

IHP news 884 : From ‘Health for All’ to ‘Scary for All’

(12 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,

As we provide today’s **Featured article by Rajeev B R** in full - he reflects on his IHP residency from last year -, we’ll keep it short in the intro.

In this newsletter issue, you find among others updates and analysis on the ongoing **Ebola emergency** and related **PPPR discussions and advocacy** (including a high-profile [letter to “stop the cycle of panic and neglect”](#)); the **Bonn climate meeting** (8-18 June); the usual sections on **global health governance & financing, global health reform**, etc. In Malaysia, a **Global Health Security conference** takes place this week (*stay tuned for analysis by colleagues next Friday*), and in Brussels, **The Lancet Commission: Accelerating Progress on Essential Medicines** convened, in partnership with “Team Europe” (from 9-11 June). The Commission is developing a new report to be launched in 2027, the 50th anniversary of the WHO Model List of Essential Medicines.

Early next week, Macron hosts the **G7 Leaders’ summit** in Evian, France (*we’re already bracing ourselves for an inflation of fluffy ‘middle powers’ discourse*). Later this month an important **UN High-Level meeting on HIV/AIDS** is scheduled in New York (22-23 June) against [a rather dark backdrop](#).

Among the **publications** of the week, later this morning a **new Lancet Series** will be launched, led by WHO and [HRP](#) researchers, and unveiling a **transformative roadmap for the leading cause of maternal death worldwide, postpartum haemorrhage (PPH)**.

We leave you with a short reflection for the weekend.

Back in the old days, many of us called for **‘Health for All’** - I’m sure you still vaguely remember those days. While at the time, clearly the global economic system was also cruel for hundreds of millions, perhaps billions of people, the hope was something real could be done about it. **In the year 2026**, however, **given all the worrying trends** (*in areas as diverse as [climate change](#) & [planetary boundaries](#), [AI](#), geopolitics, [conflict trends](#) & [nuclear weapons spending](#), [extreme concentrated wealth](#) ...*) the planet looks increasingly **‘Scary for All’**. True, the downfall of neoliberal globalization was always going to be ugly. But with four years left till the SDG deadline, the world has become a rather frightening, dystopian place for most of us, with few being “left behind” in this respect. At least if we dare to look carefully at many of the abovementioned trends.

Fortunately, [courageous and visionary people](#) continue to think [another future](#) is possible. They aren’t wrong. It requires, however - as they rightly claim - [“changing the rules of the global](#)

[economy](#)", no less. While time is running out. As scary times often attract scary leaders (*as I'm sure you've noticed lately*).

Enjoy your reading.

Kristof Decoster

Featured Article

Returning to Global Health: A Reflection on my IHP/EV Residency

[Rajeev B R](#)

I was an intern at the World Health Organisation in 2014, convinced that global health was where change happened. I returned to it in 2025 as an IHP/EV Resident at the International Health Policies (IHP) [network and blog](#) hosted at the Institute of Tropical Medicine (ITM) in Antwerp, Belgium. The residency lasted three months. What it left behind will take considerably longer to process.

My primary responsibility was to support the editor (who has a fairly busy job for one person) with the IHP newsletter, one of the most widely read curated newsletters and knowledge management tools on global health policies & governance. This involved sourcing health policy news from across the world, translating the newsletter into European languages and preparing summaries. I also supported editing, uploading blog submissions and other backend operations.

What seemed, on the surface, like editorial and communications work turned out to be a living laboratory for my own doctoral research. My PhD examines the agenda-setting of oral health in India, how certain health issues gain visibility, enter policy discussions, and eventually shape decisions, while others remain invisible, despite their scale. The concept of agenda-setting originates in [media studies](#) and describes how editors decide what news reaches the public. In doing so, they shape not just what people think about, but what policymakers consider worth acting on. The parallel to health policy is direct.

Working within the IHP editorial process and watching how news is sourced, curated, and foregrounded, I witnessed agenda-setting in real time. What gets in? What gets left out? How much space does a story occupy? Who is the intended reader? These are not neutral decisions. They are shaped by the editor's inclination and the gravitational pull of events, among other reasons. I also observed how much of the news finally reaches a global health audience. This was not a revelation in the theoretical sense. I already knew this. But there is a profound difference between knowing something as an idea and watching it operate as a daily editorial practice. The three months gave me a grounding for my research that no reading list could have provided.

I attended several high-level convenings during my residency, including ITM's annual colloquium and a webinar on the State of Health Policy and Systems Research organised by the WHO Alliance. I

attended the World Health Summit (WHS) in Berlin, in the backdrop of the USA's withdrawal from global health funding, which affected several programs worldwide and prompted governments to develop new self-reliant plans. Watching the global health financing and governance-dominated discussions at WHS reminded me, perhaps more acutely than ever, of a poem I had once encountered: Ross Coggins' [The Development Set](#). In this summit, public health decisions were debated in elite spaces far removed from the public realities they claim to [represent](#). The communities. Standing in those rooms, the poem stopped being a critique and became a description.

Returning to global health after a decade away clarified something I had only sensed before. To remain active in global health, to attend the global meetings, build collaborations, and secure visibility, one needs substantial resources: funding, networks, institutional backing, and the freedom to travel. These are not equally distributed. And even when all these conditions are met, working in the global health landscape, one may not expect the change one [hopes](#) to contribute. Or it may come slowly, partially, filtered through the very systems one is trying to transform.

What the residency reinforced for me is that the most durable change I can hope to contribute will come from working at the local level, which is specific, contextual, and grounded. If something I contribute scales eventually, if a local insight travels and reshapes thinking elsewhere, that would be a genuine contribution. But I have stopped waiting for global health to deliver the change from the top down. The architecture of global health, its funding structures, its conference circuits, and its publishing hierarchies were not built for that kind of change, and pretending otherwise is a form of self-deception that comes at a real cost.

Not related to the residency, I also attended the Global Oral Health Workshop at Heidelberg University, which unsettled me the most. During a Q&A, one audience member objected to the word *decolonisation* not in bad faith, but out of something more troubling: a genuine unfamiliarity with what it means as a concept, a practice, a living struggle. This person argued that colonialism was far enough in the past to make the term irrelevant. As though structural inequalities have an expiry date. I sat in that room as a researcher from India, whose work is rooted in precisely those legacies. The dismissal was not merely uncomfortable; it was the kind of epistemic violence that does not announce itself as such. I name it because polite silence is its own complicity. Global health has progressed in its language around equity. It has made far less progress in meaning it.

There is another dimension to this residency that I want to name honestly. I was not merely a recipient of the IHP experience. I brought something to it, too, a perspective that is not routinely present in European global health institutions: a voice from the Global South, with all its related complexity, politics, and different ways of seeing. The two newsletters I independently led had open rates of 36% (higher than usual) and 21%, respectively. The introductions I wrote were, I was told, well-received. I do not mention these to congratulate myself, but because I think it matters to name the dynamic explicitly: the alternative introductions that came from a different cultural and intellectual tradition were noticed. They were appreciated precisely because they were different. And yet, they had to exist within a framework. That is the double nature of being a resident, rather than an editor. You can influence the content; you work within someone else's structure.

I began this residency carrying the enthusiasm of someone who, despite a decade of distance, still believes that global health matters, that its problems are solvable, and that people of conscience can hasten those solutions. I ended it with a more tempered version of that belief, not diminished, but clarified. The problems are real. The institutions working on them are imperfect. The people inside those institutions are often trying harder than they are given credit for. And the voices that most

need to be heard from the communities where these policies land are still, too often, the last to be invited to the table. I came back to global health. I am glad I did. I return to my local work with sharper tools and a steadier sense of where I can be most useful. And if these reflections find their way to someone who is also navigating the distance between aspiration and structure in global health, I hope they recognise themselves somewhere in these pages.

Highlights of the week

Structure of Highlights

- Read of the week
- Ebola emergency: Overview of the week
- Ebola emergency: more analysis, key advocacy, snippets ...
- More on PPPR
- Global Health Reform
- Run-up to G7 Leaders summit (Evian, France 15-17 June)
- More on Global Health Governance & Financing/Funding
- Trump 2.0
- Bilateral health agreements & US Global Health Strategy
- World Cup Football
- Run-up to UN HL meeting on HIV/AIDS (June 22-23)
- SRHR
- NCDs & (social/commercial) Determinants of Health
- Digital determinants of health
- Access to Medicines, Vaccines & other health technologies
- Planetary Health/Climate & Health
- Conflict/War & health
- Some more reports
- Miscellaneous

Read of the week

Guardian - We economists have done the maths: 'growth' is a doomed strategy – there is a better way

O De Schutter, J Stiglitz, J Ghosh, T Piketty, K Raworth & J Hickel;

<https://www.theguardian.com/commentisfree/2026/jun/10/economists-maths-growth-doomed-strategy-un-agencies-political-leaders>

“Our **roadmap** has been shaped by experts across the world, from UN agencies to grassroots movements. **We call on political leaders at all levels to use it.**”

Re the [“roadmap for eradicating poverty beyond growth”](#). (The Roadmap will be presented to the 62nd session of the UN Human Rights Council on 25 June, 2026.)

(PS: De Schutter’s new organization: **New Economies Eradicating Poverty (NEEP)** is an initiative to advance alternative development pathways that can end poverty and inequalities on a liveable planet.)

“The roadmap provides a range of alternatives on how to move beyond the narrow “grow-tax-transfer” approach that has shaped policy for decades. It is not a blueprint shaped by a handful of experts. It is the exact opposite: over 18 months, more than 400 people – UN agencies, national governments, academic experts, civil society organisations, trade unions, social and solidarity economy actors and grassroots movements, from the global north and south – worked to answer a simple question: **how can we end poverty and reduce inequalities without treating GDP growth as the primary condition for progress?** More than 350 signatories have put their names to the plan, including Jean Drèze, Pavlina Tcherneva, Tim Jackson, Bhumi Muchhala, Julia Steinberger, Ndongo Samba Sylla, Timothée Parrique....”

“... We do not agree on every policy detail. But we are united in the conviction that our economies must be redesigned around the fulfilment of rights and collective wellbeing within planetary boundaries, rather than maximising output at any cost. Human rights here are not an afterthought; they are the organising principle for how we measure progress, set priorities and resolve trade-offs. Social protection and public services are essential, but they cannot indefinitely compensate for economies that by design generate poverty wages, insecure jobs and unaffordable housing. **We need to change the rules upstream....”**

In other words, **“... Implementing this vision means changing the rules of the global economy.”**

“... International solidarity is therefore a legal and moral obligation rooted in the historical reality that many rich countries built their wealth by impoverishing the south, through patterns of extraction that continue today in new forms. **A just transition beyond growth must include debt justice, increased south-south cooperation, reparative climate finance and support for universal social protection floors,** rooted in the principles of non-domination and self-determination so that countries can chart their own sovereign economic futures....”

(in the category “will be ignored by most ‘global health reformers’...”)

Ebola emergency: Overview of the week

With focus on **WHO & Africa CDC messaging.**

A second subsection provides **more analysis, advocacy and other news snippets.**

Africa CDC and WHO launch joint continental Ebola response plan

<https://www.who.int/news/item/05-06-2026-africa-cdc-and-who-launch-joint-continental-ebola-response-plan>

(5 June) Joint News Release.

“The Africa Centres for Disease Control and Prevention (Africa CDC) and the World Health Organization (WHO) today launched a joint continental preparedness and response plan on the ongoing Ebola outbreak caused by the Bundibugyo virus. The plan aims to raise US\$ 518 million to support African countries together with partners to prepare for, rapidly detect and respond to the outbreak.... The six-month plan, covering June to November 2026, brings together governments, partners and communities under a unified ‘One Response’ approach to strengthen outbreak response measures, including emergency coordination, disease surveillance, laboratory testing, infection prevention and control, clinical care, community engagement, research, logistics and support for essential health services.... The plan complements national response plans launched by the Governments of the Democratic Republic of the Congo and Uganda....”

- Related: Tedros - [WHO Director-General's opening remarks at the launch of the joint Bundibugyo Ebola virus continental strategic preparedness and response plan – 5 June 2026](#)

““It’s time-bound plan covering June to November this year... .. it’s a costed plan, at US\$ 518 million. That figure represents the combined effort of WHO, Africa CDC and key partners including UNICEF, UNHCR, WFP, the IFRC and FIND..... Africa CDC and WHO are also establishing a joint financial tracking mechanism to monitor funding needs, commitments and gaps....”

Lancet World Report – WHO and Africa CDC launch \$518 million Ebola plan

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01184-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01184-0/fulltext)

“The organisations’ announcement promises a unified coordinated response to controlling the Bundibugyo Ebola virus outbreak. John Zarocostas reports.”

“Global health experts welcomed the plan but noted major challenges, including insecurity and declining donor funding...

Excerpt: **“Ibrahima Socé Fall, Chief Executive Officer of the Institut Pasteur de Dakar, Senegal, told *The Lancet* that one of the operational challenges is how Africa CDC and WHO will assign roles and responsibilities based on comparative advantage. “Are they principally both working together to boost capacity or are they leveraging respective skills and separating roles, responsibilities, and tasks? From the calls to date, Africa CDC, WHO, and national authorities appear to have different data, suggesting the alignment is not quite there yet”, he noted.”**

“OECD research shows that pandemic preparedness and response investments have suffered due to aid cuts. “Our analysis shows that in recent years, investments in pandemic preparedness and response were more than 30 times lower per capita in low-income countries where the highest risks occur”, Mark Pearson, OECD Acting Director for Employment, Labour and Social Policy, told *The*

Lancet. **Almost 80% of this financing for low-income countries, he said, comes from Official Development Assistance. But he observed that as aid cuts continue to affect the health sector and Africa disproportionately, and as the poorest countries struggle to replace this funding with other sources, “the PPR investment gap between advanced and developing countries could expand even further, with direct implications for global health security”.**

Devex - Inside WHO and Africa CDC’s \$518M Ebola response plan

<https://www.devex.com/news/inside-who-and-africa-cdc-s-518m-ebola-response-plan-112687>

(8 June) **“The funding covers the six-month response plans of affected and at-risk countries in Africa, as well as the organizations supporting the response. But controversy over donor pledges remain.”**

“The bulk of the funding, amounting to \$240.3 million, will go to the DRC, where 34 health workers were among those who have fallen ill from Ebola — seven of whom have died. Meanwhile, Uganda, which has reported two deaths from the outbreak, will get \$24.7 million. A total of \$79.1 million will go toward preparedness efforts in 11 countries around the DRC, and \$173.6 million will go to organizations supporting the response.”

“The plan is co-led by WHO and Africa CDC, with support from different agencies...”

“... According to the plan, stocks of personal protective equipment are currently sufficient for four weeks. Kaseya said there is a company in South Africa that can help supply more, but it requires a lead time of at least six weeks. In addition, Africa CDC is investing around \$2 million–\$3 million to facilitate the tech transfer in Africa of the near point-of-care RADIONE test kit manufactured by South Korean biotech company KH Medical that is currently being deployed in the response....”

“There’s been some controversy, however, on funding....” (see also below)

- Via [Reuters](#):

Kaseya said at the same press conference ... **“that donors have so far pledged \$315.8 million towards containing the disease, down from an original \$498 million after he said some donors “corrected” their figures.** It was not immediately clear if that pledged money would go towards the six-month plan or not and he did not provide further details....”

- More coverage/analysis via [HPW – WHO and Africa CDC Launch Joint Ebola Response Plan Amid Serious Local Challenges](#)

“The World Health Organization (WHO) and the Africa Centres for Disease Control and Prevention launched a [joint continental preparedness response plan](#) to address the current Ebola outbreak on Friday, **based on 11 pillars** and a \$518 million budget....”

Some more **quotes from Jean Kaseya** at the launch:

“... Kaseya said that most pledges for financial support still had to turn into “real money” as less than \$3 million had reached affected countries so far.... ...At a global meeting convened last Monday, pledges of around \$498 million, “then some of our partners started to correct the figures”, said Kaseya, briefly sharing an Excel spreadsheet of these pledges which showed that the United States had promised the most – \$82 million.....

And re **Kenya’s US quarantine facility**: “...Kaseya said that he had discussed the controversial US plan to quarantine its citizens suspected of Ebola in a facility in Kenya with senior Kenyan officials. “We need to recognise the country leadership and the country sovereignty,” said Kaseya, adding that the proposal had developed in discussion between the two countries on how the US could support Kenya’s preparations in case Ebola spread to Kenya. According to Kenya’s preparedness plan. Kenya, the government planned to set up 23 centres for isolation and treatment, and “then there was an offer made by the US that one of the 23 centres can be used [for US citizens] rather than sending people to Europe”, he added. “This is the information that we have. We respect the Kenyan authorities for the decision they made. We are supporting them in their preparedness plan, and they know that if they need support from Africa CDC and the WHO on any issue, they can get it.”

UN News - Building trust and lab testing at the heart of DRC Ebola response: WHO

<https://news.un.org/en/story/2026/06/1167679>

(9 June) “In Ebola-stricken eastern Democratic Republic of the Congo (DRC) a massive push for early testing and contact tracing is helping to contain the virus, the UN World Health Organization (WHO) said on Tuesday.”

- See also [Reuters – Congo Ebola contact tracing is below target but has improved, WHO says](#)

“ Efforts to trace contacts in the Democratic Republic of Congo to try to contain the country's Ebola outbreak have improved but are below target, the World Health Organization said on Tuesday. ... “We have reached 62% of contacts, but our target is 90-95%,” Dr Abdi Mahamud from the WHO told reporters in Geneva via video link from Bunia in the DRC. “It is slow steady progress, but we have not reached where we want to be,” he said, pointing to the importance of healthcare workers building trust on the ground to identify and refer cases, and help with contact tracing. “With the ramp up of contact tracing and community workers, we hope to achieve that target in the coming weeks,” he added.”

“... Separately, the Africa Centers for Disease Control and Prevention said in a release on Tuesday that contact tracing was uneven - with 78% reached in Bunia but 0% in some health zones.”

