

# IHP news 888 : Another PABS iteration, the HLPF in New York & a different ballgame

( 10 July 2026)

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

Dear Colleagues,

It's not every week that one gets to feel proud about one's country. Earlier this week, however, when Team Belgium (*ahum*) rather convincingly beat "Trump" at the World Cup football, I nearly joined the team's mocking '[Trumpalike dance moves](#)' with my shaky old hips. Even if I admit the victory wasn't quite yet "Jesse Owens in 1936" : )

Over to 'the week in global health' then. In Geneva, the **7th seventh meeting of the Intergovernmental Working Group on the WHO Pandemic Agreement, with focus on negotiating the Pathogen Access and Benefit Sharing (PABS) annex**, [started on Monday](#). As deep divides remain on a number of issues, we hope that rich countries' "[Coercive containment](#)" of the [Africa Group's Equity Agenda](#) will be traded for a more constructive stance in the weeks to come. An assertive [Africa will accept no less](#), certainly in the new era of [poly-alignment](#).

It's a busy week in Geneva, by the way. In the run-up to the **Global Fund's Board meeting** (9-10 July), Devex Pro had a scoop on the "[Global Fund and the US agree\(ing\) on a path around the expanded gag rule](#)". Not sure everybody was happy about the leak, though. Meanwhile, the [search for a new Global Fund Executive Director is intensifying](#).

In New York, the **High-Level Political Forum on Sustainable Development (HLPF)** kicked off on Tuesday, against the backdrop of another [SDG Progress report](#). Again, you get the impression that any progress mainly happened *before* 2020. Since then, we're in a '**different ballgame**' altogether.

Just a few examples of this new & rather frightening 'ballgame': (1) the world currently faces an [intensifying \(Super\) El Niño](#) (*and like the riders in the Tour de France, I can't say I enjoy it much*); (2) WHO's head of health emergencies, Dr Chikwe Ihekweazu, recently [said](#) that **navigating several public health emergencies simultaneously** is a trend which is likely to continue; (3) and oh yes, then there's AI. At the opening of the **first (UN) Global Dialogue on Artificial Intelligence Governance**, also in Geneva, **UN SG Guterres** [said](#) a number of important things but one ominous quote in particular struck a chord: ***"If AI is to be powerful, it must be governed. If AI is to be trusted, those who build it must be accountable. If AI is to be global, it must be fair. And if AI is to serve the future, it must not consume the future. That will require governments to act with urgency. Companies to accept responsibility equal to their power. Scientists to keep bringing evidence into the light. And this Dialogue to become the place where global participation leads to global action. Excellencies, We may be the last generation able to set the terms on which humanity and machines coexist. The door is still open. But it will not stay open...."***

Not wrong, I'm afraid.

While the ongoing World Cup is great escapism in dire times, a recent **paper in the European Journal of Social Theory**, [“Where Have All the Futures Gone?”](#) by Jens Beckert zooms in on the **“loss of the future” in countries in the North**. It's more than a failure of storytelling, he argues. *“It reflects deeper social and institutional changes that have eroded our capacity to sustain collective visions of what's possible. ... .. Introducing the concept of “futural anomie,” the paper shows how insecurity, declining civic life, fragmented public spheres, individualization, and shrinking public goods make it increasingly difficult to build the shared expectations that underpin democratic societies and social progress.”* His **key takeaway**: **“If we want to rebuild confidence in the future, better narratives alone won't be enough. We also need to rebuild the social infrastructures and institutions that make collective futures imaginable and achievable.”**

Which, for some reason, brings me back to Piketty et al's recent [Global Justice Report](#). The ongoing **Global Health reform** efforts? [Not so much](#) ...

Enjoy your reading.

Kristof Decoster

## Featured Article

### Disability-Inclusive Universal Health Coverage: The Missing Metric in Africa's Health Financing Reforms

By [Ikenna Ebiri-Okoro](#)

No society achieves genuine progress when a significant portion of its people faces systematic exclusion from essential services. As someone previously involved in implementing social health insurance at the state level in Abia, (South-East) Nigeria, I have seen how national UHC frameworks — often shaped by donor priorities — collapse at the point of delivery for persons with disabilities. True Universal Health Coverage (UHC) must measure what matters: whether every citizen, regardless of ability, can access quality care without financial ruin or [indignity](#). In spite of the current drive towards more health sovereignty, [reforms](#) still don't pay enough attention to disability-inclusive UHC. ...

- For the full read, see IHP: [Disability-Inclusive Universal Health Coverage: The Missing Metric in Africa's Health Financing Reforms](#)

# Highlights of the week

## Structure of Highlights

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- Ebola emergency: more analysis, news snippets...
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## PABS negotiations – a new round (6-17 July)

[Seventh meeting of the Intergovernmental Working Group \(IGWG\) on the WHO Pandemic Agreement](#) (hybrid, Geneva)

We start with some **primers by Geneva Health Files** as the new round was about to kick off on Monday.

And then continue with great **coverage/analysis (drawing upon colleagues from HPW, Devex, Geneva Health Files, ...)**. And at the end, **more academic analysis** (peer reviewed articles).

### Geneva Health Files - PABS Primer: The State of Play for the July Negotiations at The WHO

<https://newsletter.genevahealthfiles.com/pabs-primer-the-state-of-play-for-the-july-negotiations-at-the-who/?ref=geneva-health-files-newsletter>

(July 3) “a **quick primer ahead of the forthcoming negotiations** on the Pathogen Access Benefits Sharing system at the WHO in Geneva next week. ...”      A few **excerpts & quotes on what to expect in July:**

**“Countries have had bilateral consultations, and also had a round of informal discussions in late June 2026 ahead of these formal negotiations. ... According to our intersessional reporting during this period, many delegations appear to be of the view that no real concessions will be given during the July meeting. There is now a tendency to buy more time, sources said.”**

