire grant to WHO and the Africa CDC’s joint Ebola appeal.”

Telegraph – How deadly is the rare species of Ebola and how fast is it spreading?

[Telegraph](#);

“A month after the outbreak was declared, the key facts about the virus spreading in the Congo are becoming clearer.”

Eg re the **case fatality rate**:

“Case fatality rate: how deadly is Bundibugyo? So far, Bundibugyo’s case fatality rate (CFR) – the proportion of people with the virus who have died – stands at 20.1 per cent. That means just over a fifth of people who have contracted the virus have died of it.From this, it appears that Bundibugyo is less deadly than more common Ebola species, including Zaire, the type responsible for the 2014-2016 West Africa outbreak that killed 11,000 people and most major Ebola epidemics since the disease first emerged in 1976. Zaire Ebola is fatal in 75-79 per cent of cases....”

“However, experts at Airfinity, the bio-risk intelligence firm, warned that the CFR in this context – where data gathering and analysis is extremely challenging in war-torn Congo – cannot necessarily be translated into reliable, biological information about the virus. “Case fatality rates are a very good metric to show how severe a virus is, but right now, since the healthcare infrastructure is so poor, the uncertainty is quite high because there are so many cases going undetected and that completely changes the CFR,” Dr Patricia Delgado, scientific director at Airfinity, told The Telegraph. The CFR is also varying region by region dramatically....”

PS: re ‘R’: **“...Scientists say they do not yet have enough data to determine the effective reproduction number for Bundibugyo.”**

NYT -Ebola Symptoms in Current Outbreak May Be Milder Than in Previous Ones

[NYT](#);

“That is good news for patients, but officials fear it will make controlling the spread of the disease harder.”

Excerpts:

“... “There is too little data yet to be certain, but an assessment by the ministry of health in Congo suggests that about 90 percent of patients do not seem to develop the extensive internal and external bleeding that can arise in the disease’s horrific end stages, according to Dr. Marie-

Roseline Belizaire, who leads the World Health Organization's response to the outbreak. Some early data also suggests that fewer people may be dying this time compared with previous outbreaks."

"Milder symptoms, and perhaps a lower chance of death, are undoubtedly good news for the patients. But they could paradoxically make it harder to control spread and end the outbreak..."
"That's really what I'm a bit anxious about, that this might be an indicator for an outbreak that lasts a lot longer," said Dr. Chikwe Ihekweazu, the executive director of the W.H.O. Health Emergencies Program...."

"... In the case of Zaire Ebola, which killed more than 11,000 people in a 2014 outbreak in West Africa, about half of people developed the **dramatic bleeding symptoms**. **If only about 10 percent of patients with Bundibugyo reach that stage, many who become ill might continue to interact with others and spread the virus without seeking care.** "It makes total sense to me now how this was missed for months," said Dr. Nahid Bhadelia, the director of Boston University's Center on Emerging Infectious Diseases...."

"... **The mortality rate** of the Zaire virus can top 80 percent when no vaccines or treatments are available. The rate in this Bundibugyo outbreak has varied widely depending on the resources available in a community, but **overall it seems to be less than 30 percent, according to the W.H.O....**"

Reuters - US provides Ebola treatment for outbreak in Congo, bringing trials closer

[Reuters;](#)

"The U.S. has provided doses of an experimental antibody drug from Mapp Biopharmaceutical for use in clinical trials to fight the widening Ebola outbreak in Democratic Republic of Congo, a Health Department spokesperson said, a shift from its position of making the drug available just for Americans."

"Mapp Biopharmaceutical antibody, Gilead antivirals expected to be among the first tested for Bundibugyo..."

"... Doses of the Mapp drug and other therapeutics intended for trials are being shipped now, the World Health Organization told Reuters on Monday. The agency is working with health partners to prepare for trial enrolment in health facilities, the spokesperson said. **This marks the first time the U.S. government has indicated it plans to directly support clinical trials of the antibody treatment known as MBP134 from San Diego-based Mapp, by providing stockpiled doses.** The U.S. had previously said doses would only be made available for Americans deemed to be at high risk after exposure to the virus...."

"...**The Mapp drug is expected to be among the first to be tested in the outbreak**, which was declared a public health emergency by the WHO just over a month ago and is already the third-largest Ebola outbreak on record. **Despite the urgency of the need, the WHO has said experimental treatments and vaccines should still be tested in clinical trials before widespread use.** **Trials of the Mapp drug and two Gilead Sciences (antivirals are due to begin in the coming weeks, according to the WHO and scientists involved in the testing. Vaccines will take longer, the WHO**

has said, although a top official at an international vaccines group said earliest stage trials could begin next month, but probably not in Congo.... “

The Wired - The Most Promising Ebola Vaccine Has Been Sitting on the Shelf for 15 Years

<https://www.wired.com/story/ebola-vaccine-sitting-on-shelf-for-15-years/>

“Years after initial tests, **researchers are now racing to see if a vaccine developed in 2011 can help fight the current Bundibugyo outbreak in Congo.**”

Cfr virologist **Thomas Geisbert’s work from 2011.** “... Geisbert’s promising vaccine hasn’t been deployed at all—or even put through human trials—because there hasn’t been the funding or interest...”

Devex Check-up – A shot at 100 days

[Devex Check-up:](#)

“... Here’s another positive: **Partnerships established before the current outbreak are helping speed up the work to find an effective vaccine against the Bundibugyo Ebola virus.** With at-risk funding from the [Coalition for Epidemic Preparedness Innovations](#), the [Serum Institute of India](#) is now manufacturing vaccine doses to be used in early-stage clinical trials and potentially for efficacy assessment later on.”

“But even the best-laid plans can go awry — as the famous saying goes. **During CEPI’s Global Vaccine Manufacturing Summit last week in London, SII Executive Director Umesh Shaligram warned that ambition to have a safe and effective vaccine in 100 days after a pandemic threat has been identified can fail if there are delays in the arrival of raw materials coming from another country due to geopolitics, or when export restrictions are imposed** — all familiar problems from the COVID-19 pandemic. **Lack of urgency on the part of local regulators can also hamper that effort.** His take? Remove the locals and **shift power instead to a central regulator** who understands the urgency needed in approving products such as vaccines in emergencies.”

“... But **Mimi Darko, director general of the African Medicines Agency**, who previously served as CEO of Ghana’s [Food and Drugs Authority](#), **disagreed. Rather than sidelining national regulators, she argued they should be brought into the process from the very beginning** — from clinical trial design to emergency authorization frameworks and post-market safety monitoring of products. **“If you don’t engage a regulator right from the beginning, to ensure that they have the necessary frameworks in place to support innovation reaching a patient, then you will not achieve a 100 Day Mission, and you will not have a good vaccine that will end up on the market,”** she said.

NYT – The Ebola Outbreak’s Central Mystery: Where Did This Virus Come From?

<https://www.nytimes.com/2026/06/24/science/ebola-bundibugyo-animal-reservoir.html>

“Scientists believe that the Bundibugyo virus persists in an animal species, occasionally spilling over into humans. But they have yet to identify the species.”

Quote: “...Even if fruit bats or insect-eating bats are reservoirs for these viruses, scientists are also considering the possibility that they are just part of a larger ecological network of animals that pass the pathogens between one another, a network that is mostly unknown....”

NYT – How Bad Could the Ebola Outbreak Get? Here Are 5 Key Factors.

S Nolen; <https://www.nytimes.com/interactive/2026/06/23/world/africa/ebola-virus-outbreak-update.html>

“... Here’s what will determine how fast the epidemic can be contained. **How widespread is testing?** Limited testing meant missed cases early on, though things are improving. **Can infected people be traced and isolated?** More Ebola exposures are being tracked, but blind spots remain. **When will vaccines and treatment become available?** Testing and approving vaccines and treatments could take several months or more. **How far might the infection travel?** Global spread appears very unlikely. Spread within the highly mobile affected region is much more likely. **How deadly is the virus?** It’s not clear yet, but this Ebola species may be less deadly than others.”

MSF Technical brief - The diagnostic blind spot in the 2026 Bundibugyo Ebola disease outbreak: access gaps and priority actions

<https://msfaccess.org/The-diagnostic-blind-spot-2026-Bundibugyo-Ebola-disease-outbreak>

(24 June).

The Lancet Infectious Diseases: Growing DRC Ebola outbreak has already spread to Uganda with 70% chance of reaching South Sudan, new (WHO) modelling study suggests

Lancet Infectious Diseases - [Size of the 2026 Ebola outbreak and risk of cross-border spillover from Bundibugyo virus in Ituri Province, DR Congo, and its implications for preparedness: a recalibrated stochastic modelling study](#)

From the **press release:**

“New estimates suggest that the current Bundibugyo ebolavirus outbreak in the Democratic Republic of Congo (DRC) continues to grow and **has already spread to Uganda, with a nearly seven-in-ten chance of the virus reaching South Sudan.**”

“**In the absence of a vaccine against the Bundibugyo strain, the authors say neighboring countries should implement public health measures now**, such as border surveillance, contact tracing, and safe burial practices, while DRC’s intensified response is showing early signs of slowing transmission. ..”

More on PPPR & GHS

As mentioned in the intro, this week “informals” started again on PABS. Below some other reads:

Lancet GH (Health Policy) – Institutionalising public health emergency preparedness and responses in Africa: lessons learned during the 2022-2025 outbreaks with crossborder spread potential

N Dereje, J Kaseya et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00160-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00160-9/fulltext)

“Lessons and best practices from outbreaks during 2022–25 in Africa were not comprehensively documented or shared to inform future outbreak responses. We conducted a narrative review of published articles and outbreak response reports of mpox, cholera, Ebola virus disease, and Marburg virus disease and captured experts' perspectives and lessons. We analysed and presented the data in themes. Evidence indicates that effective responses are built on routine investments maintained between outbreaks, particularly in decentralised laboratories, digital surveillance systems, community structures, and clinical trial readiness. The institutionalisation of response mechanisms through national public health institutes, incident management systems, and emergency operations centres reflects a maturing continental preparedness architecture, reinforced by rapid regional solidarity, south–south cooperation, and timely partner support. National political leadership was crucial in mobilising resources and ensuring public compliance, whereas innovations such as expanded genomic surveillance, timely deployment of investigational countermeasures, mobility-aware outbreak control, and improved early-warning systems strengthened responses to outbreaks. The successful control of these recent outbreaks highlights the importance of strengthening preparedness, institutionalising response systems, and fostering coordinated, Africa-led health security frameworks to support resilient and sustainable outbreak response.”

UHC 2030 - Prepared in calm for crisis: Universal health coverage and social participation as the backbone of pandemic prevention, preparedness and response

[UHC2030](#);

“The Coalition of Partnerships for UHC and Global Health sets out its priorities for the 2026 UN High-Level Meeting on Pandemic Prevention, Preparedness and Response.”

“Universal health coverage (UHC) and global health security are not separate agendas. They are mutually reinforcing goals that seek to protect the right to health for everyone, everywhere, and depend on the same strong, equitable and resilient health systems. As the 2026 United Nations (UN) High-Level Meeting on Pandemic Prevention, Preparedness and Response (PPPR) approaches, the Coalition of Partnerships for UHC and Global Health calls on world leaders to align investments in preparedness with broader efforts to strengthen health systems and recognize primary health care (PHC) and social participation as essential for UHC and PPPR.....”

“... This is **why we call on Member States to prioritize the following when negotiating the new PPPR Political Declaration: (1) ... A shift from parallel investments in PPPR and UHC towards a single, integrated approach grounded in PHC.... (2) A whole-of-society approach based on social participation. (3) ... Address gender inequality and underinvestment in the health and care workforce....**”

Sustainable Development Report 2026

Sustainable Development Report 2026

<https://sdgtransformationcenter.org/reports/sustainable-development-report-2026>

“The Sustainable Development Report (SDR) reviews progress on the SDGs each year since their adoption by all UN Member States in 2015. **The 2026 edition identifies 8 priorities for accelerating SDG progress through 2030 and beyond**, and it **presents results from 2 new SDSN surveys**: one of SDSN’s network of experts on governments’ SDG efforts and another of the broader public on barriers to SDG implementation and priorities for a post-2030 Agenda.’ “

- Press release: [Despite Geopolitical Headwinds and Slow Progress, Global Commitment to the SDGs Holds Strong](#)

“New SDSN report calls for stronger governance and implementation as the world enters the final stretch of the 2030 Agenda.”

“With less than four years remaining in the 2030 Agenda for Sustainable Development, **progress on the Sustainable Development Goals (SDGs) remains significantly off track: Only 16% of targets are projected to be achieved by the deadline. The vast majority of UN Member States remain committed to the framework**, but a small number of countries, most notably the United States, have moved into active opposition to the paradigm of sustainable development and the multilateral institutions that underpin it. These are **among the key findings of the 11th edition of the Sustainable Development Report (SDR)**, released today by the UN Sustainable Development Solutions Network (SDSN).”

“This year’s SDR calls for stronger SDG implementation and renewed global cooperation as the world enters the final years of the 2030 Agenda and begins laying the groundwork for a post-2030 framework. The report includes the *SDG Index and Dashboards*, ranking all UN Member States across the 17 SDGs, and the *Index of Countries’ Support for UN-Based Multilateralism (UN-Mi)*, which tracks countries’ engagement with the UN system. **The report also features two new surveys: 1) The “SDSN Expert Survey on Government Efforts for the SDGs” and 2) a large-scale public survey spanning 127 countries on “SDG Challenges and Means for Implementation.”** Together, they reveal broad public support for maintaining the SDG framework beyond 2030, while also exposing significant regional and country-level disparities in governance, policy effort, and implementation capacity. Across respondents, **stronger mechanisms for financing, governance, and the use of science and data emerged as the top priorities** for accelerating sustainable progress by 2030 and beyond.”

Quote by Professor Jeffrey D. Sachs, President of the SDSN and a lead author of the report. **“As the 2030 landmark approaches, the next era of sustainable development must put the global emphasis on implementation and ensuring strong financing and effective governance at all levels.”**

Modern Diplomacy (Analysis): Why the SDG Report 2026 Is the Most Urgent Wake-Up Call for Global Development

Rameen Siddiqui; <https://moderndiplomacy.eu/2026/06/23/why-the-sdg-report-2026-is-the-most-urgent-wake-up-call-for-global-development/>

“East and South Asian countries have made the strongest SDG progress since 2015, and among major economies the standouts are India and China.” Excerpts:

“... The reason the 2026 SDR is worth reading with care is not the rankings, although those are important. It is the timing. UN talks begin this year on the future beyond 2030. In 2027, a new Secretary-General will be elected. The framework that replaces the current agenda is being shaped in conversations happening right now, and the SDR’s argument, that implementation has been the missing piece throughout and must be the organizing principle of whatever comes next, lands at the precise moment when that argument can still influence the design of the successor framework.”