Africa CDC - Africa CDC urges Member States to strengthen exit screening and public health measures at points of entry

<https://africacdc.org/news-item/africa-cdc-urges-member-states-to-strengthen-exit-screening-and-public-health-measures-at-points-of-entry/>

“The Africa Centres for Disease Control and Prevention (Africa CDC) has called on all African Union Member States to urgently review, strengthen and implement enhanced exit screening and public health measures at international airports, seaports and major ground crossings as part of the continental response to the ongoing Bundibugyo Ebola virus outbreak. In a letter to Ministers of Health, Africa CDC Director General Dr Jean Kaseya urged countries to take coordinated, evidence-based action to reduce the risk of cross-border transmission while preserving safe movement, trade, humanitarian operations and economic activity....”

Reuters - Congo's Ebola outbreak spreads to new health zone

[Reuters](#);

(10 June) **“Congo's Ebola outbreak has spread to a new health zone in the northeastern province of Ituri, authorities said on Wednesday**, as fresh infections underline sustained transmission more than three weeks after the epidemic was declared. The health ministry said Tchomia, about 50 kilometres south of the provincial capital Bunia on the shores of Lake Albert, has become the latest affected health zone, **bringing the total number of affected zones to 26 nationwide and 18 in Ituri province, which accounts for more than 94% of confirmed cases.”**

HPW – Contact Tracing is the Biggest Weakness in Ebola Outbreak

(11 June) <https://healthpolicy-watch.news/contact-tracing-is-the-biggest-weakness-in-ebola-outbreak/>

Cfr Africa CDC's media briefing yesterday (Thursday).

Ebola emergency: more analysis, key advocacy, snippets ...

Lancet (Letter) – WHO and Africa CDC declare the 2026 Ebola disease outbreak a public health emergency

N Ngongo, J Kaseya et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01101-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01101-3/fulltext)

(5 June) A recap of the process behind the double public health emergency.

- Related: [Geneva Health Files - The Post-COVID Law of Speed: An Analysis of The Declaration of Ebola as a Public Health Emergency of International Concern](#) (by A Rosario)

Lancet (Letter) - Urgent call for an Ebola truce in DR Congo

Emmanuel André, W Sengooba, L Liesenborghs, P Piot et al;
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01102-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01102-5/fulltext)

Authors “... **call for an urgent, time-limited humanitarian pause centred on outbreak control—an Ebola truce.** This truce should not be framed as a political settlement or recognition of any groups party to the conflict. Rather, **it should be a narrowly defined operational agreement, or at least a set of parallel guarantees, involving all actors able to facilitate or obstruct the response.** These **actors include** national and provincial authorities within DR Congo; the Congolese armed forces; allied local armed groups, including Wazalendo; armed groups active in Ituri, North Kivu, and South Kivu, including the Allied Democratic Forces and Cooperative for the Development of Congo, the Alliance Fleuve Congo, and Mouvement du 23 Mars, where these groups control territory, roads, or checkpoints; MONUSCO (the UN peacekeeping mission) where relevant; community and religious leaders; national and international non-governmental organisations; Africa Centres for Disease Control and Prevention; WHO; and trusted local mediators....”

Science Insider – ‘Working without them is painful’: WHO’s Ebola chief reflects on U.S. colleagues’ absence

[‘Working without them is painful’: WHO’s Ebola chief reflects on U.S. colleagues’ absence | Science | AAAS](#)

“Chikwe Ihekweazu, on the ground in Congo, discusses challenges of bringing the outbreak under control.” Interesting interview.

NYT – U.S. Ebola Unit Sparks Fury, Protests and a Political Crisis in Kenya

<https://www.nytimes.com/2026/06/10/world/africa/ebola-kenya-us-protests.html>

“Hundreds of Kenyans have marched through the streets to oppose a quarantine facility that would be reserved exclusively for American patients.”

Cidrap News -Ebola spreads to area under Islamic State control as cases mount

<https://www.cidrap.umn.edu/new-world-screwworm/ebola-spreads-area-under-islamic-state-control-cases-mount>

(4 June) “**The Ebola outbreak in the Democratic Republic of the Congo (DRC) has reached Mambasa, a part of the country run by Islamic State militants,** the *Wall Street Journal* reported today. **Health workers do not travel to the area,** which is chaotic and violent, making containment and contact tracing impossible, sources told the paper. ...”

GAVI -From market failure to epidemic preparedness: the race for a Bundibugyo Ebola vaccine

<https://www.gavi.org/vaccineswork/market-failure-epidemic-preparedness-race-bundibugyo-ebola-vaccine>

“CEPI and Gavi's new push-pull strategy aims to bring a Bundibugyo vaccine within reach. Here's how.”

“By pairing a \$60m+ “push” from CEPI to advance candidates with a \$40m “pull” guarantee from Gavi’s First Response Fund, we’re hoping to ensure that any vaccine that makes it through trials can be rapidly manufactured and deployed....”

Guardian – Ebola spread in central Africa could match 2014 record outbreak, US health officials say

<https://www.theguardian.com/world/2026/jun/06/ebola-spread-in-central-africa-could-match-2014-record-outbreak-us-health-officials-say>

“Modelling from US CDC shows Ebola spread could be on ‘dangerous trajectory’, but experts warn outbreaks can be very hard to predict.”

“...Central Africa’s Ebola outbreak could spread to be similar in scale to the worst outbreak in history, west Africa’s 2014-2016 outbreak that killed more than 11,000 people, according to a new analysis by US health officials. The US Centers for Disease Control and Prevention (CDC) on Friday published a range of scenarios generated by computer models, from 10,000 cases to more than 20,000....”

- See also [Stat – CDC: Ebola outbreak in Central Africa could reach 20,000 cases without strong countermeasures](#)

PS: **“Jennifer Nuzzo, director of Brown University’s Pandemic Center, said the modeling “affirms what we have worried about since the beginning: This outbreak is following dangerous trajectory” if more is not done to stop the spread of Ebola. But she cautioned it can be extremely difficult to predict how outbreaks will progress. “I wouldn’t read too much into the specific numbers. It’s really hard to make an accurate projection when you have limited data,” she added....”**

The New Humanitarian - DRC’s Ebola response must be anchored locally: Muyembe

<https://www.thenewhumanitarian.org/interview/2026/06/08/drc-ebola-response-must-be-anchored-locally-muyembe>

“We must learn from the past. During the 2018 epidemic, basic health structures were insufficiently involved.”

“The response to the Ebola outbreak in the eastern Democratic Republic of the Congo must be rooted in the country’s local health structures and avoid “asymmetrical” suffering by treating those in state-controlled and rebel-run areas the same, says a leading Congolese virologist.”

Lancet Comment - Ebola outbreak caused by Bundibugyo virus: challenges and priorities for epidemic preparedness and response

Jean B Nachege, J-J Muyembe et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01141-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01141-4/fulltext)

Authors conclude:

“The immediate priorities for the current outbreak are clear: protecting health-care workers and the most vulnerable populations, restoring community trust, strengthening cross-border coordination, decentralising diagnostics, ensuring safe and dignified burials, and sustaining surveillance and case management in affected settings. **However, many of the structural vulnerabilities shaping the current epidemic cannot be resolved through short-term emergency mobilisation alone. Repeated Ebola virus disease outbreaks in DR Congo, alongside mpox, cholera, and COVID-19 amid persistent conflict, have exposed the limits of reactive outbreak response models that surge during emergencies but weaken once international attention declines....”**

“The current BDBV outbreak should be treated not as another emergency to contain, but as a warning that epidemic preparedness remains uneven, episodic, and insufficiently aligned with the realities of affected communities. Rapid diagnostics, genomic surveillance, infection prevention and control, supportive care, and accelerated countermeasure development remain essential, but these biomedical tools will succeed only if embedded within **trusted community partnerships, resilient health systems, protection of front-line workers, sustained financing, and coordinated regional surveillance systems. Beyond the current outbreak, preparedness strategies should address the full spectrum of pathogenic orthoebolaviruses and other epidemic-prone pathogens, strengthen Africa-led research and manufacturing capacity, integrate One Health surveillance, and support the equitable development and evaluation of vaccines, monoclonal antibodies, and antivirals through adaptive trial platforms and regional regulatory collaboration.”**

Devex - The fatal Ebola outbreak in the DRC needs faster, simpler tests

<https://www.devex.com/news/the-fatal-ebola-outbreak-in-the-drc-needs-faster-simpler-tests-112670>

Recommended analysis. **“There’s no rapid point-of-care test similar to the lateral flow test used during COVID-19** that showed results in minutes — which would be incredibly useful in the current outbreak.”

Lancet Infectious Diseases (Letter) - Bundibugyo virus disease outbreak in DR Congo: current trajectory and potential risk for a Pandemic Emergency

Marie Roseline Belizaire, Dick Chamla & Mohamed Janabi;

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(26\)00298-7/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00298-7/fulltext)

Viewpoint by WHO Afro authors.

“In some respects, the situation is better than in 2014, in others (at least three), worse.... ”

“These conditions justify calling a PHEIC and raise a harder question of where the pandemic emergency threshold is now...?....”

They conclude: **“The criteria for a WHO Pandemic Emergency are currently unmet, but are within reach in the near future.** A Pandemic Emergency would unlock equitable access to provisions, accelerate cross border countermeasures, and provide financing that WHO local actors cannot

gather. Waiting for unambiguity would mean repeating the errors made during the 2014–16 Ebola epidemic....”

AP – Health workers at the epicenter of Congo’s Ebola outbreak labor with little pay or rest

[AP](#);

Quote: ““It is one thing to be far away and hear statistics being reported, but what is happening on the ground is enormous,” Lokudu said. **“People are sacrificing their rest and comfort for this cause. There should be recognition that they deserve compensation. These workers should receive their salaries regularly.”**”

- Related: [Reuters – No boots, masks running out: why Congo’s Ebola medics are exposed](#)

“Medics face PPE shortages, improvising with makeshift gear; PPE costs surge due to supply chain disruptions, border closure; Dozens of health workers infected with Ebola so far, WHO says; ‘We are dying like flies,’ says medic in DRC; US funding cuts and USAID dismantling cited as setbacks.”

Nature Africa (Feature) - When rumours spread faster than Ebola

E Nakkazi et al; <https://www.nature.com/articles/d44148-026-00151-7>

“As Ebola spreads through Eastern DRC and into Uganda, health officials are also battling fear, mistrust and competing political narratives.”

Nature Medicine -Bundibugyo Ebola without vaccines or therapeutics: why public health fundamentals matter more than border closures

Ngashi Ngongo, Yap Boum & Jean Kaseya ; <https://www.nature.com/articles/s41591-026-04482-8>

By Africa CDC authors.

Africa CDC – European Union Announces €11.5 million Euros to support Africa CDC’s response to Ebola Outbreak

<https://africacdc.org/news-item/european-union-announces-e11-5-million-euros-to-support-africa-cdcs-response-to-ebola-outbreak/>

From early this week. **“The Africa Centres for Disease Control and Prevention (Africa CDC) today received €11.5 million renewed commitment from the European Union Commission (EU) to support a stronger preparedness and coordinated response to the Ebola outbreak.** The package is aimed at reinforcing the EU Commission’s support through the Africa CDC emergency response to the Ebola crisis, within the long-standing and comprehensive AU-EU health partnership...”

More on PPPR

Open Letter - Enough. It Is Time to Get Deadly Serious.

https://live-the-independent-panel.pantheonsite.io/wp-content/uploads/2026/06/OpenLetter_Enough_8June2026.pdf

High-level advocacy.

- Coverage via HPW: [As Ebola Spreads, Global Leaders Decry ‘Panic and Neglect’ Response to Outbreaks](#)

“As the Bundibugyo Virus Disease (BVD) outbreak in the Democratic Republic of the Congo (DRC) and Uganda reached 608 confirmed cases and 102 deaths, **global health leaders called for “an end to the cycle of panic and neglect” in response to disease outbreaks.** Describing the Ebola outbreak as a “**preventable disaster**”, the leaders have written an open letter to governments calling on them to “make decisions that will prevent and stop infectious disease outbreaks from killing people, draining economies and further fraying societal trust”.”

“**The letter is headlined by the four bodies involved in critical oversight of global pandemics: The Independent Panel for Pandemic Preparedness and Response, Global Preparedness Monitoring Board, Panel for a Global Public Health Convention and the Global Council on Inequality, AIDS and Pandemics.** It is also signed by key global health leaders....”

The letter calls on political leaders and ministers to **stop the cycle of panic and neglect.**

- **Excerpts from the letter:**

“**The world is failing to identify, prevent and stop outbreaks and tackle pandemic threats** To all Heads of State and Government, Ministers of State, Finance and Health, Heads of international organizations, and agencies who have the power to prevent and contain disease outbreaks: **In Geneva and in New York, it’s time to make decisions that will prevent and stop infectious disease outbreaks from killing people, draining economies and further fraying societal trust.** The incremental changes to date to the international system for outbreak and pandemic prevention and readiness have not been enough.....”

“There is an incomplete Pandemic Agreement. There are too few new national outbreak and pandemic plans. The call for \$15 billion per year for pandemic prevention and preparedness has not come close to being met. There was a pledge to have diagnostics, vaccines and treatments ready within 100 days of a new threat being identified — and while there has been progress, for Bundibugyo, that will not happen. We can no longer accept this cycle of panic and neglect. **In New York this September at the UNGA High-Level Meeting on Pandemic Prevention, Preparedness and Response and in Geneva through the WHO Pandemic Agreement process, we are asking you to:** • **Finalize and ratify the WHO Pandemic Agreement** — as rapidly as possible and implement it. • **Establish fair, predictable, and accessible financing** — for sustained prevention and preparedness investment, including for the 100 Days Mission, and for rapid emergency deployment when threats emerge. The current system remains fragmented and vastly under-funded. • **Implement the One Health approach** — translate existing commitments into national and regional action plans that

integrate human, animal and environmental health. • **Accelerate a pathway to regional self-reliance** — including in the research, development, and manufacturing of medical countermeasures, with clear milestones and including technology transfer and capacity building. • **Lay the groundwork to establish an outbreak and pandemic risk and readiness monitoring framework** — that tracks the full continuum from emerging risks, risk reduction, prevention and preparedness capacity through to response and recovery, pinpointing where weak spots remain and where investment is needed at every level. **We also call on all sides involved in conflict in the region affected by Bundibugyo Ebola to agree to a ceasefire so this outbreak can be ended....”**

Global Policy - A Decade After West Africa: What the Ebola Outbreak Reveals About Global Health Governance

Nelson Aghogho Evaborhene; <https://www.globalpolicyjournal.com/blog/09/06/2026/decade-after-west-africa-what-ebola-outbreak-reveals-about-global-health-governance>

Nuanced analysis & must-read.

“Ten years after the West African Ebola epidemic triggered major reforms in global health governance, a new Ebola outbreak in the Democratic Republic of the Congo and Uganda is testing how far those reforms have gone. While emergency coordination and escalation have improved, the outbreak exposes persistent weaknesses in financing, preparedness, trust, and the broader political conditions that continue to shape epidemic vulnerability.”

He concludes: “The current outbreak should not be interpreted simply as evidence that post-Ebola reforms have failed, nor as proof that PPPR efforts have fully succeeded. Rather, **it demonstrates the uneven nature of reform in an era characterised by** geopolitical fragmentation, donor retrenchment, renewed state primacy, and competing regional, bilateral, and multilateral approaches to health governance. **A decade after West Africa, global health governance appears to have improved its capacity for emergency escalation and institutional coordination. Africa CDC has emerged as an important actor in regional outbreak governance, while the WHO has adopted a more precautionary approach to emergency declaration. Yet many of the structural conditions that drive outbreak vulnerability—including conflict, weak health systems, financing constraints, uneven access to medical countermeasures, and deficits in public trust—remain unresolved. The central challenge** is therefore no longer simply the ability to declare emergencies, but the ability to build and sustain the political, institutional, and financial capacities needed to prevent them.”

From Reactive Payouts to Prevention: Rethinking Pandemic Insurance for African Health Sovereignty

E S K Besson; <https://www.linkedin.com/pulse/from-reactive-payouts-prevention-rethinking-pandemic-koum-besson-avcve/>

“Reimagining sovereign insurance as an African resilience architecture where premiums finance preparedness, health R&D investment and countermeasure sovereignty before the next outbreak begins.”

Besson concludes: “... **Reimagining pandemic insurance in Africa is not only a technical financing question. It is a sovereignty question.** It asks whether African countries will remain buyers of externally designed risk products, or whether African institutions, firms, researchers and

policymakers can shape the models through which epidemic risk is understood, priced, reduced and financed. As such, **the issue is not whether pandemic insurance has a role to play. It does. The issue is what kind of role it should play: whether it remains a reactive instrument that pays after a crisis, or whether it becomes part of a broader African resilience architecture linking preparedness, early action, contingency planning, R&D, manufacturing readiness, regional coordination and health sovereignty.**"

International & Comparative Law Quarterly - One Health and the World Health Organization Pandemic Agreement

Adam Kamradt-Scott; [International & Comparative Law Quarterly](#);

"In December 2021, at the height of the COVID-19 pandemic, the World Health Assembly (WHA) authorised the creation of an intergovernmental negotiating body (INB) to draft and finalise a new international treaty to strengthen pandemic prevention, preparedness and response (PPPR). Early in the negotiations, a loosely formed coalition of World Health Organization (WHO) Member States formed the 'Group of Friends of One Health' to promote the integration of One Health as a core guiding principle. The concept of One Health, which emphasises how human, animal and environmental health are closely intertwined and interdependent, proved contentious during the negotiations because of concerns that it might lead to new obligations which low- and middle-income countries would struggle to fulfil. In April 2025, the INB concluded its work and the following month the 78th WHA adopted the Pandemic Agreement under Article 19 of the WHO Constitution. This article considers the significance of the Pandemic Agreement's inclusion of the One Health approach to PPPR and the subsequent legal and practical implications for States Parties. The central claim of the article is that while the Pandemic Agreement ultimately encourages a One Health approach, the various caveats and qualifications inserted during the intergovernmental negotiations permit those governments that want to circumvent their obligations to do so, at least until and unless moral and political pressure is brought to bear during the Conference of the Parties (COP) meeting."

Global Health Reform

Devex – Can global health reform without creating new fragmentation?

<https://www.devex.com/news/can-global-health-reform-without-creating-new-fragmentation-112697>

"As global health institutions and donors embrace country-led development, experts are raising concerns that multiple reform efforts are moving forward in parallel with little alignment."

