

# IHP news 887 : A letter to UN SG candidates, the European Global Health Policy Forum, the World Cup & much more

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The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

In today's intro, we first want to draw your attention to the following: **Global 50/50 has published an [open letter](#) to the candidates for the next UN Secretary-General, asking every candidate to commit publicly to five practical priorities for advancing gender equality across the UN system:** measuring it, analysing it, centring it, funding it and institutionalising it. With the Security Council straw poll expected in late July, the coming weeks are the most consequential window to hold candidates to account. **The letter launches publicly on 7 July.** Add your name [here](#) and please pass it on.

Let's zoom in on this week then, flagging just a few highlights and events here (out of a week with plenty more news).

In Geneva, formal **negotiations on PABS are resuming July 6<sup>th</sup>** (with a few related anticipatory reads). **A number of Boards also met this week**, among others the **UNAIDS board** (which [pondered](#) an interim report on UNAIDS reform), **UNITAID and GAVI boards**. Next week it's the Global Fund's turn. The newsletter also has an [update on the UNFPA/UN Women "merger"](#).

On the **planetary health** front, [extreme heat is now officially a public health crisis](#) after the past few weeks (*clearly, that was already very much the case in many parts of the world, but with now also Europe being badly hit, western media can't deny it anymore, even if the airco debate has at the same time sparked yet another 'climate culture war'*). Around [500,000 people die from severe heat every year](#). That's probably an underestimate as the crisis is rapidly growing worse, [exposing extreme inequality in the process](#).

Over to a **global health event** then which I managed to join on Tuesday, the [European Global Health Policy Forum](#) in Brussels. The Forum focused this year on the recently released [Global Health Resilience Initiative](#) (GHRI). Rather interesting event, which probably warrants a blog on its own. As this is just a newsletter intro, however, I'll just list a few things below that struck my attention.

But first the overall background. As Martin Seychell (DG INTPA) put it in a keynote in the morning, GHRI is building on the 2022 [EU Global Health Strategy](#) ("*Better Health for All in a Changing World*"), and is very much a **political initiative** – the EU/C wants to signal in this way that 'global health resilience' should remain high on the political agenda. In line with another speaker in the afternoon, Seychell also mentioned GHRI aims to **operationalize the GH strategy for a rather drastically changed global environment** (*compared with 2022, when by the way the world had already changed*

*quite a bit...*). The new environment has negatives but also some positives, he stressed. As a reminder: GHRI currently features [five pillars & 9 flagship initiatives](#).

Overall, it was good to learn a bit more about GHRI, see how things were being framed (*and occasionally distorted as well*). A few points from my point of view: (1) like most of you, I'm overjoyed that a **'global health & resilience' tracker** is in the works. The world might still be going to hell in the coming years, but at least it'll all be properly measured & mapped. (2) For an event focused on 'global health resilience', it was rather odd the **PABS negotiations in Geneva were barely mentioned**. (3) I counted **only one CSO representative** in 4 panels (with 25+ speakers in total). That's not much, in spite of the fact that the panelists kept banging on about 'our democracies' and (*an evergreen at these sorts of HL events*) the 'importance of communities'. True, many CSO people were in the audience, but that's not quite the same in terms of 'agenda setting'/gatekeeping power. With more of them present in the panels for example, I doubt the Covid pandemic would have been (mostly) framed as a 'stunning success' for the EU. (4) **All five pillars have merits, but also possible caveats** (in terms of 'mutual interests' for example). **The fifth pillar** ("*Strengthen societal resilience by fostering trust in science and countering disinformation, misinformation and FIMI*") is **by far the most tricky one**, however (Ps: in case you wonder (*like I did*), FIMI stands for '**Foreign Information Manipulation and Interference**'). Certainly the [EEAS panelist](#) in the last session sounded not just like a rather convinced 'FIMI fighter' of sorts, at times he also came dangerously close to an "EU 'truth' version" of your average Trump [spokesperson](#) (*though arguably, he didn't look like a young blonde woman*). It's a **minefield**, in other words, this fifth pillar, even if I agree with other panelists in the fourth panel that this is indeed a major worry, and should thus be a key priority. Having said that, you wonder why some obvious stuff in that debate on countering health misinformation wasn't mentioned (*such as Von der Leyen's notorious SMS exchanges with Pfizer's Bourla, or the fact that Pfizer and other BioNTechs made tens of billions of dollars in a pandemic, which certainly didn't "harm" conspiracy theories*). In short: nice panel discussion on a vital issue, but not a good start for that pillar.

But enough on the Forum. (*for additional reading, you might want to check out Scott Greer's recent [paper](#) on the EU's 'formal' and 'implicit' global health strategy*)

Far away from Brussels meanwhile, at the **World Cup football**, some **members of 'Team Europe' are diligently trying to restore a bit of the tarnished soft power of this continent**, aiming to make amends for the vaccine apartheid during the pandemic, or (many) EU countries' cowardly role in the Middle East (Gaza) over the past years. They do so by getting knocked out early in the tournament by teams from the Global South/Majority World. Like in the ongoing PABS discussions, **changed power dynamics** certainly also play a role, however, and for the better.

In a first show of 'diplomatic goodwill', now that a [German South-North Commission](#) has just seen the light at the Hamburg Sustainability conference, on Monday former football powerhouse Germany lost from Paraguay at the World Cup (*great start to rebuild some lost credibility but there's still a long way to go for the Germans*). Although usually not 'like-minded', the Dutch swiftly followed suit, crashing out against Morocco. Both succumbed in the 'Last Mile' of the football matches: the penalty shoot-outs.

This being the EU, it will not come as a surprise though that other members of Team Europe are so far not playing along though in this major "reverse FIMI" diplomatic effort. True, my own country (Belgium) tried very hard, for 85 minutes or so, with Senegal by far the better team. In the end, though, Belgium still managed to pull through, with quite a bit of luck. England (*not really part of 'Team Europe' these days as you know, but somewhat on the fence*) got past the DRC in another

tough match. And then there are the French, of course – who admittedly have an awesome team this time. Apparently they have a ‘higher purpose’, as a French interlocutor told me at the Forum in Brussels. The reasoning goes like this: only if they win the World cup, a radical-right presidency can perhaps still be averted. And so, ‘*Allez les Bleus*’ !

(and let’s hope we see a similarly constructive ‘Team Europe’ in the PABS discussions ahead : ) )

Enjoy your reading.

Kristof Decoster

## Featured Article

### Who holds the child while the city is being built? The caregiver's dilemma in urban poor India

[Eunice Lobo](#) (IHP correspondent 2026)

Launched by the Honourable Prime Minister in 2023, India's [Viksit Bharat@2047](#) vision imagines a nation that is more productive and prosperous by 2047 - when the country completes 100 years of independence. Achieving this ambition will not only require investments in economic growth and infrastructure, but also in the people who will shape India's future. Yet, somewhere between that ambition and the one-room homes of the urban poor lies a question India's early childhood development agenda has not yet answered: who is actually available to raise the children being born in these cities?

It is not a rhetorical question.

I have spent years researching caregiving in Bengaluru's urban poor settlements [and came to the following conclusion](#): caregiving constraints - particularly time poverty - shape what families can offer young children in ways that nutrition programmes, [Anganwadi](#) visits, and preschool enrolment simply cannot. It’s about time we do something about it. ...

- To continue the full read, see IHP: [Who holds the child while the city is being built? The caregiver’s dilemma in urban poor India](#)

## Highlights of the week

### Overview of Highlights

- Ebola Emergency: WHO & Africa CDC messages

- Ebola emergency: more analysis, advocacy, reports, news snippets...
- More on PPPR, GHS & other health emergencies
- AMR
- Global Health Reform, the Future of Development Cooperation & post-2030 brainstorm
- More on Global Health Governance & Financing/Funding
- More on the impact of aid cuts & journey towards health sovereignty
- Global Tax Justice
- UHC & PHC
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- Polio
- NCDs
- Planetary Health (& Climate/Health)
- Human Resources for health
- Access to Medicines, vaccines & other health technologies
- Conflict/War & health
- Some more reports, supplements, ...
- Miscellaneous

## Ebola Emergency: WHO & Africa CDC messages

Again with **two Ebola related subsections** – with the first one related to key WHO & Africa CDC messaging over the past week.

### Guardian - Whereabouts of nearly 300 people with Ebola unknown in DRC

<https://www.theguardian.com/global-development/2026/jun/26/whereabouts-of-nearly-300-people-with-ebola-unknown-in-drc>

(26 June) Re Africa CDC's press briefing from end of last week. **"Fears over 'huge, huge community transmission'** as modelling predicts thousands of cases and deaths by September."

**"The whereabouts of almost 300 people who have tested positive for Ebola in the Democratic Republic of the Congo is currently unknown, according to Africa's top public health official. The humanitarian crisis amid the conflict in the affected areas means more than 1 million people are living in camps to which health workers have no access, Dr Jean Kaseya, director general of the Africa Centers for Disease Control and Prevention (CDC), said [last week] on Thursday.**

### Cidrap News - As Ebola deaths top 300, African officials meet to boost regional readiness

<https://www.cidrap.umn.edu/ebola/ebola-deaths-top-300-african-officials-meet-boost-regional-readiness>

(26 June) “The Africa Centres for Disease Control and Prevention (Africa CDC) is convening a three-day meeting today of African countries in hopes of strengthening regional preparedness for the growing Ebola outbreak in the Democratic Republic of the Congo (DRC), which has now claimed more than 300 lives. The meeting will include officials from the DRC, neighboring Uganda, and 11 other high-risk African Union member states, along with the members of the World Health Organization (WHO) and other key technical partners. The countries will review their national preparedness status, share lessons from the outbreak response, and strengthen collaboration across borders, Africa CDC officials said. ....” “Africa CDC is working with Member States and partners to move from plans to operational readiness at borders, in communities, in health facilities and inside emergency operations centres,” Africa CDC senior official Tolbert Nyenswah, DrPH, said in a [press release](#).

“... **Could grow to be largest Ebola outbreak ever:** The outbreak, which is now the second largest in the DRC, shows no signs of slowing and **currently stands** at 1,155 confirmed cases and 304 deaths. ... In a press conference yesterday, Africa CDC Director-General Jean Kaseya, MD, MPH, warned that if contact tracing efforts don’t pick up, “for sure it will be the largest Ebola outbreak ever.” “ Kaseya said healthcare workers in the DRC need to be able find and monitor 80% of the contacts of Ebola patients to control the outbreak, but the current figure is only 30%, the [New York Times](#) reports....

- Related: [Africa CDC Brings 13 Countries Together in Kampala to Strengthen Regional Readiness Against Bundibugyo Virus Disease](#)

## Geneva Health Files - Ebola Update from the Africa CDC & The WHO

<https://newsletter.genevahealthfiles.com/ebol/?ref=geneva-health-files-newsletter>

(29 June) “... a comprehensive update on the Ebola emergency, based on briefings from the Africa CDC (25 June) and the WHO (24 June), conducted late last week.” With all the detail.

Via Africa CDC briefing (25 June) eg:

“**Pledge Discrepancy:** While \$910 million has been pledged for the health response, **only 13% (\$130 million) has been released as real money.**”

**Community Workforce:** There is a **strategic plan to deploy 20,000 community workers** to bolster contact tracing and engagement.

**Border Risk: South Sudan, Rwanda, and Burundi are classified as high-risk countries** due to their proximity to the epicenters....”

## Cidrap News - Ebola outbreak spreads to 4th province in DR Congo

<https://www.cidrap.umn.edu/ebola/ebola-outbreak-spreads-4th-province-dr-congo>

(29 June) “The Ebola outbreak in the Democratic Republic of the Congo (DRC) has spread to a fourth province, according to media reports. Sources at DRC’s National Institute of Biomedical Research told Agence France-Press that an **Ebola case was detected in Haut-Uele province after a patient traveled there from Ituri province, which is the outbreak’s epicenter.** Haut-Uele is north of

Ituri and borders South Sudan and the Central African Republic. Like Ituri, **the province sees heavy cross-border movement and trade**, which health officials fear is helping the virus spread. **North and South Kivu are the other two provinces in DRC that have reported Ebola cases...**"

### **Africa CDC calls for urgent US\$18 million to close the funding gap on critical research ready to commence**

<https://africacdc.org/news-item/africa-cdc-calls-for-urgent-us18-million-to-close-funding-gap-and-stop-bundibugyo-ebola-outbreak/>

**"Africa CDC commends the Government of the Democratic Republic of the Congo, clinical investigators, and development partners for the launch of clinical trials evaluating candidate therapeutics for Bundibugyo Ebola virus disease in Bunia this week.** This marks an important milestone in the response, demonstrating the country's commitment to generating the evidence needed to improve clinical care while contributing to the development of medical countermeasures for this rare Ebola virus. **However, a funding gap remains for the full implementation of the trials. Africa CDC has therefore called on governments, multilateral development banks, philanthropic organizations, the private sector, and global partners to provide US\$16million within days to close a funding gap that threatens clinical trials** against the Bundibugyo strain of Ebola, for which there is no licensed vaccine or therapy. ..."

**"...Financing for the vaccine trials is largely in place. The gap is in therapeutics. Of the US\$26 million needed to run the therapeutics trials, US\$10 million has been secured leaving a shortfall of US\$18 million.** This comprises US\$16 million to continue and complete the post-exposure prophylaxis study among exposed contacts and \$2-3 million to ensure sufficient contract tracing to enable the trial...."

### **HPW – Ebola Antiviral Trial Begins at Secret Facility Amid Attacks**

<https://healthpolicy-watch.news/ebola-antiviral-trial-begins-at-secret-facility/>

**(2 July) "A trial to test two antiviral therapies on patients with Ebola Bundibugyo Virus started to enrol patients on Thursday – but its exact location in the Democratic Republic of Congo's (DRC) Ituri province remains secret for security reasons.** This emerged at a **World Health Organization (WHO) briefing on Thursday**, at which Director General Dr Tedros Adhanom Ghebreyesus revealed yet another Ebola treatment centre in Ituri had been attacked in the past week...."

**"... The PARTNERS trial will assess whether the antivirals, a monoclonal antibody called MBP134 and remdesivir, can improve the outcome and survival rate of people with Ebola in Bundibugyo.** It will also evaluate whether combining the two antivirals provides additional benefits...."

**"The WHO-sponsored trial is being coordinated by the DRC's Institut National pour la Recherche Biomédicale (INRB), the Institute of Tropical Medicine in Belgium, and the University of Oxford in the United Kingdom.** These two treatments were **selected by the WHO Technical Advisory Group** "after a thorough review of scientific evidence, including preclinical research and safety data, and evidence from previous outbreak responses", said the WHO in a statement. ..."

- And a link: WHO - [WHO adds first diagnostic test for Ebola Bundibugyo virus to its Emergency Use Listing](#)

## Ebola emergency: more analysis, advocacy, reports, news snippets...

### UNDP – Ebola Outbreak Could Push Nearly One Million More People into Poverty and Cost Africa Billions, warns UN Development Programme

<https://www.undp.org/press-releases/ebola-outbreak-could-push-nearly-one-million-more-people-poverty-and-cost-africa-billions-warns-un-development-programme>

**“New UNDP analysis shows Ebola extends beyond a health emergency. It is also a development and economic crisis triggering severe socioeconomic shocks, particularly for women.”**

“A new United Nations Development Programme (UNDP) assessment warns that the Ebola Virus Disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) is sparking a far-reaching socioeconomic crisis which could push 985,000 more people into poverty, with women disproportionately suffering the economic and health fallout. The Ebola crisis also risks eliminating tens of thousands of jobs, disrupting education and healthcare services, and costing African economies up to US\$ 3.6 billion if broader regional and global shocks intensify.”

“The report, **Rapid Socioeconomic Assessment of Ebola Outbreak in the DRC**, warns that the current outbreak of the Bundibugyo Ebolavirus is functioning as a highly regressive poverty shock in the DRC and across neighbouring countries, including Uganda, Rwanda and South Sudan. While the immediate public health threat is severe and requires containment measures such as quarantines, some of the broader restrictions on travel and trade are inadvertently devastating local economies and informal livelihoods...”

“... The analysis shows that the economic damage extends well beyond those infected with the disease, disproportionately harming the most vulnerable populations, who lack the financial buffers to weather the disruption. **Even under a baseline scenario where the virus is successfully contained in the DRC and Uganda, the economic damage remains severe, with the DRC projected to see real GDP losses exceeding US\$ 1 billion and the loss of 55,000 jobs....”** (ps: with two other scenarios)

### Lancet Comment - The US Ebola response and the future of global health leadership

Krutika Kuppalli et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01291-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01291-2/fulltext)

Cfr Kuppalli on LinkedIn: **“Using the ongoing #Bundibugyo #Ebola outbreak in the DR Congo and Uganda as a case study, we explore how recent shifts in U.S. global health policy are challenging the principles that have long underpinned American leadership in global health ....”** (and consequences).