“Professor Jeffrey Sachs, President of the SDSN and a lead author of the report, said the next era of sustainable development must put the global emphasis on implementation and ensuring strong financing and effective governance at all levels. That framing matters because it shifts the post-2030 conversation away from adding new goals or revising targets, the instinct of multilateral processes that want to demonstrate ambition, toward asking why the existing goals have not been delivered and what structural changes would make delivery possible.”

“... The report identifies eight priorities for the next era of sustainable development. The first is ending ongoing wars and redirecting military expenditures toward peace and human development. The list continues through an ambitious SDG implementation timeline, organizing progress around six major systemic transformations, long-term national investment plans, stronger regional and local institutions, new global taxes on commons to finance global public goods, governance frameworks for artificial intelligence and biotechnology, and new UN campuses in Asia, Africa, and Latin America to decentralize the architecture of global governance.” “Read together, these eight priorities are a diagnosis of what has been missing from the 2015 framework rather than a list of additions to it. The financing gap sits at the center...”

Siddiqui concludes: **“... Our Take: A Political Gap Dressed as a Technical One:** The SDR 2026 arrives with a clear central argument: **the 2030 Agenda has not failed because its goals were wrong. It has underdelivered because the implementation infrastructure — the financing, the governance, the accountability mechanisms — was never built at the scale the goals required.** That distinction matters enormously for what comes next. A post-2030 framework that adds new goals without fixing the implementation gap will produce the same result a decade from now. **The 170-plus countries still formally committed to the SDG framework, and the broad public support documented across 127 countries in this year’s surveys, suggest the political foundation for a more ambitious implementation agenda exists.** Whether the post-2030 negotiations translate that foundation into structural reform, reformed financial architecture, new global taxes, binding accountability, is **the question the next two years will begin to answer.** The goals were never the

problem. Building the systems to deliver them is the work that has been deferred, and four years from the deadline, deferral is no longer an option.”

More on Global Health Reform & the Future of Development Cooperation

IPS – Global South Leaders Redesigning International Cooperation

Ben Phillips; <https://www.ipsnews.net/2026/06/global-south-leaders-redesigning-international-cooperation/>

Starting with a very neat assessment of the current debate in the Global North: “... **This triptych of unworkable ideas – keep trying to restore the old order, accept managed decline or hand over to the private sector – dominates much of the attention in the Global North.**”

Then Phillips continues on the **rise (and momentum of) Global Public Investment:**

“Thankfully, however, a **growing group of Global South governments have been hard at work shaping a solution for the financing of shared global challenges.** Co-convened by the Foreign Ministers of Senegal and Colombia, **more than 30 countries have come together in the Coalition of Governments on Global Public Investment, to transform the current global inflection point into a moment of renewal....**”

“... **Launched in July 2025 at the Fourth International Conference on Financing for Development, the coalition held its inaugural planning meeting in September 2025 on the sidelines of the United Nations General Assembly.** This year the governments have gathered in Bogota in March, and in Nairobi in May, and **will gather again in New York in September....**”

“**Anchored in the Global South, the coalition is also reaching out to countries in the Global North.** “We are not looking for sympathy. What we want is an equal partnership,” emphasises Samuel Okudzeto Ablakwa, Minister of Foreign Affairs of Ghana.... **The leaders have put together a roadmap for transforming international cooperation by 2030:** “A great deal of intellectual effort has been made over years to ensure that an appropriate model was brought forward,” remarks Alva Baptiste, Minister of Foreign Affairs of Saint Lucia. “Now”, he concludes, “we are mandated to get airborne.”” In other words, **GPI is expected to be operational by 2030.**

IDS - A new era of development cooperation? Reflections on recent dialogues

P Taylor & M Gomez ; <https://www.ids.ac.uk/opinions/a-new-era-of-development-cooperation-reflections-on-recent-dialogues/>

“**During May, two major conferences took place along with multiple related events timed to coincide with these conversations,** and IDS and [Southern Voice](#) collaborated closely on both. **The critical point is whether these conversations lead not only to reflection but to the concrete actions needed to build a development cooperation system that is fit for purpose for today’s contexts.** An

approach to global partnership that is more responsive to countries' priorities, more inclusive in its governance, and better equipped to improve the lives of those who need it most."

"The OECD's [Future of Development Cooperation](#) conference in Paris, and the [Global Partnerships Conference](#) in London a week later, hosted participants from around the world to 'build new international coalitions to tackle shared challenges', including from the [Future of Development Cooperation Coalition](#)..."

With a few takeaways.

EU Development Policy - 10 Years After Brexit

A Sheriff; <https://www.linkedin.com/pulse/eu-development-policy-10-years-after-brex-it-andrew-sherriff-6aooe/>

Very cool analysis. Recommended.

With 10 pointers that Sheriff thinks will shape EU development policy in the coming ten years.

New Humanitarian - How crises lead to change

B Ramalingam; <https://www.thenewhumanitarian.org/opinion/2026/06/22/how-crises-lead-change>

"The temptation is to protect the system and wait for stability to return. History suggests this is exactly the wrong response."

"In a two-part series, strategist and author Ben Ramalingam explains the "Bumble Bee Principle", and how it applies to the humanitarian sector's current challenges. ..." (first part here)

".... Inspired by evolutionary biology, I call this **the Bumble Bee Principle – a concept that shows how crises can lead to change**. There are **three stages that characterise this dynamic**: **First, crises create both threats and opportunities**. Pressure on existing systems intensifies demands and places hard limits on current ways of working, opening space for new ideas that would otherwise remain on the margins. **Second, previously marginal approaches emerge into the foreground**. They evolve through learning and adaptation, and prove their worth in the heat of the moment. **Third, the new approaches reshape the system**. They are reinforced and sustained through networks and coalitions that spread them far and wide, changing behaviours and attitudes...."

As mentioned in the intro, also something to ponder for the Global Health Reimaginers & reformers.

WHO DG race

Politico – Who will lead the WHO after Trump’s retreat?

<https://www.politico.eu/article/the-gulfs-moment-to-lead-world-health-organization/>

(must-read) ““The next director-general will inherit an organization grappling with a funding crisis while trying to implement a new global health model.”

“The race to choose the head of the World Health Organization is a test of who will shape global health after America’s retreat: Europe, rising powers in Asia or increasingly influential Gulf states. Europe is expected to produce at least one serious contender, but candidates from wealthy countries will face scrutiny over the unequal distribution of vaccines during the Covid-19 pandemic. Meanwhile, **possible candidates from Asia and the Gulf** reflect the growing financial and diplomatic influence those regions wield in global health. **China** is unlikely to field a candidate of its own, but Beijing’s diplomatic reach across the developing world could make it a decisive power broker....”

“Adding to the uncertainty is the Trump administration’s withdrawal from the WHO earlier this year. Unlike in previous races, when the United States held disproportionate sway as the agency’s biggest funder, **this contest will play out without Washington formally at the table — though many countries will still be watching for signs of whom it might favor.** Some countries would “likely consider U.S. preferences in whom they support, but not all countries necessarily want the U.S. back in the WHO,” said Suerie Moon, a professor at the Graduate Institute in Geneva.”

“POLITICO spoke with 15 global health experts and officials, including delegates at the World Health Assembly in Geneva last month, to find out which names are circulating and how they might fare....”

More on Global Health Governance & Financing/Funding

Lancet Correspondence – The Global Fund needs a more open search for its next leader

J Ratevosian; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01156-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01156-6/fulltext)

Making a case for greater openness. *(totally agree)*

“The Global Fund to Fight AIDS, Tuberculosis and Malaria formally launched its search for a new Executive Director in February, 2026, with the Board expected to make its appointment in October, 2026. The Global Fund has engaged a nomination committee to guide what it describes as a “competency-based, apolitical selection process”, identifying four to five finalist candidates for Board consideration. **Decisions typically occur through closed diplomatic processes, with broader stakeholders and affected communities learning outcomes only after consequential choices have already been made.** Even Board constituencies only hear from candidates after the committee has selected them. **Institutions that steward billions of dollars owe their constituencies more than**

that. ... A more open selection process that brings candidates into public view could also help build the broader public case for global health investment at a moment when that case is under attack....”

Devex Pro – Peter Sands shares lessons for NCDs from infectious diseases

<https://www.devex.com/news/peter-sands-shares-lessons-for-ncds-from-infectious-diseases-112788>

(gated) **“For the executive director of The Global Fund, bundling the most pressing health conditions — both infectious and noncommunicable diseases — and supporting countries in rolling out the best innovations around them is the best path forward.”**

“The global health sector should bundle the health conditions that drive the biggest health inequities — both infectious and noncommunicable diseases — and support countries to access the best innovations to reduce those inequities, according to Peter Sands, executive director of [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#). They should no longer exist in siloes....”

““That really excites me as the thing that we could do better,” he said during the [Novo Nordisk Foundation’s Global Science Summit](#) in Denmark on Tuesday. The foundation’s summit focused on the management of cardiometabolic diseases, such as diabetes, obesity, stroke, and heart failure — which broadly represent the leading cause of morbidity and mortality globally. And Sands was asked what lessons the noncommunicable disease, or NCD, sector could learn from successes in tackling infectious diseases....”

Guardian - Global framework for reparatory justice adopted at landmark conference in Ghana

<https://www.theguardian.com/news/2026/jun/19/global-framework-reparations-justice-adopted-at-landmark-conference-in-accra-ghana>

“Ensuring fair compensation for those affected by legacies of enslavement and measures to address debt burdens, part of a strategic roadmap.”

“...The document lays out a 19-point global framework for reparatory justice. They include resolving to ensure fair and adequate compensation for Africans and people of African descent affected by legacies of enslavement, colonialism, genocide and apartheid, and resolving to expedite the return of cultural property, human remains, archives and heritage to their countries of origin.... The framework also calls for multilateral measures to address sovereign debt burdens, including debt relief, to address lasting socioeconomic impacts of enslavement, colonialism and related historical injustices....”

“... The adoption came on the last day of a three-day conference billed Next Steps that also resulted in the establishment of three global panels on reparatory justice and restitution. On Thursday, Ghana’s president, John Mahama, announced the creation of an advisory panel on reparatory justice, an expert panel on the restitution of cultural artefacts, and a legal panel on reparatory justice “to serve as the pillars of the next phase of this international effort””

Wellcome's 90th anniversary

J-A Rottingen; <https://wellcome.org/insights/articles/CEO-on-Wellcomes-strategy>

“Science works for health. Now let's make it work for everyone.”

“Next month, Wellcome marks its 90th anniversary. For nine decades, Wellcome has supported science in the service of better health. In that time, we have seen what is possible when science works for humanity - extending lives, reducing suffering and turning once-unimaginable breakthroughs into everyday realities. ...

“... **Between 2022 and 2032, Wellcome is investing more than £16 billion in science worldwide....** ... The most important breakthroughs often emerge from unexpected directions. Much of our funding gives researchers the freedom to pursue important questions and follow where their work takes them, trusting that curiosity, given room, can produce knowledge that matters. **Alongside this, we're focusing on three global health challenges: infectious disease, mental health and the health impacts of climate change.** These are global in scale, highly pressing, and areas where science can make a meaningful and equitable difference within this decade. “

“**We are concentrating our investments in the geographies where these urgent challenges are most severe and where increasing scientific capacity can significantly strengthen research and health systems to improve outcomes. By 2030, at least 25% of Wellcome's active research investments will be in Africa, South Asia and South-East Asia, an ambition we have already been making steady progress towards for some time. ...**”

Ps: and via Kent Buse – “... and Wellcome is no longer positioning itself primarily as a funder. Research, influence, and engagement are now meant to work together from the start rather than in sequence.”

Lancet Comment – How middle powers can strengthen global health governance: the case of South Korea

S Moon et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01153-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01153-0/fulltext)

“**At a moment of “rupture” in the multilateral system, middle powers can and should ensure the cooperation needed for global public health.** Middle powers are “states that are neither great nor small in terms of international power, capacity, and influence”. **The category includes both smaller high-income countries, such as Norway, Switzerland, or Qatar, and larger middle-income countries such as Brazil, South Africa, or Thailand....**”

“**South Korea offers an instructive example of both the potential of middle powers and the challenges they face in strengthening global health governance....**”

“...South Korea received substantial foreign assistance to rebuild after the Korean War (1950–53); **by the 1990s it had become a relatively small but fast-growing donor. Official development assistance (ODA) more than tripled from \$1.2 billion in 2010 when South Korea joined the OECD Development Assistance Committee, to \$3.9 billion in 2025 (though it has been cut since), with the**

government having committed to doubling its ODA volume by 2030 from 2019. About one-quarter of South Korea's ODA has gone to health, and it has been a funder of most major global health organisations and a member of their governing boards (panel), a role that allows less-visible actors to influence global decisions through coalitions and committees....”

“... Middle powers should prioritise where they have comparative advantage...”

“... For South Korea, two comparative strengths stand out for potential leadership. First, it could broker international agreement on divisive issues as a “creative and constructive” middle power... Countries are frequently split into Global North and Global South camps in global health negotiations, for example, in regard to financing, health worker migration, and intellectual property on health products. South Korea's own development history relied on a flexible approach to intellectual property and could strengthen its bridge-building credibility.... ... **With growing pharmaceutical production and research and development capacity, its national interests on pharmaceutical intellectual property fall between the Global North and Global South, positioning it to broker compromise on intellectual property and related issues of technology transfer.**”

“**Second, South Korea should continue its long-standing emphasis on capacity building in development cooperation.** ... Continued championing of knowledge-sharing and technology transfer would distinguish South Korea from many other donor countries and respond to LMIC aspirations for greater health sovereignty. This kind of cooperation can be structured also to serve national and business interests in South Korea....”

Moon et al then offer **three more suggestions** on “What is needed to realise the potential of middle powers to do more?...”