"...Vanessa Kerry, along with other health policy experts, published a paper analyzing 11 major initiatives on global health reform, including the Accra Reset championed by Ghanaian President John Mahama; the U.S. bilateral health agreements; and Gavi Leap, which gives countries more control over their vaccination programs..." (see a previous IHP newsletter)

"One of the gaps the experts found in the different reform initiatives is around financing. While there appears to be consensus on the importance of boosting domestic resources, there's little

detail on how countries can mobilize more funding amid debt distress and the sudden contraction of external funding sources. Several funders — such as the U.S. with its bilateral health agreements and the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) — are also placing increasing cofinancing requirements on countries. **The reform initiatives need to think about ways to create fiscal space for countries to mobilize resources, such as debt restructuring, and consider a realistic timeline for countries to achieve sustainable financing,** Kerry said. That will take longer than five years, she said, adding that **32 countries in Africa** are currently spending more on debt servicing than health....”

“... Another gap they found was that the initiatives don’t pay a lot of attention to capacities in countries, such as the health workforce....”

Devex Check-up: Never-ending questions

[Devex](#);

“Another issue under debate in New York is the fate of [UN Women](#) and the [U.N. Population Fund](#), or UNFPA. You may recall, U.N. Secretary-General António Guterres proposed merging the two agencies. That proposal has received [plenty of criticism](#) from women’s rights groups and [questions from member states](#). **And those questions are not going away....”**

“At the joint meeting of the agencies’ executive boards on Friday, several countries asked for an “evidence-based analysis” on the proposals and clarity on how the mandates of the two agencies will be protected in the event of a merger. Member states are also awaiting a report on alternative options. ... **The executive boards of UNFPA, the U.N. Development Programme, and UNOPS are meeting** again this week, although it’s unclear how much progress they will make on the matter...”

- Related: [Development Today – UN point man Guy Ryder defends merger of UNFPA and UN Women as concern among member states grows](#) (by A D Usher)

“ The UN diplomat heading the task force of the UN80 reform process defends the idea of merging two agencies, UNFPA and UN Women, as part of an effort to reign in the sprawling, under-funded UN system. “There’s a false calculus. Having two agencies doesn’t mean we do twice as much,” he says to Development Today. Sweden has been a leading force resisting the merger.”

Global Health Reform: From Truth-Telling to Consequence

Ebere Okereke; <https://www.linkedin.com/pulse/global-health-reform-from-truth-telling-consequence-dr-ebere-okereke-1zzfe/>

“Richard Horton’s latest [Offline](#) commentary in *The Lancet* ... is uncomfortable because it is accurate. His central point is simple: global health cannot reform itself if it cannot tell the truth about itself. I agree.....”

“...Too much of what passes for global health reform still protects the institutions, incentives, and reputations that produced the dysfunction in the first place. We debate architecture. We produce

new diagrams. We convene the same voices. We describe political failure in technical language. We applaud commitments that are not financed, strategies that are not implemented, and declarations that do not survive contact with national budgets or frontline realities. **This is maintenance, not reform...**"

"... **Many of the truths now being named are not new.** Donor distortion. Institutional self-preservation. Weak accountability. Curated inclusion. Dependence disguised as partnership. The gap between global commitments and country delivery. **These have been discussed for years. The question is why they do not change decisions or actions. So yes, the first step is to tell the truth. But the next step is to make truth operational.** That means:...."

Do read on to see what this entails. Among others: **"Making leadership renewal real. New voices cannot mean carefully selected voices who reproduce the same consensus"** "

And Okereke **concludes:** "The global health system does not need another conversation that allows everyone to leave feeling brave. **It needs consequences. Without truth, we have nothing. Without accountability, truth changes nothing.**"

GHF - Reforming the Global Health Architecture: Power Relations, Jockeying for Influence, and the Efforts to Break Free from Status Quo

P Patnaik et al; [Geneva Health Files](#);

In-depth analysis. **"The efforts to reform the global health architecture is a bit disparate and diverse, like global health itself.** Even so, there are commonalities in some of the approaches in the way stakeholders are thinking about reforms. (We analysed this earlier in detail.) **In this story we try to map recent conversations at the World Health Assembly last month that provide clues on the direction of travel in these discussions."** **"This edition is divided into three parts:** the decision at the WHA, what countries said, bring you **key voices on reforms.** We also present **statements from countries'** that reveal their expectations from the reforms process...."

A few key takeaways (from a list of GHF takeaways):

"Currently underway, sources tell us that there is much jockeying for who gets to be on the WHO task force on reforms that will steer a year-long process."

"Some remain apprehensive over reform approaches and are being cautious about ulterior motives by countries that are not a part of the WHO, diplomatic sources told us."

"From the early days of the aid cuts in 2025, there were calls for mergers of Geneva-based organizations. These impulses seem to have settled down a bit as there is recognition of the different mandates of each global health agency."

"There is thinking around consolidating the delivery of health commodities under one single agency."

“On financing, there is more appetite to involve multilateral development banks according to Indonesian Minister Budi Sadikin, among others. ...

Devex (Opinion) – What can aid reforms learn from private-sector mergers and acquisitions?

D Thornton; <https://www.devex.com/news/what-can-aid-reforms-learn-from-private-sector-mergers-and-acquisitions-112671>

“Drawing on evidence from the private sector, I argue that the reform process should focus on how mergers can create organizations which are more than the sum of their parts.” Excerpts:

“Watching the **UN80 initiative** and the **global health architecture reform process** unfold, I keep noticing a glaring gap in the way mergers are being considered. The debate is about reducing duplication — cutting overlap, consolidating back offices, shrinking the number of logos. What it is not about is whether merging organizations could create new capabilities....”

“...UN80 appears to be operating on the basis that bigger is better and is proposing several mergers. An analysis by MOPAN — the **Multilateral Organisation Performance Assessment Network**, a member platform that assesses multilateral organizations — of the UN80 reform proposals focuses mainly on mandate overlap and fragmentation. **Beyond UN80, other mergers are being proposed**, including between Gavi, the **Vaccine Alliance** and **The Global Fund to Fight AIDS, Tuberculosis and Malaria**....”

“The **case for a Gavi-Global Fund merger** is typically framed around shared donors, administrative savings, and some overlap in diseases. But Gavi is primarily a market-shaping institution: It uses pooled procurement to bring down vaccine prices and stimulate supply. The **Global Fund is primarily a disbursement institution**: It provides grants for HIV, TB, and malaria programs, and often funds organizations outside governments to make sure marginalized people are reached. **These are genuinely different businesses requiring different capabilities — market intelligence and supplier negotiation on one side; country-level grant management and fiduciary controls on the other.** The complementarity case would need to show that combining them creates something neither can do alone to better serve the countries they support. I have not seen that case made: **The more likely outcome of a merger would be a larger, less focused organization that does both things worse.**”

“...The **proposed merger of UN Women and the United Nations Population Fund, or UNFPA**, deserves similar scrutiny. Both work on gender and reproductive rights, but their operational models differ — one focused on norms and advocacy; the other on commodities and service delivery. And it is not clear what new capability the combined entity would have....”

PS: “The private sector experience **provides two other reasons for approaching mergers with caution**....”

Thornton concludes: “... **Where genuine complementarity cannot be found, it would be better to wind up organizations that no longer command support, or to aim for smaller organizations with focused mandates.** There is another big difference between the public and private sectors: **The role of international organizations is under attack. Prolonged discussions about structures rather than achievements, and the risk that opening mandates will help those arguing for the U.N. to have a smaller role, reinforce the need to move quickly.** The World Health Assembly has set a **deadline of a year for global health architecture discussions**, and others should follow this example.”

WHS Perspective – The paradox at the heart of the World Health Assembly

Sania Nishtar; <https://www.worldhealthsummit.org/whs-perspectives/sania-nishtar-the-paradox-at-the-heart-of-the-79th-world-health-assembly>

“In a new WHS Perspectives commentary, **Sania Nishtar reflects on the 79th World Health Assembly: a moment of both progress and deepening fracture in global health governance.** “

“Her key arguments:

The 79th WHA revealed a paradox between multilateral ambition and growing geopolitical factionalism within the Assembly, historically shielded from overt political conflict.

On the one hand, Member States endorsed a joint process to transform the global health architecture, with countries of the Global South demanding stronger health sovereignty.

On the other hand, voting patterns and factionalism at the WHA reflected geopolitical tensions at the precise moment a unified reform effort is most urgent.

There is an urgency to forge synergy: Pandemic response is a collective responsibility, and the Ebola outbreak in Democratic Republic of the Congo (DRC) is a **direct call for the global health architecture to deliver as one.** “

Run-up to G7 Leaders summit (Evian, France 15-17 June)

G7 – The Evian Summit

<https://online.flippingbook.com/view/264648758/>

The usual curtain raiser by **University of Toronto/Global Governance media.**

Health related viewpoints: p. 82-93. Among others by **Tedros** (p.86)(‘Global Health cooperation in a fractured world’) & **Axel Pries** (WHS) (‘ A new era of global health leadership begins in Africa’).

- PS: Some **documents from earlier G7 related meetings:** (eg Development Ministers meeting, end of April) <https://g7.utoronto.ca/summit/2026evian/road.html>

Over 30 countries come together to redesign finance for international cooperation - Pioneers remaking financing for the 21st century

<https://gpigovernments.org/over-30-countries-come-together-to-redesign-finance-for-international-cooperation/>

Some advocacy, ahead of the G7 meeting. **The Coalition on Governments on Global Public Investment** has a message for G7 leaders.

Related link:

- IAI Brief - [A New Era of Aid: Acting Together, from G7 2026 to G20 2027](#)

“The international development landscape faces a severe “polycrisis” of soaring debt, malnutrition, energy insecurity and plummeting funding. ... With rising interest rates over half of African nations now spend more on debt servicing than on health and education combined. Global fertiliser trade is under severe strain due to disruptions in the Strait of Hormuz, directly threatening African agricultural productivity and surging food prices. The 2026 French G7 Presidency solidified a paradigm shift from traditional donor-recipient aid to “mutually beneficial partnerships”. However, this narrative risks stalling due to a widening “bankability gap” driven by unaddressed macroeconomic debt distress and fragmented global funding architectures. To unlock private and domestic capital, the G7 must bridge its priorities with the G20.”

More on Global Health Governance & Financing/Funding

Devex Check-up - The Trump administration’s long-awaited global health nomination

[Devex Check-up](#):

“The Trump administration has **finally nominated** someone to serve as the **U.S. State Department’s** ambassador-at-large for global health security and diplomacy, and coordinator of **U.S. activities to combat HIV/AIDS globally: Johnny Figueroa**. The Senate still needs to confirm him. The move comes **after nearly a year and a half without a nominee** for the U.S. government’s most prominent global health post....”

“Under the Biden administration, **this role was held by Dr. John Nkengasong** — who led the **U.S. President’s Emergency Plan for AIDS Relief**. ...”

- Related: **Devex (Opinion) - [What Johnny Figueroa’s nomination means for PEPFAR’s future](#) (by M J Reid)**

“If confirmed, he will inherit one of the most consequential leadership challenges in global health, including attempting to avoid “enshittification” of the agency....” “As someone who recently served as PEPFAR’s chief science officer, I worry that one of America’s greatest global successes is at risk of being weakened by the same logic that has degraded so many other institutions: an excessive focus on efficiency, cost-cutting, and organizational metrics at the expense of the people and systems the program was designed to serve. That should concern every American....”

Guardian – Bill Gates to face questions from House committee over links to Jeffrey Epstein

<https://www.theguardian.com/us-news/2026/jun/10/bill-gates-testimony-jeffrey-epstein>

On Wednesday, the Microsoft co-founder had to appear in a closed-door session as part of lawmakers' investigation into the convicted sex offender.

PS: **"In April, the Gates foundation announced that it had commissioned an "external review to assess past foundation engagement with Epstein, and our current policies for vetting and developing new philanthropic partnerships". The foundation said the review is ongoing and that its board and management will receive an update this summer....."**

- Related: Politico- [Bill Gates tells lawmakers he was 'never interested' in being Epstein's friend](#)

"The Microsoft founder and philanthropist also denied being complicit in Jeffrey Epstein's crimes."

- And check out **Tim Schwab's take** - [As Congress probes Gates about Epstein, the walls close in](#)

"The Gates Foundation faces institutional crisis, as the Gates-Epstein scandal spills into the halls of Congress--and a flurry of new allegations emerge."

Swissinfo - WHO at strategic crossroads ahead of leadership contest

<https://www.swissinfo.ch/eng/international-geneva/who-at-strategic-crossroads-ahead-of-leadership-contest/91406418>

From 18 May but well worth a read. **"The race to lead the World Health Organization (WHO) is unfolding at a time when the UN agency is grappling with budget cuts, internal tensions and fundamental questions about its role."** With the **view of Suerie Moon** among others.

Excerpts:

"A workforce stretched thin: Inside the WHO, the consequences of recent funding cuts are being felt across all departments. A technical expert who has worked at the organisation for six years, speaking anonymously as they were scared to lose their job if they spoke to the media, described a **"very tense" atmosphere following the significant staff reductions.** "We lost 40% of our team, but the workload hasn't changed," the expert said. "Some programmes were simply stopped overnight. **The organisation acknowledged the cuts, but never the loss of capacity.**" According to the same source, cuts were implemented nearly overnight, often targeting consultants and short-term contracts first rather than being based on a strategic reassessment of priorities. **The result, they said, is a system under strain, where teams are forced to constantly shift between urgent crises and longer-term work.** "Today, we have to choose: do we respond to an emergency on the ground, or do we work on guidelines? We can't do both properly anymore.""

"More broadly, the current situation has revived a long-standing debate about what the WHO should focus on. A strategic dilemma: norms or operations? Suerie Moon, co-director of the Global Health Centre at the Graduate Institute in Geneva, says the funding crisis will ultimately force the organisation to redefine its role. "One of the big questions raised by the budget cuts is what the WHO's core functions are," she said. **Member states are divided. Some prioritise the WHO's role in setting global health standards and guidelines, while others expect it to play a more**

operational role, providing direct support during crises. The debate over the WHO's priorities has been ongoing for years, with high-income countries generally supporting a more normative role and developing countries valuing operational support, says Moon.

“Cuts so far have been applied “across the board”, Moon said, leaving all parts of the organisation “stretched very thin”. But with resources unlikely to recover quickly, the next director-general may have to make clearer choices....”

“A political role in a fragmented world: Beyond internal challenges, the WHO is operating in a more complex geopolitical environment....”

Reuters - Gavi plans to use U.S. cash for malaria, while meeting Kennedy's conditions

Reuters;

“ The global vaccine group Gavi said on Monday it hopes to use \$600 million in soon-to-be-restored U.S. funding to boost malaria and other vaccination efforts, as it also meets U.S. conditions over phasing out the preservative thimerosal in other vaccines in its portfolio....”

“The group's board will make the ultimate decision on how the money is used, Gavi said. But malaria is likely a key focus: Earlier this year, Gavi warned that a \$1.9 billion hole in its budget for 2026 to 2030 meant that fewer children were likely to benefit from new malaria vaccines in sub-Saharan Africa, as Reuters reported....”

EU's Global Health Resilience initiative factsheet

https://international-partnerships.ec.europa.eu/publications-library/global-health-resilience-initiative_en

Two-pager.

CGD (blog) - What Does Philanthropy's Global Footprint Tell Us About Its Role in a Changing Aid Landscape?

B Bedasso; <https://www.cgdev.org/blog/what-does-philanthropys-global-footprint-tell-us-about-its-role-changing-aid-landscape>

“...where is philanthropic money already going?... .. To examine this directly, I use [OECD project-level data](#) on cross-border private philanthropy from 2017 to 2023, covering roughly \$32 billion in country-allocable commitments from 41 large foundations. The analysis shows the concentration of funding in some countries. But it also points to more encouraging patterns: the field has shifted somewhat towards fragile countries and Africa in recent years, and in countries with many funders, there is little sign that foundations are simply duplicating each other's sector choices....”

Trump 2.0

Scientific American - White House reclassifies federal epidemiologists and other scientists from civil servants to 'at-will' hires

[Scientific American](#);

"The long-anticipated "Schedule F" order strips job protections meant to safeguard federal employees from political interference."

"(Last week) On Wednesday the White House moved to strip civil service protections from about 8,000 federal workers, including many working at public health agencies. The executive order effectively transforms these jobs—which include "epidemiologist," "health scientist" and "toxicologist"—into "at-will" positions, meaning people in such roles can be readily fired without cause. The job category, initially called Schedule F and now called Schedule Policy/Career, strips these federal workers of protections meant to prevent political interference...."

PS: "... The move reflects President Donald Trump's long-standing claim that there is a "deep state" of federal workers who are resistant to his policies, and he has for years called for the schedule change in order to fire civil servants he has viewed as impediments to his policies. ..."

BMJ Editorial - Trump's gold standard science is harming US science and health

J Carter et al ; <https://www.bmj.com/content/393/bmj-2026-555297>

"Restoring" standards is, in reality, a means of political control."

BMJ (News) - Trump: Diabetes doctors ejected from conference for handing out paper criticising US administration

[BMJ](#);

"Police in New Orleans forcibly removed five diabetes experts from the American Diabetes Association (ADA) annual conference for distributing an editorial published in the association's journal. The paper criticised US President Donald Trump for dismantling and destroying biomedical research in the country...."

BMJ – Trump administration has its sights set on destroying international research collaborations

J Clark; <https://www.bmj.com/content/393/bmj-2026-316815>

"Medical associations and journals must join the public in condemning growing political interference in science, writes Jocalyn Clark."

NYT - Kennedy Shows Minimal Engagement With Vast Health Portfolio

<https://www.nytimes.com/2026/06/07/us/politics/ebola-vaccines-kennedy-health-department.html>

“Health Secretary Robert F. Kennedy Jr. has demonstrated little interest in managing his sprawling department as he focuses on food and vaccine policies, according to colleagues.”

PS: “In the current Ebola crisis, Mr. Kennedy has left the department’s response to Dr. Bhattacharya, a health economist with no prior experience in public health even though he is leading the C.D.C....”

PS: “There is no question that Mr. Kennedy is changing the national conversation around health in America, especially healthy eating....”