**“This outbreak is unfolding amid major changes to US global health policy, **challenging principles that have historically underpinned its leadership in global health....”****

Kuppali et al argue: **“... The USA should reaffirm a global health strategy grounded in evidence, reciprocity, and partnership... .. The choices made by the USA will affect not only the trajectory of this outbreak, but also the future of global health cooperation. The principles that have historically guided impactful global health engagement—scientific expertise, international partnership, reciprocity, and investment in preparedness—remain as relevant today as they were during previous health emergencies. ...”**

## **HPW - Mind the Gap on Ebola: It’s the People, Not Just the Virus**

Gitinji Gitahi (Amref); <https://healthpolicy-watch.news/mind-the-gap-on-ebola-its-the-people-not-just-the-virus/>

**“... resistance is not born of ignorance. It is a rational response to historical neglect. .... Trust rests on three pillars: authenticity, empathy, and logic. In the chaos of an emergency response, establishing these pillars is an immense challenge for even the most dedicated teams....”**

## **Lancet GH – Bundibugyo virus and the cognition gap: rethinking epidemic preparedness in the era of regionalised outbreaks**

Francesco Branda et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00182-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00182-8/fulltext)

**“... We propose that the defining vulnerability of the contemporary epidemic response is fundamentally cognitive: the ability of institutions to reconstruct an operational understanding of an evolving epidemic at the same pace at which the epidemic itself unfolds. During the early stages, decision makers need to simultaneously integrate fragmented reports, evolving case definitions, delayed laboratory data, mobility patterns, health-care accessibility, misinformation, and political constraints. We define this gap between epidemic spread and institutional understanding as a cognition gap: the interval during which the epidemic takes hold at the regional level and becomes progressively more challenging to contain.”**

They conclude: **“The central challenge is not merely to accelerate the development of vaccines and therapies against non-Zaire orthoebolaviruses, although these objectives remain essential. The primary challenge lies equally in building institutional frameworks capable of real-time operational synthesis—systems capable of reconstructing the evolving epidemic reality more rapidly than outbreaks can reorganise themselves through networks of mobility, conflict, and social disintegration. Preparedness should therefore evolve from a paradigm based on detection alone to one centred on understanding, as understanding is a prerequisite for containment.”**

And a few links:

- **Nature Health (Correspondence) - [Community engagement should be the priority for containment of the Bundibugyo Ebola outbreak](#)** (by N Ngongo, J Kaseya et al)
- **Lancet Infectious Diseases - [The Bundibugyo virus disease outbreak: a warning signal for risks to health workers](#)** (N Dereje, J Kaseya et al)

## More on PPPR, GHS & other health emergencies

PS: as mentioned in the intro, next week the “PABS negotiation train” starts again in Geneva (you’re entitled to humming Kylie Minogue’s “the Locomotion”).

- Via RANI’s newsletter (2 July): [New chapter on PABS negotiations](#)

**“WHO Member States reconvene on Monday for IGWG 7 (6–17 July) – two full weeks mostly devoted to the Pathogen Access and Benefit-Sharing (PABS) system.** Details on the programme of work will be shared Friday, but **the Bureau has already published an ambitious new IGWG timeline that aims to finalise the Annex by the end of 2026 and enable the Pandemic Agreement to move toward ratification.....”** *(sounds rather optimistic)*

With also some info on the informal discussions of the past few weeks.

### Lancet GH (Editorial) - PABS and the dangerous temptation of more time

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00204-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00204-4/fulltext)

The Editorial concludes: **“The political task is to conclude PABS quickly, but in the strongest possible form.** WHO, major powers, middle-power coalitions, and states seeking reciprocity should fill the space left by the USA’s bilateral turn by building a system in which countries sharing PABS materials and sequence information are participants, not recipients, and reciprocity is not left to donor discretion. High-income countries should use their leverage over manufacturers, including public funding, procurement, licensing, and market access, to realise benefit sharing. Concluding PABS is also important for implementing One Health: equitable benefit sharing could strengthen local laboratories, research capacity, and regional manufacturing in spillover-risk settings. As pathogen sequence data become increasingly important for AI-enabled research and synthetic biology, equitable benefit sharing becomes essential. **Negotiations must not fail: even an imperfect PABS annex would be preferable to allowing USA-style bilateralism to become the new normal in pandemic governance.”**

### Africa CDC and WHO AFRO Launch Continental Incident Management Support Team to Strengthen Africa’s Leadership in Public Health Emergency Response

<https://africacdc.org/news-item/africa-cdc-and-who-afro-launch-continental-incident-management-support-team-to-strengthen-africas-leadership-in-public-health-emergency-response/>

(27 June) “The Ugandan Government represented by its Minister of Health Hon. Dr. Chris Baryomunsi, the Africa Centres for Disease Control and Prevention (Africa CDC), together with the World Health Organization Regional Office for Africa (WHO AFRO), today **officially launched the Joint Continental Incident Management Support Team (IMST), establishing a unified operational platform to strengthen Africa’s capacity to prepare for, coordinate and respond to public health emergencies** while supporting the ongoing Bundibugyo Virus Disease (BVD) response.....”

**“The launch marks a significant milestone in strengthening Africa’s public health emergency architecture and reflects a shared commitment by Africa CDC, WHO AFRO and African Union Member States** to build faster, more coordinated and country-led responses to increasingly complex public health threats. It also reinforces regional preparedness and cross-border collaboration as essential pillars of Africa’s health security....”

**“Hosted at the Infectious Diseases Institute (IDI), Makerere University in Kampala**, the co-located IMST will support Uganda, the Democratic Republic of the Congo (DRC) and neighbouring at-risk countries through integrated technical assistance, operational coordination and multidisciplinary expertise. **Guided by the principles of One Team, One Plan, One Budget and One Monitoring and Evaluation Framework**, the IMST brings together specialists in surveillance, laboratory systems, case management, infection prevention and control, emergency logistics, emergency operations, Risk Communication and Community Engagement (RCCE), information management and partner coordination to strengthen outbreak response across the region....”

## **HPW –UN Member States Have an Unmissable Responsibility to Better Protect Us Against Outbreaks and Pandemics**

H Clark et al ; <https://healthpolicy-watch.news/un-member-states-have-an-unmissable-responsibility-to-better-protect-us-against-outbreaks-and-pandemics/>

On the importance of a **PPPR monitoring mechanism**. « ... **Over the last decade, outbreak and pandemic monitoring bodies and tools have been activated in the wake of crises**. Many perform much-needed functions. But the approach has led to a fragmented system characterised by gaps and overlaps. Important information is available, but often it does not reach the right people at the right time, and it too seldom informs plans and investments to strengthen essential systems. (see figure 1, below) **The result is a monitoring landscape that provides a patchwork of siloed information, rather than timely, actionable insights and a cohesive roadmap**. On **18 May**, during the 79th World Health Assembly (WHA) in Geneva, senior representatives from member states, international organizations, and expert institutions **came together to consider how pandemic prevention, preparedness and response (PPPR) monitoring can better inform action and investment....”**

« ... **Two of the key global monitoring bodies providing important insights, The Global Preparedness Monitoring Board (GPMB) and The International Pandemic Preparedness Secretariat (IPPS), are set to close soon as their mandates come to an end**. This will add to widening holes in our knowledge and in our collective safety. Without action, these closures risk setting back global monitoring efforts at a time when they are needed most....”

« ... **So how do we move from what we have towards a comprehensive monitoring ecosystem that provides a full picture?** Charting this path is essential to all our safety. .... In future, such a model could identify additional threats, and guide investments to avert a full pandemic. ... **This year, there is an opportunity to establish a comprehensive monitoring mechanism that will provide a clear overview of outbreak and pandemic risk and readiness**, including through identifying risks from animal spillovers, to country, regional and global preparedness, response to health emergencies, and recovery.... ... **September’s UN High-Level Meeting on Pandemic Prevention, Preparedness and Response must provide the political mandate to establish such a mechanism**. Monitoring must extend beyond health ministries and **embrace a whole-of-government and whole-of-society approach**, reflecting the reality that pandemic threats emerge at the intersection of human, animal and environmental health, and that preparedness depends on many sectors. »

« **Monitoring** cannot be reduced to a box-ticking exercise, nor a process where those with money are scrutinizing those without. **It's about identifying collective gaps in PPR which require collective action.** A publication by GPMB leadership in the Lancet described the principles of effective and coordinated monitoring. A recent brief by The Independent Panel highlights the need to shift to a **mutually beneficial approach**: one that moves from blind spots to understanding pandemic risk; from basic data collection to actionable insight; from a top-down imbalance to a federated system driven by national priorities, and from compliance to mutual trust and accountability.... **None of this requires a large new institution or a major additional burden on countries. Nor does it displace or duplicate existing valuable efforts; rather, it would seek to unify them in a coordinated manner and provide ready access to timely insights.** What it would need is a well-resourced secretariat with a sustained mandate, access to modern data tools, including AI, that can synthesise across fragmented sources, and connect to scientists, practitioners, civil society and policymakers in countries, regions and global capitals....”

### Stat - Marburg outbreak is reported in Uganda, threatening to complicate Ebola response in region

<https://www.statnews.com/2026/06/30/marburg-virus-cases-ugandan-ebola-outbreak-zone/>

“The outbreak is said to be localized.”

“**Uganda formally reported to the World Health Organization on Tuesday that it had detected a Marburg disease outbreak in the western part of the country,** a spokesperson for the Geneva-based global health agency told STAT. **The development could further complicate the effort to contain what is already the third-largest Ebola outbreak on record in Central Africa.** Both diseases are viral hemorrhagic fevers....”

PS: “**The Ugandan government has not yet publicly disclosed a Marburg outbreak. But the U.S. embassy in the Ugandan capital, Kampala, issued a health alert on Monday,** saying it had been made aware of a possible case of Marburg in the country. The alert was a level 4 advisory alerting Americans they should not travel to Uganda....”

### Stat (Opinion) - What Ebola and Marburg are teaching us about the next pandemic

K Kuppalli et al ; <https://www.statnews.com/2026/07/01/ebola-virus-outbreak-bundibugyo-marburg-testing-krutika-kuppalli/>

“**Ecological and societal conditions driving infectious disease emergence are getting more complex.**”

“The fact that **public health officials must even consider the simultaneous circulation of multiple high-consequence pathogens during a single regional emergency** highlights a reality that our preparedness systems have failed to fully embrace: **Pathogens do not organize themselves according to our testing algorithms.**”

“... For decades, the global health community's approach to outbreak diagnostics has been largely reactive and pathogen-specific...” “... While these investments have saved countless lives, they

have also reinforced a **dangerous assumption: that the next outbreak will resemble the last one.** History repeatedly tells us otherwise....”

“**The ecological and societal conditions that drive infectious disease emergence are becoming increasingly complex.** Climate change, conflict, environmental disruption, urbanization, population displacement, and increased human-animal interactions are creating opportunities for pathogens to emerge in new places and in new combinations. **The regions currently affected by the BDBV outbreak sit at the intersection of these forces.** Eastern DRC has experienced repeated outbreaks of Ebola, Marburg, mpox, plague, anthrax, and other emerging infections over the past two decades. **In such environments, clinicians do not encounter neatly categorized pathogens. They encounter patients....”**

“A patient presenting with fever, gastrointestinal symptoms, hemorrhage, respiratory failure, encephalitis, or shock does not arrive labeled as having Ebola, Marburg, influenza, coronavirus, or a pathogen that has yet to be discovered. **Yet our diagnostic systems often require us to decide which pathogen we believe is causing illness before we can determine what is actually there. This approach no longer makes clinical or public health sense.”**

“... **What is urgently needed is a shift from pathogen-specific diagnostics toward pathogen-agnostic diagnostic systems....”** Read what this would entail.

## **CGD (blog) – Getting the World Bank's New At-Risk Financing Plans Across the Finish Line**

R Glennerster et al ; <https://www.cgdev.org/blog/getting-world-banks-new-risk-financing-plans-across-finish-line>

“Between [60 percent and 75 percent of the delay](#) in vaccine deliveries to low- and middle-income countries (LMICs) during Covid-19 can be explained by them signing purchase agreements later than high-income countries. This partly reflects [lending restrictions](#) adopted by the multilateral development banks (MDBs) on using MDB financing to purchase vaccines before regulatory approval. **The World Bank is now finalizing a [Day Zero Financing Framework](#) that would help make sure that does not happen again. The framework would enable at-risk financing—the use of World Bank financing to buy medical countermeasures *before* they have received regulatory approval.** At-risk financing was **one of the five key recommendations** of the [recent G20 High-Level Independent Panel](#) on Financing Pandemic Preparedness and Response Financing, and was recently [endorsed](#) by Gavi.”

“**Here we set out some ideas to help secure agreement among key global health stakeholders, paving the way for [Board approval](#) ahead of the World Bank’s Annual Meetings in Bangkok....”** (in October).

## **Devex Op-ed – What screwworm and Ebola tell us about the cost of isolationism**

Daniele Nyirandutiye; <https://www.devex.com/news/what-screwworm-and-ebola-tell-us-about-the-cost-of-isolationism-112826>

**“Two outbreaks on two continents are moving faster than our fractured systems can keep up. That is not a coincidence; it is a pattern, and the window to respond to it responsibly is closing quickly....”**

**Re screwworm: “... In the U.S. states of Texas and New Mexico, the New World screwworm — a flesh-eating parasitic fly whose larvae burrow into animals’ flesh — has been detected in livestock and domestic animals for the first time in decades. ...”**

**“... The dismantling of USAID and termination of more than 5,200 contracts crippled global health programs, including the Central America initiatives that kept the screwworm at bay. The U.S. also withdrew from the World Health Organization, removing itself from the early-warning and coordination systems that global outbreak detection depends on....”**

**... Three targeted steps would make an immediate difference. With one being, “One, the administration should carve out an exception for the WHO's Global Outbreak Alert and Response Network, immediately allowing the U.S. to detail staff, access surveillance data, and restore the collaborative channels that detection depends on. Such a step would protect Americans without requiring a resolution to the larger WHO relationship....”**

### **Lancet – Andes hantavirus: operationalising science in real time**

P Lydon et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01227-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01227-4/fulltext)

**“The 2026 outbreak linked to the MV Hondius highlighted a persistent weakness in epidemic preparedness. The key lesson was not the potential for human-to-human transmission, which is already well established, but that timely evidence generation still depends largely on reactive mobilisation of the global research community. To address this gap, WHO has integrated research coordination directly into its emergency response architecture through the Emergency Response Framework (ERF) and Incident Management Support Teams (IMSTs). This integration reflects an important shift: research is no longer treated as a parallel scientific activity but as a core operational component of outbreak response. Effective integration, however, requires standing research systems that can be activated immediately rather than assembled during a crisis....”**

**“In response to the need for a standing research system that can be activated, WHO's Research and Development Blueprint established Collaborative Open Research Consortia (CORCs) by priority viral families with epidemic pandemic potential. Launched in 2024, CORCs were designed as operational scientific communities capable of rapid activation during emergencies. CORCs connect expertise across the medical countermeasure pathway, from diagnostics, therapeutics, and vaccines....”**

### **Plos GPH - Globalisation, rising authoritarianism, declining solidarity, and retreating multilateralism: A perfect storm for amplifying the risk of outbreaks**

Winfred Dotse-Gborgbortsi & Madhukar Pai;  
<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006783>

“ International organisations such as the World Health Organisation (WHO), transnational disease surveillance systems, and shared financing mechanisms were designed to manage those risks collectively, and across geographical borders. That **architecture is now crumbling, and two concurrent outbreaks, the Hantavirus outbreak linked to the MV Hondius cruise ship and Bundibugyo Ebola in the Democratic Republic of Congo (DRC), illustrate what happens when globalisation’s risks persist while its safeguards, safety nets, and global solidarity erode....”**

In the remainder of the article, the authors focus on “**Solidarity in action**: What we should be doing”: “...The word “**solidarity**” is used frequently in global health. What exactly is solidarity? The **Global Health Solidarity Project’s framework** describes it as **actively standing with others, not just in words but through meaningful action and shared commitments**. It recognises that health is interconnected across borders, differences, and inequalities, and is built on trust, mutual respect, and inclusive decision-making. By working together toward common health goals, solidarity seeks not only to improve health outcomes but also to address the structural inequalities and power imbalances that drive health inequities. **As illustrated in Fig 1, global health solidarity in action should involve concrete actions, not just vague affirmations or declarations**. For example, **Global North nations must provide timely emergency funding to international agencies (such as WHO, Gavi, and CEPI) that respond to disease outbreaks and other global health emergencies.... “**

With some more examples of ‘solidarity in action’.