**“Many expect a discussion also on process in order to streamline discussions in a bid to bring positions closer.... Diplomatic sources told us that developed countries, among others, continue to be keen to use a hybrid approach to share information, where countries can opt whether to provide the access to information without conditions, or alternatively to make it conditional but follow a different track. This has variously been referred as a blended or an integrated model, sources said. Because such an approach has not been formally tabled at the IGWG, many delegations are unable to comment on whether they see this as a potential landing zone, sources told us. But many agree that having "a breakthrough" on access matters in July will be key to the eventual success of these negotiations, diplomatic sources across different delegations share this view.”**

**“... The Ebola emergency provides for an unfortunate, but a live case for negotiators to test their positions and assumptions on how information, both data and biological samples, must be shared. The emergency has ripped apart, and thrown open the lack of adequate capacity, preparedness, lack of rules on information sharing, and access to benefits - matters that speak to the heart of the PABS mechanism. And yet, it seems countries are drawing different lessons from the same emergency - some pushing for seamless access to information, and others pointing to the need for assured benefits during an emergency. “**

PS: **“More than a dozen civil society organizations are building pressure on developed countries for their positions in these negotiations. A [complaint letter](#) was sent this week, to the United Nations (UN) Special Rapporteur on the Right to Health Concerns Over the Role of the European Union, Norway, Japan and Switzerland in the PABS negotiations....”**

## **Geneva Health Files - How a Live Debate on the Sharing & the Access to Pathogen Information Could Affect Negotiations Over a Rules-Based System at the WHO**

V Venmetsa & P Patnaik; [Geneva Health Files](#);

(6 July) (open access) **“There are three parts to this edition. Indications on information sharing from current outbreaks; Questions it raises for PABS negotiations; Views from experts.”**

**A few excerpts** to provide you with a flavour from this must-read analysis, freely available.

Re the latest Ebola emergency: **“... This piece traces how that information moved – through formal databases and bilateral channels – and what that movement reveals about the unresolved questions in the negotiations on WHO’s Pathogen Access Benefits Sharing (PABS) System. The access to information is a key area that needs an urgent breakthrough in these negotiations....”**

Among others, zooming in on the role played by **Pathoplexus**: **“Pathoplexus is Switzerland-based non-profit association hosting more than 200,000 sequences. It offers submitters a choice: immediate open sharing, with automatic transfer to INSDC (the open International Nucleotide Sequence Database Collaboration); or open access with a time-limited use restriction of up to one**

year – after which the data auto-transfers to INSDC. The Kinshasa’s INRB and Kampala’s CPHL teams chose the latter.....”

*“... For PABS and broader policy discussions, we believe this is a central insight: access to pathogen sequence data for legitimate public health and research purposes should be preserved, even when other use terms (like commercial applications or publication rights) may require specific benefit sharing. Sequences shared under Restricted Use on Pathoplexus demonstrate that this is possible and encourages the rapid sharing of pathogen data....”*

**“... A benefit-sharing system designed around the physical transfer of samples, the architecture of the older Pandemic Influenza Preparedness Framework – maps poorly onto a world in which the scientifically actionable information is the sequence, and the sequence is everywhere....”**

PS: “... In addition, national public-health laboratories operate under domestic legal, ethical and administrative requirements. Scientists may not have independent authority to release clinical or outbreak data internationally...” ....

“Experts and stakeholders (also) draw attention to the **GISAID model of operation.** ...”

GHF then discusses **how American Actors Got Access** (via two mechanisms).

And lists some of the issues that negotiators must address.

The article ends by giving an **overview of the gist of the discussion recently organized by the Global health Centre, The Geneva Graduate Institute (June 30) (on Sharing Pathogen Data in Ebola and Hantavirus Outbreaks: Implications for Pathogen Access and Benefit Sharing).**

## **HPW - Africa Asserts Itself as Pandemic Agreement Talks Resume**

[https://healthpolicy-watch.news/africa-asserts-itself-as-pandemic-agreement-talks-resume/?feed\\_id=938&unique\\_id=6a4b6d1c98544](https://healthpolicy-watch.news/africa-asserts-itself-as-pandemic-agreement-talks-resume/?feed_id=938&unique_id=6a4b6d1c98544)

(6 July) Must-read on the opening day.

**“The Pandemic Agreement talks resume at the World Health Organization’s (WHO) headquarters on Monday (7 July), kicking off immediately with a closed session on how to share specimens of pathogens with pandemic potential. While those close to the talks say that slow progress is being made, the 10-day negotiations (which ends 17 July) are unlikely to result in an agreed pathogen access and benefit-sharing (PABS) system just yet.”**

**“Africa is asserting itself in several global platforms, insisting on measures to level the playing field to ensure that the citizens of its 54 countries have better access to medicines, vaccines and diagnostics. However, the continent’s demands are being met by the same obstacles that it faces in the PABS talks: an insistence, particularly by countries with powerful pharmaceutical interests, that intellectual property rights need to be respected....”**

(with some recent examples of Africa's stance as a 'block', eg in the political declaration on HIV/AIDS, and opposition from the likes of Switzerland and others).

The article then provides some of the **key inputs from the opening day** (re the 'hybrid model' and far beyond), among others by a **Pathoplexus representative, South Centre, IFPMA, KEI**. Very insightful.

## **Geneva Health Files – Binding Benefits, Open Data and Innovation: PABS Fault Lines Return, Positions Fierce as Negotiations Resume**

A Rosario & P Patnaik; <https://newsletter.genevahealthfiles.com/binding-benefits-open-data-and-innovation-pabs-fault-lines-return-positions-fierce-as-negotiations-resume/?ref=geneva-health-files-newsletter>

(8 July) Quick update on the negotiations (as of Wednesday morning). (*Do subscribe to GHF!*)

Excerpts: **“Opening statements made at the meeting, revealed broad support for the need for a PABS system, but showed considerably less agreement on how the access to pathogen materials and sequence information should be legally connected to benefit-sharing.** Formal statements indicate that positions continue to be entrenched, and have become more fierce. **African and Caribbean countries** called for standardized and legally binding obligations, including mandatory monetary contributions, traceability and technology transfer. **The European Union** placed greater emphasis on preserving incentives for private-sector research and innovation. **Relevant stakeholders were similarly divided over how much legal and technical friction could be introduced without slowing scientific collaboration during an outbreak....”**

“The **opening statements** made by countries (see below) identify **five issues likely to determine whether the additional negotiating period produces an agreement.** The first is **conditionality**: whether access to pathogen materials and sequence information can occur before a user assumes binding benefit-sharing obligations. The second is **differentiation**: whether manufacturers, academic researchers, public laboratories, commercial databases and other users should face different obligations. The third is **traceability**: whether unique identifiers and database terms can provide meaningful accountability without creating barriers to rapid and open research. The fourth is **equity in manufacturing**: whether the annex merely allocates finished products during emergencies or also changes where, by whom and under what licensing conditions those products can be developed and manufactured. The fifth is **political procedure**: whether the additional negotiating time will produce convergence or reinforce calls to consider voting if consensus remains unreachable....”