Science - U.S. health agencies join fight against ‘ultraprocessed foods’—whatever they are

<https://www.science.org/content/article/u-s-health-agencies-join-fight-against-ultraprocessed-foods-whatever-they-are>

“Some scientists criticize label as ambiguous and confusing; others call it a valuable lens on diet.”

“U.S. health agencies are moving to launch new research—and potentially pass regulations—on a food category that industry and some scientists have long dismissed as misleading: **ultraprocessed foods (UPFs)**. On 14 May, the National Institutes of Health’s (NIH’s) Council of Councils endorsed a **\$150 million initiative, yet to be publicly launched**, to investigate how diets dominated by UPFs harm children’s health and how to help children avoid those foods. **The Food and Drug Administration (FDA), meanwhile, is drafting a legal definition of UPFs as a step toward regulating them.** “Once we get that definition of ultraprocessed foods, then we go to mandatory front-of-package labeling” to discourage people from consuming them, Health and Human Services Secretary Robert F. Kennedy Jr. told a congressional committee on 16 April. **The recent moves signal the embrace by President Donald Trump’s administration of a term that has become both a focal point of the Make America Healthy Again (MAHA) movement and a source of scientific controversy....”**

Devex - US State Dept announces first of a series of major humanitarian awards

<https://www.devex.com/news/us-state-dept-announces-first-of-a-series-of-major-humanitarian-awards-112682>

“The U.S. government is providing **\$240 million in humanitarian aid to Catholic Relief Services**, which will go toward food, shelter, and other needs across countries with “significant levels of humanitarian need.”...”

“The U.S. State Department has announced more than \$240 million in humanitarian assistance to Catholic Relief Services, the **first in a series of awards expected to be provided to organizations viewed as “trusted and vetted” by the U.S. government.** “These awards will focus on the rapid deployment of time-bound, life-saving assistance in response to crises around the world, with

implementers able to respond within 24 hours,” the State Department wrote in a press release after the announcement, which was made in Rome, Italy, on June 5.”

“The funding will span sectors and touch food, nutrition, health, shelter, and water and sanitation needs in countries “with significant levels of humanitarian need,” such as the Democratic Republic of Congo, Ethiopia, Haiti, Nigeria, and Sudan. The department added that funding will also go toward CRS’ Ebola response activities in the DRC, along with the organization’s global rapid response fund for sudden-onset disasters.....”

Bilateral health agreements & US Global Health Strategy

HRW – US: Global Health Aid Tied to Harmful Conditions

<https://www.hrw.org/news/2026/06/08/us-global-health-aid-tied-to-harmful-conditions>

“Pacts Require Abortion Surveillance, Rights to Specimen Sharing, Data Access.”

“The United States government is conditioning lifesaving health assistance on broad access to surveillance data and extractive rights to pathogen samples and data for pharmaceutical development, Human Rights Watch said today. Human Rights Watch issued an assessment of seven bilateral health agreements signed in late 2025 with Ethiopia, Kenya, Mozambique, Nigeria, Rwanda, Liberia, and Uganda....”

- HRW Background briefing: [Human Rights Assessment of the 2025-2026 US Bilateral Health Agreements](#)

KFF – A “One-Two Punch”: U.S. and Global Fund Cuts Are Estimated to Reduce Support to 29 Countries by \$4.3 Billion Through 2029

[KFF](#);

New analysis. “ Combined funding from the U.S. government and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in 29 countries is projected to decline by an estimated \$4.3 billion (24%) through 2029, a new KFF analysis reveals. The analysis examines how much funding will be cut under the Trump administration’s America First Global Health Strategy and by the Global Fund from 2026 to 2029, compared with previous years, in 29 countries with signed U.S. Memorandums of Understanding and available data.”

“Reductions in U.S. funding account for more than three-quarters (77%) of the total decrease; the U.S. is planning on funding reductions of an estimated \$3.3 billion (a 29% decline relative to prior levels), while Global Fund allocations to these countries are expected to fall by nearly \$1 billion (15%). In addition to these funding reductions, countries also face co-financing requirements, which could intensify fiscal impacts while offsetting some of the effects of the reductions on global health programs...”

World Cup Football

HPW – FIFA Urged to Kick Coca-Cola Out of World Cup

https://healthpolicy-watch.news/fifa-urged-to-kick-coca-cola-out-of-world-cup/?feed_id=895&unique_id=6a26ec5638372

“Ahead of the kick-off of the World Cup football tournament on Thursday, global health advocates are demanding that FIFA, the international football federation, ends its partnership with Coca-Cola by 2030. “

“Coca-Cola has sponsored the FIFA World Cup, the world’s most-watched sporting tournament, since 1978. Its sponsorship agreement, which makes up about 2% of FIFA’s income, is up for review in 2030. The **“Kick Big Soda Out”** movement has **written to FIFA president Giovanni Infantino**, demanding that the federation publicly **commits to ending its sponsorship agreement with the Coca-Cola Company** and **establishes a partnership policy that excludes sponsorship by ultra-processed food and beverage companies from 2030 onward. ...”**

Reuters - US urges Europe to impose Ebola travel bans ahead of World Cup

[Reuters](#):

(9 June) “EU has not responded to US calls for Ebola-related travel bans, EU diplomat says; US has barred recent travelers from DRC, Uganda, South Sudan from entry; Washington says it is coordinating to protect citizens ahead of FIFA World Cup.”

“**The Trump administration has called on European nations to follow Washington's lead and impose travel restrictions on people who have recently been in Central African countries affected by the Ebola outbreak, in hopes of avoiding the spread of the virus during the soccer World Cup, sources and officials said on Tuesday. The U.S. on June 1 issued a demarche — a formal diplomatic statement of concern — urging European countries to implement travel restrictions related to the outbreak, a European Union diplomat based in Africa and a second source familiar with the matter said. The diplomat said EU states had not responded.**”

Science –Will the World Cup kick off disease outbreaks?

<https://www.science.org/content/article/will-world-cup-kick-disease-outbreaks>

“**Don’t expect pathogens to steal the show, says research group that studied the risk of visiting fans spreading infections.**”

“**...a team of scientists has been working on a different question the past few months: Just how many dangerous viruses, bacteria, and parasites are likely to hitch a ride when more than 1 million fans arrive, many from countries that have diseases rare or unknown in North America? And which ones should U.S. health authorities worry about? Their answer, **posted as a preprint** on 1 June: **Relax (mostly). Most infectious diseases are unlikely to cause problems at the World Cup at all.** There may be additional cases for some, including influenza, tuberculosis, and malaria, but **given the many millions of travelers that already arrive in the United States every year, the soccer fest****

does not pose major additional disease risks, says epidemiologist Alessandro Vespignani of Northeastern University, who led the study....”

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

Devex – Can the new UN political declaration get the HIV response back on track?

A Green; <https://www.devex.com/news/can-the-new-un-political-declaration-get-the-hiv-response-back-on-track-112680>

Must-read analysis. **“Early drafts of a new HIV political declaration show U.N. member states attempting to strike a balance between regaining momentum toward ending the epidemic by 2030, while also acknowledging the challenges posed by shifts in global funding.”** « ... **But civil society groups warn that the latest revision, issued on May 29 and seen by Devex, does not go far enough to address the funding gaps that have emerged** as the United States and other donors reduce their support for the global HIV response.”

« ... **At the same time, observers are eager to ensure the process is not derailed ahead of the expected adoption of the declaration** at a U.N. high-level meeting on HIV/AIDS in New York on June 22 and 23....”

PS: « Angeli Achrekar, the deputy executive director at UNAIDS, told Devex that **U.S. representatives are currently engaged in the revision process....”**

« **The anticipation around this year’s political declaration reflects the role these documents have played in shaping the global HIV response....”**

« ... **The latest draft expresses “deep concern” about the failure to reach the 2025 targets, even as it reaffirms an “unwavering commitment to end AIDS as a public health threat by the end of 2030.”** It also builds on the **UNAIDS Global AIDS Strategy 2026–2031**, which spells out the steps that are necessary to reach the 2030 goal. ... In addition to **targets for testing, getting people living with HIV on treatment, and making sure they adhere to the medicine, the strategy also spells out sustainable financing goals.** This includes **mobilizing the \$21.9 billion that UNAIDS estimates will be needed annually by 2030** to fight the disease. The current draft of the declaration reiterates this goal, but Ross said it does so without underscoring the financial challenges that have emerged over the past 18 months....”

PS: « **The revision process is still ongoing and observers expect changes up until the high-level meeting in New York, “which will hopefully culminate in a consensus political declaration,”** Achrekar said. ... **There is still some question of whether the United States will raise objections and block adoption by consensus as American officials did with the political declaration on NCDs and mental health....”**

AVAC (Global Health Watch) - State of Negotiations Ahead of UN High-Level Meeting on HIV/AIDS

<https://mailchi.mp/avac/global-health-watch-april18-2108318?e=f66302bb8e>

“Negotiations on the political declaration have intensified this week, as the June 22-23 UN High-Level Meeting on HIV/AIDS inches closer. With a third-round draft due June 15, many advocates and delegations question whether consensus can be secured around diluted provisions on key populations, discriminatory laws, community leadership, human rights, and access to medicines. These differing positions by state and non-state actors could ultimately result in a vote on the declaration rather than adopting it by consensus. Advocates report that the text would replace commitments to repeal discriminatory laws with softer language encouraging countries to “review and change as appropriate”, while references to community-led responses and key populations have been weakened or removed in multiple sections. **Financing is also a major point of contention**, with advocates challenging the proposed \$20.6 billion annual HIV financing target and the absence of language addressing official development assistance (ODA) despite calls from many countries.”

Devex – 'We're not seeing a rebound': New data shows HIV services not recovering

A Green; [Devex](#) ;

“New research from the Clinton Health Access Initiative shows declines in HIV testing and in people accessing oral prevention services.”

“The Clinton Health Access Initiative released new data showing steep declines in HIV services across countries in Africa and Asia following cuts in support from the U.S. government and the Global Fund to Fight AIDS, Tuberculosis and Malaria that began in early 2025.”

“Across 10 countries, CHAI recorded a 42% drop in people starting oral HIV prevention services, or PrEP, in 2025 compared to 2024. The number of HIV tests conducted in eight countries declined by 12% in the same period. And the percentage of children who were enrolled in HIV treatment dropped by 15% across eight countries....”

““What I keep coming back to is just that **we’re not seeing a rebound**,” Carolyn Amole, CHAI’s vice president of HIV, hepatitis and tuberculosis, told Devex. “**Across the board, key indicators haven’t recovered,**” since the funding cuts began....”

PS: The new CHAI data offers a more comprehensive picture of the state of HIV services than the numbers released by the President's Emergency Plan for AIDS Relief, or PEPFAR, in April...”

- See also [HPW – Plunging HIV Budgets Cast Dark Shadow Over UN High-Level Meeting](#)

“Precipitous aid cuts are casting a huge shadow over the **United Nations High-Level Meeting (HLM) on HIV on 22-23 June**, with new research indicating that some countries could face almost total cuts in aid from the United States by 2030.”

“UN Secretary General Antonio Guterres **warned last week** that the world is far from achieving the 2025 targets set out in the Political Declaration adopted at the last HLM on HIV in 2021. The **95-95-95 targets** 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. “At the end of 2024, 9.2 million people could not access HIV treatment; there were 630,000 AIDS-related deaths (double the 2025 target); and 1.3 million people acquired HIV (3.5 times the 2025 target),” warned Guterres....”

“There is a global commitment to end HIV by 2030, but the lack of funds will impact the ambitions of the new Political Declaration, currently being negotiated ahead of the HLM.”

“Ahead of the HLM, HIV civil society organisations have **called for** “innovative financing mechanisms” including debt-relief instruments, refinancing of debt, health taxes, and better public financing management to address the funding gap....

“... The Trump administration plans to cut HIV funding to recipient countries by between 42% and 97% by 2030, according to a **memorandum** released this week by the Clinton Health Access Initiative (CHAI). ... CHAI’s analysis is based primarily on data from 11 countries across sub-Saharan Africa and Asia that are home to approximately 25% of people living with HIV globally, and figures published by the US State Department. ... **A wider analysis of 29 countries points to a decline in combined aid from the US and the Global Fund of some \$4.3 billion (24%) through 2029, according to KFF.** The US will reduce its aid by 29% and the Global Fund by 15%, respectively.”

The **silver lining**: “Despite the grim financial outlook, HIV advocates view **the rollout of Lenacapavir**, an injection given twice a year that almost completely prevents HIV transmission, as **the most hopeful tool to end HIV.** ... “Generic entry is expected by early 2027, and pricing agreements have brought the cost to \$40 per person per year....” “

SRHR

Guardian - ‘Family values’ African charter condemned by rights groups as regressive and dangerous

<https://www.theguardian.com/global-development/2026/jun/05/ghana-african-charter-family-values-gender-women-sex-lgbtq-reproductive-rights>

Re the meeting in Accra from last week. “**Draft treaty claims sexual and reproductive health and rights are an existential threat to the African family.**”

“An African treaty that rejects longstanding international human rights obligations moved a step closer to becoming policy this week as **governments across the continent met in Ghana.** ... **The objective of the 2026 conference**, which was held in Ghana for the first time this week and **attended by representatives from 20 countries**, was to **advance the charter by garnering enough support to take it to the African Union general assembly next February**, when it would be put to a vote. ...

“Critics say the charter’s definition of family based strictly on heterosexual marriage ignores the huge diversity of families across the continent’s 54 countries. **In an extensive analysis of the draft, the Initiative for Strategic Litigation in Africa (ISLA), a pan-African feminist initiative, argues that prioritising the family over the individual “risks legitimising the subordination of women, children**

and adolescents to collective family interests and insulating private family relations from state accountability, especially in situations involving violence, coercion, or discrimination””

- Related: [20 African Countries Endorse Anti-LGBTQ+ Charter at “Family Values” Conference](#)

“According to reports, delegates from 20 African countries endorsed the charter, bringing it closer to possible adoption at national level and potentially within African Union structures....”

- [New Humanitarian - “Avoid using the term”: Oxfam in Africa retracts LGBTQ censorship guide](#)

“Oxfam in Africa has departed from the values that govern the Oxfam Confederation.”

“Oxfam in Africa has walked back internal guidelines that would have barred staff from mentioning LGBTQ rights in public, work-related communications....”

- [HPW - Ghana’s Parliament Hosts Anti-vaxxer as Part of ‘Family Values’ Conference](#)

“Ghana’s parliament invited a vociferously anti-vaccine Kenyan and a conservative Dutch activist campaigning to curtail the World Health Organization (WHO) to address visiting MPs on “health sovereignty” last week. Yet Ghanaian Speaker of Parliament Alban Bagbin, a leader in Mahama’s National Democratic Congress, hosted Dr Wahome Ngare and Wilmer Hak, from ultra-conservative Christian Council International (CCI), and sat back as they made inflammatory and wild claims about the WHO, the Gates Foundation and other health initiatives during their speeches.”

“Describing COVID-19 vaccines as an “assault”, Ngare accused the Gates Foundation and the Coalition for Epidemic Preparedness Innovations (CEPI) of “genocide” for “gain-of-function” research – erroneously claiming that they are manufacturing viruses to infect humans so they can develop and profit from vaccines. Ngare also claimed that the WHO was trying to use pandemics to grab power through the International Health Regulations, which set out rules to contain epidemics. He heads a largely dormant group called the African Sovereignty Coalition, and also chairs the Kenya Christian Professionals Forum. ...”

PS: “... [Health Policy Watch first reported](#) on an alliance between anti-rights groups opposing sexual and reproductive health rights and anti-vaxxers in 2024, at the second meeting of the Inter-parliamentary Conference on Family, Sovereignty and Values in Entebbe, Uganda....”

The Lancet and WHO unveil new blueprint to prevent one of childbirth's deadliest complications

“This Friday 12 June 2026 at 11h CEST, the Lancet and WHO lead researchers will publish a landmark new Lancet Series, challenging decades of conventional maternity care and **redefine how postpartum haemorrhage (PPH), the world's leading direct cause of maternal death, is detected, treated and prevented.** The papers highlight how many women are at risk globally and what this is costing our economies. Bringing together the latest global evidence, the Series argues that too many women are still dying from a condition that can often be prevented or successfully treated and outlines a bold new vision for transforming maternal survival worldwide....”

Stay tuned for this, later this morning.

The Independent - Aid cuts are making tablets needed to help fight stillbirths and mothers dying harder to buy

<https://www.independent.co.uk/news/health/women-birth-death-aid-cuts-un-b2990716.html>

“Exclusive: Data from the UN shows that the money spent on supplies of folic acid, which can help reduce the risk of anaemia and then possible haemorrhage or stillbirth, is falling – at least in part thanks to aid cuts.”

“... research published by the London School of Hygiene and Tropical Medicine in April drew a direct line between anaemia and women dying in childbirth. Analysing data from more than 15,000 women who gave birth across the globe, researchers found that anaemia significantly raises the risk of postpartum haemorrhage, which is the leading cause of maternal death globally....”

“... Now data obtained exclusively from The United Nations Population Fund (UNFPA) – the UN’s sexual and reproductive health agency – shows the scale of what is happening to the supplies that help prevent women from becoming anaemic in the first place, starting before the latest aid cuts kicked in. Procurement of folic acid fell 62 per cent between 2024 and 2025, from \$1.09m (£816,000) to approximately \$414,000. Reproductive health kit shipments, which contain iron and folic acid tablets for clinical delivery, fell 53.5 per cent, from \$3.27m to \$1.52m. A UNFPA spokesperson acknowledges the decline is “partially attributable to changes in the funding environment”” “The majority of those supplies go to crisis-affected and low-income countries, with Afghanistan among the countries receiving both iron and folic acid supplies from UNFPA. “

NCDs & Determinants of Health

Mike’s Substack - BFI #4: The Demographic Cliff

[Mike's Substack;](#)

“Global Health May Be Preparing for the Wrong Population Problem.”

“My interest ... is to ask what demographic change, whether driven by lower fertility, migration, or population aging, means for health systems, development, and global health over the coming decades. Because if there is one thing that seems increasingly clear, it is that demographic change may be one of the most consequential (and least discussed) forces shaping our collective future....”