OECD Policy brief - ODA projections for 2026 and the near-term

https://www.oecd.org/en/publications/oda-projections-for-2026-and-the-near-term_d7c74fa2-en.html

“What is the outlook for official development assistance (ODA) in the near term? Net ODA fell by 23.3% in 2025, its largest drop ever, following an 8.5% reduction in 2024, and is projected to decrease by a further 6% in 2026. This marks **the second time on record that ODA fell for three consecutive years, after the 1992-1995 period.** These **cuts are expected to disproportionately affect the poorest countries.** Following steep drops in 2025 (preliminary data), **bilateral aid to least developed countries and sub-Saharan Africa is projected to fall by a further 9.1% and 10.9%, respectively, in 2026.** Financing for health is likewise expected to decline, falling as much as 69.0% below its 2022 peak....”

- Coverage via [Devex - Health ODA faces steepest cuts in 2026, OECD says](#)

Including: “... **Health ODA is projected to fall by 29%-46% from 2024 to 2026, or about \$5 billion-\$8 billion.** The range reflects uncertainties in the share of official development assistance for coming from the United States.”

“**The cuts are expected to hit some of the most vulnerable countries in sub-Saharan Africa, where external financing makes up a large proportion of health expenditure...**” “... **In terms of particular**

health programs, OECD projects a decline of up to 54.1% for population and reproductive health, which includes HIV and AIDS; up to 59.6% for malaria control; and up to 57.2% for tuberculosis control. Aid for water supply and sanitation — which are critical for pandemic prevention, preparedness, and response — is also projected to drop by 22.3%....”

“These cuts will derail programmatic response but also trigger tough choices on reallocation of resources, potentially creating distortions and deprioritisation of less visible areas of health,” such as water, sanitation, and hygiene — or WASH — and health systems, Kalipso Chalkidou, director of performance, financing, and delivery at the [World Health Organization](#), told Devex. ... “Chalkidou said WHO — which is also facing funding constraints — is working with countries to help them understand the implications of the cuts; identify other funding sources, such as raising taxes on tobacco, alcohol, and sugary drinks; and introduce policies to protect the poorest members of their populations....”

Nature Health – Shifts in PEPFAR-supported HIV treatment in 26 countries from 2024 to 2025

R Godbole et al ; <https://www.nature.com/articles/s44360-026-00159-1>

“Analysis of fiscal year 2025 PEPFAR programme data shows a more than 10% (1.97 million people) reduction in the number of individuals receiving PEPFAR-supported HIV treatment globally compared with fiscal year 2024, with declines observed in most countries analysed.”

The Conversation – Can Africa survive the global aid squeeze? Yes, but it will take financial discipline

H G Gebrihet et al ; <https://theconversation.com/can-africa-survive-the-global-aid-squeeze-yes-but-it-will-take-financial-discipline-285423>

“... We believe that this moment is not only a crisis to survive. It is an opportunity to ask whether development can be renegotiated on more equal terms. Our views are based on our earlier research on trust, corruption and tax compliance; ongoing work under the Africa-Europe Clusters of Research Excellence on African agency, development financing and sustainability, a collaborative hub connecting researchers, policymakers and practitioners; and recent roundtable discussions with policymakers, scholars, activists and civil society representatives in Ethiopia, Malawi, South Africa and Mauritius.”

“The question is whether Africa will approach this moment with priorities shaped by donors, creditors and external policy agendas, or with its own policy compass. Agenda 2063, the African Union’s long-term development blueprint, was designed to provide that compass....”

“That discipline begins with money. AU policy direction is clear that Africa must finance its own development, including Agenda 2063. In practice, this means African governments must rely less on external goodwill through fairer domestic revenue, more productive use of debt and firmer negotiations with donors, creditors and investors....”

CGD (blog) – Revenue Optimism Won’t Replace Lost Aid in Sub-Saharan Africa

B Clements, S Gupta et al ; <https://www.cgdev.org/blog/revenue-optimism-wont-replace-lost-aid-sub-saharan-africa>

« ... In this post, we examine the revenue projections of IMF country teams reported in the latest *World Economic Outlook* and argue that revenue gains projected for 2025–30 are ambitious for many countries. In several cases, projected increases in revenue-to-GDP ratios exceed those achieved during recent periods of favorable economic growth and are larger than would be expected based on countries’ historical revenue buoyancy. If these projections fail to materialize, financing gaps will be larger than currently recognized, increasing the need for external support unless governments implement substantially stronger tax policy and revenue administration reforms than those reflected in existing forecasts....”

Reuters - Kenya’s China loan revamp sparks wider interest in yuan switch, AidData says

<https://www.reuters.com/world/asia-pacific/kenyas-china-loan-revamp-sparks-wider-interest-yuan-switch-aiddata-says-2026-06-23/>

“Ethiopia, Mozambique, Zambia, Pakistan and Indonesia reportedly seek to switch loans currency to yuan; Kenya took a similar move in 2025, change of terms saved Nairobi \$215 million annually; Ethiopia could get significant debt relief if it manages to get similar terms, report says; But currency change does not result in risk-free borrowing – report.”

“Kenya’s move to convert Chinese loans from dollars into yuan to cut borrowing costs is drawing interest from at least five other African and Asian nations, an AidData study found, in a sign debt-laden borrowers are exploring alternatives to expensive dollar-linked financing....”

PS: “AidData is a U.S.-based research group at the College of William & Mary that analyses global development finance, including Chinese lending.”

Gavi and OPEC Fund partner to strengthen regional and local vaccine manufacturing, health financing and security

<https://www.gavi.org/news/media-room/gavi-and-opec-fund-partner-strengthen-regional-and-local-vaccine-manufacturing>

“Partnership agreement between Gavi and the OPEC Fund will help scale up sustainable health financing across 47 eligible countries. The partnership will support initiatives aimed at strengthening health systems, boosting vaccine manufacturing and pandemic prevention, preparedness and response (PPPR) capabilities.”

“The partnership is an important part of Gavi’s MDB Multiplier mechanism, which brings together multilateral development banks and development finance institutions to mobilise larger pools of financing for health. For countries, this means greater access to upfront financing to invest in immunisation and strengthen health systems – supporting the transition towards more sustainable

health programmes over time. ... **Gavi and the OPEC Fund have a significant overlap, working in 47 common countries where their efforts can complement each other....”**

WHO - HIIP continues to broaden its global footprint with new country partnerships

<https://www.who.int/news/item/23-06-2026-hiip-continues-to-broaden-its-global-footprint-with-new-country-partnerships>

“The Health Impact Investment Platform (HIIP) Steering Committee has approved new technical assistance proposals for Angola and Tajikistan, marking an important milestone as the Platform continues to expand across Africa and Asia. The announcement was made during HIIP’s 3rd Steering Committee meeting, held in Nairobi, Kenya on the sidelines of the World Health Summit Regional Meeting on 27–29 April 2026. The meeting brought together the World Health Organization (WHO), the European Investment Bank (EIB) and the Islamic Development Bank (IsDB) to accelerate investment in primary health care (PHC) and advance progress toward universal health coverage (UHC). With the addition of Angola and Tajikistan, the number of countries formally implementing under HIIP rises to seven, alongside Burundi, Ethiopia, Kazakhstan, the Maldives and Zambia....”

PS: **“HIIP – a joint initiative of WHO, EIB and IsDB – is designed to unlock and coordinate financing for PHC...”**

The Collective (blog) - The rise and fall of One Health Policy - A power analysis

Remco van de Pas ; [The Collective](#)

“What does the contemporary approach to One Health look like? And do One Health policies have transformative potential? Collective Member Remco van de Pas presents findings from a recently published chapter in the edited volume One Health, Ecology, and the Politics of Emerging Infectious Diseases. “

“Historical and contemporary tensions exist between comprehensive, globalist One Health policies and nationalist-statist (bio)security approaches. This tension appears to be a constant in the governance of infectious disease control. In a recent chapter in an edited volume on One Health, Ecology, and the Politics of Emerging Infectious Disease, I have unpacked the different types of power dynamics in One Health Networks (OHN) and their governance. It feeds a policy dialogue on why some framing and approaches are dominant, and why others remain relatively neglected. The analysis builds on Suerie Moon’s framework on 8 typologies of power expressed in Global Governance of Health (2019)....”

CGTN - China's global health logic goes beyond filling the gap

https://news.cgtn.com/news/2026-06-25/China-s-global-health-logic-goes-beyond-filling-the-gap-1Og07aEakKs/share_amp.html

“In this article, Wu Yanni and Zhou Qing’an, researchers from the Global Development and Health Communication Center at China's Tsinghua University, discuss the new strategies for China's

engagement in global health assistance.” Also on the new **White Paper** (see last week’s IHP issue).

Excerpt: “... These examples suggest that **China's global health engagement is not a collection of isolated projects, but rather a more holistic approach that integrates infrastructure, technology transfer, capacity building, and knowledge sharing.** Such efforts reflect a broader shift in how global health public goods can be produced in a manner that is more responsive to local contexts and more attentive to the priorities and voices of the Global South. This aligns with the vision outlined in the white paper, which **calls for expanding the provision of global public goods while enabling greater participation of Global South countries in shaping global governance.** In fact, what the white paper points toward is not simply a changing of the guard.”

“A useful way to understand this alternative model of global health governance comes from a concept increasingly discussed in the study of global public goods: aggregation technology. Recent research by Chinese scholars Xue Lan and Sun Tianshu applies this framework to global health governance, arguing that the future should move toward an arrangement in which countries and institutions contribute according to their actual capacities, rather than relying on a single dominant power to provide the majority of global health public goods.....”

“Under the conventional aid model, one or a few major donors often design projects, earmark funding, and determine which diseases or interventions receive priority, while recipient countries primarily play an implementing role. The voices of Global South countries are therefore structurally constrained by the financing arrangements themselves. **By contrast, under an aggregation model, agenda setting should not be determined solely by who contributes the most financially. Instead, it should be shaped by the diverse capacities, experiences, and knowledge that different countries and institutions bring to the table.** ... Viewed through this lens, the aggregation model may offer a useful explanation for why a more distributed system of global health cooperation can be more resilient....”

“... The white paper's emphasis on providing more public goods and listening more closely to the Global South points toward this underlying shift: **a transition toward a global health system organized less around who can write the biggest check and more around a deliberate weighting of capacity, knowledge, and need across many contributors.**”

And a link:

- WHO - [From consultation to partnership: WHO Civil Society Commission charts next phase](#)

“ The World Health Organization (WHO) Civil Society Commission (CSC) held its third Annual General Meeting (AGM) virtually on 2 April 2026...”

“... In his keynote, WHO Director-General Dr Tedros Adhanom Ghebreyesus was direct: civil society is not at the margins of global health – it is on the front line, working closest to communities, often under the most difficult conditions. He framed the current moment not only as a challenge but as a defining opportunity to deepen partnerships and strengthen health system resilience. The discussion that followed reflected broad agreement that, as challenges, from health financing gaps and system fragmentation to the rising burden of mental health and noncommunicable diseases grow more complex, ad hoc collaboration is no longer sufficient. Civil society must sustain its advocacy role while also securing a more structured place in global health decision-making,

grounded in joint action with WHO and Member States. The Director-General was clear on what that means in practice: "We want to move from consultation to genuine partnership. We want engagement that is not ad hoc, but embedded." ..."

Global Tax Justice & reform (and debt reform)

BMJ Editorial - Action for a healthier global tax system

A Waris & M Kavanagh; <https://www.bmj.com/content/393/bmj-2026-343297>

"Global treaty could ensure tax due is collected to pay for public services."

"Health systems worldwide are in crisis—waiting lists lengthening, workforces stretched, pandemic preparedness lacking. Too often, the explanation given is that there simply is not enough money. This is incorrect. **In fact, the global fiscal architecture that should collect taxes for public spending is failing. The global tax system diverts hundreds of billions of dollars annually away from public budgets through corporate profit shifting across borders** to conceal wealth or eliminate or reduce tax liability and governance that favours wealthy nations and individuals. **Cross-border tax abuse** occurs through legal loopholes while enforcement gaps allow illegal practice to flourish..."

"... This type of tax loss from public budgets is a major and neglected determinant of health. Consequences are sharpest in the global south."

"...Negotiations have been underway since 2024 for a United Nations Framework Convention on International Tax Cooperation focusing on reducing inequality and potentially decolonising the international tax space. However, the convention does not require unanimous ratification and will be binding only for those states that sign. **A strong convention for health financing would need to include three key provisions. First, a reallocation of taxing rights:** currently, a mining company operating in Africa can register its profits in a holding company in a European tax haven, depriving the source country of revenue despite it bearing the full environmental and social costs of extraction. Taxing profits where economic activity actually occurs could directly increase the capacity of nations in the global south to fund their health systems. **Second, mandatory transparency:** states should require corporations to publicly report profits and taxes. This would help dismantle the opaque systems that enable corporate profit shifting and offshore wealth and enable enforcement. **Third, we need a permanent intergovernmental tax body open to all UN member states beyond the control of only the most powerful governments. ..."**

PS: **"... The health community has been largely absent from this debate. That must change.** Fiscal policy is health policy: taxes uncollected from wealthy corporations and individuals can direct needed resources to health systems, workforce, and global efforts such as pandemic preparedness. Responsible management and anticorruption efforts must clearly also be strengthened. **Researchers should quantify the effect of tax abuse on health systems. Health ministries and the World Health Organization should formally engage in the negotiating process. National and international professional associations and journals should call for a strong, binding treaty. The convention is due to be concluded in 2027, and therefore the opportunity to help shape it is now.** The structure of tax could dictate our health for years to come."

Action Aid - Still Cooking With a Failed Recipe

<https://actionaid.org/publications/2026/still-cooking-failed-recipe>

“A review of IMF country advice on social spending, public services, debt, tax and gender equality.”

“A new report by ActionAid, Education International and the Tax and Education Alliance, supported by 19 partners, has revealed how the International Monetary Fund's (IMF's) rigid, one-size-fits-all approach to public spending continues to harm people living in poverty around the world. The report reveals staggering double standards and calls out the empty rhetoric of change within the institution. The IMF is still essentially a debt enforcer that serves the interests of wealthy creditors over people's lives, human rights, public services, and gender equality....”

Countries selected: Brazil, Ghana, Kenya, Malawi, Nepal, Nigeria, Senegal, Uganda, the UK, Zambia and Zimbabwe – they are deliberately diverse, from different regions and income groups.