## AMR

### UN News - New WHO plan urges stronger action against fungal disease

<https://news.un.org/en/story/2026/06/1167842>

“The World Health Organization (WHO) has published new guidance to help countries confront the rising burden of fungal disease and antifungal resistance - one of the most neglected global health threats, yet still largely absent from national health plans. “

“The **new *Blueprint for strengthening responses to fungal disease and antifungal resistance***, issued on Tuesday, sets out practical steps to improve prevention, diagnosis, treatment and surveillance. **Fungal diseases affect more than 300 million people each year** and are associated with high mortality, long-term illness and major losses in health and productivity worldwide. **They range from common conditions such as ringworm and nail infections to severe invasive diseases that can be deadly**, especially for people with weakened immune systems, those receiving intensive care, people living with HIV, transplant recipients and cancer patients. “

“Meanwhile, **antifungal resistance is a growing threat, driven in part by the widespread use of antifungal medications** and their analogues across human, animal and plant health, as well as environmental exposure to antifungal chemicals. **Despite this toll, WHO said fungal diseases are often missing from national health treatment policies, global burden-of-disease estimates and most strategies on antimicrobial resistance (AMR), universal health coverage and One Health – the UN agency’s initiative for action across human, animal, plant and environmental health. ...”**

- See also Cidrap - [The WHO aims to help nations confront growing threat of fungal disease, antifungal resistance](#)

## Global Health Reform, the future of international cooperation & post-2030 brainstorm

- We start with a [LinkedIn post by Anders Nordström](#) (looking forward to July).

**“July may prove pivotal for the trajectory of reforms of the international system for health, even in the absence of negotiations of political declarations or high-level forums. Important developments are underway for the two major reform initiatives: The Accra Reset High-Level Panel will convene in Senegal to draft its report and recommendations. At the same time, WHO Member States are expected to nominate representatives for that process .”**

“The Partnership for International Politics and Diplomacy for Health have continuously analysed and reflected on trends and perspectives in an ongoing series of Insights papers <https://lnkd.in/dthPusMY> **Accra Reset has consistently stood out for its potential to drive transformative change. Led by countries of the Global Majority, it confronts the fundamental issue that many dialogues avoid - the entrenched power imbalances that have shaped, and continue to shape, international cooperation for health. ...”** The Accra Reset considers how sovereign governments can maximally leverage existing domestic capacities, affirming that the primary relationship in any health system should be the one between governments and their citizens, not governments and global institutions. This link between health, development and power is not only strategic, but also honest and realistic. **The High-Level Panel's direct mandate from incumbent Heads of State gives it a degree of political clout that many previous reform efforts have lacked.** The ambition is not to generate another set of aspirational ideas or yet another report, but to catalyse political action.”

“The **question now is if the Panel's efforts will truly become the antidote to the status quo.** This will greatly depend on the substance of its recommendations and the way they are socialised. To distinguish itself from past approaches, **the Panel could put forward recommendations that:**

- Clearly articulate national responsibilities based on full country ownership;
- Advance a vision of health financing with domestic resources as the core source;
- Explicitly affirm the need to transition away from direct international development assistance in most settings;
- Set firm expectations for international institutions, and outline structural reforms required to meet those expectations;
- Constructively describe the role of non-state actors in global health governance; and
- Establish credible accountability mechanisms from the outset.

“Notably, **the strength and impact of the Panel’s recommendations will not depend solely on their content. It is crucial that the recommendations are the product of consultations with key actors, an iterative and agile way of working, and a deep understanding of today's international landscape.** Expectations are already forming and many stakeholders will develop their view on the recommendations even before they are published. Communication should be a critical part of the work itself....”

## Geneva Solutions -Sunset or new dawn? UNAids fights for survival

<https://genevasolutions.news/global-health/sunset-or-new-dawn-unaid-fights-for-survival>

“Thirty years after its founding, the UN is considering shutting down its leading organisation focused on HIV/Aids just as the very epidemic it was built to end intensifies. .... **UNAids’ coordinating board meets this week with the organisation’s future on the agenda. The meeting comes amid a push by the UN chief António Guterres to quickly wind it down as soon as 2026 as part of his efforts to shrink the UN system. But the board has pushed back and is exploring alternatives. What UNAids looks like next year or in 2030 remains an open question.**” **Excerpts:**

“... **UNAids itself has been hard hit by the US cuts.** Last year, it had to **shrink its workforce** by more than half from 600 to just under 300. Its headquarters in Geneva, once home to 127 staff, **now just runs with 19** after many were relocated to Bonn. **A US package ratified by Trump in January included \$45 million for UNAids – less than half of what it received in 2024 under the Biden administration – offering some relief** while highlighting the risk of relying on a large, unpredictable donor.....”

“... **It’s against this backdrop that Guterres floated his proposal to “sunset” UNAids and fold its work into other UN bodies** like the World Health Organization. The **organisation’s coordinating board** – composed of 22 governments, six UN organisations and five civil society representatives – has resisted. **In January, it set up a working group to come up with an alternative path, one that integrates it better into the broader UN system while preserving what makes UNAids distinctive – the formal role of civil society and people living with Aids/HIV in its governance structure, a rare arrangement in the multilateral world. The working group’s interim report, published this month and expected to be discussed at a board meeting this week, says operation as before is “neither advisable nor feasible”,** citing factors including resistance to multilateral cooperation, the decline in international HIV assistance, but also a push for country-led and financed responses. But the report is equally **categorical in rejecting the sunset proposal**, arguing that a “rushed or under-resourced transition risks doing serious damage to the global HIV response and undermining the UN’s credibility”. It further points to the problematic use of the word “sunset” at a time when the HIV crisis is far from over....”

“... The **options being explored, according to the document**, include downsizing the secretariat further, turning it into a “leaner partnership or hub” within the UN system, transferring work to partner agencies or – further down the line – a merger with another existing health partnership. **A final proposal is expected in October....”**

- See also [Devex – Merger, hub, or slimmer secretariat? What's next for UNAIDS](#)

“**An interim report outlines several pathways for the future of UNAIDS — from a smaller secretariat to a U.N.-hosted hub or merger — while rejecting calls to sunset the agency by the end of 2026.**”

“The future of **UNAIDS** remains uncertain, but a working group tasked with providing recommendations for its transition is exploring several options, including further downsizing the secretariat, turning it into a hub hosted within the **United Nations** system, or merging it with another health entity. These **options are laid out in an interim report that will be discussed by UNAIDS’ board this week...**”

PS: **“Among the options laid out in the report is transitioning the UNAIDS secretariat into a small hub or partnership, hosted within the U.N. system, that would provide a centralized space where donors could contribute to the U.N. global HIV response. Potential hosts that emerged include UNOPS, the World Health Organization, the U.N. Development Programme, and the Office of the U.N. Secretary-General. Another option is merging UNAIDS with an existing health partnership, such as the Stop TB Partnership and RBM Partnership to End Malaria — formerly Roll Back Malaria — although the working group said this option is still “in an early phase” as they have not yet discussed it with these entities....”**

**“For country-level coordination of the HIV response, one option is placing HIV advisers within U.N. resident coordinator offices. UNAIDS has already piloted this approach in five countries, but the results showed it was hampered by limited resources and a lack of technical, administrative and policy support from the secretariat.”**

**“The working group said preserving the secretariat's core functions — including political leadership, advocacy, coordination, data analysis, and support for communities living with and affected by HIV — should remain a priority. At the same time, it is exploring whether some responsibilities could be transferred to the U.N. agencies that cosponsor the program, while also assessing donors' willingness to fund separate U.N. entities....” “It also wants to preserve the role of civil society, communities and people living with HIV in the governance of any future model, which it has identified as “non-negotiable.” ...”**

## **Devex – Exclusive: Turf battle stalls UN merger mania**

<https://www.devex.com/news/exclusive-turf-battle-stalls-un-merger-mania-112822>

**(26 June) “U.N.'s development chiefs are clashing in struggle over the fate of UNOPS and UNDP amidst a funding retreat by donors.”**

**“In April, the United Nations top brass met behind closed doors at the world body’s Manhattan headquarters to take the pulse of one of U.N. Secretary-General António Guterres’ most ambitious development reform initiatives: the merger of the U.N.’s two development agencies, the U.N. Development Programme, UNDP, and UNOPS. It didn’t go well, according to an account of the meeting shared with Devex. The heads of the two agencies turned up with vastly different visions for what a single organization should look like.”**

**“The standoff at U.N. headquarters underscored the challenges Guterres is facing in trying to drive through an ambitious proposal to merge UNDP, UNOPS, and two entities — the U.N. Population Fund and UN Women — in the face of rising skepticism and outright resistance from civil society, diplomats, and the leaders of some of the affected agencies. It has also fed doubts among U.N.-based officials and diplomats that Guterres’ consolidation efforts will succeed, particularly at a time when his authority lessens as he enters his final months in office....”**

PS: **“The competition between De Croo (UNDP) and da Silva (UNOPS), meanwhile, has spilled into public view, with the two development leaders making their conflicting cases directly to U.N. governments at a public June 8 meeting of the executive board that oversees the activities of UNDP, UNOPS, and the U.N. Population Fund, or UNFPA....”**

## Devex – UNFPA and UN Women propose alternatives to a merger

<https://www.devex.com/news/unfpa-and-un-women-propose-alternatives-to-a-merger-112846>

(gated) **“The document, seen by Devex, proposes several areas for coordination and collaboration between the two agencies. But without changing their mandates or creating a new structure.”**

“Faced with a potential merger, [UN Women](#) and the [United Nations Population Fund](#), or UNFPA, have **identified areas to better align, collaborate, and potentially save costs as an alternative to being consolidated into one entity.** A document, seen by Devex, listed **how the two entities can jointly work together at the country level, address gender-based violence, collaborate on data and data systems, and share services and resources** — all without affecting their mandates or creating a new structure. ...”

## UN Foundation – Ebola and the New Politics of Global Health Cooperation

M Moss; [UN Foundation](#);

**“As outbreaks of Ebola and Andes hantavirus make headlines, governments are engaged in a consequential debate about the future of global health cooperation.”**

“These outbreaks also arrive at a moment when governments are engaged in a consequential debate about the future of global health cooperation. **At the 79th World Health Assembly, Member States agreed to extend negotiations on the Pathogen Access and Benefit Sharing (PABS) system and launched a new process to examine reforms to the global health architecture (GHA). At first glance, these discussions appear distinct.** One focuses on pathogen samples, genetic sequence data, and access to medical countermeasures; the other, on institutions, governance, and coordination. **Yet both are grappling with the same fundamental question: What should international health cooperation look like in an increasingly multipolar world?”**

**“The Ebola outbreak offers a useful lens to consider this question.** ... As the Ebola outbreak in Congo has expanded, it **has exemplified the central themes countries are debating in Geneva.** Governments increasingly want stronger national ownership of health systems and stronger regional capacity to prevent and respond to emergencies. However, outbreaks of this magnitude still require international coordination, technical expertise, financing, and surge support. **The debate about how this cooperation should be organized — the distribution of responsibilities, resources, and benefits — sits at the heart of both the PABS and GHA discussions.”**

**“Much of the public conversation** surrounding these efforts has focused on **governance arrangements, financing mechanisms, legal frameworks, and implementation timelines.** Beneath this technical language lies a **broader discussion about sovereignty and interdependence.”**

**“... The new emphasis on local and regional ownership as the organizing principle of global health is also shaping conversations about the role of international institutions.** Member States still regard the World Health Organization (WHO) as the world’s leading source of technical guidance, normative standards, and political convening. **Some countries, however, would like to see WHO move away from the operational role it has gradually taken on over the past decade, preferring to strengthen regional and national actors so they can lead on implementation and operational delivery. The Ebola response illustrates the complexity of this transition. In resource-constrained**

**settings, the distinction between normative and operational functions can become blurred. Outbreaks test assumptions about how international organizations can support regions and countries without displacing national ownership.....”**

**“... Ultimately, the central question underpinning both debates becomes:** How can countries exercise greater agency and self-reliance while still accessing the external resources, technology, and investment needed to strengthen health systems and response capacities?...”

**“... Taken together, these themes suggest that the debates unfolding in Geneva are about much more than the mechanics of global health cooperation. The ambitions expressed in the PABS negotiations and GHA deliberations extend well beyond the health sector, requiring coherence in trade policy, intellectual property, technology transfer, and long-term financing. These are not challenges that health ministries can solve alone in months or years. They are long-term political projects measured in decades...”**

### **German South-North Commission seeks strong partnerships for a multipolar world**

R A Radovan, O Scholz et al ; <https://www.thenationalnews.com/opinion/2026/06/30/german-commission-seeks-strong-partnerships-for-a-multipolar-world/>

**“The German government is launching a new South-North Commission on Development at today’s Hamburg Sustainability Conference (HSC). Bringing together voices from the Global South and the Global North, the commission aims to contribute to a more co-operative and inclusive international order....”**

The **“... new South-North Commission ... builds on the legacy of the Independent Commission on International Development Issues – better known as the North-South or the Brandt Commission – which ran from 1977 to 1980 under the chairmanship of former German chancellor Willy Brandt.**

It spelt out a **principle** that remains strikingly relevant today: **“The challenge for the next decades will not be met by an adversary system of winners and losers – North versus South or East versus West – but only by one founded on human solidarity and international co-operation among all.”**

**“The new South-North Commission draws inspiration from this historic legacy, with its focus firmly on the future. It seeks to foster a new dialogue on the defining structural questions of our time: what could a genuinely co-operative and effective international order for the 21st century look like? What framework can succeed the Sustainable Development Goals? And how must our institutions and partnerships evolve to turn these ambitions into reality? Answering these questions requires an integrated approach that brings together issues too often treated in isolation – from development finance and climate action to trade, conflict prevention and resilience.”**

**“... Up to 20 commissioners from various sectors will work together to develop a set of recommendations, culminating in a report to be presented by the end of 2028. These proposals will feed into ongoing international reform efforts – from the UN and the multilateral development banks to the international financial architecture – and will help to shape the post-2030 agenda....”**

- See also Devex Pro - [New South-North Commission aims to fix a fractured development system](#)

(gated) “With donor governments pulling back on aid, **Germany is betting that a commission gathering countries from the global north and south can help reset the terms of global cooperation.**”

“... former German Chancellor **Olaf Scholz**, the other co-chair of the new commission, **argued that today’s geopolitical and economic realities require a fundamentally different approach, pointing to the rising economic and political weight of emerging economies.** “**The global south is much more powerful than at that time,**” he said, noting the shift in global growth dynamics and the strategic importance of critical minerals such as lithium, copper, and cobalt. “It is something we have to understand in a different way.””

“**Details of the commission’s membership and budget remain unclear, however.** The co-chairs said **commissioners will be drawn largely from the global south**, including major economies such as India, Brazil, Indonesia, and South Africa, though names have not yet been announced. While members will serve pro bono, **funding will be required for meetings and a secretariat. The commission has said funding will come from the German development ministry**, but Scholz would not provide a budget amount. ...”

“Several attendees told Jesse that they are **worried about whether this has support from the center-right — and leading — party of the German government, considering that only center-left figures are part of the commission so far.** Scholz denied any trouble within the government, however. “This is a commission that is supported by the whole government of Germany,” he told Jesse. “It is an activity that is not partisan.” ...”

### **Lancet Planetary Health – Wellbeing for people and the planet: how to value everyone and everything on a thriving planet beyond 2030**

**Kate E Pickett** et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00048-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00048-3/fulltext)

“**Synthesising evidence across disciplines, we argue that human beings are evolutionarily wired for cooperation and relational wellbeing, and not perpetual consumption and status competition. This argument underpins a post-2030 shift in a global development paradigm that places multidimensional wellbeing, of people and the planet, at its core. We outline three mutually reinforcing systemic shifts: deliberative democracy that gives communities real power to shape collective futures; economic democracy that redirects finance, enterprise design, and fiscal policy towards equitable, regenerative outcomes; and transformed land and resource governance that recognises ecological limits and the rights of nature.** By aligning institutions with the cooperative nature of humans and the Earth’s regenerative capacity, societies can achieve flourishing lives for all within planetary boundaries, offering a scientifically grounded agenda for the decades beyond 2030.”