“For most of the modern era, global health has been preoccupied with population growth: too many births, too many children, too much pressure on health systems, food supplies, and the environment. But importantly, a growing group of scholars—including Dean Spears and Michael Geruso in After the Spike, Victor Kumar in his brilliant essay, The Vanishing of Youth, and economists like David Bloom —are now arguing that humanity is entering a fundamentally different demographic era. Their concern is not overpopulation. It is the disappearance of youth. The implications for global health are MASSIVE....”

PS: **“Africa remains ‘younger’ than the rest of the world, but fertility rates are declining there as well.** In many respects, the demographic transition that global health and development helped accelerate has succeeded. The problem is that success is about to create a new set of challenges....”

“...LMICs will confront rising burdens of cardiovascular disease, cancer, diabetes, dementia, disability, and long-term care needs before they have built universal health coverage systems, robust tax bases, or sufficiently large health workforces. At precisely the moment aging populations in these countries require more health workers, fewer young people may be entering the labour force. **Wealthy countries are likely to make matters worse by increasingly competing for the very workers that lower-income countries will need to care for their own aging populations.** Nigeria reportedly loses roughly 4,000 of the 5,000 doctors it trains each year to emigration, while the UK’s NHS now employs more than 65,000 clinicians and support staff from countries that the WHO identifies as facing critical workforce shortages. **As populations age across Europe, North America, East Asia, and the Gulf States, competition for nurses, physicians, and caregivers may become one of the defining geopolitical contests of the twenty-first century—not over oil or minerals, but over people...”**

“...what if the next great challenge is not managing population growth? What if it is adapting to population decline?....”

Habib Benzian & S Naidoo – Why Today’s Disease Burden no Longer Fits Yesterday’s Priorities

[On Substack](#) ;

“Challenging the way global health organises noncommunicable diseases.”

“Global health loves simple frameworks, as long as they don’t change anything. That was the first lesson we learned when, three years ago, we proposed the 6×6 approach to noncommunicable diseases (NCDs). We were not asking the world to rethink disease. We were asking to rethink attention. And attention, in global health, is a currency as powerful as funding. **The moment you add oral diseases and sugars to the familiar NCD grid, you expose an uncomfortable truth: the current 5×5 framework never reflected reality. It reflected politics....”**

“... The reactions rarely questioned the science (though we heard, in all weirdness, comments from public health colleagues stating that oral diseases are just hygiene-related lifestyle conditions without evidence to sugar as causal risk). **Instead, the reactions exposed how tightly the 5×5 model had become woven into the political and institutional fabric of global health and of the global NCD community. The framework was no longer just a classification; it was a political settlement, a balance of visibility, funding, advocacy power, and institutional roles.** Changing it means disturbing the architecture. This is the real insight of the 6×6 approach to NCDs: **the prevailing framing is not merely descriptive nor just technical. It is a form of political design....”**

PS : **“The recent World Economic Forum framing on NCD prevention underscores this point. Without explicitly reopening the category of noncommunicable disease, it quietly redraws its boundaries, elevating conditions like chronic kidney disease that align smoothly with existing system architectures while leaving others largely unspoken.** What enters the centre is not necessarily what burdens populations most, but what health systems find easiest to organise around. **Other disease groups like steatotic liver disease or bleeding disorders are requesting a**

seat at the big NCD table too.... From this perspective, the question is no longer whether oral diseases or sugars belong in the NCD agenda. The question is what kind of NCD agenda global health is now constructing, and for whom....”

Lancet (Editorial) – The next steps for chronic kidney disease

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01183-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01183-9/fulltext)

This week’s Lancet editorial. “Chronic kidney disease (CKD) has emerged after decades of neglect, we noted in November 2025, with the adoption of the WHO resolution on kidney health. The resolution was a long overdue recognition of the need for concerted global attention. However, efforts to implement and operationalise these kinds of agreements are often met with opposition, inertia, and indifference. A Health Policy paper in this week’s issue of *The Lancet* provides practical guidance on how to fulfil the resolution’s promises, drawing on lessons from diabetes control and calling for integration in the broader non-communicable disease agenda. There is, the authors argue, an “unprecedented opportunity to improve health”.....”

- Related Lancet Health Policy - [Implementing the commitments of the World Health Assembly kidney health resolution: a key opportunity to improve health for millions](#) (by M Tonelli et al)

Nature Medicine - Brain Health for Economic Resilience: a data-driven framework for the brain-positive economic transition

H A Eyre et al ; <https://www.nature.com/articles/s41591-026-04444-0>

“Announced in this Comment and in collaboration with Nature Medicine is the convening of the Brain Health for Economic Resilience Commission, a global, transdisciplinary effort to define, measure and operationalize brain health and cognitive capacity as foundational drivers of economic resilience.”

Lancet (Clinical) Series on cardiometabolic multiple long-term conditions

<https://www.thelancet.com/series-do/lancet-series-cardiometabolic-multiple-long-term-conditions>

“Cardiometabolic multiple long-term conditions (multimorbidity), the co-occurrence of interconnected conditions such as type 2 diabetes, cardiovascular disease, and kidney disease, represent a growing global health challenge. Clustering of these conditions is associated with polypharmacy, high rates of morbidity, disproportionate health care utilisation, and premature mortality. Despite rising prevalence in both low- and high-income countries, clinical care and research often remain siloed within single-disease frameworks, resulting in fragmented management and suboptimal outcomes. “

“This three-part Series synthesises current evidence to inform a more integrated response to cardiometabolic multiple long-term conditions. The first paper reviews their epidemiology; the second paper focuses on pathophysiological mechanisms; and the third paper discusses management.”

- And related [Comment: Cardiometabolic multiple long-term conditions: a tractable focus for a field challenged by heterogeneity?](#) (by K Sweeney et al)

“The growing number of people living with multiple long-term conditions (MLTC) is one of the defining challenges facing health care globally. Research in this field has challenged the single-disease framework that has traditionally dominated service design and research focus. But progress in MLTC research has been hampered by methodological inconsistency, definitional imprecision, and the difficulty of designing effective interventions for highly heterogeneous MLTC populations. These limitations have prompted calls to shift focus to narrower and potentially more tractable common clusters of conditions with a disproportionate impact on outcomes such as mortality, quality of life, and health service use. In this new *Lancet Series*, the authors propose cardiometabolic MLTC as precisely such a cluster: a coherent subset of conditions whose shared social and biological determinants provide the opportunity for better understanding of common mechanisms and interventions with benefits across multiple conditions...”

The Lancet: Combined food policies, including labelling and advertising bans, have real-world impact on reducing child obesity, first evidence plausibly shows

Lancet - [The impact of Chile's multipronged food labelling and advertising law on early childhood excess weight: a cohort difference-in-differences study](#)

Via the press release:

“First plausible causal evidence at the national level that coordinated multiple food policies- including front-of-package warning labels, marketing restrictions and school food regulations - reduces childhood obesity. Children in school six to 18 months after the law was introduced had approximately a 2% lower probability of excess weight than children that age before the introduction of the first phase of the law. While the impact may seem modest, authors say these findings provide crucial evidence-based support for policymakers worldwide who are considering food policies to address the childhood obesity epidemic. ...”

“Chile’s complementary set of policies targeting food products high in fat, salt and sugar plausibly reduces the risk of school age children being overweight or having obesity, finds a study published in *The Lancet*. Chile ranks among the highest countries globally for rates of childhood overweight and obesity. To combat this issue, in 2016 Chile implemented one of the world’s most comprehensive and ambitious food policies, the Food Labelling and Advertising Law (FLAL) ...”

- Related Lancet Comment - [Integrated food policy and child obesity](#)

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

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

Updated on 8 June.

“Governments, employers and workers that make up the ILO’s special tripartite structure are due to finalise the first-ever international convention safeguarding workers in the gig economy, in which online platforms provide everything from temp work to dog walking to food delivery services. It comes after a majority of ILO members at last year’s meeting backed the landmark decision to move forward with creating international ground rules, despite resistance from some countries including the United States, Argentina and Pakistan.”

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

PS: **“In a report from April, called Algorithms of Exploitation, Human Rights Watch interviewed gig workers across India, Kenya, Kuwait, Lebanon, Mexico, Pakistan, Saudi Arabia, the UAE and the United Kingdom. It found that across all nine countries, they face low and unstable earnings, unsafe working conditions, and little to no protection when injured or unable to work. The report also found how the growing use of algorithms by platform companies to set pay, create incentives and assign tasks is increasing pressure on workers to accept jobs quickly, meet tight deadlines and maintain high ratings, with penalties for falling short....”**

“... At this week’s gathering, ILO members will pore over the third version of the draft convention on decent work in the platform economy, after going back and forth with amendments and tweaks over the past year....”

Digital determinants of health

NPJ - A global call to action on the digital determinants of health

J Shaw et al; <https://www.nature.com/articles/s41746-026-02765-5>

“...In this Perspective, we articulate the urgent need for close attention to the health-related impacts of the diverse uses of digital technologies and the transformations they bring about on a global scale. We provide a conceptual summary of definitions of the Digital Determinants of Health published in the peer-reviewed literature and present progress toward a conceptual framework for understanding the Digital Determinants of Health as operating through primary (individual and community health), secondary (domestic institutions), and tertiary (global political economy) mechanisms....”

Access to Medicines, vaccines & other health technologies

Lancet Comment – How CEPI can enhance global vaccine equity and transparency

M Whiteman, P Maybarduk, S Moon et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01137-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01137-2/fulltext)

Important read. Excerpts:

“The absence of proven vaccines to address the 2026 outbreaks of hantavirus and Ebola virus disease caused by Bundibugyo virus (species Orthoebolavirus bundibugyoense) underscores the essential role of the Coalition for Epidemic Preparedness Innovations (CEPI) in protecting everyone's health. On June 1, 2026, CEPI announced it would invest up to US\$61.8 million to rapidly advance testing and production of three Bundibugyo vaccine candidates. CEPI pools public and philanthropic funds internationally to advance vaccine development for epidemics and pandemics in a way meant to benefit all countries. Unlike traditional development assistance, CEPI is formally accountable to more than a small circle of high-income-country donors, with middle-income countries, including Indonesia, Malaysia, Mexico, and Senegal, among its public investors....”

“Since its launch in 2017, CEPI has mobilised more than \$4.2 billion, supported first vaccines for Lassa fever, Nipah virus, and Middle East respiratory syndrome entering phase 2 trials, and enabled technology transfer to endemic manufacturers and licensure of the first chikungunya vaccine. During the COVID-19 pandemic, CEPI funded 14 vaccine candidates and co-led COVAX, which delivered nearly 2 billion doses to 146 countries. These are substantial and impressive achievements. CEPI's importance is elevated now amid the retreat of the US Government from multilateral health cooperation and funding, and cuts to the US National Institutes of Health's (NIH) infectious disease investments. Yet CEPI should be judged above all by its access mission, because that is what distinguishes it from a conventional innovation fund....”

“...These concerns matter even more now because the normative environment for research for pandemic prevention, preparedness, and response is shifting. After COVID-19, there is growing recognition that public R&D contributions should translate into public benefit... ..Although normative changes to this research environment alone do not alter the structural geography of pharmaceutical R&D, they do create a governance opportunity that funders must choose to use.”

“Investor countries can, through CEPI, not only support access to products but also reshape and diversify where preparedness capacity sits. CEPI's middle-income government investors are part of the coalition's governance architecture. As part of CEPI's Investors Council, such countries can press for funding conditions that incentivise regional co-development, meaningful LMIC manufacturing participation, publication of equity-relevant terms, and operational plans for technology transfer and access during emergencies. Indonesia illustrates how this approach can be operationalized...”

“... CEPI could help by making meaningful technology transfer a more explicit funding expectation more broadly, coordinating with LMIC manufacturers and WHO, and transparently publishing key details of these arrangements to allow public learning and scrutiny. ... Greater transparency is possible. The Medicines Patent Pool (MPP), which negotiates licences authorising use in LMICs of generic versions of widely patented medicines, publishes its agreements in full, while maintaining its ability to negotiate with large firms....”

“...Following critiques, CEPI has explained in greater detail how it makes decisions. However, despite long-standing stakeholder concerns related to insufficient transparency on access provisions in contracts with firms, CEPI's underlying approach has not substantively changed. CEPI indicates that it is reviewing its access policy and exploring greater transparency as it prepares to implement its new 5-year CEPI 3.0 strategy, which is expected to begin in 2027. The question remains whether any changes will be incremental or norm-setting. We encourage CEPI to

strengthen and disclose contract terms relevant for equity, including on licensing, step-in rights, supply, and price terms that shape downstream public procurement contracts; to adopt broader formal LMIC and civil-society participation in oversight; and to support systematically regional manufacturing ecosystems.... **CEPI was created to correct a market and governance failure in epidemic preparedness, yet the absence of proven tools to combat Ebola Bundibugyo shows the work is not yet done.**”

HPW – Non-Profit R&D Groups Pool Resources Amid Shrinking Global Budgets

https://healthpolicy-watch.news/non-profit-rd-groups-pool-resources-amid-shrinking-global-budgets/?feed_id=894&unique_id=6a26cf3d92373

“**Three non-profit organisations involved in the research and development (R&D) of “effective, affordable, and life-saving medicines” are pooling resources** to address the growing unmet needs of the world’s most vulnerable patients. **The Drugs for Neglected Diseases initiative (DNDi), GARDP Foundation, and Medicines for Malaria Venture (MMV) announced a cooperation agreement** on Monday to “explore how they can further pool their expertise and resources to strengthen the efficiency and coordination of their activities””

“**The cooperation focuses particularly on R&D, as well as joint policy advocacy and communications activities** to raise awareness of their non-profit drug development model. ...”

PS: “**DNDi executive director Dr Luis Pizarro** said: “The global health environment is changing fast, but patients’ unmet needs remain. In a rapidly shifting environment, closer, smarter, more agile collaboration is essential to deliver life-saving health tools for millions in urgent need.” **He invited other non-profit research organisations “committed to equitable access and leaving no patient behind” to join the collaboration** to accelerate the development of life-saving treatments for patients who need them most. ...”

- See also **Geneva Solutions - ‘It’s possible to have a collective success’: three Geneva health non-profits bolster ties amid shrinking aid**

MSF Access - Principles for equitable access to medical tools for Ebola disease caused by Bundibugyo virus

<https://msfaccess.org/principles-equitable-access-medical-tools-ebola-disease-caused-bundibugyo-virus>

“ This outbreak once again exposes persistent failures to prioritise, fund, and produce accessible medical tools for diseases disproportionately affecting low- and middle-income countries. As the response scales up, it is critical to apply lessons learned from past epidemics, including COVID-19 and previous Ebola disease outbreaks. **MSF calls on donor agencies, governments and research institutions to ensure that enforceable access arrangements are embedded in research and development processes from the outset for equitable access to medical tools for the Bundibugyo virus....”**

Devex Pro - The Gates Foundation's push for stronger African health product regulators

<https://www.devex.com/news/the-gates-foundation-s-push-for-stronger-african-health-product-regulators-112674>

(gated) **"The foundation sees it as a way to expand access to lifesaving medical products. It's supporting both national regulators and the African Medicines Agency."**

"The Gates Foundation believes strong medical product regulators on the African continent will lead to greater access to lifesaving products. And the backbone is strong national regulators — coordinated by the new African Medicines Agency, or AMA, said David Mukanga, deputy director of Africa regulatory systems at the Gates Foundation...."

Lancet GH Viewpoint - Global health ethics in international collaborative research during policy transition: what can we learn from the proposed newborn hepatitis B vaccine trial in Guinea-Bissau?

K Moodley et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00142-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00142-7/fulltext)

"International collaborative research in Africa has raised ethical challenges for decades. The proposed newborn hepatitis B vaccine trial in Guinea-Bissau is the latest case to crystallise concerns around potential exploitation of disadvantaged populations, drawing comparisons to Tuskegee and other research abuses. We argue that the decision to stop the trial was appropriate, but that the reasons most invoked in public debate are incomplete. The trial was designed to happen during a defined window before Guinea-Bissau's planned rollout of the universal birth-dose vaccination in 2027–28, when randomisation between the WHO-recommended birth dose and the existing local standard of care remained possible. Under what conditions, if any, could such research—comparing a local versus global standard of care during health policy transition—be ethically justified? We propose four conditions and assess the proposed trial against them. The trial potentially satisfies some of our proposed conditions but does not meet others owing to an absence of maternal hepatitis B screening despite high background prevalence, methodological shortcomings that threaten the interpretability of results, and governance deficiencies, including an absence of sponsor-country ethics review (required by the Declaration of Helsinki). We treat this trial as a cautionary tale offering important lessons for future research in low-resource settings undergoing policy transitions."

Scroll India - Why generic obesity drugs are unlikely to help those who need them the most

Sunoor Verma; <https://amp-scroll-in.cdn.ampproject.org/c/s/amp.scroll.in/article/1093079/why-generic-obesity-drugs-are-unlikely-to-help-those-who-need-them-the-most>

"Poorer countries bear a greater burden of metabolic diseases but even with cheaper medicines, pharma companies will make access difficult...."

GAVI - Are children getting their vaccines too late?

<https://www.gavi.org/vaccineswork/are-children-getting-their-vaccines-too-late>

“Many children receive vaccines weeks or months later than recommended, raising questions about how immunisation programmes are measured, and how to boost timeliness.”

“A major **new study** has found that across dozens of low- and middle-income countries, many children are receiving routine vaccinations weeks or even months later than recommended. The findings suggest that **national vaccination coverage rates**, the traditional measure of how well immunisation programmes are performing, **may tell only part of the story**. A child may be counted as vaccinated, but only after spending weeks or months without the protection that vaccine was designed to provide....”

Cfr a new study in the Lancet GH.

Planetary Health/ Climate & Health

Starting with some updates and reads related to the **Bonn Climate summit**.

UN News - Countries urged to ‘go further, faster’ and deliver on climate commitments

<https://news.un.org/en/story/2026/06/1167673>

“The United Nations climate chief called on Monday for countries to step up action to implement existing commitments, warning that fossil fuel dependency is deepening economic instability and exposing vulnerable communities to worsening climate impacts. “

“Simon Stiell addressed the **opening of the UN June Climate Meetings in Bonn, Germany** – an important **step ahead of the COP31 climate conference in Antalya, Turkiye** this November. “**Tackling the global climate crisis is the hardest, but most important thing humanity has ever tried to do together,**” he said...”