South Centre (Tax Cooperation Policy brief) - Don't throw the baby out with the bath water: Making Wealth Taxes Work in Developing Countries

A Wanyagathi Maina; <https://www.southcentre.int/tax-cooperation-policy-brief-no-42-23-june-2026/>

“... This policy brief explores the relevance and feasibility of net wealth taxes in developing countries, reviewing the implementation experiences in Latin America and Africa, as well as key criticisms and objections, which range from efficiency concerns, administrative challenges, limited revenue yield, to political resistance. The brief argues that these challenges can be overcome through a well-designed wealth tax supported by international cooperation and domestic reforms to improve capacity and transparency. It calls for more research from a developing-country perspective on the effectiveness of such taxes and urges governments to pursue carefully designed wealth taxes aligned with national priorities to support progressive and sustainable revenue mobilization.”

Reuters - Debt restructuring framework for poorer nations needs fixing, Paris Club says

[Reuters:](#)

“ Paris Club said reforms should make the Common Framework faster and more efficient; Fifty-two percent of low-income countries are at low or moderate debt-distress risk, the report says. Ethiopia faces a dispute between bondholders and official creditors over its \$1 billion defaulted bond.”

“Reforms are needed to a core sovereign debt restructuring initiative for low-income countries known as the Common Framework to make it faster and more efficient, the Paris Club of creditor nations said in its 2025 annual report on Wednesday. The group released the report, a compendium of views from officials, at the start of an annual meeting in Paris that brings together creditors, borrowing countries and investors to discuss sovereign debt issues....”

UHC & PHC

Lancet Comment – Indonesia's health reform: from pandemic mandate to the six pillars of transformation

B G Sadikin; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01090-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01090-1/fulltext)

By Indonesia's Minister of Health. "... When I was appointed as Minister of Health at the height of the COVID-19 pandemic in December, 2020, **my mandate was two-fold: to manage the immediate crisis and to deliver the most ambitious health reform in Indonesia's history....**" Read what the latter entailed.

PS: Sadikin is seen as a **key contender in the WHO DG race.**

Trump 2.0 & US Global Health Strategy/bilateral health agreements

Semafor - Trump administration to end PEPFAR funding for South Africa

[Semafor](#):

"US President Donald Trump's administration plans to permanently end funding for the President's Emergency Plan for AIDS Relief, or PEPFAR, in South Africa, according to a State Department official and two congressional aides briefed on the decision. "The United States has decided to initiate a phased drawdown of PEPFAR programming in South Africa following South Africa's failure to make demonstrable progress on policy requests by the administration," the State Department official told Semafor. The aides said that **State Department officials confirmed this week that the administration is aiming to close out PEPFAR, the US global initiative to fight HIV/AIDS, in South Africa by early next year.** "

- See also [Semafor](#):

"There is a case for transition. After two decades of external support, moving toward country ownership and sustainable financing is reasonable, something Washington says it is aiming to do across Africa..."

"... This is not to say Washington's attempt to force Pretoria into gutting laws born of South Africa's constitutional settlement doesn't cross a line. PEPFAR did more than buy pills: It paid for the entire administrative and community spine. Estimates already circulating inside the government point to a gaping budget hole and modeled projections that could translate funding cuts into new infections and deaths. Officials and one rural outreach manager I spoke to over the weekend described **anger and a sense of betrayal, feeling blindsided by a decision that ties life-saving aid to demands over post-apartheid transformation laws. Pressing South Africa to dismantle these measures as the price of treatment is indefensible, undermining sovereignty,** and making cooperation on health harder..."

- And still via Semafor:

“South Africa is targeting self-reliance to fund its healthcare sector, its health minister told a UN meeting, saying Washington’s cancellation of a multibillion-dollar HIV/AIDS program was a “wake-up call.” Aaron Motsoaledi’s comments in New York came days after Semafor first reported that the Trump administration was withdrawing PEPFAR funding to the country, which poured \$8 billion into treating the world’s largest HIV/AIDS caseload over two decades.”

“The PEPFAR termination is a fiscal headache for South Africa: Pretoria has set aside a 750 million rand (\$45 million) stopgap allocation to keep clinics open, protect HIV/AIDS treatment, and revive clinical research trials — less than 10% of what Washington used to inject into the system annually.

Reuters - UNAIDS chief urges US to reconsider South Africa funding cut

Reuters:

“The head of UNAIDS said on Monday she was saddened by U.S. plans to withdraw HIV/AIDS funding for South Africa and urged Washington to reconsider, warning the move could cost lives in the country with the largest number of people infected with the virus....”

Byanyima argues for a **planned transition** instead.

Devex - Top US official defends controversial global health deals

<https://www.devex.com/news/top-us-official-defends-controversial-global-health-deals-112761>

“Jeff Graham, a senior State Department official, addressed the many controversies surrounding the MOUs, from concerns about access to health data to allegations that Washington is linking the deals to access to critical minerals.”

“The U.S. State Department has signed 32 bilateral global health memorandums of understanding to date but has not made them public, fueling criticism and speculation about their transactional nature. However, a senior official involved in negotiating the agreements insists there is nothing nefarious about them. In a rare public discussion of the MOUs by a top U.S. official, Jeff Graham, senior official for the Bureau of Global Health Security and Diplomacy at the State Department and acting global AIDS coordinator, addressed the many criticisms and controversies surrounding the deals, from concerns about U.S. access to health data to allegations that Washington is linking the agreements to access to critical minerals in countries such as Zambia....”

“If you had every MOU in front of you and you did a word search on critical minerals, you would not find those words. It's not in any MOU, and there’s no explicit ask for those anywhere,” he said during the SID-US 2026 Annual Conference on Thursday in Washington, D.C. That was one of many intriguing insights that Graham — who’s also America’s acting AIDS coordinator — revealed about the health agreements that have generated excitement, frustration, and perhaps above all, questions given how tightly guarded their contents have been.”

“...But Graham rebuffed criticism that the MOUs have been too secretive, explaining that countries can make their MOUs public whenever they want, and that the U.S. has not done so yet because

it's "strategically not good" to reveal details of deals while others are still being negotiated...."

"He also defended U.S. demands that partner countries share health data, noting that Washington is requesting no more information than it has through past assistance programs and, in some cases, less than what was collected under **PEPFAR**."

"And he praised the stipulations in the bilateral health compacts that countries put up a certain share of money to receive the larger bulk of U.S. funding as a long overdue promise.

"I say this unapologetically — this is **pushing better choices, better behavior on governments by making them put some skin in the game**," he said...." "If governments don't put their own skin in the game, are they going to be motivated to ever be self-sustaining?" he added, arguing the U.S. can't fund health programs forever...."

- See also [Devex Check-up](#) :

"Graham also revealed the bureau's other priorities.... He said the bureau has a **separate bucket of money for game-changing innovations** — such as the HIV prevention drug lenacapavir. **They also have money for neglected tropical diseases and nutrition**. "We did not include in the MOUs **nutrition and NTDs** ... in part because we just couldn't quite figure out how we wanted to use those monies. **So we preserved them**, and now have strategies that are getting close to approval for how we'll deploy the funds for those," he said."

"And the bureau is rethinking its approach to global health funding. **Rather than spreading resources across multiple diseases in multiple countries**, Graham said one idea is **concentrating funding on one or two diseases in specific geographic areas**. They also have **additional transition funding and incentive funding for countries that exceed their targets** in the MOUs."

"That said, **they don't have a budget for everything**. Graham said the **Bureau of Global Health Security and Diplomacy is structured differently from USAID**, and "almost entirely only working on **infectious diseases and major outbreaks and epidemics**." "We don't currently touch on **NCDs and some other things that may have been handled in the past**," he said, noting that everything they do is in line with the "America First" global health strategy."

Propublica - "A Huge Grab of Power": Trump Is Defying Congress on Foreign Aid

https://www.propublica.org/article/trump-defying-congress-foreign-aid-usaid-vought-rubio-constitutional-crisis?utm_source=bluesky&utm_medium=social&utm_campaign=propublica-bsky

"**A Constitutional Crisis: Congress gave orders to Trump officials on foreign aid spending, but officials have largely refused to follow many of them, likely in violation of the law, experts say.**"

"**Delayed Spending:** Officials have made little effort to spend aid money that Congress earmarked for specific purposes like nutrition and have reduced funding for HIV and other diseases.

"**Blocked Funds:** Russell Vought's Office of Management and Budget has labeled some aid money "unallocated" to control how it can be spent."

- See also [Devex Check-up](#):

“... But the billion-dollar question is: **What happens to everything else?** That includes **congressionally appropriated funding for organizations and programs, such as for Gavi, the Vaccine Alliance, the Global Fund, and family planning.** **ProPublica reports that a recent analysis found that of the \$9 billion that Congress asked the Trump administration to spend on global health in 2025, only \$190 million has been obligated as of March 2026. But the State Department disagreed, saying it has approved and implemented more than \$7.5 billion to date.”**

Public Citizen - Trump Administration Global Health Agreements: Negotiation Tracker

<https://www.citizen.org/article/health-mou-negotiation-tracker/>

(17 June) (see also last week’s IHP news)

“The Public Citizen “Negotiation Tracker” is a living document analyzing the available MoUs. ... The Tracker identifies areas where the standard template terms have been changed in the agreement with a specific country. It is designed to support country-level advocacy and action for more equitable agreements by identifying the areas where countries appear to have been able to negotiate changes that are less stringent or extractive and/or more tailored to country contexts. **It may be possible to re-negotiate MoUs and to update approaches during the implementation planning phases. The Tracker is also designed to identify potentially adverse consequences of the US approach to implementing the America First Global Health Strategy...”**

“... Countries are not being held to the same standards or receiving comparable benefits;

Variation in process and outcome metrics complicates regional harmonization and evaluation of the America First Global Health Strategy’s efficacy and impact;

Country-by-country terms and definitions for global health security collaboration differ, which may undermine regionally and globally coherent disease response; and

Variation across MoUs shows that countries have opportunities to negotiate improved terms, additional benefits or revised metrics.”

“... Two overarching conclusions emerge. First, by structuring these agreements as opaque, bilateral deals, AFGHS architects are not only missing an opportunity for alignment, standardization, and shared learning—they are actively limiting it. Immediate public release of all MoUs, along with the associated data and specimen sharing agreements, is essential to enable transparency, cross-country comparison, and the identification of best practices that could strengthen both country outcomes and the overall return on global health investments.

Second, the agreements demonstrate that countries do have some degree of agency within this process. Governments have secured more favorable and/or flexible terms, even as others have adopted more stringent conditions. Key provisions including areas for investment beyond the MoUs, domestic manufacturing and purchase of locally manufactured goods were introduced in some instances, and omitted in others. ...”

TGH - Why U.S.-Zambia Foreign Aid Negotiations Should Continue

W Moss; <https://www.thinkglobalhealth.org/article/why-u-s-zambia-foreign-aid-negotiations-should-continue>

“International Vaccine Access Center lead William Moss explains why Zambia needs funding to maintain progress on malaria, HIV, and vaccination programs.”

“...the withdrawal of support for critical programs should be gradual and planned; a successful MOU would guide that process....”

World Cup Football

Lancet Letter – The beautiful ad: alcohol promotion at the 2026 men's World Cup

J J Villalba & I Torres; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01255-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01255-9/fulltext)

“In the midst of the 2026 men's football World Cup, the paradox of using the world's most popular sport to normalise and promote alcohol consumption has resurfaced. Although it is understandable that an organisation like the International Federation of Association Football (FIFA) would seek to maximise its profits through sponsorships from brewing giants, such as AB InBev (Leuven, Belgium), **the willingness of host countries to support alcohol consumption is surprising. The pervasive presence of alcohol brands on promotional products, in stadiums, on television broadcasts, and on social media makes football a highly effective marketing platform,** as it systematically convenes billions of fans worldwide and helps bypass advertising controls....”

PS: “ **With a little help from WHO, FIFA even gets a dose of social washing with the Be Active campaign, which is broadcast alongside alcohol advertising during the hydration breaks, which seem to have been introduced for that very purpose....”**

More on NCDs & Commercial determinants of health

Report of the DG of the WHO on the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs to the United Nations Economic and Social Council.

<https://docs.un.org/en/E/2026/66>

“The report serves to highlight the achievements of the Task Force with respect to the four priorities of its 2022–2025 strategy:

(a) supporting countries in delivering **#multisectoral** action on the noncommunicable disease-related

Sustainable Development Goal targets;
(b) mobilizing **#resources** to support the development of national responses to reach the noncommunicable disease-related Goal targets;
(c) harmonizing action and forging **#partnerships**; and
(d) exemplifying United Nations reform.

The report was prepared following the adoption of the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of **#NCDs** noncommunicable diseases and the promotion of **#mentalhealth** and well-being.”

Lancet Editorial – Cancer in young adults: out of the shadows?

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01279-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01279-1/fulltext)

This week’s Lancet Editorial.

“ While cancer remains largely a disease of older individuals, a **surprising increase in early-onset cancers seems to be occurring. It is a trend that should have the attention of health communities everywhere....**”

The editorial concludes: “ ... **The issue of cancer in young adults is generating political attention. Aside from the US Senate's action, G7 leaders released a **statement** on June 17 identifying cancer in adolescents and young adults as a priority in global cancer care.** The requirement now is for concerted multidisciplinary effort in both research and health systems to better understand cancer in young adults and to meet the specific needs of those affected.”

Habib Benzian – Your Teeth Know What Kind of Health System You Live In

[On Substack](#);

“**Dental coverage and the limits of solidarity.**”

“**Oral healthcare is not marginal because it is trivial. It is marginal because it sits at the fault line between two competing ideas of healthcare: one rooted in collective responsibility, the other in the ability to pay.**”

With a history lesson on **Bismarckian health systems.**

SRHR

HPW - African Women’s Rights Charter Faces Challenge from Conservatives

<https://healthpolicy-watch.news/african-womens-rights-charter-faces-challenge-from-conservatives/>

“Human rights and legal experts have urged African governments not to buy into a draft charter being incubated by conservatives that will undermine the rights of women and girls.” (cfr recent webinar)

“... Now, one of the few continental treaties that protects women’s rights and promotes gender equality – known as the **Maputo Protocol** – is under threat from a conservative alliance with its roots in the Christian right-wing in the United States. This alliance has developed a rival treaty – the draft African Charter on Family Sovereignty and Values – that it wants the African Union to adopt instead. “

Quote: **“Dr Tlaleng Mofokeng, outgoing United Nations (UN) Special Rapporteur on the Human Right to Health, described the draft charter as “yet another assault on sexual and reproductive health rights and justice, as well as bodily autonomy and human rights in general”. It is the first continent-wide “patriarchal push to dislodge human rights”, she said, adding that the Maputo Protocol “has been playing a defining role in promoting gender equality, as well as protecting reproductive and health rights of women and girls in Africa....”**

Guardian - Midwives on frontline of childbirth deaths crisis denied visas for key summit

<https://www.theguardian.com/global-development/2026/jun/19/midwives-africa-asia-mother-baby-childbirth-deaths-crisis-denied-visas-summit-portugal>

“Outcry as experts from African and Asian countries – where mortality is highest – prevented from attending Portugal conference on prevention.”