## More on Global Health Governance & Financing/Funding

### HPW – EXCLUSIVE: Three Candidates Vying for Global Fund Leadership in Contentious Race

<https://healthpolicy-watch.news/candidates-global-fund-leadership/>

**“As the Global Fund to Fight AIDS, Tuberculosis and Malaria heads into a secretive but highly contentious election of a new Executive Director, the names of three candidates who are reportedly on the shortlist, all US citizens, have surfaced. They include former Global Fund Executive Director Mark Dybul, former Trump appointee William Steiger and a former NYC public health official, Ashwin Vasana. “**

A few excerpts:

**“...Whoever emerges victorious from the current election must immediately confront a \$5.36 billion funding gap for the next three-year cycle. And separate from the details of who may be nominated, some voices are calling for greater transparency in the process of finding a new leader for an agency that drives a massive pooled procurement mechanism supporting market-shaping pharma contracts for drugs and other supplies required by the world’s poorest nations....”**

**“... Meeting behind closed doors, the Global Fund’s Executive Director Nomination Committee (EDNC) convened in the first week of June 2026 to evaluate the long-list of candidates for the top post and create an initial short list. Those candidates will be interviewed in a first-round of interviews in July, followed by a second round in September, when the “short-list” is to be narrowed to four-five candidates, according to an official Global Fund timeline. A final appointment decision, is scheduled for the Board meeting of 28-30 October.”**

**“... The ED Nomination Committee operates under a highly restrictive framework, assisted by the executive search firm Russell Reynolds Associates. The Global Fund declined to comment on the candidates, how many are on the present shortlist, or other aspects of the process, pointing to its strict confidentiality....”**

**“So far, all the top contenders mentioned by sources familiar with the proceedings are also US citizens, and at least two of those reportedly have US government backing. Considering the importance of the US as a donor, and the Trump administration’s clear linkage between funding and political influence, support from Washington may very well turn out to be one of the most important factors in the final selection.... ... At the same time, the US administration is increasingly bypassing the multilateral system, and allocating its own global health aid budget largely on the basis of bilateral agreements – with over 30 signed so far. That could put any new Global Fund leader in the uncomfortable position of steering between the Global Fund’s multilateral mission and US priorities, as well as drug procurement preferences, in the coming years.”**

PS: **“As these high-profile names from the United States emerge, European member states that are also among the Global Fund’s largest donors are struggling to maintain their traditional influence in the agency’s orbit. The ED Nominating Committee reportedly removed the only applicant endorsed by the German government from the shortlist during its early June meeting. The dismissal of the German-endorsed contender emerged as a source of intense frustration in Berlin, sources familiar with the process told Health Policy Watch. ...”**

## Gavi Board meeting underlines commitment to country sovereignty, fragility and health security

<https://www.gavi.org/news/media-room/gavi-board-meeting-underlines-commitment-country-sovereignty-fragility-health-security>

**“Board agrees to maintain ambitious targets for Gavi 6.0, including reaching 500 million children, preventing 8–9 million deaths and further reducing under-five mortality by 10%. Programmatic decisions underline commitment to country leadership and support for fragile and humanitarian contexts . Additional US\$ 189 million in support approved for sustainable African vaccine manufacturing, enhancing supply resilience and health security. Decisions include innovations that will help Gavi, countries and health workers deliver on 6.0 targets – such as digital payments for vaccination campaigns and flexible liquidity through the European Investment Bank Frontloading Facility.”**

**“... The Board also approved a package of measures to boost Gavi’s African Vaccine Manufacturing Accelerator (AVMA)....”**

**“... The Board confirmed enhanced support for sustainable African vaccine manufacturing, approving the use of an additional US\$ 189 million – beyond the US\$ 1 billion dedicated to Gavi’s African Vaccine Manufacturing Accelerator (AVMA) – to strengthen demand for African-made vaccines and support critical ecosystem strengthening activities. The majority of this financing – US\$ 139 million – will be dedicated to buying African-made vaccines, which will simultaneously supplement Gavi’s vaccine procurement budget. An additional US\$ 50 million in targeted financing will support three partners – the African Centres for Disease Control and Prevention (Africa CDC), African Medicines Agency (AMA) and WHO – who will work together to address barriers to the accelerated development of a vaccine manufacturing ecosystem on the continent....”**

## WSJ - Warren Buffett Skips Midyear Donation to Gates Foundation as He Awaits Epstein Review

[WSJ](#);

**“Billionaire expected to delay decision on his ‘lifetime’ pledge to see results of Gates Foundation’s review.”**

**“For the first time in two decades, Warren Buffett is skipping his usual midyear donation to the Gates Foundation so the famed investor can wait to see the findings of a review into the foundation’s ties to Jeffrey Epstein, according to people familiar with Buffett’s plans. Buffett, 95 years old, is delaying his decision until later in the year, possibly until when he puts out his Thanksgiving letter, the people said...”**

PS: **“The Gates Foundation has retained law firm WilmerHale to review its ties to the late sex offender, and its findings are expected this summer...”**

## Geneva Health Files – "Recipients Reluctant To Bite The Hand That Feeds Them": Tim Schwab on the Gates-Epstein Saga & What It Means for Global Health

[Geneva Health Files](#);

**"Interview with American journalist Tim Schwab, where he addresses the imperative to discuss philanthropist billionaire Bill Gates, and the fall out on global health as a result of Gates' documented association with - financier and convicted sex offender, Jeffrey Epstein. We believe this interview not only sheds light on the precariousness of global health financing as shaped by select donors such as Gates, and more importantly, on the grave violations of rights of women and girls victimized in the Epstein power play."**

PS: **"... Schwab thinks Gates' political capital is waning....." " ... "So, on the global stage we're seeing his political capital taking a huge hit. This, again, has consequences on global health—because so much of what the Gates Foundation does is trying to politically influence public health policies at the government level....."**

PS: **"... I get that for folks working in global health it is difficult to say 'no' to the Gates Foundation's money. But I wish more of the field was really being honest about the problems with saying 'yes.' Asking the global poor to depend on billionaires to access public health is not just a bad model in theory, but a terribly fragile model in practice. We never should have allowed a single man to have the level of influence Gates has.... ..... The Epstein scandal—and the many other scandals the foundation has been involved in over the years—raise very important questions about what, if any, role the Gates Foundation, or any billionaire-led philanthropy, should have in public health. ... .. Billionaires are flawed and fickle—and they are mortal. Over time they will die or fall into disgrace or change their mind. If you make your organization, or your entire field, dependent on a billionaire, you're building an extremely vulnerable and totally unsustainable model. The ultimate harms, of course, flow to the poorest people on Earth. ..."**

## The Bundibugyo Outbreak Is a Warning: Africa Remains Underprepared

L Engelbert Bain; <https://www.linkedin.com/pulse/bundibugyo-outbreak-warning-africa-remains-luchuo-engelbert-bain-xzmnf/>

**"I have argued elsewhere that [Africa CDC](#) at this stage of its existence and mandate cannot deliver beyond its means: funding, expertise, mandate clarification, and state of maturity. Indeed, because of the hope that the continent has in it, it should be well funded - inside - out, and held accountable to deliver. <https://luchuoengelbertbain.com/fund-africa-cdc-from-within-and-hold-it-accountable-a-call-from-a-firm-believer-in-its-promise/> In all honestly, are African Union States doing enough to fund Africa CDC. The answer is no. No sovereignty agenda without getting serious...."**

## J Ratevosian – Does the UN Political Declaration on HIV/ AIDS Even Matter Anymore?

<https://ratevosian.substack.com/p/does-the-un-political-declaration>

Great **analysis** of last week's UN Political declaration (and everything around it).

**"It's complicated. And what disappointed me most had nothing to do with the Declaration."**

Excerpt: "... **What a Political Declaration Is — and Isn't**: The 2001 Declaration of Commitment on HIV/AIDS helped unlock the political will and financing that built PEPFAR and the Global Fund. The 2011 and 2016 declarations produced the 90-90-90 and 95-95-95 targets that still organize the global response today. **Political declarations have mattered. But they have mattered because of what came after them . They worked when a declaration unlocked new dollars, when it moved a government to act, when it gave advocates a hook to hold power accountable. So the real question is not whether governments can still negotiate language. It is whether the global health machinery behind the AIDS response, the financing, implementation, diplomacy, and accountability system that turns declarations into action, still functions...."** ....

But there's a lot more in this (recommended) analysis.

- Related: [UNAIDS feat story – The 2026 UN Political Declaration on HIV/AIDS: Accelerating progress towards ending AIDS as a public health threat](#)

"... The following highlights the **key aspects** of the 2026 UN Political Declaration on HIV/AIDS..."

**Devex Check-up - Peter Sands tells us what he really thinks about cofinancing requirements: 'A world of magical thinking'**

<https://www.devex.com/news/devex-checkup-how-would-the-us-get-back-into-who-if-it-wants-to-112818>

**"There's a growing narrative in global health that countries should mobilize more domestic resources** as official development assistance declines. But [The Global Fund to Fight AIDS, Tuberculosis and Malaria](#) Executive Director **Peter Sands cautions that many countries simply aren't in a position to make that transition."**

"His example? **South Sudan**. "I'm like: 'What planet?' I mean ... there is no money," he said during a session last week at [Novo Nordisk Foundation's](#) event in Denmark. **Instead, he said, the poorest countries end up using World Bank financing to "pretend" they're meeting domestic cofinancing requirements** — something he says is "not helping anybody at all." Transition discussions, he argued, **also need to grapple with governance challenges, corruption, and weak program implementation**. **"Unless we sort of are honest about where these are problems, and then deal with them, we are in a world of magical thinking,"** he said."

**"Whether Sands is digging at anyone in particular is unclear**. But the reality is the Global Fund requires cofinancing from grant recipients, although it offers [partial or full waivers](#) in some circumstances. [Gavi, the Vaccine Alliance](#) also requires cofinancing, with contributions based on countries' ability to pay. The U.S. government, under its new bilateral health agreements, **also now requires cofinancing from countries — including South Sudan**, which plans to coinvest nearly \$20 million of its resources as the U.S. invests more than \$146 million in its health sector over three years...."

## Devex Invested: World Bank board makes big decisions

<https://www.devex.com/news/devex-invested-world-bank-board-makes-big-decisions-112831>

**“The board rejects the IFC accountability mechanism’s findings and drops a climate finance target. “**

**“After months of negotiations, speculation and political pressure, the World Bank’s climate saga has finally reached its next chapter. The bank’s Climate Change Action Plan, or CCAP, including its 45% climate finance target, was due to expire today as the United States pushed hard for the institution to roll back parts of its climate agenda. “**

**“We now know the outcome. The 45% target is a thing of the past. CCAP, however, will be extended indefinitely. In a statement, the World Bank said it is retiring the 45% climate “co-benefits target,” arguing that the move is in line with its broader shift toward measuring outcomes rather than inputs....”**

- See also RFI - [World Bank drops climate finance targets in renewed action plan](#)

PS: Related: **Climate Change News - [World Bank’s climate work can endure without finance target, experts say](#)**

**“Even though the global lender has ditched a headline goal for its financing with climate benefits, it has decided to continue its climate action plan in the face of US pressure.”**

## Guardian – Nigel Farage’s anti-WHO campaign moves to US with allies added to board

<https://www.theguardian.com/politics/2026/jun/27/nigel-farage-action-on-world-health-campaign-who-us-board>

**“Relocation of Action on World Health raises questions over why Reform UK leader is involved in a US pressure group.”**

**“Nigel Farage’s campaign against the World Health Organization (WHO) is moving to the US with a new board of lobbyists, raising questions over why the Reform UK leader is involved in an American pressure group. ... The Action on World Health campaign, co-founded by Farage, is relocating to the US state of Delaware as a charitable foundation and grassroots non-profit....”**

**“... Farage is the honorary chair of Action on World Health, which is pushing for the replacement of the WHO, an organisation it claims is too close to China, “compromised by private funding” and “far left” ....”**

PS: **“In 2024, the Guardian revealed Action on World Health had links to the nicotine industry....”**

## Devex Opinion - Africa must negotiate with China — not just adopt its governance rulebook

Al Kags; <https://www.devex.com/news/africa-must-negotiate-with-china-not-just-adopt-its-governance-rulebook-112787>

**“Beijing’s governance vision echoes many African priorities. But accepting China’s language without defining Africa’s own risks repeating mistakes made with Western-led development frameworks.”**

**“This month, China released a white paper outlining President Xi Jinping’s vision for global governance. From the perspective of Addis Ababa, Abuja, or Nairobi, much of the paper’s content reflects Africa’s long-standing demands: sovereign equality, a more representative United Nations Security Council, reform of the International Monetary Fund and World Bank, and a reinvigorated focus on development. As Western aid declines, there may be a temptation to accept this initiative. However, Africa should not simply embrace it. The appropriate approach is to negotiate the terms, not to join unconditionally....”**

## RANI / ODI Global - EU Official Development Assistance delivers for both donors and partners

<https://rani.co/eu-official-development-assistance-delivers-for-both-donors-and-partners/>

**“A new briefing published today by ODI Global and rani (Resilience Action Network International) highlights the dual economic and development value of EU Official Development Assistance (ODA), demonstrating clear benefits for both partner countries and the EU economy.”**

**“The analysis finds that for every €1 invested in EU development assistance, approximately €1 in exports is generated. In addition, around 60% of this spending is estimated to flow back into the EU economy through increased GDP. The briefing comes at a critical moment, as Ireland assumes the EU Presidency and negotiations intensify on the next EU long-term budget (the Multiannual Financial Framework or ‘MFF’). The briefing shows that, at the European Commission’s proposed €200 billion allocation for the Global Europe Instrument (2028–2034), investment could increase EU GDP by 0.10% annually, or €115.5 billion over seven years. This underlines that development funding supports poverty reduction and stability in partner countries while also strengthening EU competitiveness, resilience, and economic growth. ...”**

## The Global Health Paradox - The Language of Power

Habib Benzian ; [on Substack](#);

**“Global health speaks many languages. It still thinks in one.”**

**“Institutions like the United Nations and the World Health Organization operate with six official languages, and that matters in ways that are often underestimated. It signals balance, respect, a commitment to a plural world. Yet it coexists with a different layer of reality in which ideas are**

produced, shaped, and stabilized in English before they are ever translated into something else, a dynamic that has been examined in recent analyses of **language and power in global health**. By the time a document circulates in multiple languages, its logic is already set. ... **Multilingualism governs what is visible, but English governs what is made....”**

**“... The language in which ideas are made is not the same as the languages in which they are distributed. ... The issue is not that global health lacks multilingual policies or that it has failed to implement them. It is that these policies operate at a different level from the processes that shape decisions. Multilingualism ensures access and signals fairness, and those are not trivial achievements. But they do not fully address how ideas are generated, contested, and fixed. English structures the workflow. It shapes the speed of interaction, the sequencing of arguments, and the ability to define problems early in the process. The system does not need to exclude anyone explicitly. It only needs to reward certain forms of expression consistently enough that they become the default pathway to influence.”**

Benzian concludes: **“Global health has changed who is present more than it has changed how thinking is structured. It has diversified participation and made that diversity visible, while leaving largely intact the linguistic framework through which ideas are formed.** This essay was written in English. So is almost everything that circulates in the world it describes. That is not irony. It is the point.”

### **D Clarke – The Integrity Dividend: Why Anti-Corruption Became a Financing Strategy**

<https://www.linkedin.com/pulse/integrity-dividend-why-anti-corruption-became-financing-david-clarke-nsdqe/>

**“... In an era of contracting resources, money lost to corruption is no longer a moral abstraction. It is a recoverable financing source.** Costing that loss is not an accounting exercise for its own sake. It is the construction of the business case for reform. Every figure attached to leakage is also a figure attached to what better governance would return. Call it **the integrity dividend....”**

## **More on the impact of aid cuts & journey towards health sovereignty**

### **IMF Country Focus – Aid Is Falling Fast. What Can African Countries Do?**

C Aoyagi et al ; <https://www.imf.org/en/news/articles/2026/06/22/aid-is-falling-fast-what-can-african-countries-do>

**« Cuts are deep, broad, and driven by donors—leaving policymakers with few easy options. »**

**« ... Sub-Saharan Africa had the highest aid dependency globally in 2024. On average, aid accounted for 3 percent of GDP at the regional level.** But that average hid sharp differences. In low-income countries and fragile states, aid often reached the equivalent of 6 percent of GDP or more, and in some cases far higher....”

« **Over half of that aid was used to finance essential services such as health, education, and humanitarian assistance.** And because development partners and non-governmental organizations (NGOs) often deliver services directly to people in need, aid cuts can also curtail the very systems that people rely on...”

« ... **IMF-administered surveys covering 28 African countries suggest four broad policy responses:** (1) Some governments are not replacing lost aid, allowing programs to lapse. This limits immediate fiscal strain but carries high social costs. (2) Many are reprioritizing spending, often cutting public investment—easier politically, but damaging to future growth. (3) Others are borrowing more, including domestically, increasing debt risks. (4) Some are stepping up revenue mobilization, though results take time.