“... **Focus will be on issues such as adaptation, finance, the just transition to renewable energy, agriculture and food security, and follow-up to the first global stocktake** towards achieving the Paris Agreement on climate change, concluded at COP28 in Dubai in December 2023. ...”

HPW – Planet on Course to Permanently Breach 1.5°C Limit by 2030

<https://healthpolicy-watch.news/planet-on-course-to-permanently-breach-1-5c/>

“The world will permanently breach the Paris Agreement’s 1.5°C warming limit within about four years if emissions continue at current levels, a major global stocktake of the climate system published Thursday has found. The fourth annual **Indicators of Global Climate Change** report, published at the UN climate meetings in Bonn as negotiators begin to lay the groundwork for COP31, shows human-induced warming reached **1.37°C above pre-industrial levels in 2025**, rising

at 0.27°C per decade, the fastest rate in the historical record. While individual years have already exceeded 1.5°C, boosted by natural cycles such as **El Niño**, the report warns that a permanent breach is now fast approaching, with human-caused warming pushing temperatures past the Paris target around 2030.”

“... The budgets for 1.6°C and 1.7°C – enough to trigger catastrophic weather extremes, force millions to flee their homes to seek cooler environments, and wipe out nearly all of the world’s coral reefs – run out in roughly eight and 12 years.”

Global Climate and Health Alliance - Health Community Calls on Bonn Climate Meeting to Triple Adaptation Finance

<https://mailchi.mp/2fee6423cb31/sb64-health-community-calls-on-bonn-climate-meeting-to-triple-adaptation-finance?e=3289726e8a>

“As the annual UNFCCC Bonn climate meeting ([SB 64, June 8-18](#)) opens in Germany, the Global Climate and Health Alliance called on governments to triple public, grant-based adaptation finance, in order to ensure the creation of national energy transition roadmaps, to deliver on pledges to address loss and damage, and to define a process and scope for a loss and damage report. ...”

“Over the next fortnight in Bonn, governments must identify clear routes to triple public, grant-based adaptation finance to at least USD 120 billion by 2035”, said Jess Beagley, Policy Lead at the Global Climate and Health Alliance. “Without adaptation finance, life saving action to build resilience in the health sector and in health determining sectors, such as water and sanitation, disaster planning, and food systems, will be impossible - risking malnutrition, waterborne disease, exposure to extreme weather, and lack of access to health services at the very moments they are most needed.”

Global Health and Environment Organisations Urge COP31 Presidency to Prioritise Health

<https://mailchi.mp/8c9d3009bbda/global-health-and-environment-organisations-urge-cop31-presidency-to-prioritise-health?e=3289726e8a>

“As the UN Climate Negotiations in Bonn, one of the most critical turning points on the road to COP31 begin, 74 organisations from around the world have delivered the message: “The climate crisis cannot be tackled without addressing health.””

“The call, initiated by the Right to Clean Air Platform from Türkiye and submitted to the COP31 Presidency, urges that health be prioritized in all aspects of the COP31 Action Agenda and it calls for the acknowledgment that fossil fuels are harmful to health. The COP31 Presidency had previously included health as a standalone item on the Action Agenda, in line with civil society demands. ...”

With three demands.

Climate Change News - COP31 leaders unveil global targets, with spotlight on electrification

<https://www.climatechangenews.com/2026/06/09/cop31-leaders-unveil-global-targets-with-spotlight-on-electrification/>

“Co-hosts Türkiye and Australia want countries to **sign on to global targets in three of their priority areas** for this year’s COP climate negotiations.”

“The two countries set to lead this year’s COP31 have **unveiled three headline goals** for November’s UN climate summit - **on electrification, waste and buildings** - following six months of consultations with governments.”

Climate Change News - WHO issues new guidance on heat-health action plans, as El Niño sets in

<https://www.climatechangenews.com/2026/06/11/who-issues-new-guidance-on-heat-health-action-plans-as-el-nino-sets-in/>

“Amid warnings of “unprecedented” weather extremes this year, **the World Health Organization urges governments to strengthen protections for vulnerable groups.**”

“**Unveiling updated recommendations for “Heat-Health Action Plans”, which are tailored for Europe but can be adapted globally**, Hans Henri P. Kluge, WHO’s regional director for Europe, said that over the past four years, heat has claimed more than 200,000 lives across 32 European countries....”

- Related: HPW - [As Extreme Heat Deaths Mount in Europe, WHO Urges Urban Redesign](#)

Guardian – ‘Severe’ stress on oceans as rate of sea level rise doubles in 10 years, UN warns

<https://www.theguardian.com/environment/2026/jun/08/un-world-ocean-assessment-severe-stress-sea-level-rise-doubles-pollution-fishing-climate>

“**Global effort needed to limit effects of pollution, industrial fishing and climate crisis, World Ocean Assessment says.**”

“**The world’s oceans are under “severe and accelerating” pressure from human activities, with the rate of sea-level rise double that of a decade ago**, according to a damning assessment from the **United Nations**. The “**intensifying” stressors, which include pollution and large-scale industrial fishing, are cumulative, said the report, resulting in widespread biodiversity loss and putting ocean systems under “severe strain”.**”

“**The UN’s third World Ocean Assessment**, which reflects the work of nearly 600 scientists from 86 countries, **looked at the oceans’ health from 2021-25.**”

Ecological Economics - Post-growth and the North-South divide: A stock-flow consistent scenario analysis

Dario Leoni, Andrew Jackson and Tim Jackson; <https://cusp.ac.uk/themes/aetw/paper-dl-postgrowth-north-south-divide/>

“Post-growth scholars argue that high-income countries should start a post-growth transition first to create ecological space for developing countries, yet the macroeconomic implications of such North-first transition remain largely unexplored. **This paper addresses this gap by developing PADME, a novel two-region stock-flow consistent model to examine what happens when one region (the North) undergoes a post-growth transition while the other (the South) continues to grow.** We model the Northern transition through declining caps on domestic and imported resource use. **The simulations show that a unilateral post-growth transition in the North generates a severe balance-of-payments crisis in the South, marked by currency depreciation, rising public debt, imported inflation, higher unemployment, and worsening income inequality.** While appropriate domestic policies can stabilise the Northern economy, they do not prevent macroeconomic instability in the South. **We find that international cooperation is required to avert the crisis. Simulating a North-to-South financial transfer allow the South to sustain development, though at the cost of higher global resource consumption and more macroeconomic instability in the North. Our analysis demonstrates that financial space through coordinated macro-financial frameworks is as important for Southern development as ecological space.** Ultimately, **post-growth transitions cannot be meaningfully understood without an international economic perspective.** Cross-border trade and financial dynamics can significantly alter the trajectory of a post-growth economy and need to be studied in more detail by the post-growth community.”

Guardian – Super-rich’s assets cause outsized amount of climate harm, study says

<https://www.theguardian.com/environment/2026/jun/10/super-rich-assets-outsized-amount-climate-harm-study>

“Greenpeace calculates that wealthiest contribute nearly \$1tn of damage a year with ownership-based emissions.”

“Ultra-wealthy people zooming across the world on their **private jets**, lounging on yachts and conspicuous by their **Instagrammable consumption** are among the most easily identified individual culprits when it comes to the climate crisis – but **new research argues that it is not just their heady lifestyles to blame, but also their bank accounts.** Through their ownership of companies and private financial and physical assets, from oil producers to property developments, **the super-rich are responsible for an outsized slice of the greenhouse gases that are overheating the planet.** The **top 1% of people by wealth**, through their shareholdings and investments, **control about a quarter of global annual emissions in total.**”

“Greenpeace has calculated the “climate debt” of these high net worth individuals, by attributing to them their share of the damage done to the climate by the assets they own. By this reckoning, the **world’s richest cause nearly \$1tn a year of damage to the climate.**”

“... Greenpeace estimates that the **top 1% by wealth are responsible for about 40% of all “ownership”-based emissions** – that is, the emissions produced by businesses and associated with privately owned financial and physical assets – which themselves make up 60% of global carbon output. Within that group, the top 0.1% account for about 17% of ownership-based emissions, and

the top 0.01% about 9%. The top 1% is made up of people with wealth above about \$2m, the top 0.1% people with wealth above about \$7m, and the top 0.01% is people with wealth above about \$38m....”

“By contrast, the bottom half of the world by wealth accounts for just 3% of ownership-based emissions....”

Review of International Political Economy - Global environmental governance after liberal environmentalism

J Taggart, R Ralston et al ;

<https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2685030>

“Global environmental governance has long been predicated on a normative compromise, commonly referred to as ‘liberal environmentalism’, which posits that addressing global environmental challenges requires the promotion and maintenance of a liberal economic order. Today, however, the global economy is fragmenting across its material, ideational, and institutional dimensions due to renewed geopolitical rivalry and the resurgence of state capitalism. This commentary explores what the fraying of the liberal basis of the world economy means for global environmental governance. Across global climate, food, and plastics governance, we identify a disjuncture: Institutions produced by the compromise of liberal environmentalism are increasingly out of step with a post-liberal global economy being reconfigured along statist and geopolitical lines...”

Lancet Planetary Health – Health integration in national climate adaptation policies from 198 countries: a global policy analysis

C C Morneau et al ; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00039-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00039-2/fulltext)

Findings: **« 197 countries, all except Libya, were found to have national climate adaptation policies (36 HNAPs, 123 NAPs or NAPAs, 200 NDCs, and 223 NCs). Across these policies, 458 (88% of 522 policies) mentioned health. 159 (81% of 197 countries) further referenced other national health policies. 191 (97%) identified populations disproportionately affected by climate change, whereas only 24 (12%) involved such populations in decision making. Six (3%) countries outlined budgets for health-related actions. Insufficient budgeting and fiscal planning emerged as the weakest aspects of health integration, and sexual and reproductive health and rights, allergies, injuries, violence, and mental health were found to be under-represented in policies....”**

Lancet – Climate, war, and the global health-care supply chain

J Karliner et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01138-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01138-4/fulltext)

“... Taken together, the global health-care supply chain's vulnerability to geopolitical conflict and extreme climate events, along with its substantial contributions to greenhouse gas emissions, present a powerful argument for phasing-down its dependency on fossil fuels and investing in an immediate shift towards a low-carbon, resilient health-care future. Achieving this change, through

product innovation, powering health and manufacturing facilities with renewable energy, decarbonising logistics, and decentralising production, is integral to achieving the interconnected global goals of securing a stable climate and safeguarding global health.... .. **Powerful momentum within the health sector is growing, with national governments and leading global institutions making commitments to decarbonise and adapt to the climate crisis. Several efforts have also emerged to support governments and health systems in implementing these commitments, with some focusing specifically on reforming the health supply chain....**” But much remains to be done.

Authors conclude: **“The impacts of the current war in the Middle East and the long-term threat of the climate crisis underline the acute vulnerability of health systems.** Climate action and peacebuilding are complementary policy responses to this vulnerability: action to end fossil fuel dependence addresses a primary driver of climate change and conflict, while peacebuilding reduces instability, displacement, and disruptions to health services. Such efforts can contribute to more effective climate adaptation and mitigation. **The health sector must lead by example in these efforts, decarbonising its facilities and supply chains, while lending its trusted, credible voice to help end reliance on fossil fuels and support peacebuilding efforts to advance the conditions for climate stability, human security, and health equity and justice.**”

Conflict/War & Health

BMJ – The peace pill: an overdue prescription for the Eastern Mediterranean Region

M Karamouzian, K Blanchet, M McKee et al ; <https://www.bmj.com/content/393/bmj-2026-479016>

« Mohammad Karamouzian and colleagues argue that peace is the most effective intervention to protect public health from the simultaneous destruction of health systems and environment arising from multiple conflicts in the Middle East. »

« ... Between 1 January and 28 May 2026, WHO recorded 628 attacks on healthcare worldwide, of which 336 (53.5%) occurred in five EMR settings: Lebanon (184), the Occupied Palestinian Territory (73), Sudan (34), Iran (32), and Syria (13). What began as a conflict among three countries has now expanded to involve 15 of 22 EMR countries, intersecting with other emergencies that, while differing in their origins, actors, and dynamics, now share common challenges, such as degraded health infrastructure, disrupted supply chains, and a global humanitarian architecture buckling under simultaneous demands....”

« We use “dual destruction” to describe the simultaneous assault on two foundations of public health: institutional infrastructure (including hospitals, supply chains, disease surveillance systems, and the health workforce) and ecological infrastructure (air, water, soil, sanitation, energy, and food systems). These dual assaults trigger a cascade of compounding crises that interact multiplicatively: institutional collapse worsens environmental exposure, while ecological degradation accelerates disease, displacement, and the breakdown of public health functions. Restoring peace is not a political luxury but the critical upstream intervention for population health in the EMR and beyond....”

BMJ - AI warfare demands a new era of humanitarian law

<https://www.bmj.com/content/393/bmj-2026-351015>

“An updated global convention is essential to protect civilians, healthcare, and humanitarianism as AI military technologies advance, write Thomas V Adamkiewicz and Zulfiqar A Bhutta.”

Making **five points**.

And concluding: **“Expanding on existing frameworks, the world needs to come together to establish a modern convention for the protection against egregious harm in warfare to civilians, especially children, and to provide effective humanitarian responses, is more important than ever as we enter the age of AI warfare.”**

Lancet World Report – Petition calls for boycott of Israeli Medical Association

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01185-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01185-2/fulltext)

“Critics are calling for the IMA to be suspended from the World Medical Association over its stance on Gaza. Udani Samarasekera reports.”

“Health organisations are calling for a boycott of the Israeli Medical Association (IMA) over what they say are violations of medical ethics and international humanitarian law in the war in Gaza. The People's Health Movement (PHM), Artsen voor Gaza (Doctors for Gaza), and Health Advisory Council of the Jewish Voice for Peace want the IMA to be suspended from the World Medical Association (WMA) over its failure to speak out against the genocide of Palestinians, the destruction of health-care infrastructure, and the torture and killing of health-care workers in Gaza....”

Some more reports

IISD – Secretary-General’s SDG Progress Report Urges Building on Proven Successes

<https://sdg.iisd.org/news/secretary-generals-sdg-progress-reporturges-building-on-proven-successes/>

“The report finds that the world is on track to meet or is making “moderate” progress on 36% of the 139 SDG targets with available trend data. Progress on 49% of the targets is “only marginal,” and 18% of the targets have regressed from the 2015 baseline, according to the report. The SDG progress report by the UN Statistics Division and the SDSN’s Sustainable Development Report, both forthcoming, also feed into HLPF deliberations.”

“In preparation for the July 2026 session of the UN High-level Political Forum on Sustainable Development (HLPF), the UN Secretariat has released an advance unedited version of the Secretary-General’s annual report on SDG progress. While progress “is not only possible but already

happening,” the report warns that **unmet financing commitments “risk putting many SDG targets beyond reach.”...**”

Miscellaneous

Telegraph – The hunger crisis experts warned of is here – and it’s likely to get worse

<https://www.telegraph.co.uk/global-health/terror-and-security/the-food-crisis-experts-have-been-warning-about-is-here/>

“UN says its worst fears are materialising as **report finds that 45 million additional people now face ‘critical’ levels of food insecurity.**”

“Months ago, the UN cautioned that a prolonged closure of the Strait of Hormuz would push millions into hunger; now they say their worst fears are materialising. A **report produced by the World Food Programme (WFP), the UN’s food-assistance branch, found that 45 million additional people now face “critical” levels of food insecurity as a direct result of the war in the Gulf.** Across the world, **260 million people already face similar levels of food insecurity.** Most live in poor and fragile countries and are unable to meet their basic caloric needs...”

UN News – ‘Human rights are part of our DNA’: UN launches global alliance to counter rising threats

<https://news.un.org/en/story/2026/06/1167698>

“The **UN human rights office (OHCHR)** has launched a **Global Alliance for Human Rights**, a broad coalition aimed at **placing the issue at the heart of decision-making**, when conflict levels have reached a record high amid deepening inequality and accelerating climate change.”

Global health governance & Governance of Health

CSEP/UNU (Working Paper) - Improving global and regional health governance and cooperation: perspective of South and Southeast Asia

<https://unu.edu/publication/improving-global-and-regional-health-governance-and-cooperation-perspective-south-and>

“How countries in South and Southeast Asia can contribute to and improve the system of global health governance.”

Key takeaways from p. 79 on.

Book – The Emergence of International Health Policy in Southeast Asia, India, and Sri Lanka, 1937-1978

V Neelakanthan; <https://link.springer.com/book/10.1007/978-3-032-21233-7>

“Examining the emergence of international public health policy between the 1930s and 80s, this book sheds light on the role that rural community health initiatives in South and Southeast Asia played in the movement towards ‘primary health care’ and ‘health for all,’ articulated ultimately at the 1978 International Conference on Primary Health Care in Alma-Ata, Kazakhstan. The author argues that the movement was not directed exclusively from the headquarters of the World Health Organization (WHO) in Geneva, but also by institutions such as the Rockefeller Foundation’s International Health Division in rural Southeast Asia, and through local community initiatives including the Bandung Plan for Health in Indonesia. The book illustrates how an exclusive association of global health with the emergence of the WHO in the 1950s fails to account for the local, national, or regional contexts that shaped the evolution of primary health care in South and Southeast Asia.”

IDS - Understanding China and Brazil’s changing roles in Africa

<https://www.ids.ac.uk/opinions/opinion-series/understanding-china-and-brazils-changing-roles-in-africa/>

“Ten years ago, we asked the question: as China and Brazil increase their engagement in Africa, is a new development paradigm emerging?” “A decade later, researchers from the UK, China, Brazil and Mozambique revisit this question to assess how China and Brazil’s roles across Africa are evolving. This series concludes with analysis of how South-South cooperation looks today amid the rise of China’s influence in Africa and within the context of a new geopolitical era.”