**“The annex will ultimately have to reconcile two forms of urgency.** One is the **scientific need to share pathogen materials and information immediately.** The other is the **political demand** that countries sharing those resources should not again be asked to wait for vaccines, technology, financing and other benefits after a crisis has already begun.”

## Lancet Regional Health Africa (Comment) – Equitable access to pathogens and countermeasures: is the pandemic agreement's pathogen access and benefit-sharing system the answer to Africa's future health security?

Adebisi Adenipekun et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00092-1/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00092-1/fulltext)

**“Beyond the outcome of PABS negotiations, Africa's long-term health security will depend on strengthening four interrelated priorities: a robust R&D ecosystem; sustained investment in human capital; effective and equitable technology transfer; and stronger continental collaboration and coordination.** These priorities are essential for building resilient systems capable of preventing, detecting, and responding to outbreaks, including those that may not immediately attract global attention. **While the PABS system seeks to address inequities in access to pathogens and resulting benefits, broader structural investments will ultimately determine Africa's preparedness for future health emergencies....”**

**“... These priorities were highlighted during discussions at the Africa Pandemic Sciences Collaborative Annual Policy Forum, convened on the margins of the World Health Summit Regional Meeting in Nairobi, Kenya, in April 2026.** The forum brought together academics, policymakers, funders, and other stakeholders to strengthen collaboration to translate scientific evidence into practice in Africa and agreed on a **call to action ....”**

## London Review of International Law - Coercive containment of the Africa Group's Equity Agenda in the WHO Pandemic Treaty negotiations

S J Lake et al; <https://academic.oup.com/lril/advance-articles>

**“Calls to make global health more equitable are laudable but limited by philosophical idealism that obscures how the legal form of health relations between states forecloses equity. Analysing the Africa Group's equity agenda in the WHO Pandemic Treaty negotiations, we illustrate how the group's demands for equity were first absorbed into the dominant development rationality, which diluted their transformative potential, and then coercively contained through force.** The result is a treaty that affirms equity rhetorically while hollowing it out juridically. **Building on and extending Sundhya Pahuja's account of international law's 'critical instability', we theorise coercive containment as a structural feature of global health law.** When Global South claims cannot be ideologically contained, coercion restores stability while preserving inequality. We, therefore, offer a critical account of global health law's limits in redressing injustice and warn against idealising multilateralism as a path to global health equity.”

## Graduate Institute (Global Health Centre) – Spotlight on process: lessons for PABS from other multilateral negotiations: workshop report

<https://repository.graduateinstitute.ch/record/322048?v=pdf>

**“On 22 June, we convened the workshop "Spotlight on Process: Lessons for PABS from Other Multilateral Negotiations." Read the resulting report, highlighting lessons from past negotiations that may help inform the ongoing PABS process...”**

## HPW - An Equitable Pandemic Agreement is a Global Public Good

M Masisi & M Weinstein ; <https://healthpolicy-watch.news/an-equitable-pandemic-agreement-is-a-global-public-good/>

**High-level advocacy.** “As the WHO Intergovernmental Working Group reconvenes in Geneva in the quest to nail down an accord on Pathogen Access and Benefit-Sharing (PABS), the former President of Botswana and the President of AIDS Healthcare Foundation argue that this critical annex to the 2025 Pandemic Agreement needs to ensure benefit-sharing commitments are just as mandatory and enforceable as commitments around rapid and transparent pathogen sharing.”

## Ebola emergency: WHO/Africa CDC messages

### Africa CDC - In Kinshasa, President Tshisekedi Leads Ebola Response Push as President Ramaphosa Brings African Solidarity

<https://africacdc.org/news-item/in-kinshasa-president-tshisekedi-leads-ebola-response-push-as-president-ramaphosa-brings-african-solidarity/>

(2 July) “The President of the Democratic Republic of the Congo, H.E. Mr Félix Antoine Tshisekedi Tshilombo, today welcomed the President of the Republic of South Africa, H.E. Mr Cyril Ramaphosa, to the Institut National de Recherche Biomédicale in Kinshasa for a high-level meeting focused on accelerating the Ebola response in the DRC and mobilising African support around the country. The meeting, convened by Africa CDC in support of the DRC authorities, brought together the two Heads of State, Africa CDC Director General Dr Jean Kaseya, and senior representatives of the World Health Organization, the World Bank, the European Union, the United Kingdom and other partners engaged in the response....

PS: “The meeting also confirmed that significant resources have been committed. The Government of the DRC has committed US\$50 million to the response. South Africa has committed US\$13.5 million. The World Bank announced an additional US\$10 million, building on its existing US\$63 million commitment. The European Union, the United Kingdom and other partners also reaffirmed their support to the response. **The joint Africa CDC–WHO continental preparedness and response plan estimates Ebola and health response needs at US\$518 million. Commitments announced exceed this amount, but only 21% of funds had been released according to data presented.** The priority now is to turn commitments into rapid operational support for teams on the ground, affected communities, clinical trials, surveillance, laboratories, points of entry and regional preparedness....”