Each option comes with trade-offs....”

## **Devex – Can South Africa survive a post-PEPFAR future?**

<https://www.devex.com/news/can-south-africa-survive-a-post-pepfar-future-112820>

“As the United States prepares to withdraw HIV funding from South Africa, experts warn that the country's response could fall backward.”

PS: “In **South Africa, where more than eight million people live with HIV, the government finances the bulk of the response to the disease.** This includes paying for most lifesaving anti-retroviral medication for the nearly 6.2 million people on treatment. **Washington had funded just under 20% of South Africa’s response until 2025, helping the country fill key gaps in services.** These included **clinical and outreach services for marginalized communities and programs to provide preexposure prophylaxis, or PrEP, and other prevention options....”**

“... Observers said the **government has struggled to sustain all of the U.S.-funded services. ..”**

PS: “**In addition to the gaps it has introduced in prevention and treatment services, the PEPFAR cuts also threaten South Africa’s robust HIV research network,** including ongoing investigations into novel HIV prevention methods, such as vaccines, that the U.S. program was supporting. **Research efforts have been further undermined by reduced support from the U.S. National Institutes of Health for research in South Africa and by cuts to PEPFAR-supported data systems that were crucial “to understanding what was working for modeling,”** Bekker said. “When the data goes away, it has an impact on the research writ large.””

“**These cuts have global implications, since research conducted in South Africa offers global benefits. South Africa was one of only two African countries that hosted clinical trials for lenacapavir,** the long-acting injectable form of PrEP that is now being rolled out around the world. **“It was bidirectional,”** Bekker said. “That now is crumbling. That is going to leave another huge gap.” ...”

- Related: [TGH - United States Pulls Funding for South Africa, Threatening HIV Defenses](#) (By Emily Bass et al)

“Abruptly ending all U.S. foreign aid for health to South Africa will deepen care disruptions and could lead to a surge in new HIV infections.”

- And see a **Lancet World Report** for more detail - [USA to phase out PEPFAR support in South Africa](#)

## Lancet GH - Sustaining progress in HIV care in Africa with a transition to enabled self-care: a modelling study

A Phillips et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00088-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00088-4/fulltext)

« The funding crisis for HIV services in east, central, southern, and west Africa means that innovative strategies for continuing prevention and care for HIV are needed. One such strategy is enabled self-care: the provision of free HIV self-tests, pre-exposure prophylaxis (PrEP), tenofovir–lamivudine–dolutegravir for post-exposure prophylaxis (PEP), and antiretroviral therapy (ART) provided in local pharmacies and by community-based health workers. We modelled the introduction of a policy of transition to enabled self-care compared with continuation of current service provision.”

**Interpretation of the findings:** “Introduction of community access to self-tests and antiretroviral drugs through a transition to enabled self-care is **very likely to be cost-effective in most settings in east, central, southern, and west Africa; enable incidence declines to be sustained at reduced cost; and increase equity of access to HIV services.** Policy makers who wish to consider such a policy will need to evaluate its feasibility in their own country settings.”

- Related [Lancet GH Comment – Enabled self-care for HIV infection: an inflection point for sustainable epidemic control](#) (by D J Davey)

“As global HIV programmes confront a period of fiscal constraint, **the modelling analysis by Andrew Phillips and colleagues offers a timely and policy-relevant proposition: that a transition to enabled self-care could sustain, and potentially accelerate, progress towards HIV epidemic control in sub-Saharan Africa.** At stake is not only the trajectory of HIV incidence and mortality but also the future architecture of HIV service delivery....”

PS: “... **Enabled self-care should be viewed as a complement to, rather than a replacement for, existing health services.** Hybrid models that integrate self-care with facility-based care, particularly for individuals requiring clinical monitoring, management of advanced disease, or tailored prevention interventions, are likely to offer the greatest benefit. Maintaining core system functions, including viral load monitoring and linkage to care, will remain essential to long-term epidemic control....”

Concluding: “... Enabled self-care offers a pathway to reimagine HIV programmes as more resilient, accessible, and person-centred systems, capable of sustaining progress even as external funding declines. The challenge now is that of translation, ie, moving from modelling to policy and from policy to practice. **With thoughtful implementation, strong community engagement, and continued investment in health systems, enabled self-care could mark a pivotal shift in the global HIV response,** one that aligns efficiency with equity and innovation with sustainability.”

# Global Tax Justice

## Extreme Wealth Line Project – two foundational papers

Via Ingrid Robeyns (LinkedIn):

“The Extreme Wealth Line project is a transdisciplinary initiative aiming at the introduction of an extreme wealth line (EWL), just like we have an extreme poverty line. [https://lnkd.in/dp\\_HHdcM](https://lnkd.in/dp_HHdcM). The project has now published its two foundational papers, as LSE-III working papers #171 and #172: <https://lnkd.in/es43DbQ8...>”

[LSE Working paper 171 - Foundations for a harm-based extreme wealth line](#)

[LSE Working paper 172 – The bottom line and the top line: insights from poverty measurement for developing an extreme wealth line](#)

## Guardian - Number of billionaires globally soars by 13% amid AI shares boom

<https://www.theguardian.com/news/2026/jun/30/number-of-billionaires-world-ai-wealth-ubs>

“Billionaires’ wealth grew by 25% on average in the year ended in April, research from Swiss bank UBS finds.”

PS: “James Mazeau, an economist at the bank, said **billionaires had benefited from the AI boom in the stock market....**”

## UHC & PHC

### BMJ Editorial – Dangers of finance capital in healthcare

David McCoy et al; <https://www.bmj.com/content/393/bmj-2026-210213>

“Proponents of finance capital overstate the benefits for universal health coverage.”

“**With governments across the world lacking the hundreds of billions of dollars needed annually to achieve basic universal health coverage, development agencies have been calling for the greater use of finance capital: capital that expects a financial return on investment.** Turning to entities such as **commercial banks, venture capitalists, wealth funds, and private equity firms** to expand access to healthcare in low and middle income countries **marks a radical shift in development policy by bringing a form of finance designed to extract profits into the heart of the public mission to achieve universal health coverage....**”

Listing **three dangers.**

**“First, the demand from private investors for profitable returns can result in harmful behaviours** such as cutting back on the quality or safety of healthcare, raising prices for the payers of healthcare, worsening the terms and conditions of health workers, and denying lifesaving access to emergency care..... **Second, mobilising finance capital to plug public financing gaps may be costly.** Getting financial players to invest in expanding universal health coverage, especially in poorer countries, typically requires governments and development financing institutions to reduce their financial risk by, for example, offering subsidies, tax breaks, or minimum revenue guarantees. Furthermore, although a fair distribution of risks and benefits across public and private investors is theoretically possible, there are many examples of arrangements tilted in favour of private invest ... **A third danger is the potential negative health systems impacts of “assetisation.”** This is the process by which profitable or potentially profitable elements of the health system are carved out as “assets” for investors, while unprofitable services or patients are left to the public and non-profit sector....”

## Trump 2.0 & US Global Health strategy & bilateral health agreements

### Devex - State Department's foreign aid chief heads to the White House

<https://www.devex.com/news/state-department-s-foreign-aid-chief-heads-to-the-white-house-112830>

**“Jeremy Lewin has led the State Department's foreign aid bureau for the last year. He's now headed to the National Security Council, where he will help lead Western Hemisphere affairs.”**

**“... Lewin had no government experience before entering USAID, and days after doing so, he officially told the agency's staff that they would be fired by either July 1 or Sept. 2 of that year. By mid-April, Lewin was transferred from USAID to the State Department, where he took the reins of a foreign assistance bureau just beginning to rebuild itself.** Ever since, he has been at the center of the Trump administration's efforts to rebuild the U.S. foreign assistance system, promoting private sector investment, securing American economic and security interests, and directing an increasing share of giving to faith-based organizations....”

**“... in recent weeks, the State Department has shifted gears, writing multibillion-dollar checks called “macro awards” to large U.N. agencies, including the World Food Programme and UNICEF. At the same time, Lewin coordinated the launch of bilateral health agreements with more than 30 governments worth more than \$20 billion in U.S. and partner country coinvestment funding....”**

### Devex - Immigration hardliner takes over US foreign aid

<https://www.devex.com/news/immigration-hardliner-takes-over-us-foreign-aid-112852>

**“Andrew Veprek, who has pushed immigration and refugee restrictions at the State Department, is expected to take over foreign aid programs when Jeremy Lewin transitions to the White House.”**

PS: **“... Veprek is a close associate of Stephen Miller, the White House deputy chief of staff for policy and an architect of the administration's immigration and refugee agenda.** At the State Department, Veprek has pushed to reengineer the U.S. government's refugee and humanitarian

assistance tools into a system for restricting immigration and removing refugees from the United States....”

### **Devex Pro - USAID's \$19B closeout plan held up on Capitol Hill amid scrutiny**

<https://www.devex.com/news/usaids-19b-closeout-plan-held-up-on-capitol-hill-amid-scrutiny-112833>

**“Sen. Jeanne Shaheen, the top Democrat on the Senate Foreign Relations Committee, is renewing her hold on the agency's plan to spend up to \$19 billion winding down foreign assistance programs.”**

**“USAID’s \$19 billion closeout plans are being held up on Capitol Hill** as Sen. Jeanne Shaheen, the top Democrat in the Senate Foreign Affairs Committee, restated her hold on the funds last week.

**“The Administration’s plan to use upwards of \$19 billion of previously appropriated funds is an extraordinary use of taxpayer dollars,”** Shaheen wrote in a letter to Jeremy Lewin, the [State Department’s](#) foreign assistance chief, and Eric Ueland, the acting administrator of the [U.S. Agency for International Development](#). **“Using billions of dollars to shut down U.S. foreign assistance programs — rather than to carry out the international development, health, security or economic work for which these funds were intended — demands the utmost scrutiny by Congress,”** she continued.”

### **US State department - Implementing the Trump Administration’s America First Global Health Strategy in South Sudan**

<https://www.state.gov/releases/office-of-the-spokesperson/2026/06/implementing-the-trump-administrations-america-first-global-health-strategy-in-south-sudan/>

(June 27) **“On June 25, the United States and South Sudan’s Revitalized Transitional Government of National Unity (RTGoNU) signed a three-year bilateral health cooperation Memorandum of Understanding (MOU) through the Trump Administration’s America First Global Health Strategy, advancing our global fight against infectious diseases including HIV/AIDS and other emerging health threats. ... Working with Congress, the Department of State intends to provide more than \$146 million to prevent the spread of infectious diseases in South Sudan. The RTGoNU in South Sudan will invest nearly \$20 million in South Sudanese health systems.....”**

PS: **“America First Global Health Strategy Memoranda of Understanding (MOUs) signed so far represent more than \$20.8 billion in new health funding, including more than \$12.9 billion in U.S. assistance alongside more than \$7.8 billion in co-investment from recipient countries, building on decades of progress fighting HIV/AIDS, malaria, tuberculosis, and other infectious diseases around the world. As of June 27, the State Department has signed 33 bilateral global health MOUs with Angola, Bolivia, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Côte d’Ivoire, the Democratic Republic of the Congo, the Dominican Republic, El Salvador, Eswatini, Ethiopia, Guatemala, Guinea, Honduras, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Niger, Nigeria, Panama, Papua New Guinea, the Philippines, Rwanda, Senegal, Sierra Leone, South Sudan, Tajikistan, and Uganda....”**

## US State Department - United States and Tanzania Advance Global Fight Against Infectious Diseases Through Bilateral Health Memorandum of Understanding

[US State department](#)

(1 July) **“The United States, working with Congress, intends to provide more than \$1.3 billion over five years under this MOU, and the United Republic of Tanzania intends to increase its domestic expenditures by \$1.8 billion in national funds over the same time period....”**

PS: check out the [updated KFF tracker](#) (as of 1 July) on the bilateral health agreements.

## Bloomberg - White House Adds Pandemic Response Staff as Ebola Cases Rise

[Bloomberg](#);

**“The Trump administration has brought on two new pandemic response officials at the White House as it faces multiple infectious disease threats. Sara Brenner is leading the Office of Pandemic Preparedness and Response, and Rachel Idowu is the director for bioresponse at the National Security Council. The administration's effort to bolster staff on biosecurity comes as it responds to outbreaks including a deadly Ebola outbreak and a hantavirus threat.”**

## TGH - NIH Budget Cuts Threaten HIV Research

S Hannah & M Warren; <https://www.thinkglobalhealth.org/article/nih-budget-cuts-threaten-hiv-research>

**“AVAC leaders warn that the Trump administration's proposed funding cuts to the National Institutes of Health could derail the vaccine needed to end HIV.”**

**“Despite the need for sustained investment in HIV science, the Trump administration continues to dismantle this powerful piece of public health infrastructure. The president's fiscal year 2027 budget request proposes a \$5 billion budget cut for the National Institutes of Health (NIH), which has historically funded nearly 80% of publicly funded vaccine research globally and is the single largest funder of HIV vaccine research worldwide.....”**

**“...The president's current budget request includes a 28% cut to the National Institute of Allergy and Infectious Diseases (NIAID) and a nearly \$600 million reduction to the Office of AIDS Research (OAR), which coordinates HIV research across the NIH. The accompanying Congressional Budget Justification (CBJ) issued by the NIH offers no explicit mention of HIV vaccine research and indicates a shift away from basic science and vaccine development. It also signals the potential for a dramatic shift of the NIH's budget and priorities away from basic and clinical science toward implementation science, with an emphasis on how best to use existing tools, including LEN, to end the HIV epidemic in the United States and limit international research collaborations....”**

PS: **“HIV vaccine research today is in a new era focused on early-stage, iterative discovery approaches designed to induce broadly neutralizing antibodies (bNAbs) and T-cell responses. These strategies represent a scientifically sophisticated path forward and consensus on the intricate science needed to successfully develop a vaccine....”**

## Devex – Senate Democrats ask Trump to rejoin WHO amid Ebola outbreak

<https://www.devex.com/news/senate-democrats-ask-trump-to-rejoin-who-amid-ebola-outbreak-112817>

“The senators said WHO “remains the body best positioned to surveil the outbreak and stand up an effective international response.””

The bill doesn’t have much chance for the moment in a Republican controlled Congress.

PS: “ In a separate letter, the senators also urged Rubio to “support a blanket waiver” that would allow the State Department, the CDC, and other relevant U.S. agencies to work with WHO in response to the Ebola outbreak...” ““Without WHO coordination, the U.S. lacks key tools needed to help keep Americans safe from the outbreak,” they wrote.”

## International Health - From global solidarity to strategic nationalism? The implications of ‘America First’ global health for low- and middle-income countries

Justin Onyebuchi Nwofe et al ; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihag062/8713524>

« ... The 2025 America First Global Health Strategy does not introduce entirely new governance instruments but more explicitly prioritizes bilateral agreements, co-financing requirements, and performance-based partnerships within global health cooperation. **This commentary examines how the strategy formalizes and intensifies existing dynamics of strategic bilateralism and analyses its implications for low- and middle-income countries.** We argue that the **significance of the strategy lies less in new governance mechanisms than in the scale, visibility, and political framing of existing ones.** While this approach may strengthen domestic ownership and programme integration, it may also reshape bargaining dynamics, fiscal responsibilities, and coordination structures within global health systems. »

## Polio

### BMC Infectious Diseases - Polio transition in the African Region: progress, challenges and prospects for health systems integration

T Nomwanghe et al; <https://link.springer.com/article/10.1186/s12879-026-13357-9>

« The Global Polio Eradication Initiative (GPEI) has made substantial progress towards global eradication of polio. **As regions, including Africa, approach the final stages of this goal, countries must ensure that essential polio functions are sustained and effectively integrated into national health systems. To support this transition, the World Health Organization(WHO), through its regional offices, has guided countries using the Polio Transition Global Vision and its Monitoring and Evaluation Framework.** This paper reviews progress made in transition planning across 15 polio transition priority countries in the WHO African Region and anticipated challenges,

opportunities, and prospects for integrating polio assets and essential functions into broader health systems. »

Results: “... **Over the past decade, none of the 15 priority countries consistently achieved  $\geq 90\%$  routine polio containing vaccine coverage. Only Burkina Faso and Kenya have been closest to these coverage levels in the region.** Timely shipment of polio samples remains a consistent challenge, particularly in countries where GPEI support has declined. **The regional International Health Regulations(IHR) average capacity score remains suboptimal, averaging 51,** below the global score over the last 10 years. These underscore weaknesses in epidemic preparedness and response capacities... »

« ... **Progress on polio transition in the African region remains limited,** with gaps in immunization, emergency preparedness and financing, gaps made riskier by declining donor support...”