Journal of International Relations and Development - China’s global health governance in Africa before Covid-19: status signalling through conspicuous giving

R Sevenard & R J Cook; <https://link.springer.com/article/10.1057/s41268-026-00378-9>

“Since 2012, China has voiced its ambitions to assume more international responsibilities and act as a responsible great power. China has shifted its previous focus on domestic health governance to becoming an integral part of the global health governance system, which can be interpreted as an endeavour to demonstrate great power responsibility. **This study empirically and comparatively analyses evidence during the overlooked pre-COVID-19 period from 2012–2019 under Xi Jinping. China’s status signalling through the provision of global public goods for health is investigated during times of two different yet acute health crises in Sierra Leone (2013–2016) and Madagascar (2017).** The findings indicate that **China’s assistance exemplified a form of tokenistic altruism by conspicuous giving in the respective cases of African health crises,** as the scale and quality of aid lagged severely behind its financial and technological capabilities.”

Journal of Humanities, Arts & Social Science – From Health Aid to Symbiotic Development: The Paradigm Evolution of Ningxia-Benin Medical Collaboration (1978-2023)

H Cui et al ; <https://www.hillpublisher.com/UpFile/202603/20260305101042.pdf>

“... Since 1978, China’s Ningxia Hui Autonomous Region has led a 45-year uninterrupted medical cooperation with Benin—an understudied model of long-term South-South health collaboration. This study used a case-study approach to systematically trace the paradigm evolution of Ningxia-Benin medical cooperation (1978- 2023) from blood-transfusion-style aid to capacity-building, and ultimately to symbiotic development. The transformation is driven by three synergistic mechanisms: adaptive technology transfer, bilateral institutional guarantees, and social capital accumulation. A **new South-South health cooperation paradigm emerges**—locally led, technology-adaptive, and humanistically integrated...”

Global Health Action – “Assessing inclusiveness in Team Europe Initiatives: a mixed-methods study of EU-Africa health cooperation”

Saskia-Linda Stämmler et al ;

<https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2680837>

Findings: « **Health-related Team Europe Initiatives are predominantly concentrated in Africa, with uneven participation across European Union Member States.** Interviewees generally viewed the initiatives as a **promising tool** for strengthening collaboration, improving trust, enhancing coordination, and creating more stable engagement that may attract investment. **Nonetheless, significant concerns persist**, particularly regarding limited involvement of local partners in decision-making, resulting power imbalances, and challenges when it comes to coordination. Stakeholders broadly agreed on the need to widen participation beyond European institutions to meaningfully reflect local priorities. »

One Health in a Fractured World: Why Global Health Governance Must Adapt to Geopolitical Fragmentation

Claire J. Standley and Erin M. Sorrell; <https://gjia.georgetown.edu/science-technology/one-health-in-a-fractured-world-why-global-health-governance-must-adapt-to-geopolitical-fragmentation/>

“The COVID-19 pandemic exposed weaknesses in global health systems and underscored how interconnected drivers such as changes in land usage, urbanization, and climate amplify zoonotic disease threats. **One Health**, an integrated approach linking human, animal, and ecosystem health, **has gained institutional traction via global governance approaches, yet faces persistent structural challenges, including siloed mandates, funding misalignment, and limited enforcement.** We argue for **pragmatic, polycentric governance**—local leadership supported by regional mini-lateral coalitions and existing bi- and multilateral regimes—to **operationalize One Health sustainably and equitably.**”

BMJ Editorial – Middle powers must collaborate on health data and health AI is imperative

F Razak et al ; <https://www.bmj.com/content/393/bmj-2026-078892>

“New partnerships could improve datasets, protect sovereignty, and provide better patient care.”

“... Middle power countries such as Canada, Australia, South Korea, and numerous European countries are not global superpowers but can exert influence through collaborative approaches, institution building, and collective influence. A potential approach to middle power collaboration related to health data encompasses infrastructure and technical approaches such as storage, governance, interoperability, and secure exchange of health data; and applications such as the development of health AI for decision support, risk prediction, public health surveillance, health system planning, and discovery research...”

Science in One Health - Addressing the interdependencies: the role of global health diplomacy in designing One Health governance

J Zhao , M Kazatchkine et al;

<https://www.sciencedirect.com/science/article/pii/S2949704326000168>

“The convergence of human, animal and environmental health crises has exposed the limitations of fragmented governance structures. One Health faces a critical implementation gap: the persistent silos between scientific disciplines, sectors and sovereign states. This perspective argues that global health diplomacy provides the essential mechanism for designing effective One Health governance. We propose a three-part diplomatic agenda: constructing science–policy interfaces, negotiating institutional architectures, and embedding equity and solidarity as core governance principles. Without deliberate diplomatic engagement, One Health risks remaining an aspirational concept rather than an operational reality...”

Global health financing

International Health - From dependency to strategic sovereignty: reframing global health financing in a fragmenting world—lessons from Angola

Indrajit Hazarika; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihag055/8704989?searchresult=1>

“This paper presents a conceptual and policy analysis, using Angola as an illustrative case, to examine how global health financing models can move beyond aid effectiveness towards what the paper defines as ‘strategic sovereignty’. Strategic sovereignty is conceptualized here as both an analytic lens and a normative policy objective, referring to the capacity of states to align health financing with broader macro-fiscal and geoeconomic strategies while maintaining institutional autonomy and accountability....”

Lancet GH - Understanding sugar-sweetened beverage tax implementation globally: a 34-year, population-based observational study in 183 countries

L M Loaza et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00093-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00093-8/fulltext)

« We aimed to characterise the extent and types of sugar-sweetened beverage taxes implemented worldwide and the national characteristics predicting implementation, such as sugar-sweetened beverage intake amounts, disease rates, or economic development. »

Findings: “... From 1990 to 2024, 64 countries implemented sugar-sweetened beverage taxes, accelerating over time and covering 3·5 billion people globally. South Asia led in adoption (50% of countries; median tax rate 7·5%), followed by southeast and east Asia (47·8%; 5·0%), the Middle East and North Africa (30·0%; 17·0%), and Latin America and the Caribbean (31·3%; 7·0%). Taxes were ad valorem (ie, based on price; 45%), volume-based (44%), sugar-content-based (5%), or mixed (6%), and 13% of countries earmarked revenue for public health. ...”

« Global adoption of sugar-sweetened beverage taxes has rapidly accelerated since 1990; however, there is important heterogeneity by region and tax structure, and the taxes are shaped by a country's economic capacity, social development, and health conditions.”

- Cfr [Stat: About half of countries in South, Southeast, and East Asia have adopted taxes on sugar-sweetened beverages](#)

“... Overall, the Lancet Global Health study found that 29% of high-income countries have taxes on sugar-sweetened beverages, based on global datasets from 183 countries between 1990 and 2024. Countries were more likely to introduce taxes if they had higher rates of obesity and type 2 diabetes; surprisingly, higher consumption levels of sugary drinks didn't predict adoption of the policy...”

VCF and World Bank Group launch landmark eye health partnership

<https://visioncatalystfund.org/news/worldbankpartnership?cid=HNP TT health EN EXT>

(5 June) “Vision Catalyst Fund and World Bank Group announce a partnership to transform how eye health is financed globally. \$2.2 million investment will unlock greater investment in eye health.”

“The Vision Catalyst Fund’s \$2.2 million investment in the World Bank Group’s Health Systems Transformation and Resilience Multi-Donor Trust Fund will help countries unlock greater investment through catalytic financing. It will be formally announced today at the IAPB’s 2030 IN SIGHT LIVE event in Nairobi, Kenya...”

International Journal for Equity in Health - Climate change, financial development, and health outcomes in sub Saharan Africa

L Amoah et al; <https://link.springer.com/article/10.1186/s12939-026-02894-z>

“This study examines the relationship between climate change and health outcomes in Africa. It further explores the role of financial development in moderating the relationship between climate change and health outcomes. It applies the dynamic system of the generalized method of moments estimation to a **panel dataset of 43 African countries over the period 2000–2023.** The key findings confirm that higher CO2 emissions significantly reduce life expectancy and increase mortality rates, whereas financial development has a positive effect on life expectancy but negatively affects mortality rates, indicating that an increase in financial development mitigates the negative impact of carbon emissions on health outcomes. **This paper provides empirical evidence of the fundamental role of financial development in the nexus between climate change and health outcomes.** While **governments** are encouraged to increase investments in climate-resilient healthcare infrastructure, clean water systems, sustainable energy, and disease monitoring, **financial sector players** are advised to **prioritize the creation of innovative financial tools related to climate and health, such as climate risk insurance, weather-indexed insurance, and health insurance,** which can help reduce the impact of health problems caused by climate change on people, governments and the economy as a whole.”

**Peter Singer – What do people mean when they say, “health is an investment”?
Fiscally Positive Health provides an answer.**

https://singerp.substack.com/p/what-do-people-mean-when-they-say?r=5gcqxl&utm_campaign=post&utm_medium=email&triedRedirect=true

“One-fifth of health spending could be returned to government, but only half of that is captured today. That’s \$36 trillion governments are leaving on the table....”

Singer uses a **framework** he calls **“Fiscally Positive Health (FPH). It evaluates** — as a finance minister would — **not just economic growth but fiscal return to governments.** I modelled this return in 58 countries (and extrapolated to all) over a 25-year period (see attached technical paper for details). The **bottom line: a \$36 trillion opportunity....”**

“.. the \$34 trillion is the value if innovation became standard practice within public health systems... .. Health is an investment because it returns measurable fiscal value to the treasury — up to a fifth of every dollar spent globally, at a benefit-cost ratio near \$5.80 on the new commitment required to fully capture it. That return is largest by kind in innovation, and within innovation in service delivery. It is most concentrated, in absolute terms, in a handful of large economies, and most intense, per dollar, in low- and middle-income countries....”

- Related tweet by prof D Sharma:

“.... Singer finally gives substance to the oft-repeated phrase “health is an investment.” The concept of Fiscally Positive Health re-frames public health in language that finance ministries understand: not merely as expenditure, but as a generator of measurable fiscal returns. By demonstrating how better health can strengthen public finances, this framework builds a compelling bridge between economics and equity—a rare example where sound public health is also sound fiscal policy.”

Devex - Can 'locally blended finance' fill some of the gaps left by aid cuts?

David Njagi; <https://www.devex.com/news/can-locally-blended-finance-fill-some-of-the-gaps-left-by-aid-cuts-112623>

“As aid budgets shrink and governments face mounting fiscal pressure, some communities are turning to locally blended finance models that combine resident contributions with philanthropic support.”

“The model combines community contributions with philanthropic support, creating a financing structure designed to keep projects locally owned while reducing dependence on external donors, according to Dr. Patricia Kingóri, Kenya country director of CorpsAfrica. ...”

“... The model is now being used in 12 African countries, including Côte d’Ivoire, Ethiopia, Gambia, Ghana, Malawi, Morocco, Rwanda, Senegal, South Africa, and Uganda.... Funded by the Mastercard Foundation and implemented by CorpsAfrica, the initiative supports projects focused on water, sanitation, and hygiene, or WASH; maternal and child health; food systems; climate resilience; and the economic empowerment of women and young people....”

UHC & PHC

Lancet GH - Mexico’s *Servicio Universal de Salud*: a pathway to integration and universal health coverage?

Edson Serván-Mori et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00158-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00158-0/fulltext)

Analysis of Mexico’s decreed Universal Health Service (*Servicio Universal de Salud* [SUS]), published on April 17, 2026.

SSM Health Systems - Assessment of strategic health purchasing arrangements in Malawi

<https://www.sciencedirect.com/science/article/pii/S2949856226000899>

By N Mwase et al.

Guardian - ‘The patients scattered’: how gun crime cuts off healthcare for South Africa’s poorest

<https://www.theguardian.com/global-development/2026/jun/10/south-africa-townships-poverty-gun-crime-gangs-extortion-healthcare-hospitals>

“Cities see surge in attacks and extortion demands at clinics in townships, leaving patients and staff vulnerable.”

Pandemic preparedness & response/ Global Health Security

Science – How did the cruise ship hantavirus outbreak start? Scientists are investigating new scenarios

<https://www.science.org/content/article/how-did-cruise-ship-hantavirus-outbreak-start-scientists-are-investigating-new>

Analysis by K Kupferschmidt. “Understanding how the first patient became infected may shed new light on Andes virus’ transmission patterns and incubation period.”

Planetary health

Guardian – World’s largest banks pledged \$906bn to fossil fuel companies in ‘unfathomable’ increase in 2025, report finds

<https://www.theguardian.com/environment/2026/jun/09/world-banks-pledge-billions-fossil-fuel-industry-2025>

“JPMorgan Chase leads 65 banks making decisions incompatible with restraining rising temperatures, researchers say.”

“The world’s largest banks committed \$906bn in financing to the fossil fuel industry last year, an “unfathomable” increase in investment locking in years more of coal, oil and gas production as the world continues to overheat, a new report has found. The surge in new fossil fuel lending, up \$64bn or nearly 8% on 2024, shows that the world’s largest 65 banks are making decisions incompatible with international agreements to restrain rising global temperatures, according to the coalition of environmental groups behind the new analysis....”

“JPMorgan Chase is again the world’s leading financier of fossil fuels, according to the annual **Banking on Climate Chaos** report, after pushing \$58bn to the sector last year – up 13% from 2024....”

Nature (Book review) – Sustainability or dystopia? What past patterns tell us about where society is heading

https://www.nature.com/articles/d41586-026-01821-0?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=62228946

“A new book applies principles of environmental tipping points to past societal transformations — and attempts to draw lessons about what the future holds today.”

Re “**Tipping Out of Trouble: How Societies Transformed and How We Can Do So Again** “ by Marten Scheffer Cambridge Univ. Press (2026).

Critical review.

Excerpt: “ ... **Scheffer lays out three futures into which our unstable global society could tip**. One is a **“failed world”** of climate chaos, authoritarianism and entrenched inequality. **A second is a happier “good Anthropocene”** of sustainability, restored global cooperation and strong governmental regulation to ensure that private corporations act for the common good. **The third is a “buying time” scenario**, in which the large-scale relocation of people from areas rendered unliveable by climate change over the coming decades to other countries (despite questions of the feasibility or indeed inevitability of such movements) and, possibly, geoengineering projects give humanity enough time to tip the world towards a good Anthropocene later this century....”

PIK - Human activities accelerate changes in the freshwater cycle

<https://www.pik-potsdam.de/en/news/latest-news/human-activities-accelerate-changes-in-the-freshwater-cycle>

“ Climate change, land use and water use are significantly altering the global freshwater cycle at an increasing pace. This produces more widespread and frequent dry and wet periods, pushing freshwater systems further beyond its planetary boundary, according to a new study published in Nature Communications. Led by researchers at the University of Eastern Finland, with contributions from the Potsdam Institute for Climate Impact Research (PIK), the study provides an updated assessment of the planetary boundary for freshwater change and identifies the key drivers of its accelerating transgression at both global and regional scales.”

“... The findings show that climate change, together with large-scale land and water use, is pushing the freshwater cycle further away from a stable state, as defined by the planetary boundary for freshwater change. This boundary is already considered to be transgressed, reflecting a long-term trend that jeopardises the freshwater cycle’s ability to support vital climatic and ecological Earth system processes....”

Guardian - Average person eats six times more chicken than in 1961, UN report finds

<https://www.theguardian.com/environment/2026/jun/05/global-meat-supply-chicken-pork-fao-report>

“UN report says global meat supply has risen fourfold in last 60 years and is expected to keep rising.” Data from the Food and Agriculture Organization (FAO).

Earth’s Future - We Are in the Anthropocene—Now What?

Johan Rockström et al; <https://agupubs.onlinelibrary.wiley.com/doi/10.1029/2025EF007730>

“We describe different pathways in the Anthropocene up to the year 3,000, systematically characterizing them according to impacts and causes...”

From the **‘plain language summary’**: “Most people have a general, intuitive understanding of the term “Anthropocene.” And while it has not formally been declared as a new geological epoch, it is

scientifically clear that these new times have only begun to fully unfold. **The Anthropocene stresses both the enormity of the human imprint on Earth, as well as its long-term nature. That latter aspect, however, is highly underappreciated among the public.** We describe several qualitatively different Anthropocene pathways for the next millennium, some of them depending on our cumulative actions as humanity, some on how the Earth system responds to these human pressures. **We highlight how much we are already stuck in a figurative “Anthropocene quicksand”, where only an active pull can free us from consequences like global heating—while even a very modest continuation of greenhouse gas emissions will keep us at high warming levels. Should Earth system resilience, the natural buffering capacity, significantly decline, the impacts of our actions would become even stronger. In a worst-case scenario, shifts in Earth system feedbacks could even surpass human forcing in relevance.** But we are not there yet and can still pull ourselves out of the quicksand.”

- Related tweet J Rockström: **“New Anthropocene paper. Earth still operates in “Holocene logic”, buffering heat imbalance. Anthropocene = Pressure. But, BAU, reaching 3°C in 2100 & we get “stuck” in a Hothouse trajectory for 1000 years. Anthropocene risks turning into a state. No Good. “**
- And a tweet co-author **Rahmstorf**: **“We are in the Age of Humans - the Anthropocene. Our new article (open access) shows how even with a moderate future emissions scenario, global temperature will still be elevated by 3-4°C in the year 3000!”**

Review of International Political Economy - Why do countries adopt supply-side policies? The international political economy of fossil fuel phaseouts

Peter Newell; <https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2680132>

“Drawing on original interview-based research in four countries that have unilaterally adopted supply-side climate policies and led international initiatives to limit the production of oil and gas (Costa Rica, Colombia, Denmark, and the UK), we identify key lessons that can be derived from the experience of these countries regarding the drivers of these policies and the specific forms they take, before reflecting on what lessons can be drawn for efforts to phase-out fossil fuels elsewhere. We argue that understanding this new frontier in climate governance requires an international political economy approach that links shared material drivers of supply-side climate policy to national institutional responses shaped by countries’ positions in the global political economy, incumbent power structures, and state capacity to manage conflicts among capital, labor, and civil society within and beyond their borders.”