### Cidrap News - Ebola deaths top 500 as DR Congo health workers threaten to strike

<https://www.cidrap.umn.edu/ebola/ebola-deaths-top-500-dr-congo-health-workers-threaten-strike>

(July 6) “The Ebola outbreak in the Democratic Republic of the Congo (DRC) has reached another grim milestone, as 506 people have now died from the Bundibugyo strain of the virus, which has no targeted treatments or vaccines. “

**“... Yesterday healthcare workers in Ituri issued a 24-hour notice of an impending strike, saying working conditions were too poor to continue. They reported unpaid benefits, low wages, and inadequate supplies since the outbreak officially began in May. The strike could hinder the execution of two experimental therapies that were launched this past week in the DRC. Enrollees will be given the antiviral drug remdesivir, the experimental antibody treatment MBP134, or a combination of both, with survival rates calculated during a 28-day follow-up period. ...”**

PS: **“... In related news, the World Health Organization (WHO) also added the first diagnostic test for the Ebola Bundibugyo virus to its emergency use listing. The test can quickly confirm infection in blood samples. “**

- See also Bloomberg - [Ebola Health Workers Strike in Hardest-Hit Congo Towns as Outbreak Intensifies](#) (8 July)

### **Reuters - Ebola outbreak in Congo still spreading, WHO says**

<https://www.reuters.com/world/africa/ebola-outbreak-congo-still-expansion-phase-who-says-2026-07-07/>

(7 July) **“Some Ebola treatment centres are nearly saturated; Virus spreading through miners who return home sick, WHO says; Over 500 people killed since outbreak declared in mid-May.”**

**“The Ebola outbreak in Congo has not yet stabilised and is still expanding as population movement fuels transmission, a World Health Organization official said on Tuesday. The Democratic Republic of Congo has confirmed 1,561 cases, including 506 deaths, in the worst-ever outbreak of the rare Bundibugyo species of Ebola, for which there is no proven treatment or cure. ... .. "It is still in the expansion phase, unfortunately. We would like to say it is stabilising but, frankly, we cannot say it yet," Anne Ancia, WHO representative in Congo, told reporters by video link from Bunia, at the epicentre of the epidemic....”**

### **UN News – World must move faster on Ebola response for DR Congo: UN relief chief**

<https://news.un.org/en/story/2026/07/1167910>

(9 July) **“The world must move faster to contain the spread of Ebola in the Democratic Republic of the Congo (DRC), UN relief chief Tom Fletcher said on Thursday. Mr. Fletcher warned that while Ituri province remains the centre of the outbreak, the virus is spreading to other provinces due to conflict and displacement....”**

## **Ebola emergency: more analysis, news snippets, ...**

### **Telegraph - Witchcraft and WhatsApp: The fight to contain Ebola misinformation**

[Telegraph;](#)

**“Huge groups on messaging apps, where many share voice notes because many cannot read, are a major conduit for information about the outbreak.”**

## **NEJM (Perspective) – Ebola at 50 — Lessons for Outbreak Response and Preparedness**

A Zumla, P Piot, J-J Muyembe et al ;

[https://www.nejm.org/doi/full/10.1056/NEJMp2607819?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMp2607819?query=featured_home)

**“...The current outbreak highlights enduring lessons from Ebola’s history, which has been shaped as much by scientific recognition, community trust, research governance, sample ownership, and equity as by virology and outbreak control. The history of Ebola is still often narrated through the lens of laboratory discovery in Europe and North America, but this narrative is incomplete. A more accurate account begins with partnerships among clinicians, nurses, public health workers, affected communities, national investigators, and international laboratories, and ultimately between responders and the populations they serve....”**

Listing 8 lessons.

## **Stat Opinion – What if this Ebola outbreak can’t be stopped?**

I B Gayton et al ; <https://www.statnews.com/2026/07/07/ebola-outbreak-drc-uganda-endemic-control/>

**“The greatest risk is not that this outbreak spreads. It is that it never ends.”** (*authors were involved in previous Ebola outbreaks*)

**“... The risk of all this is that Ebola becomes endemic, continually threatening millions in Central Africa while periodically casting sparks into the rest of the world. Once that future arrives, the authors argue, containment will become a recurring expense and control will be impossible....”**

## **Guardian - What will define Elon Musk’s legacy? Doge cuts to USAID Ebola programs**

Melody Schreiber; <https://www.theguardian.com/technology/2026/jul/07/elon-musk-doge-cuts-usaid-ebola>

**“Experts say cuts have hindered the response to DRC’s Ebola outbreak and resulted in ‘significant numbers’ of deaths.”**

**“Elon Musk has an Ebola problem. SpaceX stock dropped precipitously after its initial public offering, and Tesla faces a wave of lawsuits. But instead of focusing on his companies, Musk has posted frequently on X about the US Agency for International Development (USAID), which he helped dismantle – or, in his words, feed into the woodchipper – last year. “Elon’s USAID crash-out over the past week has been a thing to behold,” said Jeremy Konyndyk, a former top USAID official who oversaw the agency’s Ebola response in 2014-2015 and the president of Refugees International. “In a way, it’s helpful that Elon is doing this, because it’s putting attention back on the issue of what he did last year.” ...”**

“... Musk’s cuts, through the short-lived US “department of government efficiency” (Doge), have come under renewed scrutiny during the Ebola outbreak in the Democratic Republic of the Congo (DRC). Last year, Musk admitted to “accidentally” cutting Ebola detection and response programs....”

## Plos GPH (Opinion) - The Bundibugyo Ebola Virus Emergency and the erosion of global health security

Boghuma K. Titanji;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006648>

Quotes: “.... reforming a system is not the same as dismantling it in the middle of an emergency, and partnership is not a contract signed under duress that trades a population's health data for access to its minerals. Self-reliance built by withdrawing support before any alternative exists is not sovereignty; it simply transfers the risk onto those least able to absorb it....”

“As we watch the events unfold in the DRC, it is increasingly evident that a global community of 8 billion people cannot keep itself safe without solidarity and international collaboration. The recurring cycle of neglect followed by reactive, after-the-fact response continues to reveal itself as a model that will never succeed...”