## NCDs

### WHO Afro - On the road to 2030: Health experts renew commitments to transform care for severe noncommunicable diseases in Africa

<https://www.afro.who.int/countries/united-republic-of-tanzania/news/road-2030-health-experts-renew-commitments-transform-care-severe-noncommunicable-diseases-africa>

“**Health experts, policymakers, civil society organizations, development partners, and people living with noncommunicable diseases (NCDs) from across Africa have renewed commitments to accelerate action against severe chronic diseases** and strengthen access to quality care at all levels of the health system.”

“**Meeting in Dar es Salaam from 23–25 June 2026 for the 3rd International Conference on PEN-Plus in Africa (ICPPA 2026),** participants called for **stronger political leadership, increased domestic investment, and expanded access to prevention, diagnosis, treatment, and long-term care for people living with severe NCDs, particularly childhood-onset conditions.**”

“**The renewed commitments come at a critical time. More than 100 million people in sub-Saharan Africa are living with severe chronic diseases such as type 1 diabetes, rheumatic and congenital heart disease, sickle cell disease, and cancer.** Yet access to basic specialized care remains limited, with services largely concentrated in major urban centres, leaving millions of people in low-resource rural areas without access to proper diagnostics—much less the life-saving care they need—and facing even greater financial hardships in their search for both.”

“**Against this backdrop, participants highlighted the importance of scaling up PEN-Plus, an innovative African-led model that brings advanced diagnostics and treatment closer to home for those millions by decentralizing care for severe NCDs to first-level referral hospitals and integrating clinical services available to people living with severe NCDs. Currently, twenty countries in the WHO African Region are either initiating or implementing PEN-Plus....**”

The Lancet: Blood pressure and cholesterol levels in adults over 40 with obesity increasingly similar to adults with normal BMI, study suggests

Lancet - [Metabolic traits in obesity and normal BMI in industrialised countries: a multi-country analysis of national population-based studies](#)

Cfr the press release:

- ***“In several high-income countries including England and the USA, adults over 40 years old with obesity now have blood pressure and unhealthy cholesterol levels approaching, or healthier than, people with a normal BMI, a significant shift from 30 years ago.***
- *This trend coincides with a greater rise in cholesterol-lowering medication (such as statins) and blood pressure medication use among adults over 40 with obesity compared to those with a normal BMI, pointing to medication as a likely driver of the blood pressure and cholesterol level convergence.*
- *For adults under 40 years old, the study found little change in the gap between blood pressure and unhealthy cholesterol levels in people with obesity and those with normal BMI, likely because young adults rarely receive cholesterol or blood pressure medication regardless of their BMI.”*
- ***Authors say these findings suggest the cardiovascular risks associated with obesity in some countries have been reduced in older adults, however they highlight other risks associated with obesity remain, including diabetes, kidney and liver diseases, and cancers.***

PS: Coverage via [Stat – Statins and blood pressure drugs changing health risks of obesity, study suggests](#)

## Planetary Health (& Climate/health)

Carbon Brief – Q&A: What change of power in Colombia could mean for world’s fossil-fuel transition

<https://www.carbonbrief.org/qa-what-change-of-power-in-colombia-could-mean-for-worlds-fossil-fuel-transition/>

**“Over the last four years, Colombia has emerged as one of the most vocal advocates for the world to transition away from fossil fuels. Under the leadership of leftist politician and economist Gustavo Petro, it became the first major oil-and-gas producer to commit to halting all new fossil-fuel expansion. In April, the nation hosted a first-of-its-kind meeting of countries on transitioning away from fossil fuels, alongside the Netherlands, in the Caribbean city of Santa Marta. The meeting concluded with a promise for a new “Santa Marta process” spearheaded by Colombia and the Netherlands, a movement of countries that would continue to push for a transition away from fossil fuels at home – and at international climate talks.”**

**“But on 21 June, an ally of Petro suffered defeat in a presidential election runoff against Abelardo de la Espriella, a hard-right populist and favourite of US president Donald Trump, who has pledged to boost oil production and pursue “fracking to the max”.”**

“Below, Carbon Brief examines what the loss could mean for Colombia’s stance on fossil fuels, as well as international efforts to transition away from coal, oil and gas, including at the COP31 climate summit in Turkey in November....”

## HPW - The Climate-Health Crisis Needs Money, Not More Declarations

<https://healthpolicy-watch.news/the-climate-health-crisis-needs-money/>

Coverage & analysis of the G7 meeting in Paris last week.

“On the day France recorded its hottest temperature on record, a coalition of health ministers, officials and advocates huddled in a sweaty, half-full auditorium in **Paris to take stock of a campaign they have spent a decade waging: the fight to put human health at the centre of the world’s response to climate change.** The meeting was a **high-level gathering of the Alliance for Transformative Action on Climate and Health (ATACH), the WHO-hosted network of 106 countries** launched at COP26 in Glasgow in 2021. ...”

“**Convened under France’s G7 presidency, the summit’s task was to look ahead to COP31 in Antalya in Türkiye in November, to gauge what fights the health community should place at the top of its agenda.** ... While part of the meeting carried the air of a victory lap, it was also a reckoning with **the one thing recognition has not delivered: money.** “**Finance is the weakest one, and I think this is a key point for this meeting,**” said Elena Villalobos Prats, the WHO official who built much of ATACH’s architecture....”

“**“It’s not just a plea for external support to come to countries,” Prats added. “It’s really about making sure that ministries of health, that now understand what the problem is, have the capacity and the resources to do something about it.”**

“...The health community has hailed each declaration and framework as a breakthrough. Yet none is binding, all are voluntary, and none sits inside the formal UN negotiations where targets are set, international legal obligations are made, and money is committed. And the money required is astronomical. The World Bank estimates climate change could cause up to 15.6 million additional deaths between 2026 and 2050 and inflict \$8.6 trillion to \$15.4 trillion in health costs by mid-century. WHO calls it “the greatest single risk to humanity.”...”

“**Twelve of 20 climate-health indicators are now at catastrophic levels, including a sharp rise in heat-related deaths globally....”**

“...**ATACH currently counts 106 member countries,** more than half the nations that turn up to the climate talks, but membership demands little and delivers less.”

“... **Türkiye, which holds the COP31 presidency, used the meeting to lay out what it wants from Antalya. Rather than a departure from the pattern, it plans to attach health more firmly to the summit’s action agenda, the voluntary track that runs alongside the negotiations proper.**

“**We aim to focus on designing the healthcare system we need by adding a new building block to the Belem action plan,**” a senior official from Türkiye’s health ministry told the meeting. That building block, published as a **COP31 priority titled “Dynamic and Resilient Health Systems,” runs to seven goals** spanning resilient infrastructure, disease surveillance, early-warning systems, artificial intelligence, a trained workforce, cross-sector coordination and “sustainable financing.” **It sets no**

targets, attaches no figures, fixes no timeline and names no mechanism to deliver any of it. The priorities largely restate the pillars of the Belém plan, which in turn restated the Baku and Dubai declarations before it. ....”

“... The French Development Agency puts the cost of adapting the world’s health systems to climate change at \$22 billion. The UN climate body’s estimate runs higher, at \$26.8 billion to \$29.4 billion a year by 2050.”

- See also [WHO – Global leaders gather in Paris for highlevel G7 labelled ATACH meeting on climate and health](#)

PS: “A major focus was France’s “One Health & Beyond” declaration, launched earlier this year to embed health considerations into climate governance frameworks such as Nationally Determined Contributions (NDCs), National Adaptation Plans (NAPs), and the second Global Stocktake. ...”

### Devex - Why did the US State Department stop sharing air quality data?

<https://www.devex.com/news/why-did-the-us-state-department-stop-sharing-air-quality-data-112810>

Coming back on news from earlier this year. “The U.S. has stopped publicly sharing air quality data collected at embassies around the world, leaving many countries without trusted pollution measurements.”

“ In March 2025, the State Department stopped sharing air quality readings from U.S. embassies and consulates through its public mobile applications, AirNow and ZephAir. The move ended the U.S. Global Air Quality program, which had provided trusted, independent pollution data from more than 70 diplomatic posts in over 50 countries...”

### HPW - London Climate Week: Improving Air Quality Starts With City-Level Actions

<https://healthpolicy-watch.news/london-climate-week-improving-air-quality-starts-with-city-level-actions/>

Including an update on ‘Breathe Cities’. “... In 2018, Mayor Khan launched **Breathe London**, in collaboration with the joint WHO-UN Environment Programme’s **BreatheLife initiative**, which linked nearly 80 cities and regions around the world in ambitious clean air and climate commitments. ‘Breathe London’ aimed to improve measurement of air quality across the city and engage with communities to act. Then in 2021, at **COP26**, the UN climate conference in Glasgow, Khan called for the creation of an initiative to invest in cities around the world to clean their air and enhance public health. That helped to spark the **Breathe Cities** initiative supported by Bloomberg Philanthropies, the Clean Air Fund and C40 Cities. “

“Breathe Cities now includes a network of 16 cities that aim to replicate the success of **Breathe London**. The cities have received financing commitments totaling \$75 million from its sponsors, including \$45 million announced at London Climate Week. The initiative provides equipment and technical support for cities to expand air quality monitoring; develop their own Clean Air and Reduced Emissions zones; restrict highly polluting vehicles; support cleaner household heating solutions; and build public awareness. ...”

**“Representatives from cities such as Bogota, Mexico City and Rio de Janeiro** told Climate Week about the progress made and challenges they still face in reducing air pollution to levels now common in London....”

### **WHO - New SDG data shows stalled progress on air pollution and health**

<https://www.who.int/news/item/29-06-2026-new-sdg-data-shows-stalled-progress-on-air-pollution-and-health>

**“WHO’s updated indicators reveal stark disparities between low- and high-income countries.”**

**“WHO has recently launched updated data on the Sustainable Development Goal (SDG) indicators tracking the link between air pollution and health.** The release of data on ambient and household air pollution highlights **critical inequalities: while fine particulate matter (PM2.5) levels dropped globally until 2020, they have since remained largely unchanged, with low- and middle-income countries facing significantly higher exposure risks than high-income nations,** increasing risks for public health and the environment....”

### **Euronews - Heatwaves are killing tens of thousands in India. Officials are barely counting them**

<https://www.euronews.com/2026/06/10/heatwaves-are-killing-tens-of-thousands-in-india-officials-are-barely-counting-them>

**“Experts warn that official heatwave death figures are grossly underestimated.”**

**“A recent study underlines the dangers of these worsening highs. It estimates that a single day of extreme heat causes approximately 3,400 excess deaths nationally in India. A five-day heatwave is linked to nearly 30,000 extra deaths, according to the [paper](#) published in the Frontiers in Environmental Health journal last month.”**

PS: **“... Official counts of heatwave deaths in [India](#) are much lower – between 500 and 1,500 annually nationwide – but experts warn these are grossly underestimated.** This is due to a lack of uniform tracking and a failure to take indirect impacts into account, such as the exacerbation of underlying health conditions....”

**“The study is the first to attempt to rectify this by providing detailed numbers for all of India’s 765 districts.** It also captures the full **[hidden impact](#)** of heat by taking into account all excess deaths during a heatwave, rather than only those directly attributable to heatstroke or heat-related disasters....”

### **Economist Enterprise - A threat to health inclusivity: climate change exacerbates health exclusion**

[Economist Enterprise](#);

**“Premature deaths linked to climate change are on the rise and over 90% of these deaths occur in developing economies.** From the rise of pollution and infectious disease prevalence to food

insecurity and increased stress on healthcare systems, the interconnectivity between climate change and health is undeniable—and **climate change is exacerbating existing health disparities.**

**Marginalised groups, vulnerable populations and people living in lower-income economies, who are already more susceptible to major systemic shocks, experience disproportionate climate change-related economic and health consequences, and are bearing the brunt of the burden.**

The **Phase 2 Health Inclusivity Index** assesses the **extent to which 40 countries have taken steps to ensure that good health is accessible to all individuals.** It considers both the policy environment for health inclusivity and whether populations are feeling the impacts of this policy on the ground, allowing us to quantify health disparities. **Through a global survey of over 42,000 people across the index countries and a series of focus group discussions with marginalised populations, the index captures lived experiences of health inclusion—and exclusion—and explores how populations perceive the impacts of climate change on their health. ...”**

**“...People in low- and middle-income countries are more affected by climate change in immediate and measurable ways.** Low- and middle-income countries bear the brunt of climate change effects, with seven in ten respondents expressing concerns about the impacts of climate change on their health, compared with six in ten respondents in high-income nations. Respondents in low- and middle-income countries were also more likely to report that climate change has negatively affected their food security, source of income and ability to keep a comfortable temperature at home.”

**“Marginalised populations—especially migrants and refugees—face greater climate- related health impacts. ... .. Younger generations are more worried** about the impact of climate change than older generations.”

### **Lancet Planetary Health (Editorial) – How we imagine the future matters**

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00066-5/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00066-5/fulltext)

**“Those working to address major societal challenges such as climate change, ecological collapse, and persistent poverty and inequality face a deep tension between the scale of these problems and our apparent capacity to respond. In short, today’s political and economic norms—the ‘Overton Window’ of currently acceptable policy options—can seem nowhere near equal to the scale of these challenges. This mismatch creates a kind of cognitive dissonance.** Judged against prevailing socio-economic and political norms, which shapes people’s sense of what futures are feasible, the changes required can seem so radical as to appear highly improbable. Yet from an understanding of the risks and harms; seven of nine planetary boundaries have already been **transgressed**, while the basic needs of many people still go **unmet**. It seems absurd to claim that meaningful action is too radical. To foresee such harms and still fail to act for lack of political imagination, will, or capacity, is a profound societal failing...”

**“... The point here is not to suggest that any future outcome is truly inevitable, but rather to recognise that how we understand and think about the future is foundational to how we interpret planetary health evidence and formulate policy responses....”**

# Human Resources for Health

## WHO – National health workforce accounts: health workforce levels and trends 2026

<https://iris.who.int/items/bb4009bc-943c-4116-88e3-fe4f6cf1a400>

Via LinkedIn: “With **three key findings**:

- (1) **The Progress is Real-** Since the NHTW launched in 2017, **health workforce data availability has grown nearly 20-fold**. Today, 206 countries have appointed focal points, and 178 countries actively reported data in 2025. This is a testament to what sustained global coordination can achieve.
- (2) **But Deep Inequalities Persist-**  
The **African Region has the lowest health worker density across all occupations** — doctors, nurses, dentists, and pharmacists — while high-income countries lead by a wide margin. Health worker density remains tightly correlated with national income. This is not a data problem. It's a policy and investment problem.
- (3) **Ageing: The Hidden Crisis**  
**Here's what deserves more attention: both our populations and our health workers are ageing simultaneously.** In high-income countries, nearly 1 in 3 medical doctors is expected to retire within the next decade. Meanwhile, 67 countries will face a projected gap of 832,000 health workers by 2030 — just to maintain current age-adjusted coverage levels.”

And: ... **The bottom line: A 52% increase in global health worker density since 2006 is progress worth celebrating. But it masks a growing structural imbalance that no single country can solve alone.**

## BMJ Feature - Why German doctors are being prepped for war

<https://www.bmj.com/content/393/bmj-2026-846473>

“The ongoing Russia-Ukraine war has sparked fears of a spillover affecting Germany. **Christine Ro reports on the measures being taken to prepare doctors for deployment and conflict on home soil.**”

## Access to medicines, vaccines & other health technologies

### BMJ Editorial – WHO’s misguided push for complementary and alternative medicine

C A Philips et al ; <https://www.bmj.com/content/393/bmj-2026-100062>

« **Use of traditional medicine must follow evidence of efficacy and safety.** »

A few **excerpts** from this editorial (which already sparked some [debate](#) on Bluesky):

**“The BRICS economies, including India and China, committed to further collaboration to integrate traditional medicine in healthcare, at a meeting in May 2026.** The meeting was held by India’s Ministry of Ayush (ayurveda, yoga and naturopathy, unani, siddha, and homeopathy). **Globally, interest in complementary and alternative medicine (CAM)—that is, unproved, non-standard interventions—is surging, with the market projected to reach \$359bn by 2032. “**

**“In December 2025, a multilateral declaration endorsed the World Health Organization’s Global Traditional Medicine Strategy 2025-2034, aiming for “universal access to safe, effective” traditional medicine.** This proposes integrating CAM into national health systems and universal health coverage through strengthening evidence, tightening safety regulation, expanding workforce, and building a global library of traditional knowledge...”