“Visa rejections have threatened progress on mother and baby health after **experts from struggling countries were barred from talks, global midwife leaders have said.** Politicians, donors and UN agencies convened this week at the **International Confederation of Midwives (ICM) congress in Lisbon, Portugal,** a key conference to discuss the millions of avoidable mother and **baby deaths** every year. But **last-minute visa refusals meant eminent midwives from Africa and Asia – where the majority of lives are lost – were excluded.** Urgent appeals were lodged for delegates from countries including Nigeria, Ghana, Rwanda, Burundi, Uganda, Tunisia, Ethiopia, Sierra Leone, Bangladesh, India and Indonesia.....”

Child health

WHO urges scale up of newborn screening to improve early detection and care of birth defects

<https://www.who.int/news/item/23-06-2026-who-urges-scale-up-of-newborn-screening-to-improve-early-detection-and-care-of-birth-defects>

“The World Health Organization (WHO) today calls on countries to expand newborn screening for birth defects, highlighting how early detection and treatment can save lives and reduce lifelong disability for millions of children.”

“A new WHO report, [Strengthening capacity for newborn screening, diagnosis and management of birth defects](#), identifies newborn screening as an important opportunity to accelerate progress in child survival. Many conditions can be successfully treated if identified early after birth. These include congenital hypothyroidism, sickle-cell disease, hearing impairment and some metabolic disorders. **Yet millions of children are still diagnosed too late or never receive treatment at all. Worldwide, an estimated 8 million babies are born with a birth defect each year, and birth defects now account for almost 8% of all deaths among children under five. An estimated 90% of children born with serious birth defects live in low- and middle-income countries, where access to screening, diagnosis and treatment remains limited....”**

- Coverage via [HPW – WHO Urges Dramatic Expansion of Newborn Screening to Detect Birth Defects](#)

Lancet Public Health (Editorial) – Protecting childhood: a pressing priority

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00127-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00127-1/fulltext)

Editorial of the new July issue.

“All children deserve to grow up in safe, stable, and nurturing environments. Yet millions globally face adversity, with their youngest years marked by stress, trauma, or abuse. So-called **adverse childhood experiences (ACEs)** include sexual, physical, or emotional abuse, physical or emotional neglect, and parental separation or divorce. ...”

... **The burden of ACEs is substantial. In this issue of *The Lancet Public Health*, Sheri Madigan and colleagues report the first systematic review and meta-analysis pooling prevalence estimates for ten core ACEs....** The most common ACEs were emotional abuse and parental divorce or separation, with around one in four adults reporting these ACEs. Around one in five adults reported emotional neglect, physical abuse, or living with a household member who had a substance misuse or mental health problem. One in seven reported witnessing intimate partner violence, one in nine reported physical neglect, one in ten reported sexual abuse, and one in 12 reported incarceration of a household member. **These comprehensive findings provide policy makers with strong evidence to direct more resources toward addressing ACEs. ...”**

Planetary Health/Climate & Health

Carbon Brief - Bonn climate talks: Key outcomes from the June 2026 UN climate conference

<https://www.carbonbrief.org/bonn-climate-talks-key-outcomes-from-the-june-2026-un-climate-conference/>

For an extensive overview of the key outcomes.

“Two weeks of tense UN climate talks in Bonn, Germany, have produced few tangible outcomes as diplomats faced “gridlock”. Negotiators failed to find agreement in numerous areas, such as scaling up global emissions cuts and funding for climate adaptation. In the closing plenary, many diplomats lamented weakened trust in the UN climate process, as it struggled to find its footing in a new geopolitical landscape. ...”

“As ever, climate finance was one of the greatest sources of tension between developed and developing countries, influencing the debate around adaptation and trade in the Bonn talks....”

Global Climate & Health Alliance - Bonn Climate Meeting: Health Community Calls Out Developed Countries for Blocking Climate Finance

https://climateandhealthalliance.org/press-releases/bonn-health_community-calls-out-developed-countries-for-blocking-climate-finance/

“Developed countries seem unable to recall climate commitments to triple adaptation finance made just seven months ago.”

“As the annual UNFCCC climate meeting (SB 64, June 8-18) closed in Bonn, the Global Climate and Health Alliance called on governments of developed countries to stop blocking Global Goal on Adaptation negotiations and to triple adaptation finance for the sake of health and lives of people everywhere....”

UN News - Climate crisis: UN chief lays out solutions blueprint for clean energy transition

<https://news.un.org/en/story/2026/06/1167785>

As a deadly heatwave continued to grip Europe on Tuesday, UN Secretary-General António Guterres issued an impassioned appeal for more ambitious global action on climate change caused by fossil fuels, to prevent irreversible damage. In a major keynote speech at London Climate Action Week, the UN chief called on AI firms to "come clean" on the full environmental impact of data centres in terms their carbon, water and land footprints.”

With a seven-point plan for energy independence.

PIK - New UN brief highlights governance challenge of Earth system tipping points

<https://www.pik-potsdam.de/en/news/latest-news/new-un-brief-highlights-governance-challenge-of-earth-system-tipping-points>

“A new science brief by the UN Secretary-General’s Scientific Advisory Board highlights Earth system tipping points as a unique global governance challenge. The brief, produced in partnership with the Potsdam Institute for Climate Impact Research (PIK), argues that the risks of crossing tipping points require decision-making under deep uncertainty, long time horizons and potentially hard-to-reverse change.”

Carbon Brief - Experts: Why carbon removal needs a ‘major scale up’ to return warming to 1.5C

<https://www.carbonbrief.org/experts-why-carbon-removal-needs-a-major-scale-up-to-return-warming-to-1-5c/>

“Last week, more than 260 researchers convened in Milan to discuss the opportunities, challenges and risks involved in scaling “carbon dioxide removal” (CDR) to help curb climate change.

The conference – held on the campus of the Politecnico di Milano – is **the fourth in a series**, with previous editions held in Oxford, UK in 2024, and Gothenburg, Sweden in 2018 and 2022. “

“A broad range of academics – from forests, oceans and soils experts through to social and political scientists – discussed the co-benefits and trade-offs involved in drawing down CO2 from the atmosphere at scale, as well as the ways policy could drive CDR deployment.”

Carbon Brief summarises the key talking points at the conference.

- PS: related tweet PIK: **“Carbon removal will become increasingly important as the world risks overshooting 1.5°C, says PIKs Sabine Fuss in @carbonbrief.org. But climate change may make some approaches, especially forests, less resilient with higher temperatures & more disturbances.”**

High-level strategic meeting for the Alliance for Transformative Action on Climate and Health (ATACH) (25 June)

<https://www.who.int/news-room/events/detail/2026/06/25/default-calendar/atach-high-level-strategic-meeting>

Organized under the auspices of the **Health Working Group of the G7** under the G7 Presidency of France and WHO, the **ATACH High-Level Strategic Meeting** took place in Paris on 25 June.

“The WHO-led Alliance for Transformative Action on Climate Change and Health (ATACH) brings together over 100 countries and over 100 partners prioritizing increased action on climate change and health at the national level. A high-level strategic meeting of the Alliance [was] held on 25 June in Paris, under the auspices of the Ministry of Health of France, to renew the health sector’s commitment to sustainable, low-carbon and climate-resilient health systems in the face of the global climate crisis....”

[Stay tuned](#) for an article with meeting outcomes.

The Elders – A UN Planetary Council could help tackle the global climate and nature crisis

<https://theelders.org/news/un-planetary-council-could-help-tackle-global-climate-and-nature-crisis>

“A UN Planetary Council could help drive more effective global action on climate change and other environmental crises. The current system is operating in silos. We need more urgent and

coordinated action. The focus should be on putting existing decisions into practice and tracking progress. This is essential if we are to protect our shared planet from irreparable harm....”

“**President Lula of Brazil first called for a UN Climate Council in 2024.** We applaud his ambition, particularly given the complex and polarised geopolitical environment in which multilateralism currently operates. **A UN Planetary Council would encompass not only the climate crisis, but also the full range of global environmental crises,** from the loss of nature and wildlife to land degradation, desertification, and pollution. These crises are deeply interconnected and must be addressed together...”

“... **Existing coordinating mechanisms,** such as the UN Economic and Social Council, have significant roles to play. But they have not proved capable of driving the wider progress needed.... **A Planetary Council could fill that gap, seeking to coordinate all actors around urgent environmental priorities.** It would work to align efforts across existing conventions to ensure that they reinforce, rather than compete with, one another. This would maximise our collective impact in safeguarding the planet. **A UN Planetary Council would also put the climate and nature emergency at the heart of the UN system, giving it the political weight and visibility it needs.** Such a Council **could be established through a UN General Assembly resolution,** in the same way that the UN Human Rights Council was created as a subsidiary body in 2006.....”

Earth’s Future - Charting a Transformational Course Toward a Safe and Just Future: The Earth Commission's Contribution

J Rockström et al; <https://agupubs.onlinelibrary.wiley.com/doi/10.1029/2025EF006976>

“... the Earth Commission has developed a science-based framework that integrates biophysical limits with justice considerations, aiming to enable human wellbeing for all. **The Earth Commission's first assessment showed that multiple safe and just Earth system boundaries have already been transgressed, threatening the resilience of the planet and the well-being of billions. This paper outlines the vision and scientific strategy for the Earth Commission's second phase (2024–2027),** which focuses on advancing this framework and translating it into actionable budgets and exploring transformation pathways toward a safe and just future. **Key components include expanding the safe and just boundary assessment to currently under-assessed Earth system processes (e.g., novel entities and ocean change), integrating justice more deeply into the framework, modeling interactions between boundaries and tipping points, and developing practical approaches to cross-scale translation and transformation.** Special attention is given to the structural inequalities and power dynamics that shape both environmental degradation and our capacity to act. ...”

Telegraph – Uganda introduces checks for polluting cars that kill more than HIV

<https://www.telegraph.co.uk/global-health/science-and-disease/uganda-emissions-pollution-air-hiv-cancer-bronchitis/>

“**Background air pollution in the capital Kampala exceeds WHO limits by up to 12 times.**”

“**Uganda is conducting its first compulsory emissions checks on vehicles after it emerged more people are dying from air pollution than HIV in the capital Kampala.** High air pollution levels in the

city, where many vehicles are more than 25 years old, **account for around one in five adult deaths from natural causes....** “

“Recent exhaust pipe tests on cars, minibuses, lorries and motorcycles showed **nitrogen oxide emissions more than nine times higher than European limits. Background air pollution – primarily caused by road transport – was found to exceed World Health Organisation (WHO) limits by up to 12 times.....**”

NEJM (Perspective) - Improving Global Air-Quality Indices — The WHO’s New Roadmap

R D Brook et al; <https://www.nejm.org/doi/full/10.1056/NEJMp2601256>

“Many countries rely on air-quality indices to inform the public and help protect people during short-term increases in air pollution. Their use has important societal and economic implications.”

“At a time when regulatory protections have increasingly become subject to political maneuvering and the burden of safeguarding public health is shifting to clinicians, local health officials, and the public itself, AQIs are taking on a more important role. To maintain public trust, such indices must be subject to robust independent examination to ensure that they align with the latest scientific evidence. In January 2026, the WHO published a report, which we coauthored with colleagues, evaluating these tools.... ..”

“... The WHO report distinguishes between two broad categories of indices. Conventional AQIs convey information about short-term concentrations of pollutants (e.g., PM2.5, ozone, nitrogen dioxide [NO2], sulfur dioxide, and carbon monoxide) using standardized, unitless scales (e.g., 0 to 500 in the United States).... .. In contrast, air-quality health indices (AQHIs), such as the index adopted in Canada in 2008, provide values that are indicative of health risks (e.g., the risk of death associated with exposure to mixtures of various pollutants....”

PS: “... The WHO report identifies the transition to health-based, multipollutant indices as a key priority. Yet it also recognizes the complexity involved in developing such indices and suggests that implementing simpler approaches, including indices based on only PM2.5, could be an interim strategy in resource-constrained settings....”

US pushes World Bank climate target to the brink

<https://www.eenews.net/articles/us-pushes-world-bank-climate-target-to-the-brink/>

“The bank’s goal of steering 45 percent of its financing toward climate projects is being attacked by the White House before it expires at the end of June.”

Nature Health – Health and climate justice for small and island nations

Hans Kluge (WHO Euro) & Saia Ma’u Piukala (WHO Office for the Western Pacific Regional); <https://www.nature.com/articles/s44360-026-00157-3>

“By working together, small and island nations can shape a fairer, more effective response to climate change.”

- Via **Kluge on LinkedIn**: “Small and island nations have contributed the least to global emissions, yet they face some of the most immediate and severe health risks from climate change. **In a new Comment in Nature, co-authored with my colleague Dr. Saia Ma'u Piukala, WHO Regional Director for the Western Pacific, we argue that the countries most exposed to these risks also hold vital knowledge for the response, and can achieve more by working together across regions. “**

“... Our regions have much to learn from each other. The WHO European Region brings experience in institutional coordination and heat-health action. Western Pacific countries bring deep knowledge of community engagement, traditional leadership and decision-making rooted in local realities.

That cooperation can deliver practical results, with countries better prepared for climate-related health risks, health workers ready for emergencies, and fairer access to the finance small and island nations need to protect people.”