PS: “... The US holds a patent covering the virus isolated during the 2007 outbreak, tied to research and development of vaccines and therapeutics, yet no vaccine for this virus exists today, nor was its development ever prioritized. The existence of a patent is not the same as a development pathway - it is evidence that scientific capacity existed, while the political and commercial incentives to move a product forward did not. The parallels with the Ebola epidemic in West Africa are glaring. ....”

## Euractiv – Commission nudges EU countries to launch Ebola drug trials

<https://www.euractiv.com/news/commission-nudges-eu-countries-to-launch-ebola-drug-trials/>

(gated) “No EU-based manufacturers are currently being considered by the WHO.”

## Devex – Can the Ebola response avoid another sexual abuse disaster?

<https://www.devex.com/news/can-the-ebola-response-avoid-another-sexual-abuse-disaster-112821>

“The last major Ebola outbreak was marred by widespread sexual abuse and exploitation by many aid workers against the people they were purportedly there to help. Is the humanitarian sector doing enough to ensure it doesn’t happen again?”

PS: “... WHO says this time is different. In 2021, it began “an intensive period of reforms and action,” including adopting a new strategic framework, said Tarik Jašarević, a WHO spokesperson. He noted the agency has “zero tolerance” for inaction and retaliation against those reporting or bearing witness. He said efforts to prevent and respond to SEA (sexual exploitation & abuse) are “embedded” in the current Ebola outbreak. WHO has deployed three experts in preventing and responding to SEA to the field to ensure compliance with agency safeguarding standards, as well as to brief responders, community leaders, and volunteers — in coordination with U.N. partners.....”

“... Additionally, within WHO and Africa CDC’s continental **response plan** for this Ebola outbreak, preventing SEA is one of the **15 pillars** — but this pillar is considered **cross-cutting across the response** as opposed to a “standalone function.” This wasn’t the case for WHO’s emergency response **framework** during the **2018-2020 outbreak**. ...”

## High-Level Political Forum in New York (7-15 July) & SDGs

UN News – ‘Shared blueprint for peace’: Development goals deliver for billions, but challenges remain

<https://news.un.org/en/story/2026/07/1167888>

“With fewer than five years left to achieve the Sustainable Development Goals (SDGs), a **new UN report says sustained investment and international cooperation have improved billions of lives, but warns that governments must urgently accelerate action if the goals are to be met by their 2030 deadline.**” “The findings come from **the 2026 SDG Progress Report**, released on Tuesday, which calls the goals “**a shared blueprint for peace**” while acknowledging the **significant political and financial challenges associated with meeting the 17 ambitious targets.** ...”

Coinciding with the annual report is the **High-Level Political Forum on Sustainable Development (HLPF)**, which kicked off in New York on Tuesday and will run until 15 July. The forum serves as the main UN platform tracking progress on the SDGs.

“... Since 2015, hard-won gains have been made, including:

- **Nearly one billion people gaining access to safe drinking water**
- **1.2 billion people gaining access to safely managed sanitation**
- **New HIV infections falling by 30 per cent between 2015 and 2024**
- **Electricity now reaching 92 per cent of the global population**
- **Internet access surging from 40 to 74 per cent**
- **Social protection now covering more than half the global population**

Despite those achievements, **the report concludes that overall progress remains far too slow:**

- **One in 10 people still live in extreme poverty**
- **Food insecurity affects 2.3 billion people**
- **Maternal mortality remains nearly three times the global target**
- **In 2025, global temperatures reached 1.43°Celsius above pre-industrial levels**
- **273 million children and young people remain out of school**
- **The global refugee population has more than doubled in the past decade**

“Of the 139 **SDG targets with trend data**, only **36 per cent** are on track or making moderate progress. Meanwhile, **49 per cent** of them are advancing too slowly and **15 per cent** have regressed below **2015 baselines.**”

“**Escalating conflicts, climate change, slowing economic growth, rising debt and a record decline in official development assistance** have slowed progress toward the SDGs and disproportionately affected the world’s most vulnerable people, according to the report....”

## Reuters - World must close \$4 trillion annual funding gap to reach development goals, UN says

[Reuters](#);

“Countries around the world must take decisive action to close a \$4 trillion annual financing gap to ensure that sustainable development targets set just over a decade ago can be reached by 2030, a new United Nations report found....”

PS: “The external debt of low- and middle-income countries reached a record \$8.9 trillion in 2024....”

## Global Health Reform, Future of International cooperation & post-2030 brainstorm

### Partnership for International Politics and Diplomacy for Health - The Promise of Accra Reset

<https://globalhealthdiplomacy.se/the-promise-of-accra-reset>

Two-pager. (see also A Nordström’s LinkedIn comment from last week)

“July may prove pivotal for the trajectory of reforms of the international system for health. Important developments are underway for the two major reform initiatives:

1. The Accra Reset High-Level Panel will convene in Senegal to draft its report and recommendations; 2. At the same time, WHO Member States are expected to nominate representatives for the joint process on reforming the global health architecture.

“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. Read our reflections on the Promise of the Accra reset here....”

(starting to hum Cock Robin’s [‘The Promise you made’](#) now : ) )

### Plos GPH – Same actors, same processes, same outcomes: Global health architecture reform or restoration?

I D Kantiana, Rahman-Shepherd et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006781>

“On 22 May 2026, the 79th World Health Assembly (WHA) adopted the proposal for a joint, inclusive, transparent and time-bound process, hosted by WHO, to support reforms of the global health architecture (GHA). The proposal outlines a process to develop options and recommendations for aligning mandates and capacities of GHA actors with essential GHA functions, and enhancing coordination to strengthen collaboration, accountability and coherence. A 25-member Taskforce, comprising 14 Member State representatives and 11 non-Member State representatives, will develop two reports (interim and final) containing a roadmap for

implementation for consideration at the 80th WHA in 2027. **We question whether this process is designed to genuinely reform the GHA beyond the status quo by unpacking the composition of the Taskforce, as well as the accountability and scope of the joint process....”**

“... While we recognise that the proposal has already been adopted, limiting the extent to which it can be substantively changed, **we urge the Taskforce to make four critical adjustments....”**