Re “... **Colonisation and epistemicide:** “Some proponents of CAM correctly identify ongoing power asymmetries from historical colonisation; “epistemicide” describes colonisers’ destruction and devaluing of traditional healthcare knowledge. CAM in healthcare might improve patient experience but not necessarily objective outcomes. The randomised controlled trial is not colonial oppression; it distinguishes interventions that work from those that do not. Traditionally used artemisinin became standard malaria treatment through scientific evaluation, not deference to tradition.....”

« **WHO’s strategy insufficiently distinguishes CAM as traditional knowledge for hypothesis generation from validated knowledge that is ready for integration. An ideal CAM strategy should mandate efficacy and pharmacovigilance, including adverse event reporting.** Existing large CAM workforces worldwide should be retrained in evidence based priorities for primary care, including screening, vaccination, identifying chronic disease, and maternal health. Research funding should prioritise independent trials, with negative results published. WHO’s CAM library should document harms alongside claims of benefit, while disclosing commercial conflicts of interest. And WHO’s messaging must remain unequivocally aligned with scientific consensus—a proved tool against misinformation that mixed messaging undermines....”

The editorial concludes: “Globally, CAM is the predominant healthcare option for billions of indigenous, rural, and underserved people, likely reflecting constrained access to evidence based care instead of informed choices. **The ethical response is not uncritical endorsement of CAM but to expand access only to interventions that withstand standard scientific scrutiny as effective and safe.** Patients everywhere deserve nothing less... »

## **Advancing global health innovation through Europe-Africa collaboration**

<https://dndi.org/publications/2026/advancing-global-health-innovation-through-europe-africa-collaboration/>

**“Eight Product Development Partnerships (PDPs) are joining forces to call for sustained investment in the European and Developing Countries Clinical Trials Partnership (EDCTP) under the next EU Framework Programme for Research and Innovation and other EU funding frameworks under discussion....”**

## **GAVI – Gavi launches new supply chain strategy to boost vaccine availability and reach remote communities**

<https://www.gavi.org/news/media-room/gavi-launches-new-supply-chain-strategy-boost-vaccine-availability>

**“New immunisation Supply Chain Strategy** seeks to build on recent years’ momentum and help countries ensure vaccines reliably reach people safely, reliably and on time – including under-served communities. **Efforts in areas such as real-time cold chain monitoring are helping protect more than US\$ 1.7 billion worth of vaccines each year, with one in six children globally benefitting**, while private sector partnerships are improving efficiency and delivery performance. **Through closer alignment of systems and operations, Gavi and partners are implementing a “merger at the last mile,”** where global health initiatives bring together their distinct activities into a unified approach.”

## **The Lancet: Currently approved mRNA vaccines are safe and effective, with promise for future disease prevention and treatment, new review confirms**

Lancet Review - [Safety and efficacy of mRNA vaccines: a mechanistic and public health perspective](#)

Cfr the **press release**:

**“A comprehensive new review that assessed billions of doses of currently approved mRNA vaccines affirms that these vaccines provide protection against COVID-19, including severe COVID-19, across diverse populations, including children, pregnant women, and immunocompromised people.** Booster doses extended and strengthened protection for existing SARS-CoV-2 subvariants through May 2023.”

**“The review reinforces existing evidence that mRNA vaccines are safe; serious adverse events are rare and substantially outweighed** by protection against severe disease, hospitalisation, and death. **The review also highlights that mRNA technologies have potential future uses for vaccines against influenza, RSV, and other infectious diseases, as well as for personalised cancer vaccines and RNA-based therapeutics.”**

**“The authors emphasise the importance of equitable access, strengthened and expanded manufacturing to low- and middle-income countries, and advanced storage and distribution for mRNA vaccines.** The authors also **call for continued clear communication about mRNA vaccine safety and effectiveness** to sustain public trust, improve vaccine uptake worldwide, and address ongoing misinformation about mRNA vaccines.”

## **UNAIDS – Brazilian LGBTQIA+ organizations demand equitable access to lenacapavir**

[https://www.unaids.org/en/resources/presscentre/featurestories/2026/june/20260626\\_Brazil\\_LGB\\_TQIA\\_len](https://www.unaids.org/en/resources/presscentre/featurestories/2026/june/20260626_Brazil_LGB_TQIA_len)

**“Brazilian LGBTQIA+ organizations participating in the Pride Parade, led by the São Paulo LGBT Pride Association (APOLGBT-SP), have called for universal access to lenacapavir. ... These**

organizations are stressing that **the anticipated high cost of the antiretroviral drug could prevent its incorporation into Brazil's Unified Health System (SUS)**, potentially deepening inequalities and undermining the country's response to the HIV epidemic. ...”

## **KFF Tracking Poll on Health Information and Trust: Update on Common Vaccine Myths**

A Montero et al; [KFF](#)

- see also [Poll: People Without a Trusted Health Care Provider Are More Likely to Endorse Vaccine Myths, As Are Those Who Often Use Social Media or AI for Health Information](#)

« **People who don't have a trusted health care provider are more likely than people with one to believe or lean toward believing several common myths about vaccines**, a new KFF Tracking Poll on Health Information and Trust reveals. **Similarly, people who use social media or artificial intelligence (AI) chatbots at least weekly for health information are more likely than those who don't to endorse these false vaccine claims...**”

## **Conflict/War & health**

### **Plos Med (Perspective) – The well-worn path from armed conflict to measles resurgence**

José E. Hagan; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005156>

« **Armed conflict weakens immunization, surveillance, and socioeconomic resilience, increasing measles risk during and after war. Protecting routine vaccination in crises is a core emergency response.** »

## **Some more reports, supplements,...**

### **HP&P (Supplement) – Changing Health Systems: Advancing Justice and Sustainability through Research, Policy and Practice**

[https://academic.oup.com/heapol/issue/41/Supplement\\_1](https://academic.oup.com/heapol/issue/41/Supplement_1)

- Introductory (HSG) [Blog - Launching the Special Supplement: Changing Health Systems: Advancing Justice and Sustainability through Research, Policy and Practice](#) (by *Nanuka Jalaghonia*, Partnerships and Engagement Manager, Health Systems Global | *Stephanie M Topp*, Director, JCU Centre for Rural Remote and Tropical Health Systems | *Kabir Sheikh*, Director, UCL Centre for Global Health Systems and Policy)

“**Health Systems Global (HSG) and Health Policy and Planning (HPP), with the support of the International Development Research Centre (IDRC), are pleased to announce the publication**

of a **Special Supplement - Changing Health Systems: Advancing Justice and Sustainability through Research, Policy and Practice**. ... This supplement distills and spotlights some of the **rich debates and discussions from the Eighth Global Symposium on Health Systems Research (HSR2024)**. ... The Symposium's **focus on *Building Just and Sustainable Health Systems: Centering People and Protecting the Planet*** reflected many of the questions facing the global health community today: how health systems can adapt and evolve while remaining equitable, responsive and sustainable. ..”

**“The discussions captured in this supplement, *Changing Health Systems: Advancing Justice and Sustainability through Research, Policy and Practice*, contribute to these ongoing conversations and highlight the role of research, policy, and practice in supporting meaningful health system change.... Edited by Stephanie M. Topp, Chair of the HSR2024 Symposium and Kabir Sheikh, Health Systems Research Editor of Health Policy and Planning, with the support of relevant section editors, this collection of papers demonstrates the diversity of topics, disciplinary perspectives and research approaches that define the field of Health Policy and Systems Research. ...”**

- Introductory [editorial by S Topp et al – Changing health systems—advancing justice and sustainability through research, policy and practice](#)

**“... The papers in this supplement—part of the legacy of the 8th Global Symposium on Health Systems Research in Nagasaki 2024 (Health Systems Global 2024) engage with these questions by examining how health systems respond to and shape change across diverse contexts, including informal urban settlements, decentralized governance reforms, sanction-constrained economies, and environmentally vulnerable settings. Drawing on a range of analytical and methodological approaches within health policy and systems research (HPSR), the papers explore how governance arrangements, institutional incentives, and knowledge practices influence reform trajectories in practice. The discussion that follows draws out several cross-cutting themes from the collection that characterize justice and sustainability not as static policy goals but as processes negotiated through institutional arrangements, political economy dynamics, everyday implementation realities, as well as our own reflexive research practice....”**

PS: **“Across the collection, a consistent theme is the central role of national and subnational arenas in shaping consequential health system change. While global institutions, financing mechanisms, and normative agendas remain influential, the papers demonstrate that the practical dynamics of reform—how policies and services are interpreted, negotiated, and enacted—are largely shaped within domestic political, institutional, cultural, and geographic contexts. This perspective reflects a long-standing orientation within HPSR, which views health systems as socially and politically embedded institutions shaped by national governance arrangements, administrative traditions, and local political economies. “**

**“... In doing so, this special collection offers a corrective to the tendency in contemporary global health discourse to privilege global architectures—multilateral initiatives, international financing mechanisms, and transnational policy agendas—as the primary drivers of system change. The papers instead foreground the role of domestic institutions and dynamics, showing how national and local processes shape justice and sustainability outcomes by influencing whether and how reforms expand access, redistribute resources, or reinforce existing inequities. Taken together, the collection reaffirms the value of empirically grounded, contextually attentive research and a core insight of HPSR: that advancing justice and sustainability depends on how policies are negotiated, institutionalized, and enacted within the settings where health systems operate.”**

“... Finally, this special collection reflects on the role of research itself in shaping health system change, with **two methodological contributions...**”

“... Across diverse contexts considered by papers in this collection a **common lesson emerges: justice and sustainability are negotiated through power relations and institutional practice.** Reform does not unfold linearly from policy design to outcome. It is **mediated by national and subnational actors who interpret, adapt, resist, and reshape policy within historically embedded structures.** ...”

## UN News - Global drug use reaches record high as increasingly potent synthetic drugs spread

<https://news.un.org/en/story/2026/06/1167817>

“**More people are using drugs than ever before, while synthetic substances are reshaping illicit markets and exposing vulnerable communities to greater health risks,** according to the **UN World Drug Report 2026,** released [last week] on Friday.”

“**An estimated 331 million people used drugs in 2024, equivalent to 6.2 per cent of the world’s population aged 15 to 64, up from 5.2 per cent a decade ago.** ...”

“Cannabis remained the most widely used drug, with 256 million users, followed by opioids (63 million), amphetamines (32 million), cocaine (25 million) and ecstasy (21 million). The report also highlights the **rapid evolution of synthetic drugs.....**”

PS: “ The report stressed that the **harms associated with drug use are shaped not only by the substances themselves but also by poverty, homelessness, poor mental health and unequal access to healthcare.** ...”

## Miscellaneous

### IISD - HLPF Prepares to Advance Transformative, Coordinated Actions for SDGs

<https://sdg.iisd.org/news/hlpf-prepares-to-advance-transformative-coordinated-actions-for-sdgs/>

“**HLPF 2026 will draw from the outcomes of several major summits,** including the Pact for the Future, the Sevilla Commitment, and the Doha Political Declaration. **The Forum will contribute to the discussions leading to the 2027 SDG Summit, which will address how to advance sustainable development by 2030 and beyond....**”

“**The UN system, Member States, and stakeholders are intensifying preparations for the 2026 session of the UN High-level Political Forum on Sustainable Development (HLPF),** convening in New York, US, from **7-15 July.** Themed, ‘Transformative, equitable, innovative and coordinated actions for the 2030 Agenda for Sustainable Development and its Sustainable Development Goals for a sustainable future for all’...”

## Guardian – Rapid spread of AI may worsen global inequality, UN warns

<https://www.theguardian.com/technology/2026/jul/01/un-report-ai-inequality>

“A new United Nations report warns that the development of artificial intelligence may exacerbate global inequality and proposes a shared framework for how to responsibly develop AI, as adoption and investment into the technology accelerates unevenly across the world.”

“The sweeping analysis from the independent international scientific panel on AI, established by the UN general assembly last year as “the first global scientific body on AI”, details AI’s risks and opportunities – from transformative capabilities in agriculture and education, to catastrophic outcomes when bad actors deploy AI to commit fraud and influence elections....”

## Nature (News) - Have people stopped trusting science? The data tell a surprising story

<https://www.nature.com/articles/d41586-026-01977-9>

“Some say there’s a global crisis of trust — but research reveals where the real problems lie.”

## TGH – Genomic Medicine: A New Frontier for Health Care in Africa

M M Diagne et al ; <https://www.thinkglobalhealth.org/article/genomic-medicine-a-new-frontier-for-health-care-in-africa>

« Building Africa's capacity for human genomic sequencing could improve cancer care, product development, and precision medicine. »

# Global health governance & Governance of Health

## CGD - Bipartisan or Bust: Reform Principles for the Next Generation of US Foreign Assistance

E Collinson et al; <https://www.cgdev.org/blog/bipartisan-or-bust-reform-principles-next-generation-us-foreign-assistance>

“... Reflecting on critiques of past US aid—including those leveled by actors on both sides of the aisle—here are six core reform principles that should underpin a more effective approach to US international assistance. While many of these principles echo past US and [global reform initiatives](#), the current moment of disruption offers new opportunities for a step change in approach. ...”

## EPRS (Briefing) – WHO at a crossroads

[https://www.europarl.europa.eu/RegData/etudes/BRIE/2026/789356/EPRS\\_BRI\(2026\)789356\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2026/789356/EPRS_BRI(2026)789356_EN.pdf)

Briefing of the **European Parliamentary Research Service** - with focus on the WHO-EU relationship.

## **European Journal of Public Health - You aren't going to like what comes after America: Europe and global health after 2025**

Scott Greer; <https://academic.oup.com/eurpub/article/36/4/ckag061/8706796?login=false>

In case you missed this. Among others, on the **EU's explicit GH strategy, and its implicit one.**

Excerpt: **“The EU's global health policy priorities are formally presented in its 2022 Global Health Strategy, a joint production of the DG for health (SANTE) and international aid (INTPA) that was ratified in 2024 Council Conclusions. The document is complex, containing many strong policy tools and statements, including a commitment to multilateralism and values such as gender equality. But look at it in the context of the EU as a whole, not just SANTE and INTPA. Powerful EU policy instruments, especially trade, are not discussed in the Strategy. In the areas beyond the spotlight of the strategy, we can see another, less explicit, strategy. In this second strategy, the goal is strategic autonomy. That means urgently reshoring medical supply chains so that the EU is not dependent on fickle third countries and defending intellectual property, fully protected, in the hands of European companies...”**

## **Chapter - Who Holds the Power? NGOs, Pandemic Governance and What COVID-19 Revealed for Future Treaties**

<https://www.intechopen.com/online-first/1248089>

by BA Moskov et al.

## **UHC & PHC**

### **WHO expands Health Inequality Monitoring Network, doubling global membership**

<https://www.who.int/philippines/news/detail-global/30-06-2026-who-expands-health-inequality-monitoring-network--doubling-global-membership>

**“Network grows to 24 leading institutions, strengthening countries' capacity to monitor and address health inequalities.”**

**“The World Health Organization (WHO) has expanded its Health Inequality Monitoring (HIM) Network, doubling membership from 12 to 24 institutions across all regions. The expansion marks a significant step in strengthening global capacity to monitor health inequities and support countries in advancing health equity and universal health coverage. ... .. Launched by WHO in June 2025, the HIM Network brings together leading academic institutions, national statistical agencies and public health organizations to strengthen health inequality monitoring worldwide....”**

## **International Health -Free primary health care in Ghana: a model for repositioning community-based health systems in Africa**

Abdirahman Mohamed Adan et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihag061/8715188?searchresult=1>

“On 15 April 2026, Ghana launched its Free Primary Health Care Initiative, representing a pivotal opportunity to reposition community-based primary health care systems across Africa by removing point-of-care fees and leveraging the long-standing Community-based Health Planning and Services (CHPS) infrastructure.... “

## **Nature Health – Nepal’s political transition creates an opportunity for health system reform**

E R Zhang et al ; <https://www.nature.com/articles/s44360-026-00161-7>

“Nepal’s post-transition government opens a window for phased health reforms, including insurance and supply-chain stability, stronger primary care, and tackling the rising burden of non-communicable diseases.”

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

### **Lancet GH - Incidence of symptomatic Lassa virus infection in West African countries (Enable 1.0 Lassa Research Study): a prospective, multisite, cohort study**

The Enable Lassa Research Programme (Enable 1.0) Consortium ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00090-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00090-2/fulltext)

**Interpretation of the findings:** “Symptomatic Lassa virus infection occurs infrequently in West Africa, meaning large vaccine trials are required to measure efficacy. Trials should target children, who are at higher risk of Lassa fever, alongside the further development of targeted school-based health education and household-level risk communication programmes in endemic communities. The high prevalences of malaria co-infection and hearing loss after infection warrant further exploration in future trials and reinforce the need for integrated community fever management strategies that include Lassa fever as a differential diagnosis.”