Covid

Lancet GH – Effects of compulsory and free basic education policies and COVID-19-related educational disruptions on offspring mortality in low-income and middle-income countries: a quasi-experimental and modelling study

Zihui Li et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00005-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00005-7/fulltext)

Interpretation of the findings: « Education policies significantly reduced offspring mortality in LMICs, with greater benefits for populations with lower household wealth. Modelling indicated that interruptions to educational instruction time led to a substantial increase in offspring mortality. There is a critical need for policies to mitigate educational disruptions to prevent offspring deaths. »

Infectious diseases & NTDs

NEJM - Global Cholera-Control Efforts — Progress and Remaining Challenges

E Ryan et al; <https://www.nejm.org/doi/full/10.1056/NEJMp2600873>

“If the current cholera pandemic, which began in 1961, is ever to end, **the world will need better cholera vaccines that are effective in young children and global access to safe water and adequate sanitation....**”

AMR

Plos GPH – Community health volunteers as a frontline platform for antimicrobial resistance mitigation in sub-Saharan Africa: A scoping review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006640>

By B M Kavulavu et al.

NCDs

Nature (News) - Why are so many young people getting cancer? What researchers do and don't know

<https://www.nature.com/articles/d41586-026-01780-6>

« Candidates for the trend are emerging, but are likely to vary from one type of tumor to another.”

« Researchers around the world are grappling with a vexing problem: why are so many young people developing cancers once considered the purview of old age? The question was prominent at two of the world’s largest cancer meetings this year, and hypotheses abounded. **Ultra-processed foods, obesity, microbial toxins and agricultural chemicals were all considered. But a clear answer remained elusive....** »

Nature News - TB vaccine from the 1920s shows promise in diabetes trial

<https://www.nature.com/articles/d41586-026-01825-w>

“The shot reduced insulin use for people with type 1 diabetes and another autoimmune condition.”

Social & commercial determinants of health

Reuters - Alcohol drinking will shrink in the next decade, research finds

[Reuters](#);

“ Global alcohol consumption is set to drop over the next decade, despite population growth and rising demand in India, which is set to become the world's biggest drinks market after China, according to market research firm IWSR....”

International Journal of Social Determinants of Health and Health Services - The need for expanding conceptual and analytical frontiers in the field of SDOHS

J. Benach and Carles Muntaner;

<https://journals.sagepub.com/doi/full/10.1177/27551938261451205>

Editorial of special issue.

“The need to expand the conceptual and analytical frontiers of the field of Social (Political, Economic, Cultural) Determinants of Health and Health Inequalities (SDOHS) is no longer merely a methodological concern—it is an ethical and political necessity. The articles in this issue cluster around several themes—health inequalities in urban environments, experiences of marginality, and the political economy of health-care services—yet they collectively converge on a single imperative: advancing SDOHS so it can explain the structural production of inequity across time and space, not merely document disparities after they emerge. In this editorial framing, the most urgent catalyst is the persistent reordering of global life by war and geopolitical violence, and the ways these processes are borne differently through social inequalities, institutional neglect by design, or political-economic organizations....”

“From a critical public health perspective, war must be understood as a central—yet historically neglected—determinant of population health. ...Despite this, mainstream public health research has often marginalized war and geopolitics, focusing instead on proximal risk factors and treating conflict as an “external shock” to health systems. This framing weakens causal explanation.... By contrast, an expanded SDOHS lens situates war not as an abnormal external event but as a constitutive element of global health inequities—one that reorganizes pathways from power to health by dismantling infrastructure, restricting movement and care, and normalizing violations of essential protections for civilian life. This issue's contributions respond to that agenda....”

“...There is a pressing need to expand the conceptual and methodological frontiers of SDOHS because prevailing approaches often reduce health inequalities to a limited set of measurable, proximal factors while neglecting the broader political, economic, and historical structures that produce them. Conventional frameworks tend to privilege static indicators and cross-sectional analyses, thereby obscuring power relations, global processes, and forms of structural violence that shape population health across time and space...”

“ ... Across these sections, the shared analytical message is clear: equity cannot be engineered only through clinical or behavioural levers when macro-structural determinants—war, governance, pricing regimes, trade rules, and institutional incentives—shape access to care and life chances. The task for SDOHS is to continually expand its conceptual and methodological frontiers so it can represent, explain, and intervene on those determinants with the urgency that population health equity requires.”

Corporate Accountability - The Tobacco Industry's Political Influence: The Erosion of Article 5.3 FCTC in Latin America and the Caribbean

<https://corporateaccountability.org/resources/the-tobacco-industrys-political-influence-the-erosion-of-article-5-3-fctc-in-latin-america-and-the-caribbean/>

“This report analyzes the political influence of transnational tobacco corporations in Latin America and the Caribbean, with a focus on the strategies deployed by the tobacco industry to access and shape public institutions. **Covering eight countries** — Argentina, Brazil, Colombia, the Dominican Republic, Ecuador, El Salvador, Nicaragua, and Panama — the report draws on credible public sources, including official communications, media coverage, civil society reports, and institutional social media content produced.”

Mental health & psycho-social wellbeing

Cidrap - Another pandemic repercussion: Remote work tied to isolation, mental distress

<https://www.cidrap.umn.edu/covid-19/another-pandemic-repercussion-remote-work-tied-isolation-mental-distress>

“For many people, the ability to work from home is one of the COVID-19 pandemic's most enduring changes. Remote work has increased significantly since the start of the pandemic, rising from roughly 7% of US workers in 2019 to 28% in 2023. But a **new study** suggests that the shift away from the office may have come with a cost: more time spent alone and poorer mental health....”

“For the **study**, published last week in *Science*, researchers found that workers in jobs amenable to remote work spent significantly more time alone and reported greater psychological distress than workers whose jobs require at least some on-site work. The effects were especially pronounced among people who live alone....”

Plos Climate - The mechanisms underlying the effects of heat on mental health: A narrative review

Julia Feriato Corvetto et al;

<https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000958>

“... The review focuses on two distinct yet interrelated pathophysiological-related outcomes: (1) exacerbation of pre-existing mental health disorders, and (2) heat-related illnesses such as heat exhaustion and heat stroke. Moreover, we integrated these pathways to six psychiatric conditions

most established as heat sensitive: organic disorders (International Classification of Diseases-10th Edition F00-F09), substance misuse (F10-F19), schizophrenia (F20-F29), bipolar disorders (F31), neurotic disorders (F40-F49), and suicidal behaviour (X60-X84)..." Check out results.

Guardian - New study casts doubt on reliability of mental health diagnosis interviews

<https://www.theguardian.com/society/2026/jun/06/mental-health-disorders-interview-diagnosis-study>

"Diagnostic interviews seen as 'gold standard' vary in reliability from condition to condition, study says."

"**Diagnostic interviews** – the most common way to diagnose substance use and mental disorders including depression, anxiety, bipolar and personality disorders – **vary in reliability from condition to condition, according to a new study in *Jama Network Open*...."**

Sexual & Reproductive health rights

Journal of Global Health - Correlates of hysterectomy in low- and middle-income countries: a systematic review

<https://jogh.org/2026/jogh-16-04172>

By Jesty Saira Varghese et al.

Global Public Health - Stakeholder perspectives on adolescent sexual and reproductive health and rights in Malawi: Barriers, incentives, and opportunities for reform

<https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2685999>

By Gavin George et al.

Neonatal and child health

Cidrap News – The world is seeing far fewer deaths from infections that cause diarrhea

<https://www.cidrap.umn.edu/rotavirus/world-seeing-far-fewer-deaths-infections-cause-diarrhea>

"Deaths from infections that cause diarrhea and other intestinal illnesses have fallen sharply since 1990, according to a **study** published last week in *The Lancet Infectious Diseases*. Using data from the **Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2023**, an international team

of researchers examined mortality from enteric infectious diseases across 204 countries and territories from 1990 to 2023. **Their analysis found that the number of global deaths from enteric infectious diseases fell from 3.69 million in 1990 to 1.27 million in 2023, and the global age-standardized mortality rate fell from 74.1 per 100,000 to 16.4. ...**”

SSM Health Systems - Understanding the nature, drivers, and policies on health-seeking for children in Anglophone sub-Saharan Africa: A scoping review of literature

<https://www.sciencedirect.com/science/article/pii/S2949856226000802>

By Prince Agwu et al.

Nature Health - Compound effects of extreme heat and wildfire-PM2.5 air pollution on child hospitalizations in multiple countries

Y Zhang et al ; <https://www.nature.com/articles/s44360-026-00133-x>

“Compound effects of extreme heat and wildfire-PM2.5 air pollution on child hospitalizations in multiple countries.”

“**Days with both extreme heat and high wildfire-sourced fine particulate matter (PM2.5) were associated with increased childhood hospitalizations for respiratory, renal and diabetic conditions in a retrospective analysis of five countries....**”

Access to medicines & health technology

TGH - Lenacapavir: the HIV Breakthrough Proving Why NIH Funding Matters

R Modi; <https://www.thinkglobalhealth.org/article/lenacapavir-the-hiv-breakthrough-proving-why-nih-funding-matters>

“Biomedical advances such as lenacapavir depend on years of publicly funded basic research.”

From Mercosur to US Tariffs: Access to Medicines and the EU’s Trade Challenge

Jaume Vidal; <https://www.linkedin.com/pulse/from-mercosur-us-tariffs-access-medicines-eus-trade-challenge-vidal-jozve/>

Nuanced analysis.

Lancet GH (Health Policy) – Inclusion of young adolescents in policy development for new tuberculosis vaccines

M Hatherill et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00017-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00017-3/fulltext)

“The infant tuberculosis vaccine, BCG, prevents severe tuberculosis disease, but protection is rarely durable beyond childhood. New tuberculosis vaccines are being developed for the prevention of infectious pulmonary tuberculosis in older adolescents and adults, but younger adolescents have been historically excluded from clinical trials of new tuberculosis vaccines. Reasons to include young adolescents (aged 9–14 years) in tuberculosis vaccine policy development include the opportunity to vaccinate before the age-related increase in risk of tuberculosis disease, as well as increased rates of HIV acquisition and pregnancy, which are both independently associated with tuberculosis risk, and the opportunity to implement tuberculosis vaccination with delivery of other school-age vaccines, such as human papillomavirus. **These advantages are offset by several challenges,** including testing vaccine efficacy in an age group with low rates of tuberculosis case accrual; low rates of Mycobacterium tuberculosis sensitisation, which might compromise bridging of immune correlates of protection from adults; and modest modelled population impact of vaccination of young adolescents, compared with mass campaigns in older age groups with higher tuberculosis incidence. Notably, if a tuberculosis vaccine that was effective only in individuals who are infected with M tuberculosis was rolled out exclusively to young adolescents, the projected low population impact could take many years to detect. **We propose that challenges to the inclusion of young adolescents should be considered explicitly in the development of tuberculosis vaccine policy, so that they do not risk exclusion from the direct benefits of vaccination.** We describe an **alternative efficacy trial design,** which would leverage higher rates of tuberculosis case accrual after recent household tuberculosis exposure, to deliver both vaccine efficacy data and validation of an immune correlate of protection. **This novel strategy, together with licensure data from older populations, might support rapid implementation of new, effective tuberculosis vaccines for young adolescents.”**

Human resources for health

IHP - The AHEAD Grant’s Promise & Limitations: Towards a Better Future for the Philippine Health Workforce

Jerome Babate; <https://www.internationalhealthpolicies.org/blogs/the-ahead-grants-promise-limitations-towards-a-better-future-for-the-philippine-health-workforce/>

“... the Commission on Higher Education (CHED) launched the **Allied Health Experiential Assistance for Deserving Students (AHEAD) Grant** on 25 May 2026, providing one-time financial assistance to students enrolled in 14 allied health disciplines at CHED-accredited institutions....” With respect to **Related Learning Experiences (RLE)**, including hospital and community placements.

Discover Health Systems - Reframing continuity of care in Nigeria through the triple helix of collapse framework for understanding health workforce and system failure in low and middle income countries

<https://link.springer.com/article/10.1007/s44250-026-00371-6>

by S M Maaji et al.

Decolonize Global Health

Lancet Regional Health Africa – June issue

[https://www.thelancet.com/issue/S3050-5011\(26\)X2004-1](https://www.thelancet.com/issue/S3050-5011(26)X2004-1)

Starting with the Editorial: [Whose evidence counts? Strengthening African health systems](#)

“Amid external funding constraints, there is growing consensus for re-imagining the future of domestically funded yet resilient health systems across Africa. To realise this aspiration, evidence-based policy making, which is standard practice across governments and global health agencies, is more critical than ever. Unfortunately, for too long, much of the evidence that guides policy and investment decisions has been, and is still, generated outside Africa. Consequently, there is a wide gap in context-specific data and locally grounded research evidence that threatens efforts to effectively strengthen African health systems. At the recent World Health Summit Regional Meeting, convened in partnership by the WHO, Africa CDC and Kenya's Ministry of Health, this was echoed in an urgent call for context-specific evidence to inform the strengthening of health system equity and resilience....”

AI & health

Lancet Viewpoint - Global advances in health artificial intelligence: a workforce imperative

Tinglong Dai et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00693-8/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00693-8/abstract)

“The global health workforce is approaching a breaking point, driven by administrative overload, inefficient workflows, burnout, and accelerating retirements, with a projected global shortfall of 11 million health professionals by 2030. This urgency coincides with the rapid emergence of clinical artificial intelligence (AI) tools, especially generative systems now embedded in documentation, triage, and workflow support. Therefore, **AI should be framed less as a substitute for clinicians than as a retention strategy that preserves careers, expertise, and the human core of care.** High-impact uses include ambient documentation, coding support, scheduling and demand prediction, claims and billing support, and inbox triage—tools that can reduce clerical burden and return time to caring, teaching, and leadership. **Workforce shortages also create an ethical and geopolitical dilemma;** reliance on international recruitment can deepen global inequities, whereas responsible AI deployment might ease competition for scarce talent and expand capacity in lower-resource settings. **The policy priority is expertise amplification, not workforce replacement.**”

Miscellaneous

Devex – Poverty’s new frontlines

[Devex](#):

“World Bank funding for settings mired in fragility, conflict, and violence, or FCV, surged from \$4 billion in 2015 to \$30 billion last year, according to World Bank President Ajay Banga, who said “part of that is for good reason” — because the bank is more engaged on the issue. But “part of that is for the poor reason of the scale and size of the problem multiplying.””

“In fact, in 2024, for the first time, FCV-affected countries accounted for over half of the people living in extreme poverty. Moreover, the decades-long global decline in extreme poverty is now projected to reverse by 2030 because of the growing number of people living in extreme poverty in FCV-affected countries....”

“Sticking to his long-standing emphasis on jobs, Banga noted that in the next 10 years, 250 million young people in FCV countries will be of working age, “and if you don’t get a job for them, you know only bad things will happen.”

Global Policy - After Asia: The Next Turning Point in Global Poverty

<https://www.globalpolicyjournal.com/blog/11/06/2026/after-asia-next-turning-point-global-poverty>

“Jonathan Manullang argues that the era of rapid global poverty reduction may be coming to an end as its geographic centre shifts from Asia to Sub-Saharan Africa.”

Nature (News) – Human migration has surged since 2000 — these maps reveal where people are going

https://www.nature.com/articles/d41586-026-01796-y?utm_source=x&utm_medium=social&utm_campaign=nature&linkId=62263924

“Modelling with artificial-intelligence tools has filled gaps in migration data, revealing detailed global population movements from 1990 to 2023.”

- Related: [UN News - Refugee numbers drop for first time in a decade, but millions remain trapped](#)

“Global forced displacement has decreased for the first time in a decade, the UN refugee agency (UNHCR) reported on Thursday, though the figure remains unacceptably high and tens of millions of people are still trapped in prolonged exile with little prospect of rebuilding their lives. UNHCR’s flagship Global Trends Report, launched in Geneva by High Commissioner Barham Salih, showed that global refugee numbers fell by three per cent in 2025 to 41.6 million.”

Papers & reports

WHO Bulletin – June issue

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+104%5BVolume%5D\)+AND+6%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+6%5BIssue%5D)

“In the editorial section, **Joseph Millum et al.** argue for the [need to embed ethics in health research priority-setting](#). **Zhuo Li et al.** present a case for using spatial evidence in waterborne disease control.”

Ethics, Medicine & Public Health -Defining the limits of income and wealth of the healthcare professional

M. De Proost & J. De Maeseneer;

<https://www.sciencedirect.com/science/article/pii/S2352552526000587?dgcid=author>

“**To what extent should delivering healthcare services be a source of income and wealth? This article explores the role of limitarianism in answering this question.** Such justice conceptualization posits upper bounds on permissible wealth accumulation and can provide an important contribution to the debate on distributive justice in healthcare. **Against the backdrop of rising concentration of wealth in (some groups of) healthcare providers, evidenced by the emergence of disparities in Belgian physician incomes, the article considers the ethical justification for income ceilings in healthcare....”**

Global Policy (Editorial) –Justice Across Generations: Rethinking Reciprocity Under Conditions of Uncertainty

V Gentile et al; <https://onlinelibrary.wiley.com/doi/full/10.1111/1758-5899.70179?campaign=wolearlyview>

Editorial of a special issue.

“**This introduction investigates the role of justice as reciprocity in intergenerational settings.** It argues that the growing prominence of intergenerational framing in contemporary policy agendas is best understood in light of distinct questions emerging within the normative debate on intergenerational justice. Thus, a **proper understanding of this subject requires a fine-grained analysis of three key dimensions, namely: analytical units (age groups vs. birth cohorts), temporal perspectives (lifetime vs. contemporaneous life stages), and scope (overlapping vs. nonoverlapping generations).** The article then critically examines reciprocity as a foundational principle in liberal egalitarian thought, with particular reference to Rawlsian scholarship, highlighting both its enduring appeal and its limitations in intergenerational settings... .. By situating the contributions to this Special Section within this framework, **the article shows that the relationship between reciprocity and intergenerational justice is more complex and contested than commonly assumed....”**

Tweets (via X & Bluesky)

Ben Bellows

“I'm really not OK with this. A **premiere British medical journal that has been a reference for global health researchers for decades continues to maintain a social media account** on a website whose owner foments race riots and destroyed USAID, a leading global health agency. **Leave X @thelancet.com.**”

Dr Tedros

“**Omar Artan didn't just make the #FIFAWorldCup, he made history as the first Somali referee to get there, and as #Africa's best.** That milestone stands no matter what. So sorry to see this, Omar. You reached the summit of your profession and inspired a generation back home just by getting there, and being kept off the pitch you earned doesn't change that. This won't be the end of your story on the world stage. **The world stands with you as one family, wishing you resilience now and many more major finals to come. Solidarity. #Somalia**”