### **Geneva Solutions - UN reform chief admits structural changes ‘difficult’, rules out further budget cuts**

<https://genevasolutions.news/sustainable-business-finance/un-reform-chief-admits-structural-changes-difficult-rules-out-further-budget-cuts>

**“Guy Ryder, who is leading UN chief António Guterres’s reform push, says controversial merger proposals were to assess the merits of fusing organisations, not to force decisions on member states.”**

**“With just two months left to come up with the United Nations' biggest structural shakeup, Guy Ryder, chairman of the UN80 reform task force, announced that no further budget cuts will be made while difficult discussions on agency mergers proceed. “It has been a reform effort to respond to the entirety of the circumstances operating on the UN system, be they financial, be they political,” Ryder said at a press briefing, referring to the major cuts in aid funding, particularly by the UN’s biggest contributor, the United States. The former head of the International Labour Organization said that after the secretariat’s 9.2 per cent budget cut this year – coming on top of a seven per cent reduction in 2025 – no further cuts are foreseen. “**

**“Ryder was in Geneva on Tuesday to update member states on the process that had been launched in 2025 by UN secretary general António Guterres. ... .. Ryder maintained that Guterres had not pushed for mergers but rather to “make an assessment of whether these would bring benefits or not” and would not force any decisions on member states. The secretary general, however, was determined to “front load” as much of the UN80 plan as possible before the high-level opening of the UN General Assembly in September.....”**

### **Lancet Comment – WHO's operational role in emergencies: mandate and evolution**

**R Brennan, R Peepkorn et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01330-9/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01330-9/abstract)**

**“In the context of worsening geopolitical turmoil, attacks on multilateralism, expanding emergency demands, declining financial resources for global health, and a reforming international system, it is timely for WHO to reassess its mandate, priorities, and comparative advantage in emergencies such as outbreaks, natural disasters, conflicts, and technological emergencies. The Accra Reset, UN80, Humanitarian Reset, the growth of regional public health institutions, and review of the global health architecture provide precisely these opportunities....”**

**“...The proposal that WHO should withdraw from humanitarian operations when public health stakes are so high, especially for the world's populations most affected by the impacts of climate, conflict, and disease outbreaks... .... raises serious questions....”**

**“...WHO's role in emergency operations has arguably never been more important**, given its extensive country presence, trust of governments, wide partner networks, and strong linkages between technical and operational functions. **Rather than debating whether WHO should maintain an operational role, attention should focus on which emergency functions WHO should retain as resources contract and the international system realigns.** We **propose five priorities.** First, WHO's core functions of coordination, surveillance, outbreak control, and health logistics must be maintained. Second, retaining sufficient operational capacity to act as the provider of last resort in the most severe emergencies is essential. Third, WHO should expand collaboration to build the operational readiness of member states and local partners. Fourth, WHO should convene member states, partners, and donors to identify the gaps likely to emerge as WHO adjusts to a constrained resource environment and explore options to address them. Finally, WHO must engage in sustained, evidence-based advocacy for collective action to ensure that priority health gaps are consistently met in the most severe crises....”

### **Lancet GH - Lived experience and global health architecture reform: from afterthought to cornerstone**

Johanna Ralston et al; <https://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2826%2900161-0/fulltext>

**“Global health architecture reform is underway, and we are worried. In March 2026, WHO called for comments on its plan to reimagine global health as part of the UN80 process.** The first draft of the framework did little to suggest seizing this moment to address root causes and longstanding issues that hamper the impact of WHO. **Our greater concern was the absence of any reference to lived experience as either a principle or a constituent group.** Despite indications of the WHO commitment to engagement, the framework made no mention of those whom the new architecture is meant to serve....”

**“We are a group of health professionals and advocates from the Global North and South, all living with non-communicable diseases and other chronic conditions.** All of us have worked in leadership and expert roles in global health. **We share a common sense of exasperation, bordering on outrage, that the insights of the lived experience community are so often an afterthought,** even in light of growing evidence to suggest that outcomes are improved when those using the systems aid in their design. **There was no meaningful mention of us in the initial proposal or subsequent draft; following our protests, a cursory reference was added to the document that was prepared for the World Health Assembly. At best, we anticipate tokenistic inclusion in later phases.”**

**“The exclusion in the WHO process of lived experience expertise raises three questions....”**

And they conclude: **“... To realise a genuinely inclusive and equitable global health architecture, we call for: (1) shared governance** (institutionalise lived experience power rather than mere representation in decision-making bodies with equal voting power); (2) **accessible participation mechanisms** (provide financial and logistical support and simplified processes for lived experience experts to co-work with dignity and agency); (3) **redefining evidence frameworks and expertise** (lead by example to normalise co-working with lived experience experts, including in monitoring, evaluation, and policy design); (4) **accountability systems** (commit to meaningful measurement, indicators, and independent review mechanisms to track inclusion and equity commitments toward lived experience expertise); (5) **ethical standards for engagement** (develop and enforce global norms to prevent tokenism and extractive practices); and (6) **localisation of global commitments**

(ensure that global frameworks translate into tangible, community-level impact, particularly in low-income and middle-income countries)....”

### Devex Check-up - Calling Jack

<https://www.devex.com/news/devex-checkup-waiver-or-not-us-places-no-gag-rule-conditions-on-global-fund-funding-112867>

With an **update on UNAIDS reform**. “... Last week, I reported on the **latest thinking about the future of UNAIDS**. Though far from final, **an interim report raised several possibilities**: a smaller UNAIDS secretariat; a new setup in which it is hosted by another entity in the U.N. system; or a merger with another global health partnership.....”