## **Planetary health**

### **Guardian – Global boom in livestock farming since 2006 is piling pressure on nature, report finds**

<https://www.theguardian.com/environment/2026/jul/02/huge-rise-mammals-poultry-livestock-farming-worldwide-nature-report>

**“Wildlife at risk as demand for cropland and water grows to feed 50% rise in farmed animals, campaign alliance says.”**

**“The number of mammals and poultry farmed worldwide has increased by half in the last two decades, research shows, and the amount of cropland used for feeding livestock has increased by about a quarter.** These increases are putting rising pressure on natural systems, threatening wildlife and plant species and adding to the climate crisis. **The rising demand for meat comes at a time when agricultural land is already becoming less fertile,** with an area the size of Canada now suffering degradation....”

**“These findings, from an alliance of campaigning organisations called Stop Financing Factory Farming, come 20 years after the publication of the UN Food and Agriculture Organization’s seminal report on animal farming, Livestock’s Long Shadow.** The researchers have updated key aspects of the report, and found that **most trends are moving in a negative direction....”**

### **Ecological Economics - The false certainties of climate policy: Rethinking risk and cooperation in an uncertain future**

John-Oliver Engle et al; <https://www.sciencedirect.com/science/article/abs/pii/S0921800926002296>

**“Although the Paris Agreement's temperature targets are widely endorsed, they are based on three problematic assumptions: that current climate governance arrangements will likely be successful, that climate sensitivity is predictable enough for policy planning, and that policy pathways will remain stable over time.** These **“false certainties”** distort risk assessment and undermine effective climate governance. We argue that **embracing uncertainty** strengthens cooperation by increasing salience, supporting stress testing, and exposing shared vulnerabilities. Drawing on recent behavioral and negotiation research, as well as the concept of climate storylines, **we propose reorienting climate negotiations toward plausible worst-case scenarios and deep uncertainty.** Specifically, **we advocate for three institutional innovations: a formal scenario stress-testing track within COP negotiations; a requirement for Parties to include scenario-based resilience strategies in their nationally determined contributions (NDCs); and an IPCC-UNFCCC task force to translate deep uncertainty into structured decision-support tools for negotiators.** Implementing our propositions would improve resilience, build trust, and ground international climate policy in more realistic planning frameworks.”

### **Journal of Industrial ecology - Varieties of degrowth: an analysis of archetypes**

<https://link.springer.com/article/10.1007/s44498-026-00115-y>

**“The concept of degrowth rejects perpetual economic growth in favor of planetary health and social wellbeing. As the degrowth scholarship matures and responds to newly arising circumstances, perceptions about the concept are becoming more varied and nuanced.** This phenomenon has not been studied systematically, potentially limiting theoretical and practical progress. To address this gap, **this study identifies clusters of perceptions about degrowth, presented as archetypes** and derived from a literature review and analysis of data from 40 in-depth semi-structured interviews. **Four archetypes are identified: eco-reformist, systemic change, transformation, and sufficiency-based degrowth. ....”**

Via LinkedIn (author): “Eco-reformist degrowth – which uses market reforms and business innovation to green the current system. Many circular start-up founders would probably feel quite at home in this camp

**Systemic change degrowth** – which relies on strong government intervention to restructure the economy

**Transformative degrowth** – which focuses on shifting societal values, supported by institutions

**Sufficiency-driven degrowth** – which emphasizes grassroots action, local living, and reduced consumption. (Arguably the most RADICAL variety)...”

## Earth System Governance - Power dynamics and the politics of climate finance: An analysis of decision-making in the green climate fund

Ahmed et al; <https://www.sciencedirect.com/science/article/pii/S2589811626000285>

“This paper examines the politics of decision-making within the Green Climate Fund (GCF), revealing how structural power asymmetries, strategic negotiation, and ideological biases shape outcomes. Drawing on a qualitative analysis of board meeting transcripts, survey responses of accredited entities, and a review of imposed conditions on approved proposals, the study reveals that although the GCF is formally grounded in principles of consensus and inclusivity, board deliberations in practice reflect patterns of distributive bargaining. Developed country board members routinely leverage their financial and institutional influence to define key concepts, such as “efficiency,” “climate rationale,” and “paradigm shift” and to impose conditionalities that disadvantage low-income countries. These dynamics particularly hinder equitable access to adaptation finance, where requirements like co-financing and private sector alignment place disproportionate burdens on vulnerable nations. Civil society observers and developing country members, while procedurally present, are often sidelined in substantive decision-making. Ultimately, the GCF serves not as a neutral technical platform but as a contested site of geopolitical power...”

## The Conversation - Can climate shocks change how people feel about paying taxes?

E Nicholatti et al ; <https://theconversation.com/can-climate-shocks-change-how-people-feel-about-paying-taxes-284097>

“... Our research has focused on taxation, inequality, public finance and climate-related shocks in sub-Saharan Africa. In a recent study we examined an underexplored consequence of climate-related disasters in Africa: their effect on tax morale, in other words people’s willingness to pay taxes voluntarily.”

“... The findings reveal a complex picture. They show that disasters don’t all affect tax morale in the same way. Droughts and extreme temperatures are associated with lower tax morale. Floods, by contrast, go with slightly higher tax morale. Repeated exposure to multiple climate-related disasters is associated with an overall decline in tax morale. We also found that disasters are associated with rising economic inequality. When inequality increases, trust in public institutions declines and tax morale weakens. The results of our analysis support this argument by incorporating the climate-disaster dimension. Climate-related disasters exacerbate inequality. In turn this erodes trust in public institutions and ultimately reduces tax morale.”

“Although climate disasters tend to reduce tax morale, our analysis shows that the institutional environment may mitigate the impact. On this issue we focused on Kenya, Benin and South Africa. ...”

## Mpox

### Plos GPH - Simulating a potential mpox outbreak: Implications for control in non-endemic settings

Philip Cherian, et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006630>

« We construct a model for mpox outbreaks in low and middle-income countries where the disease is non-endemic, using India as an example. We simulate potential outbreak scenarios using BharatSim, a flexible agent-based simulation framework. The spread of mpox is modelled as being driven primarily through sexual contacts within a subnetwork of men who have sex with men (MSM), embedded within a larger network representing their household and workplace contacts...”

## AMR

### Lancet Regional Health Africa - Landscape analysis of antimicrobial resistance research in Tanzania

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00080-5/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00080-5/fulltext)

By Amos Lucky Mhone et al.

## NCDs

### Guardian – Sitting for more than 30 minutes at a time linked to higher risk of cancer death

<https://www.theguardian.com/science/2026/jul/02/sitting-minutes-cancer-death-risk-study>

“Sitting for longer than half an hour at a time each day raises the risk of dying from cancer, a study suggests.”

“Researchers who tracked more than 90,000 people over a decade found that sitting or lying down while awake for more than 30 minutes in one period each day was associated with an increased risk of cancer death. The **risk increases for every additional hour of continuous inactivity**, the findings suggest. However, the **researchers also found breaking up periods of sedentary behaviour longer than 30 minutes with bursts of physical activity could help reduce the risk. Getting up every half-hour, even for a short walk around the office**, could do wonders for your health, they said.”

Cfr a study in Plos Med.

### **Devex - What is 'lean diabetes' — and why does it matter?**

<https://www.devex.com/news/what-is-lean-diabetes-and-why-does-it-matter-112793>

“Across much of the African continent, many people with Type 2 diabetes aren’t overweight — and some are even underweight. This has implications for how the disease is screened for, prevented, and treated.”

“The diabetes epidemic in Africa doesn’t look like the textbook case of the disease, and this has implications for how the disease is screened for, prevented, and treated, he said. **Researchers have dubbed the disease “lean” diabetes....**”

### **Lancet Regional Health Africa – Achieving World Health Organization Global Breast Cancer Initiative targets: a situational analysis and action plan in Nigeria**

[https://www.thelancet.com/journals/lanafra/article/PIIS3050-5011\(26\)00081-7/fulltext](https://www.thelancet.com/journals/lanafra/article/PIIS3050-5011(26)00081-7/fulltext)

By Anya Romanoff et al.

## **Social & commercial determinants of health**

### **Journal of Global Health -The role of alcohol control policy on the level of alcohol consumption in member states of the Association of Southeast Asian Nations 2000–2022: identifying trends and country clusters for further analyses**

<https://jogh.org/2026/jogh-16-04150>

By J Rehm et al.

### **Plos GPH – Implementing the World Health Organization - Framework Convention on Tobacco Control Article 5.3: A qualitative study in 17 Indian states**

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006522>

By Upendra Bhojani et al.

### **Qualitative Health research - Institutional Determinants of Health: Adolescent Health Crises as Sites of Social Intervention and Practical Reform**

<https://journals.sagepub.com/doi/10.1177/10497323261461519>

By Matthew Wolf-Meyer et al.

## Globalization & Health – Addressing the commercial determinants of unhealthy beverage exposure: a systems thinking approach

M R Winkler et al ; <https://link.springer.com/article/10.1186/s12992-026-01228-6>

“The beverage industry plays an influential role in the US. Certain beverages, such as sugar-sweetened, have long been recognized as key contributors to poor population health with inequitable impacts. In response, **multiple US initiatives have attempted to address these problems through public awareness campaigns and policies, such as taxes.** Yet, the persistent and increasing reliance on unhealthy commercial products produced by the beverage industry suggests additional progress is needed. **Leveraging a systems thinking approach, this study aimed to map out the complex forces limiting progress and driving inequitable impacts of unhealthy commercial beverages in the US to inform innovative thinking about future actions....”**

## Sexual & Reproductive health rights

### BMJ GH - Changes in the use of basic obstetric care in sub-Saharan Africa: evidence from demographic and health surveys using an Oaxaca-Blinder approach

<https://gh.bmj.com/content/11/6/e021049>

“...This paper examines the progress made in basic obstetric care in four sub-Saharan African countries (Burkina Faso, Côte d’Ivoire, Ghana and Senegal), and investigates the sources of this progress to better inform future policy actions that will help achieve the Sustainable Development Goal 3 targets related to maternal and child health....”

## Neonatal and child health

### Guardian - Screen time can damage under-twos’ development, landmark study suggests

<https://www.theguardian.com/society/2026/jun/27/screen-time-damage-under-twos-development-study>

“Exclusive: Researchers call for urgent investigation of risks to babies of tablets, smartphones and other digital devices.”

“Screen time for babies and toddlers under the age of two has been linked with long-term negative effects on health **and quality of life and should be avoided, according to a landmark study.** It warns that using screens during that period may lead to wide-ranging developmental

concerns and calls for further urgent investigation of the risks smartphones, tablets and other digital devices pose to infants....”

### Lancet GH (Comment) - Severe anaemia in African children: look beyond under-fives

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00157-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00157-9/fulltext)

- Comment linked to a [new Lancet GH study – Severe anaemia and invasive bacterial infections in Kenyan children: a 26-year hospital surveillance observational study](#)

“Severe anaemia in hospitalised Kenyan children is multifactorial, **increasingly affects older children**, and is strongly associated with pathogen-specific bacteraemia and increased mortality. ...”

## Access to medicines & health technology

### Health Economics - The Effects of Compulsory Licensing: A Case Study of HIV Drugs

Nicolau Martin-Bassols et al; <https://onlinelibrary.wiley.com/doi/10.1002/hec.70123>

« This study examines the **association between compulsory licensing and the commercial accessibility and affordability of HIV medications across 11 countries from 2002 to 2022....”**

Cfr **South Centre**: “New study confirms that compulsory licenses have contributed to improved availability of HIV drugs through commercial channels, with meaningful effects on prices...”

### BMJ Analysis - Health costs of the UK-US trade deal on pharmaceuticals

<https://www.bmj.com/content/394/bmj-2026-340588>

“**Samuel Cross, Karl Claxton, and Andrew Hill** argue that diversion of billions of NHS funding to pay more for new drugs under the UK-US trade deal **will harm public health and result in thousands of excess deaths.** “

- Coverage via the Guardian - [US-UK drug deal could result in 229,000 excess deaths in England, analysis suggests](#)

## Human resources for health

### Discover Health systems - The global health implications of proportionate co-investment in health workforce migration

I Ayesiga et al; <https://link.springer.com/article/10.1007/s44250-026-00399-8>

Review.

## Papers & reports

### WHO Bulletin – July issue

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+104%5BVolume%5D\)+AND+7%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+7%5BIssue%5D)

In the **editorial section**, Herry Susanto et al. outline preparedness requirements for the current Bundibugyo virus disease outbreak. Check out the rest of the issue.

### International Journal for Equity in Health - On the impact of inequity on the attainment of health results in the African Region: a methodological exploration

H Karamagi et al ; <https://link.springer.com/article/10.1186/s12939-026-02935-7>

Check out the results.

### HHR - Women’s Rights and Gender Equality: A Global Index to Monitor Government Action

J Shantosh et al; <https://www.hhrjournal.org/2026/06/09/womens-rights-and-gender-equality-a-global-index-to-monitor-government-action/>

“Globally, gender inequality is deepening, with nearly 40% of countries experiencing regression between 2019 and 2022 and significant backlash against women’s rights in 2025. **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) provides a legally binding framework for accountability, yet the potential of the Committee on the Elimination of Discrimination Against Women—the body that monitors state compliance with CEDAW—is constrained by the absence of systematic monitoring tools. This paper introduces the CEDAW Index, an artificial intelligence-supported digital dashboard designed to strengthen accountability by consolidating state reports, civil society shadow reports, and committee concluding observations....**”

### SS&M - Epidemiologic approaches to policy research – examinations of single policies, policy clusters, and policy climates: conceptualization, measurement, and analysis

Dougie Zubizarreta et al;

<https://www.sciencedirect.com/science/article/abs/pii/S027795362600612X>

“... To date, **much of the literature has examined single policies; however, there is growing interest in examining alternative ways of conceptualizing policy exposures, namely as policy clusters or**

**policy climates**, to better capture how policies are enacted (and experienced) in “real-world” contexts. To advance this work, greater clarity is needed regarding how different approaches to policy conceptualization, measurement, and analysis align with distinct research questions and goals, ranging from identifying specific, manipulable policy levers to informing ways of extending the “policy space” beyond already existing laws to support broader social change. **In this essay, we help fill this gap by outlining key issues related to policy exposures, including conceptualization, methods for measure development, and analytic approaches for understanding the relationship between policies and health....”**

With focus on the **US**.

### **Speaking of Medicine -A new Gates Foundation Collection in PLOS on Wastewater & Environmental Surveillance in Low-Resource Settings**

<https://speakingofmedicine.plos.org/2026/06/12/a-new-gates-foundation-collection-in-plos-on-wastewater-environmental-surveillance-in-low-resource-settings/>

In case you missed this.

### **Global Health Action - Why has the United States of America not ratified the United Nations Convention on the Rights of the Child? The veto fulcrum as a new health policy analysis framework**

Lia Harris; <https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2686031#abstract>

**“The United Nations Convention on the Rights of the Child (CRC) enshrines health as a human right among other rights for children, fulfilled by each member state legally endorsing its principles through ratification of the Convention. Only the United States of America of all of the UN state parties has not ratified the CRC. This study aimed to determine the reason(s) the CRC has not been ratified by the USA....”**

**“This research has forged a new policy framework, the veto fulcrum, which examines political systems where political actors as veto players have extraordinary power to make executive decisions against public opinion, and against good health policy. ... Revising Walt and Gilson’s health policy triangle and drawing on Tsebelis’ veto player theory a new policy analysis framework approach is introduced – the veto fulcrum – which highlights the intimate correlation between actors and processes and their relative importance over content and context factors in policy decisions....”**

### **Health Research Policy & Systems - Mapping evidence for health policy and systems decision-making: a spectrum approach bridging tacit and scientific knowledge across local and global contexts**

D Waithaka et al; <https://link.springer.com/article/10.1186/s12961-026-01502-4>

**“The spectrum approach positions evidence along two axes: tacit to scientific (the extent to which evidence is independent of individual experience, documented and generated through systematic, transparent and reproducible processes) and global to local (in relation to the decision setting). Positioning evidence along axes rather than in binary categories allowed us to distinguish evidence that varies along these dimensions, visualize the forms of global and local evidence available and where gaps exist, and reflect more explicitly on the applicability of different evidence sources to specific decision contexts...”**

## **Tweets (via X & Bluesky)**

**Genevieve Guenther**

(part of a thread on Bluesky)

**“The “air conditioning debate” is a climate culture war started by center-right and liberal commentators, which drives attention away from the existential need to phase out fossil fuels. Try not to get swept along (as I am right now lol) but stick to the message: govt action to end coal, oil, & gas.”**