Nature Africa - The invisible workers behind the green transition

<https://www.nature.com/articles/d44148-026-00171-3>

“Informal miners, recyclers and waste workers help power the shift to renewable energy, yet **their labour is often overlooked in sustainability debates.**”

- And via [Devex@LondonClimateactionweek](#): **Making money moves**

Re climate finance trends: “Global climate finance surpassed \$2 trillion in 2024 and is expected to reach \$2.1 trillion this year, according to new data released by Climate Policy Initiative during London Climate Action Week. The figures suggest climate investment has continued to grow despite geopolitical tensions, debt pressures, and economic uncertainty. But the picture remains uneven. While finance flowing to emerging markets and developing economies grew 10% in 2024, reaching \$1.2 trillion, least-developed countries actually saw climate finance fall by 21%. Meanwhile, domestic private players now account for 60% of global mitigation finance and have driven roughly 70% of its growth since 2019....”

- Also via [Devex](#): re a **Devex survey on climate & health**

“Climate change is no longer just an environmental story — it’s rapidly becoming **one of the biggest threats to global health. Yet despite growing awareness, many experts worry health systems remain dangerously unprepared. In a recent Devex survey, 89% of respondents say climate change is already significantly affecting health outcomes, while 90% expect the situation to worsen over the next decade....”**

“**Many see the “One Health” approach — which links the health of people, animals, and ecosystems — as the most promising path forward. But experts warn that frameworks alone won’t solve the problem. As one survey respondent puts it: “Agreeing that One Health is the right framework is not the same as claiming it is sufficient.” The challenge is becoming more urgent as climate impacts accelerate just as aid budgets contract. Respondents point to weak coordination,**

underinvestment, and a lack of climate-informed health policies as major obstacles. The consensus was clear: **Tackling climate and health together** will require stronger local adaptation, better data, more resilient health systems, and **far greater investment before today's crisis becomes tomorrow's catastrophe.**"

- For some **more key messages of this survey**, see also Devex: [How climate change impacts global health — and what to do about it](#)

Guardian - Datacentres facing increase in global climate-related legal cases, report finds

<https://www.theguardian.com/environment/2026/jun/25/datacentres-facing-increase-in-global-climate-related-legal-cases-report-finds>

"LSE analysis highlights litigation linked to energy sources, water consumption and air pollution."

Access to Medicines, vaccines & other health technologies

Devex Check-up – Take a bet

<https://pages.devex.com/index.php/email/emailWebview>

(23 June) "Post-COVID-19, there have also been efforts to boost vaccine manufacturing in Africa. **South African vaccine manufacturer Biovac recently secured a major financing boost from international financial institutions such as the International Finance Corporation and the European Investment Bank to build an end-to-end, multivaccine facility on the African continent. But getting that financing was far from straightforward, Biovac CEO Morena Makhoana said at the CEPI summit.** When approaching lenders, he said they were often asked if they had offtake agreements, state guarantees, or an equity partner. Grant funders would ask about their regulatory system. When Biovac couldn't tick all those boxes, the answer was often: "Come back later." **Things only started changing when some funders "took a bet" on them. In 2022, the company signed a licensing and technology transfer deal with the International Vaccine Institute to develop and manufacture oral cholera vaccines, with initial funding from Wellcome and the Gates Foundation. That early support helped unlock additional financing, with organizations such as the ELMA Vaccines & Immunization Foundation and Open Philanthropy — now known as Coefficient Giving — joining the effort. And today, while they're still doing clinical trials, Makhoana said 15 different organizations are now backing the project — a sign of how quickly momentum can build once the first investors come on board...."**

Resolve - Can market shaping improve medicine access across Africa?

Paul Adepoju; <https://www.re-solveglobalhealth.com/post/can-market-shaping-improve-medicine-access-across-africa>

“More affordable medicines do not always lead to better access. As donor funding becomes less certain and the burden of non-communicable diseases continues to rise, African countries are exploring whether market shaping can create more reliable medicine supply.”

“...attention in many African countries is increasingly shifting beyond price reduction alone to “market shaping”—strategies designed to make medicine markets more predictable, affordable, and sustainable..”

More than 50 organisations call on the EU to ensure that medicines funded by public money are accessible

<https://saludporderecho.org/en/funded-public-money-accessible/>

“... Salud por Derecho, together with 53 other European and international organisations, has called on the European Parliament to use the negotiations on the EU’s next research and innovation programme to introduce changes. We are asking that, whenever the European Union funds projects aimed at developing new medicines, vaccines or other health technologies, consideration is given from the outset to how those products will ultimately reach the people who need them....”

- Related analysis in Geneva Health Files: [When The Public Pays Twice: The Gap in The Conditions on Access. Analysis on The EU's €175 Billion Research Funds](#) (by Merlin Ince)

Concluding: “...The Pandemic Agreement governs products for health emergencies, while FP10 governs health research of every kind. The principle, however, is identical, and the EU has already accepted it once. **Having concurred in Geneva, through the Pandemic Agreement, that public money for research should come with access conditions, the EU is now deciding, in Brussels, whether to apply that same principle to the proposed €175 billion it will spend on research over the next seven years.** Whether a commitment made internationally, reaches the EU's own research budget is the question that the coming negotiations will settle.”

FT - US launches trade investigation into Germany’s spending on new medicines

<https://www.ft.com/content/ef3e7973-aa6f-454b-8a77-ae48de18aa34?syn-25a6b1a6=1>

“So called Section 301 probe escalates Washington’s drug pricing war with Europe.”

CGD - Petrochemicals and Pills: How the Iran War Exposed Medicines' Oil Vulnerability

A Hirschfeld & P Yadav; <https://www.thinkglobalhealth.org/article/petrochemicals-and-pills-how-the-iran-war-exposed-medicines-oil-vulnerability>

“A new analysis shows how the Iran War disrupted upstream inputs for pharmaceutical supply chains, as the United States and Iran move toward a deal.”

“A March [analysis in Think Global Health](#) (TGH) explored the pharmaceutical supply-chain weaknesses exposed by the Iran War, including regional dependencies and transportation vulnerabilities. This new analysis builds on that prior work to better understand how the Iran War's upstream supply-chain shocks affected petrochemical and transport inputs, and how those volatilities translate into changes in the wholesale cost for 10 commonly used essential medicines. Through drug-price breakdown modeling, TGH estimates that during the Iran War, rising prices of petrochemicals involved in drug manufacturing—propylene, benzene, and ammonia—and ocean and airfreight transportation drove up the costs of wholesale drugs by 19% to 87%. Methotrexate—a benzene- and ammonia-derived drug with clinical use in cancer treatment—saw the largest increase, and metformin—an ammonia-derived drug with clinical use in type 2 diabetes—saw the smallest....”

TGH tracked the **impact of two main pathways in which Oil impacts Pharmaceutical Prices.**

Conflict/War & Health

Geneva Solutions - Soaring sexual violence in Sudan is creating mental health emergency, says Global Survivors Fund chief

<https://genevasolutions.news/peace-humanitarian/soaring-sexual-violence-in-sudan-is-creating-mental-health-emergency-says-global-survivors-fund-chief>

“As Sudan’s brutal civil war continues to tear the country apart, rape and sexual violence have reached an unprecedented scale. Esther Dingemans, executive director of the Global Survivors Fund, says the crisis should be treated as a mental health emergency.”

Lancet (Comment) - Pakistan and Afghanistan: a call for health diplomacy and restraint

Zulfiqar A Bhutta et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01189-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01189-X/fulltext)

« ... The wider peace-making initiatives needed to de-escalate tensions in the region are complex and require sustained diplomatic engagement, regional cooperation, and long-term confidence-building measures. **Even limited health diplomacy through coordinated disease control, referral pathways, nutrition support, and humanitarian access can serve as a pragmatic entry point for broader trust-building between the two countries.** In terms of tangible health and humanitarian priorities, **we make four urgent recommendations....”**

Guardian - Israel continues to commit genocide by targeting children in Gaza, UN inquiry finds

<https://www.theguardian.com/world/2026/jun/23/israel-deliberately-targeting-gaza-children-to-commit-genocide-un-inquiry-finds>

“Independent report says by aiming at children Israel is undermining capacity of Palestinian people to exist.”

Globalization & Health - Security governance and health inequity in contemporary crises: a critical discourse analysis of securitization, exception-making, and responsibility displacement

A Khorram-Manesh et al; <https://link.springer.com/article/10.1186/s12992-026-01226-8>

“Contemporary crises increasingly draw health systems, humanitarian access, medical supply chains, and civilian protection into security-oriented governance. While the health consequences of war and economic coercion, and geopolitical rivalry are widely documented, less attention has been paid to the discursive processes through which such consequences are rendered legitimate, unavoidable, or politically peripheral. **This paper addresses this gap by applying a critical geopolitics framework and critical discourse analysis to examine how geopolitical narratives may structure health-relevant governance during crises. ... the study identifies three recurring discursive mechanisms: securitization, exception-making, and displacement of responsibility.** Across **five illustrative case contexts**—US–China geopolitical rivalry, the Russia–Ukraine war, the Israel–Palestine/Gaza crisis, Iran-related sanctions and protest governance, and US–Venezuela sanctions governance—**the analysis suggests how security narratives can condition humanitarian access, reshape the practical meaning of civilian protection, and diffuse accountability for health harms....”**

Migration & Health

Lancet GH Editorial - Mental health for refugees

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00136-1/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00136-1/fulltext)

Editorial of the new Lancet Global Health issue.

“... apart from conventional psychosocial interventions such as trauma-focused cognitive behavioural therapy, various innovative approaches have been developed to address refugees’ mental health. For example, a digital problem-solving intervention for young Ukrainian refugees and a group-based, self-help intervention for female refugees in Uganda have both shown benefit. **This issue of The Lancet Global Health adds evidence for another innovative approach rarely tested among refugees—stepped care....”** **“Stepped care** is a patient-centred model that starts with low-intensity, low-cost interventions and escalates those who do not see symptom improvement to more intensive interventions...

PS: **“Being a refugee is itself a profound determinant of health,** and no amount of psychotherapy and pharmacotherapy can fully resolve the distress and anxiety caused by exclusion, financial instability, and insecurity. National and international health policies must recognise and respond to the mental health needs of refugees, especially those who have multiple intersecting vulnerabilities.”

Miscellaneous

Cidrap News - Pandemic pathogens, dengue, cholera were world's largest emerging infectious disease burdens from 2000 to 2022

<https://www.cidrap.umn.edu/covid-19/pandemic-pathogens-dengue-cholera-were-world-s-largest-emerging-infectious-disease-burdens>

“From 2000 to 2022, pandemic pathogens such as SARS-CoV-2, the virus that causes COVID-19, imposed the largest historical and projected emerging infectious disease (EID) burdens around the world, while dengue and cholera were the most burdensome non-pandemic illnesses, suggests a new [analysis](#) in *BMJ Global Health*. By region, the Americas and Africa shouldered the largest per-capita burdens, and the Western Pacific faced the smallest....”

“Led by Harvard researchers, the study team developed a method for measuring and ranking health and economic disease burdens and applied it to 15 high-priority EIDs in 223 countries and territories historically (2000 to 2022) and prospectively (2025 to 2034). ...”

Lancet Commission on on rethinking misinformation, health, and human security

Heidi J. Larson et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01128-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01128-1/fulltext)

« ... It is time to systematically address misinformation and disinformation in a health context. A new Lancet Commission on rethinking misinformation, health, and human security will convene experts from risk science, security, the social and political sciences, mathematics and computer science, and health to rethink a systems approach to misinformation and disinformation threats to human health and security....”

Global health governance & Governance of Health

Backroom Deals

<https://1for8billion.org/backroom-deals>

New report on **Backroom deals between (SG) candidates and the most-powerful Council states.**

In the words of **Ben Donaldson** (on LinkedIn), **“a report that shines a light on the dodgy world of dealmaking that blights the Secretary-General selection process.”**

- See also **PassBlue** - [Backroom Deals Behind Secretary-General Candidate Races](#) (accompanying analysis)

Devex Pro - World Bank weighs how to govern new accountability mechanism

<https://www.devex.com/news/world-bank-weighs-how-to-govern-new-accountability-mechanism-112764>

(gated) **“Civil society groups want the newly merged accountability mechanism to uphold the stronger policies of one of the three existing mechanisms.”**

“The World Bank’s board has approved the creation of a single independent accountability mechanism, merging its three existing complaints bodies under one roof. The decision, announced earlier this month after a yearlong review, settles a long-running debate over the institution’s accountability architecture. But it **leaves unanswered what may be the more consequential question: What policies will govern the new mechanism?** The World Bank said the reform will make its accountability system “simpler and clearer” for complainants while reducing fragmentation. **The new body, to be led by a vice president or director-general, will combine the Inspection Panel and Dispute Resolution Service — which both handle complaints related to public sector projects — with the Compliance Advisor Ombudsman, or CAO, which covers private sector projects financed by the International Finance Corporation and the Multilateral Investment Guarantee Agency. The new, merged unit will report directly to the World Bank Group board....”**

Devex (Opinion) – The World Bank Group has a rare chance to fix its accountability system

By Elana Berger; <https://www.devex.com/news/the-world-bank-group-has-a-rare-chance-to-fix-its-accountability-system-112770>

“The World Bank Group's accountability overhaul could improve remedy and institutional learning, but only if integration strengthens rather than weakens existing protections.”

“The World Bank Group should use its latest accountability reform to fix its persistent inability to deliver remedy when projects cause harm. Earlier this month, the World Bank Group's board of directors approved the integration of the independent accountability mechanisms covering its public- and private-sector operations, launching the most significant overhaul of the institution’s accountability system since the creation of the Inspection Panel over three decades ago. If done well, the change could make accountability more accessible and effective.”

“Achieving that will require the board to develop a policy that preserves community access to the mechanism, strengthens key accountability functions, and establishes a transparent and independent process for selecting new leadership of the mechanism. If done poorly, the integration risks consolidating the weaknesses of the current system....”

“For communities harmed by development projects, accountability mechanisms are often the only avenue for redress when multilateral development banks fail to follow their own rules. Whether the World Bank Group gets this reform right will have real consequences for people harmed by development projects....”