“There weren’t any strong reactions from the board to **the ideas presented**, although there does seem to be some divergence over the options being explored, I was told. The Nordic countries, along with Austria and the Netherlands, **asked that the final recommendations and timeline be “grounded in realism,”** noting years of declining funding for the global HIV response and UNAIDS. They also called for a “realistic funding model and well-thought-out timeline” to guide donors. All this to say, **the narrative seems to have moved away from sunseting UNAIDS in 2026 and toward a more phased transition**. UNAIDS Executive Director **Winnie Byanyima** even **pointed to** the U.N. secretary-general’s May **progress report on the UN80 Initiative**, saying the **terminology is no longer about sunseting UNAIDS.....”**

“But **Paul Janssen**, who was the lead author of a **2023 MOPAN assessment of UNAIDS** that called for a rethink of the joint U.N. response and the value of the UNAIDS secretariat, tells me the **recommendations feel like “rearranging deckchairs on the Titanic.”** Why? “**It seems oblivious of the fact that UNAIDS is actually running out of funds,**” he says. **He fears the agency is losing so many competent staff that “there will not be much left to transition by 2027.”**”

PS: “**UNAIDS slashed its core operating budget by more than half, from \$150 million in 2025 to \$63 million in 2026,** triggering a massive restructuring and cuts of **more than 50%** to secretariat staffing. It also had to **tap its operating reserves** to cover obligations to departing staff. **So far, it has raised just \$40.8 million for 2026....”**

### UNAIDS – Planning for the future at UNAIDS’ 58th Board meeting

[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/july/20260702\\_PCB58\\_future](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/july/20260702_PCB58_future)

Press release after the UNAIDS board meeting.

“Just one week after Member States adopted a **new Political Declaration on HIV/AIDS** at the United Nations General Assembly in New York, **the 58th Programme Coordinating Board (PCB) took the next step in shaping how the Joint United Nations Programme on HIV/AIDS (UNAIDS) will evolve to help deliver those commitments.** Building on the renewed global political commitment to end AIDS as a public health threat by 2030, Board members reaffirmed the need for a strong, coordinated global HIV response while advancing discussions on how the Joint Programme should accompany the global response in a changing financial and global health landscape. ...”

**“Across three days of discussions, Member States, communities and partners broadly agreed that while the current operating model must evolve, the world continues to need strong political leadership, multisectoral coordination, accountability and meaningful community participation. The discussions marked an important milestone in the work of the independent PCB Working Group, which will present final recommendations on the future structure and governance of the Joint Programme in October. ...”**

PS: “The Report to the Board by the UNAIDS Executive Director, and the reports for each agenda item and the PCB’s decisions can be found [here](#). **There will be a Special session in October followed by a regular PCB in December. ...”**

### **ODI (Briefing paper) - North Stars for Northern Donors in a Post-Aid World: moving from dialogue to decisions**

N Gulrajani; <https://odi.org/en/publications/north-stars-for-northern-donors-in-a-post-aid-world/>

**“Over 18 months, ODI Global convened the Donors in a Post-Aid World dialogue series: five frank, future-facing conversations with bilateral DAC members, thinkers, activists and government officials from the Global North and South. Launched before US aid cuts sent the sector into a tailspin, the series anticipated many of the questions now confronting donor governments about their purpose, legitimacy and future. This publication is the final product of those dialogues. Drawing on events held between October 2024 and May 2026, the brief presents the more ambitious takeaways from the series as a set of “North Stars” to orient Northern donors towards their next phase.”**

With **8 North Stars**. Many of them great ideas. (*Number 7 - ‘stop looking for public support, build it’ is the weakest in my opinion – certainly re the ‘how’, which is a pity given the focus on fixing ‘the broken social contract’...*).

### **Devex (Opinion) – The DAC review is a test of OECD’s future relevance**

Dan Peters (Gates Foundation); <https://www.devex.com/news/the-dac-review-is-a-test-of-oecd-s-future-relevance-112881>

**“As development finance becomes more diverse and aid budgets come under pressure, DAC has an opportunity to redefine its role for a new era of development cooperation.”**

**“... The (DAC) review is often portrayed as a discussion about aid rules, reporting systems, and eligibility criteria. But at its core, it is also a conversation about the future role of DAC and aid itself....”**

**“Moving from ODA quantity to quality: For much of the DAC’s history, the central challenge was mobilizing more ODA. That challenge remains important. But today the question is increasingly about how different forms of finance can be deployed most effectively to achieve different development objectives. Not every challenge requires the same financing instrument.”**

**“... In our submission to the DAC review’s recent call for inputs, we proposed thinking about the increasingly limited concessional finance through three distinct but complementary purposes that**

**should not be compromised.** We believe increasingly scarce concessional finance should be understood through these three distinct but complementary purposes.”

“**The first is core development investment:** poverty-focused development investments in countries and sectors where concessional finance remains irreplaceable. These investments help expand economic opportunity, strengthen human capital, and build the foundations for long-term development where alternative sources of finance remain limited. **The second is humanitarian assistance:** financing designed to save lives and alleviate suffering during crises caused by conflict, displacement, disease outbreaks, natural disasters, and food insecurity. **The third is financing for global public goods:** investments that support collective action on transnational challenges such as climate mitigation, pandemic preparedness, antimicrobial resistance, and scientific research....”

“... **One of the most important questions facing the DAC review is whether a single set of graduation rules remains appropriate for fundamentally different uses of concessional finance.** Countries may transition away from poverty-focused concessional support while continuing to contribute to global public goods or requiring humanitarian assistance in times of crisis. Yet, the current framework largely applies a single logic across these different purposes. **A more differentiated approach to eligibility/graduation would better reflect today’s development finance landscape.** In our submission, we propose tighter graduation rules for core development investment, ensuring this type of concessional financing is not further diluted, while maintaining broader eligibility for humanitarian assistance and global public goods where justified by the nature of the challenge being addressed....”

## IISD – UN Report Explores Synergistic Solutions to Triple Planetary Crisis, SDGs

<https://sdg.iisd.org/news/un-report-explores-synergistic-solutions-to-triple-planetary-crisis-sdgs/>

Moving now to post-2030 brainstorming.

“**The report argues that synergies do not emerge in isolation and therefore need an enabling environment backed by aligned finance, robust data and analytical tools, and effective governance models.** It emphasizes the critical role of regional cooperation in developing, implementing, and scaling **synergistic approaches and solutions** from pilots to policy.”

“The UN Economic and Social Commission for Asia and the Pacific (ESCAP), the UN Environment Programme (UNEP), and the Asian Development Bank (ADB) issued **the first synthesis of “experiences from the Asia-Pacific region on translating synergies into practical, policy-relevant lessons for decision makers at multiple levels.”** The report calls for synergies to be used “as a core organizing principle in policies and actions toward 2030 and beyond.”