Global Policy – Europe surrenders, Brazil pushes back: The G7 Summit in Evian in review

Bodo Ellmers; <https://www.globalpolicy.org/en/news/2026-06-23/europe-surrenders-brazil-pushes-back-g7-summit-evian-review>

Neat look back on the G7 summit. Some excerpts:

“The G7 Summit took place in Evian, France, from 15 to 17 May, with Chancellor Merz in attendance. In an effort to accommodate the current US administration, this year’s G7 communiqués make no mention of terms such as ‘sustainability’, ‘gender’ or ‘Agenda 2030’. Nor were any relevant measures agreed upon to achieve significant progress in these areas. ...” **“The European heads of state and government emerged from Evian looking weak. Particularly shameful was the capitulation of the French G7 presidency under Macron. Since 2015, France has consistently portrayed itself as a champion of the Paris Agreement, the landmark UN climate accord named after its capital. Yet in Evian, the French presidency backed away from prominently championing climate action, sustainability and the 2030 Agenda in order to avoid confrontation with Trump.....”**

“A new partnership with the Global South, but without any transfer of funds? ... Of particular note in this context are the new [Principles for Mutually Beneficial International Partnerships](#), which are annexed to the finance ministers’ communiqué. Rather than focusing on G7 contributions, the principles emphasise the mobilisation of the Global South’s own domestic resources, and in particular the mobilisation of private investment. Development banks and thematic funds are to broaden their donor base, but without undermining the “existing governance frameworks”. The G7 wants to have it both ways: It doesn’t want to put any of its own money on the table, yet still wants to call the shots. ...”

Global Health Research & Policy - Recalibrating Africa’s public health governance amid the shift from multilateralism to bilateralism

E Baba (WHO Afro), O O Olu et al ;

<https://www.sciencedirect.com/science/article/pii/S2397064226000074>

“This commentary examines the ongoing shift from multilateral to bilateral health development aid in Africa and its implications for regional public health governance.....”

Critical Public Health - Africa’s New Public Health Order: prospects, obstacles, and the way ahead

M Edward et al ; <https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2692728>

“.... the Africa Centres for Disease Control and Prevention (Africa CDC) launched the New Public Health Order (NPHO) in 2021 as a strategic framework built on five pillars: strengthened public health institutions, a robust health workforce, expanded local manufacturing of health products, sustainable domestic financing, and action-oriented partnerships. This article examines the prospects, obstacles, and future priorities associated with the NPHO. Drawing on policy documents, reports, and emerging evidence from across the continent, we discuss progress achieved through initiatives such as Saving Lives and Livelihoods, expanding regional

manufacturing ambitions, and strengthening public health leadership. We further highlight persistent barriers including fragmented governance structures, workforce shortages, donor dependency, limited domestic resource mobilization, regulatory challenges, and inadequate integration of One Health approaches in responding to emerging zoonotic threats. We argue that while the NPHO provides an important roadmap toward resilient and self-reliant health systems, its success will depend on stronger political commitment, sustainable financing, regulatory harmonization, investment in workforce development, and strengthened cross-sectoral collaboration....”

Preprint - Health Diplomacy as Soft Power: Evaluating Türkiye’s Strategic Engagement and Economic Outcomes in Africa

M M Farah; <https://www.researchsquare.com/article/rs-9160478/v1>

“This study provides a comprehensive, multi-country evaluation of Türkiye's health diplomacy initiatives across Africa, examining how strategic health engagements contribute to healthcare system strengthening while simultaneously generating soft power and mutual economic benefits for both Türkiye and its African partners.”

“Türkiye's health diplomacy has produced measurable and multifaceted outcomes across the continent. **The Recep Tayyip Erdoğan Hospital in Somalia** represents a \$135.7 million investment, treating approximately 40,000 patients monthly and training over 120 Somali medical specialists. **In Sudan, the Nyala Sudan-Turkish Training and Research Hospital** has served more than 250,000 patients since its establishment. **In Burkina Faso**, a Turkish medical team successfully performed the country's first-ever kidney transplant while providing advanced training to over 200 local healthcare professionals. **Critically, these health engagements have facilitated broader economic partnerships, including Turkish companies securing management of Mogadishu's port and airport, oil exploration rights covering approximately 20,000 km² in Somali waters, and a landmark agreement for the construction of a Turkish spaceport in Somalia. Turkish health facilities across Africa generate an estimated \$50–70 million in annual revenue, demonstrating the economic viability of the model.**”

Conclusion: “ **Türkiye's "win-win" (kazan-kazan) health diplomacy model** demonstrates how strategic health engagement can simultaneously address critical healthcare needs and advance national interests. ...”

ECDPM (Brief) – Global Gateway: A bridge between development and geostrategic interests

<https://ecdpm.org/work/global-gateway-bridge-between-development-and-geostrategic-interests>

“San Bilal examines the evolution of the EU's Global Gateway strategy and offers ten concrete recommendations.”

“This brief examines the evolution of the EU's Global Gateway strategy. The strategy has shifted from an approach in which development impact was the primary objective and geopolitics a secondary consideration (Global Gateway 1.0) towards a more strategic instrument that places greater emphasis on European geostrategic and geo-economic interests (Global Gateway 2.0).

Launched in 2021, **Global Gateway 1.0** prioritised sustainable infrastructure and social sectors through traditional development financing. **By 2024, the initiative started prioritising the EU’s competitiveness, strategic autonomy, and supply chain security — specifically regarding critical minerals and energy — aiming to compete with rivals like China and restore a level playing field.** The core challenge is aligning these EU geostrategic objectives with the developmental needs of partner countries....”

Global health financing

CGD (blog) – Paying for What Works: The Case for Outcome-Based Foreign Aid

Erin Collinson; <https://www.cgdev.org/blog/paying-what-works-case-outcome-based-foreign-aid>

“With calls for a fundamentally different approach to US foreign assistance growing louder, it’s worth considering whether the current moment might finally create the conditions for results-based approaches, including those that focus more precisely on outcomes, to receive a more serious look and benefit from more intentional implementation....”

“... What follows is a **brief description of three promising pay-for-performance approaches that have been proposed and tested**—each designed with results in mind, but varying in how consistently each ties disbursements to genuine outcomes and how widely each has been tried....”

UHC & PHC

Lancet Primary Care (Review) – Policies and interventions aiming to improve equitable access to primary care: a scoping review

J Lin, Luke Allen et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00068-3/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00068-3/fulltext)

Scoping review.

Pandemic preparedness & response/ Global Health Security

IHRP - The Pandemic Agreement at an Impasse

G W Brown et al; <https://internationalhealthreformpanel.org/reports/the-pandemic-agreement-at-an-impasse>

“Proportionality, Political Incentives, and the Future of Global Health Governance.”

“This report examines the repeated failure to conclude negotiations on the WHO Pandemic Agreement, identifying deeper structural tensions rather than temporary diplomatic failures. The central unresolved issue—Pathogen Access and Benefit Sharing (PABS)—has become a focal point for wider disagreements concerning sovereignty, reciprocity, proportionality, and the future direction of global health governance. Countries are being asked to undertake increasingly concrete commitments involving pathogen sharing, genomic sequencing, surveillance expansion, regulatory alignment, and preparedness financing, while promised benefits remain uncertain in timing, enforceability, affordability, and distribution. The report argues that the Pandemic Agreement reflects a broader shift in global health priorities from underlying determinants of health to a vertical, commodity-based approach that may impose the interests of wealthy countries over greater health burdens in lower-income states. The proposed preparedness agenda, estimated at over \$31 billion annually, risks diverting resources from tuberculosis, malaria, nutrition, maternal health, sanitation, and broader health-system resilience—areas that impose far greater and more immediate burdens on population health in many lower-resource countries. The authors contend that the current impasse represents not diplomatic failure but an important moment of political reassessment regarding the proportionality, evidence base, and sustainability of the proposed pandemic preparedness architecture....”

NYT - Buildings May Soon Have ‘Immune Systems’ That Fight Airborne Disease

<https://www.nytimes.com/2026/06/19/science/indoor-air-viruses-bacteria.html>

“Following the pandemic, the (US) federal government is spending \$150 million on new technology to ensure clean indoor air. Here’s what scientists are pursuing.”

“... the Advanced Research Projects Agency for Health — ARPA-H, for short — which is spending \$150 million to create what it calls “an immune system for every building.”

“... Dr. Green, herself an expert on airborne microbes, started the program at ARPA-H to work toward those solutions: BREATHE, for Building Resilient Environments for Air and Total Health. The goal is to have buildings fight disease the way they fight fires....”

Lancet GH – Hantavirus at sea: a test of the revised IHR and global health solidarity

S A Karim et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00163-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00163-4/fulltext)

“The Andes hantavirus outbreak linked to the cruise ship MV Hondius unfolded at a time when multilateralism is under acute strain, marked by cuts to global health funding and the weakening of international institutions. The outbreak represented the first noteworthy test of the revised International Health Regulations (IHR), amended in 2024 in response to failures exposed by COVID-19 and explicitly reoriented around equity and solidarity...”

On the pros & limits of the new IHR framework.

Planetary health

Lancet World Report – Protecting health in heating cities

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01281-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01281-X/fulltext)

“The **city of São Paulo, Brazil**, is involving citizens in an innovative project to combat the health dangers of excessive heat. Jacqui Thornton reports.”

Globalization & Health - The energy transition and export-credit agencies: problems or solutions for planetary health equity?

S Friel et al; <https://link.springer.com/article/10.1186/s12992-026-01224-w>

“Fossil-fuel dependant energy systems are bad for human health, unequally distributed and environmentally destructive including as a major source of greenhouse gas emissions. **Low- and middle-income countries are expected to account for the bulk of emissions growth in the coming decades. How the energy transition is supported in those countries will affect planetary health equity - the equitable enjoyment of good health in a stable earth system.** Much of the health and climate-related finance research has focused on health-care systems adaptation and emissions reduction. **Little attention has been paid by the health community to the role of public finance in the energy transition more broadly** and what that means for planetary health equity. **In this paper we examine the role of export credit agencies (ECAs) in creating an equitable global energy transition towards renewables and the implications for planetary health equity. ECAs rank among the leading public financial institutions in global energy investment....”**

Nature Climate Change - Global heat stress intensification and its expanding footprint on the human population

Rebecca Emerton et al; <https://www.nature.com/articles/s41558-026-02670-5>

“... **Here, using the Universal Thermal Climate Index, we assess heat stress globally since 1950, examining daytime extremes, nocturnal heat and compound daytime–nighttime events, revealing a pronounced, multidimensional intensification. Extreme ‘feels-like’ temperatures have become more frequent on every continent, and the spatial footprint of hazardous heat has expanded, exposing previously unaffected regions.** Heat stress days and tropical nights have increased, with some regions experiencing up to 50 additional heat stress days annually and an extended heat stress season. ... **Today, around one billion more people experience extreme heat stress compared to 50 years ago...**”

PIK - This is how fair climate action works: Findings for 88 countries with 5 billion people

<https://www.pik-potsdam.de/en/news/latest-news/this-is-how-fair-climate-action-works-findings-for-88-countries-with-5-billion-people>

“A study by the Potsdam Institute for Climate Impact Research (PIK) now sheds light, for the first time, on the carbon intensity of household consumption across much of the world – and thus on the distributional impact of climate policy, which, after all, makes carbon more expensive. The greatest differences are not between rich and poor, but within income groups: key factors include car ownership, place of residence and energy use. The study provides guidance on how to socially balance the fight against global heating. Published in the *Journal of Environmental Economics and Management (JEEM)*, it is supplemented by an interactive online carbon price calculator....”

SSM Health Systems - Policy Readiness for Climate-Resilient Primary Health Care: An Integrative Review of Ghana’s Community-Based Health Planning and Services Policy using World Health Organisation benchmarks

<https://www.sciencedirect.com/science/article/pii/S2949856226000978>

By R Rudolf Abugnaba-Abanga et al.

Covid

GAVI - Annual COVID-19 boosters continue to provide meaningful protection, study says

<https://www.gavi.org/vaccineswork/annual-covid-19-boosters-continue-provide-meaningful-protection-study-says>

Cfr a study in JAMA. “Even among people with residual immune protection from past infections, vaccinations, or both, updated COVID-19 boosters provided additional protection against hospitalisation.”

“Adults who received the 2025–2026 COVID-19 vaccine were around 55% less likely to be hospitalised with COVID-related disease and 50% less likely to require emergency or urgent care than those who did not receive it. Because many participants were likely to have had residual protection from previous infections, earlier vaccinations, or both, the results likely reflect the vaccine’s added benefit on top of this existing immunity....”

Infectious diseases & NTDs

Exemplars in Global Health (Research Brief) –Learning from Nigeria’s Exemplary progress in Malaria SNT (subnational tailoring)

Via [LinkedIn](#):

“Over the last decade, Nigeria cut its malaria parasite prevalence by almost half. Using a process called **subnational tailoring**, policymakers were able to shape national malaria programs and plans with local contexts in mind, like prioritizing the expansion of seasonal chemoprevention across high-burden states in Nigeria’s north and implementing continuous replacement campaigns for

insecticide-treated nets in the south. ... **New findings from Exemplars in Global Health show how subnational tailoring can address disease spread in diverse countries and contexts...**"

Devex (Opinion) – Malaria should worry us more than genetically modified mosquitoes

F Okumu ; <https://www.devex.com/news/malaria-should-worry-us-more-than-genetically-modified-mosquitoes-112732>

"Mosquitoes are evolving to survive insecticides, and countries are burning through health budgets just to hold the line. **Here is why Africa must rigorously evaluate engineered mosquitoes.**"

AMR

Nature (News) - Antibiotic cocktail made by soil bacteria can kill superbugs

<https://www.nature.com/articles/d41586-026-01990-y>

"**Four antibiotic compounds produced in Streptomyces bacteria attack multiple parts of an essential metabolic pathway.**"

"**Scientists have identified a cluster of genes in a common soil bacterium that produce a range of antibiotics that can act against multidrug-resistant bacteria.** Researchers say that the discovery could lead to the development of antibiotics that are harder for pathogens to develop resistance to...."

Nature - AI tool spots antibiotics that fight drug-resistant gonorrhoea

https://www.nature.com/articles/d41586-026-01987-7?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=62474850

"The bacterium *Neisseria gonorrhoeae* has evolved resistance to most antibiotics used to treat it, but a **machine-learning screen reveals potential therapies.**"

NCDs

BMJ GH - Lifestyle interventions for dementia prevention in low- and middle-income countries: a systematic review

<https://gh.bmj.com/content/11/6/e017630>

By Rosario Isabel Espinoza Jeraldo et al.

Nature Medicine – Biological aging and generational shifts in early-onset cancer risk

R Tan et al ; <https://www.nature.com/articles/s41591-026-04448-w>

“Analyses of population cohorts found that young adults exhibited earlier systemic and organ-specific aging, which was associated with increased risk of early-onset cancer compared with older adults born decades earlier.”

And a link:

- Lancet regional health Africa - [Syndemic drivers of cirrhosis in sub-Saharan Africa: narrative review](#) (review)

Social & commercial determinants of health

BMJ - Early data from Australia indicate that social media companies can't be relied on to protect children

<https://www.bmj.com/content/393/bmj-2026-100024>

“Policy makers need to focus on holding social media companies to account for the impact of their products, argues Louise Holly.”

Lancet Regional Health Africa (Health Policy)- Ultra-processed food consumption in sub-Saharan Africa: a narrative review through a gender lens

Madhura Rao et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00078-7/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00078-7/fulltext)

“Sub-Saharan Africa (SSA) is experiencing a rise in ultra-processed food (UPF) consumption, with implications for public health nutrition. **This paper argues that UPF uptake in SSA must be understood in relation to the gendered organisation of foodwork.** Drawing on evidence from across the region, **we show that women, despite increasing participation in paid employment, continue to primarily handle tasks such as acquiring food, cooking, and related domestic labour, creating time poverty. Under these circumstances, UPFs emerge as practical coping strategies, with implications for dietary quality and public health.** Policy approaches that emphasise home cooking or behaviour change may therefore be ineffective or inequitable if they increase women’s unpaid workload. **We conclude that addressing UPFs as a public health concern in SSA requires gender-responsive strategies that focus on the organisation of foodwork and the conditions under which food is prepared and consumed in order to reduce time burdens and reshape food environments....”**

Perspective Chapter: Global Paradigms of Health Equity – From the Five Domains to Social Determination

Frank F. Song; <https://www.intechopen.com/online-first/1243186>

“This chapter explores global paradigms of health equity by examining how the Social Determinants of Health (SDoH) framework is understood and applied across regions. It begins by outlining the dominant **“Five Domains” model – economic stability, education, health care, neighborhood environment, and social context** – widely used in the United States and embedded in international policy through organizations like the World Health Organization. This model has shaped screening and intervention strategies in high-income countries. **However, this chapter highlights key limitations of the approach, especially in global contexts.** The **“Five Domains”** can depoliticize structural causes of health inequity, individualize responsibility, and overlook historical and economic processes such as colonialism and global capitalism. **To address these gaps, the chapter introduces alternative frameworks, particularly Latin American traditions of Social Determination and Political Economy of Health,** which emphasize dynamic, historically rooted processes shaping health outcomes. **Through comparative case studies in Japan, South Korea, China, and India, the chapter shows how institutional arrangements, cultural legacies, and social hierarchies – such as labor markets, education systems, the hukou registration system, and caste – act as fundamental determinants of health.** It also examines migration, environmental injustice, and emerging digital determinants, including algorithmic bias and data colonialism in health artificial intelligence (AI).”

Mental health & psycho-social wellbeing

Globalization & Health – A social determination framework for mental health

F Mascayano, C Montenegro et al ; <https://link.springer.com/article/10.1186/s12992-026-01222-y>

« Drawing on Latin American traditions of social medicine—particularly Jaime Breilh’s paradigm of social determination of health—this debate article critiques reductionist frameworks that fragment structural causation into depoliticized lists of risk factors. We articulate a social determination approach for mental health research and practice, emphasizing the multi-level embodiment of power relations, the historical–political organization of social life, structural drivers embedded in institutions and policies, and the role of collective agency and praxis. Illustrative vignettes from Latin America (employment, discrimination, and environment) demonstrate how historically structured processes linking global political economy, institutional arrangements, and everyday social relations become embodied as mental distress, and how participatory and mixed-method research can help document these dynamics while supporting transformative, community-led responses....”

Adolescent health

Lancet Comment – New responses required to address rapidly changing needs: a Lancet Commission on adolescent health and wellbeing in China

Y Dong et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01187-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01187-6/fulltext)

« **A new Lancet Commission on adolescent health and wellbeing in China** will present a forward-looking, evidence-based roadmap for action and accountability. This Commission will articulate the ways in which adolescent health and wellbeing in China are being shaped by distinct demographic, sociocultural, digital, and environmental changes. **Although the rising burden of non-communicable diseases is increasingly recognised, four key interrelated challenges will inform the work of this Commission....”**

Access to medicines & health technology

NYT - Loophole in Patent Law Brings ‘Miracle Drug’ to Patients Who Can’t Afford It

<https://www.nytimes.com/2026/06/22/health/cystic-fibrosis-drug-triko-trikafta.html?smid=nytcore-ios-share>

“A generic version of a breakthrough cystic fibrosis drug, manufactured in Bangladesh for a fraction of the American price, may give some families around the world an unlikely lifeline.”

“... a Bangladeshi company has reverse engineered Trikafta and is using a loophole in global patent law to sell its version, called Triko, for a fraction of Vertex’s price. ... The Bangladeshi version gives those patients another option. Triko, costs \$6,350 a year for children, double that, for an adult dose. That’s still far too expensive for some people but low enough to be life-changing for others. ...”

“...Because Bangladesh is classified as a least-developed country, it is exempt from the World Trade Organization’s patent infringement laws. The country is home to a thriving pharmaceutical industry that takes advantage of this exemption by reverse-engineering patented drugs and exporting generics to countries where the drugs have no patent.... “

“Most countries also have an exemption that permits a person to carry a generic version of a medication into a country where it is patented or, in some cases, to import a generic by mail, if it is for personal use. That’s what brought Josua and his mother from their home near Cape Town to Dhaka....”

“... Mr. Reza describes his company’s business model — reverse-engineering breakthrough medications in defiance of patents on intellectual property — as an equalizer in the huge disparities in access to treatments between high- and low-income countries....” “ Beximco has done an initial production run of a two-year supply of Triko, for a few dozen patients, Mr. Reza said, and will see what market emerges. A [cystic fibrosis buyers club](#), that began with parents in Britain before Trikafta was available in that country, has partnered with an Indian company with experience shipping small quantities of medications internationally. It is a model that may have growing relevance as patients in lower-income countries seek out therapies that they know are changing lives in higher-income countries....”

Lancet World Report – India drug shortage leaves doctors rationing chemotherapy

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01280-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01280-8/fulltext)

“The Iran conflict has disrupted supplies of cisplatin and carboplatin, leading to treatment interruption for patients. Samaan Lateef reports from Mumbai.”

HP&P - Balancing policy ambition and systems reality in expanding access to NCD medicines: lessons from Ghana and Georgia

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag082/8717863?searchresult=1>

By A Koduah et al. “This paper examines four health-system factors influencing access to NCD medicines: system capacity, provider behaviour, digital enablers, and public trust.”

Decolonize Global Health

Lancet – Learning from experience

Seye Abimbola; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01249-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01249-3/fulltext)

Double book review by Seye. Re “*Chasing Freedom: Coming of Age at the End of Empire*” (by Simukai Chigudu) and “*Passive Patient Culture in India: Disrespect in Law and Medicine*” (by Supriya Subramani).

Cfr Seye himself: “I wrote an essay in @TheLancet on two seemingly different but deeply connected books by S Chigudu & S Subramani **What elite status/making does to how one reckons with, makes sense of, and learns from experience—lived or vicarious...**”

Nature Medicine – Inspiring, shaping and sustaining an African research & development agenda

M Fallah, J Kaseya et al ; <https://www.nature.com/articles/s41591-026-04480-w>

« Why Africa needs regional R&D hubs for basic science and translation research to accelerate local manufacturing. »

Miscellaneous

LSE impact (blog) - The UN is advocating for a GDP alternative – can social science provide one?

<https://blogs.lse.ac.uk/impactofsocialsciences/2026/06/22/the-un-is-advocating-for-a-gdp-alternative-can-social-science-provide-one/>

“A recently launched UN process offers a rare opportunity to reshape the metrics that govern global economic policymaking. Megha Sud, Calder Tsuyuki-Tomlinson and Anna Abraham outline how a new metric could encompass a far wider range of social scientific indicators and the challenges it faces in being implemented.”

“... While economists and statisticians will remain at the heart of the Beyond GDP technical processes, limitations of GDP make clear that economics alone cannot capture what human wellbeing looks like. With this in mind, the proposed indicators, championing the social sciences, include peace, human rights, planetary stability, health, work, education, security, and social cohesion. The framework is explicitly intergenerational, designed not just to capture how societies are functioning today, but to track whether what we are building will endure for future generations...”

“The inclusion of such qualitative indicators opens up space for insights and technical innovations from fields such as sociology, psychology, and anthropology which engage in understanding many dimensions of wellbeing, from social cohesion, cultural meaning to trust, and community belonging. Broadening the epistemic frame to include indigenous and local knowledges would also enable the incorporation of contextual and experiential insights central to wellbeing. Together, these disciplines and knowledge systems offer the possibility to connect measurable indicators to lived social realities. ...”

Papers & reports

HP&P – Developments in the field of Health Policy Analysis in low- and middle-income countries: A review of published literature 2008-2023

E B Whyte, L Gilson et al ; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag079/8717824?searchresult=1>

« This review maps the development of Health Policy Analysis (HPA) in low- and middle-income countries (LMICs) since 2008, when Gilson and Raphaely (2008) published a review clarifying the state of the field and tracing its evolution....”

Check out the findings.

Lancet Global Health June issue

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

Most articles were already online available before.

BMJ GH – Bridging the gap between public health, academia and policy

P Christen et al; <https://gh.bmj.com/content/11/6/e019587>

“Hackathons offer a structured and replicable approach to intentional knowledge translation, enabling researchers, policymakers and technical experts to co-develop solutions that address real public health priorities.....” “... The **Bridging the Gap Hackathon** demonstrates that time-bound, collaborative formats can strengthen research–policy linkages and **offer a promising model for accelerating locally relevant public health innovation in low- and middle-income settings.**”

SSM Health Systems - Not just a shock: examining contextual and shock attributes and their impact on health system resilience

K. Diaconu, S Witter et al; <https://www.sciencedirect.com/science/article/pii/S294985622600098X>

“Health system resilience in fragile settings is rarely examined. Analyses chronic shocks and stressors in four countries, 2015–2025. Classifies absorptive, adaptive, and transformative responses. Chronic stresses weaken absorption, prompting earlier adaptation. Transformation is rare due to political and institutional barriers.”

“... This paper presents a longitudinal, cross-country comparative study of health system responses to crises in Lebanon, Myanmar, Nepal, and Sierra Leone between 2015 and 2025. Using the **ReBUILD for Resilience framework**, we map 43 shocks across four domains—climate, conflict, health, and economic—and **classify responses into absorptive, adaptive, and transformative strategies.**”

“Our findings affirm that most responses can be categorised within this typology, though distinctions between phases are often blurred. **Absorptive responses** were frequently overwhelmed or bypassed, particularly in contexts already experiencing chronic stress. **Adaptive responses**, such as service reorganization and decentralized decisionmaking, were more common and sometimes sustained. **Transformative responses** were rare but observable, particularly where prior learning, institutional flexibility, and governance reforms were present. **We also find strong evidence that response strategies often co-occur and are shaped by prior exposure to shocks, political context, and system capacities.**”

Plos GPH – The invisible emotional labour sustaining LGBTQIA+ programmes within health organisations

A Sasikala, A Bhan et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006595>

“This commentary explores the invisible identity-based emotional labour carried out by LGBTQIA+ staff coordinating community-focused programmes within civil society organisations (CSOs) that increasingly supplement public health systems in low- and middle-income countries. Drawing on lived experience and observations from LGBTQIA + –led and LGBTQIA + –affirmative health systems work in India within CSOs, we examine how LGBTQIA+ staff navigate the demands of professionalism, representation, and funder expectations within rigid institutional hierarchies...”

Tweets (via X, LinkedIn & Bluesky)

Matthew Kavanagh

(thread – for even more detail, see [Bluesky](#)) “At the UN member states adopt new high level political declaration on HIV. surprise: it passed with amendments that made it significantly stronger on access to medicines and human rights than original. big deal in a moment where multilateral cooperation is in short supply. Some thoughts...”

“Very sad to see the US aligning w only a handful of governments opposed because of references to sharing technology justly and “social issues” they disagree with the vast majority of the world on. That is indefensible.”

“This declaration is *not* everything we want or need. But in 2026, in this geopolitical environment, it includes some of the most progressive language out there—more so than what’s passed WHA and other settings in last few years. That is a small ray of hope in dark times.”

“... at last minute EU proposed language on key population and gender-based violence and Africa Group removed "on mutually agreed terms" as a caveat around the sharing of technology. This came after a lot of negotiation and ultimately, both passed and overall resolution passed backed by most of world.”

Carsten Staur

(Chair of the OECD Development Assistance Committee (DAC))

“New projections from the OECD show that ODA is expected to fall by a further 6.9 percent this year. Coming on top of the dramatic 23.1 percent decline in 2025, this will bring ODA from DAC members down to 0.23 percent of GNI - equivalent to 152 billion US dollars - the lowest level since 2014. To put this in context: in 2023, ODA stood at 223 billion USD, or 0.37 percent of GNI. The decline has been steep and swift.”

“But there is another story worth telling. The ODA drops in 2025 and 2026 are primarily the result of cuts by a small number of major DAC members. The five largest DAC donors - the United States, Germany, Japan, the United Kingdom, and France - accounted for 93 percent of total ODA cuts in 2025. Looking at 2026, DAC members are divided. Sixteen countries are expected to cut ODA by a further 12 billion USD this year. At the same time, seventeen members are projected to increase their contributions - though collectively by only 0.7 billion USD. Of the 23 EU members of the DAC, a majority – 14 EU members – are expected to increase their ODA this year, compared to last year. Looking at Sub-Saharan Africa, G7 countries are expected to cut 13.9 percent this year, EU member states only 3.6 percent.”

“This offers some grounds for cautious optimism. It also makes clear that this is, ultimately, a question of political will. DAC members have risen to the challenge before: during the global financial crisis of 2008–10, in response to Covid-19, and following Russia's invasion of Ukraine, ODA increased in each case. Reducing ODA is not the right response to crisis, disasters and increasing global needs. With OECD projections showing that a majority of EU members are expected to increase their own contributions this year, attention now turns to the collective European effort in the context of the forthcoming MFF for 2028–34.”