“Themed, ‘**Advancing Synergistic Solutions to the Triple Planetary Crisis and the SDGs,**’ the Asia-Pacific Synthesis Report highlights the region’s wide range of synergistic solutions to climate change, biodiversity loss, pollution, and other developmental challenges. It draws on 36 featured case studies and more than 140 case studies overall to **show how synergistic approaches can tackle the triple planetary crisis while enhancing resilience, equity, and resource efficiency and accelerating progress towards the SDGs.**”

“The report identifies four entry points for advancing synergies: Health-centered climate action; Nature-positive nexus approaches; Circular economy approaches; and Cities as delivery platforms for synergies.....”

## More on Global Health Governance & Financing/Funding

**Devex Pro – Scoop: Global Fund, US agree on path around expanded gag rule**

<https://www.devex.com/news/scoop-global-fund-us-agree-on-path-around-expanded-gag-rule-112873>

(gated) ““We have aligned on a path forward that places no related conditions on funds coming to the Global Fund,” the multilateral funder tells Devex.”

“The U.S. government is not placing any conditions on its funding to The Global Fund to Fight AIDS, Tuberculosis and Malaria. The multilateral funder told Devex it has “worked closely” with the U.S. government on the implementation of the Promoting Human Flourishing in Foreign Assistance policy, more commonly known as the expanded global gag rule, and that the two sides “have aligned on a path forward that places no related conditions on funds coming to the Global Fund, enabling the Global Fund partnership’s continued effectiveness in sustaining progress in the fight against HIV, tuberculosis and malaria.” .... The arrangement appears similar to the more laissez-faire approach certain United Nations entities are also seeing, namely the U.N. Office for the Coordination of Humanitarian Affairs, which told Devex in May that no conditions had been placed on its U.S. funding...”

“Devex asked the State Department about the Global Fund arrangement but was told the department “does not comment on internal deliberations.” ... “

“Here’s where it gets interesting: The multilateral funder isn’t calling the arrangement a waiver — much like OCHA, the U.N.’s humanitarian body, which told us in May that no conditions had been placed on a \$1.8 billion U.S. pledge, but didn’t say whether it had received a waiver. Does the wording matter? In one sense, no. These organizations can use U.S. funding where the needs are. But it matters how these arrangements were reached — both for transparency and for the many other organizations still trying to navigate the policy....”

**Global Fund – Global Fund Executive Director Selection Process Continues on Schedule**

<https://www.theglobalfund.org/en/updates/2026/2026-07-07-global-fund-executive-director-selection-process-continues-schedule/>

PS: “The Board is expected to appoint the next Executive Director at its 56th Board Meeting, to be held in Geneva from 28-30 October 2026. The incoming Executive Director is expected to assume office during the first quarter of 2027.”

- See also HPW – [Despite Frictions, Global Fund Asserts Confidentiality Rules and Schedule](#)

**“ The election of the new executive director for the Global Fund to Fight AIDS, Tuberculosis and Malaria will move forward on schedule, according to a statement [released by the organisation](#) on Tuesday, 7 July. This announcement follows rumours that the nomination process might be restarted after the names of several US candidates were who were reportedly shortlisted had been [revealed to Health Policy Watch](#)...”**

“Because the multibillion-dollar agency relies heavily on taxpayer contributions to procure lifesaving medicines, **some critics have maintained that the Global Fund leadership race should be conducted in a more transparent manner.** Defending its restrictive protocols, **the Global Fund statement contended that absolute confidentiality is essential to protect the privacy of high-profile applicants and safeguard the integrity of the proceedings by the Executive Director Nominating Committee (EDNC).** ...

PS: **“The strict confidentiality rules stem from a costly historical precedent,** supporters of the process say. During the **2017 leadership transition,** the institution was forced to completely restart its executive director search after leaks to the media....”

- And via a **Lancet World Report** – [Search for new Global Fund Executive Director intensifies](#)

**“Whoever succeeds Peter Sands will have to steer the Global Fund through a new era of cuts from traditional donors.** John Zarocostas reports from Geneva.”

“Peter Sands has been the head of The Global Fund since 2018: his tenure is due to finish at the end of this year. **According to insiders familiar with the process, candidates to replace him include Mark Dybul, former Global Fund Executive Director (2012–17); John Nkengasong, a Cameroonian–American virologist and former US Global AIDS Coordinator (2022–25); Ashwin Vasan, former New York City Health Commissioner; Matshidiso Moeti, former WHO Regional Director for Africa; and an unnamed internal candidate.** The process is confidential and no candidate has publicly announced a bid...”

“... Around \$12.68 billion has been pledged so far against a target of \$18 billion to save up to 23 million lives. Global Fund insiders say the gap is unlikely to be closed. **“I think the elephant in the room is how to manage the relationship with the United States”, Suerie Moon, Co-Director of the Global Health Centre at the Geneva Graduate Institute in Switzerland, told The Lancet.** The USA has traditionally been the largest donor to The Global Fund...”

Also with views of **Ellen ‘t Hoen, M Kazatchkine, J Ratevosian, R Malpani**....

PS: **““The secrecy surrounding the election of the Executive Director of The Global Fund, and many other global health agencies, is by design”, Rohit Malpani, a public health consultant, told The Lancet.** “The tax-paying public, who expect transparency and democratic decision making in how their own leaders are elected, don’t even know these institutions exist. For those people who do know, they have informal means to influence a final decision. And the institutions themselves have invented their own form of public participation by placing representatives of non-governmental organisations and communities on their Board of Directors”. This is **“not an acceptable substitute” for a fully transparent process and usually devolves into political horse trading between donors, said Malpani.**”

## Lancet Editorial - Ending HIV: a reality check

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01375-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01375-9/fulltext)

**“The fifth UN High-Level Meeting on HIV/AIDS (June 22–23) saw the agreement of a new Political Declaration on HIV/AIDS.** In it, countries expressed commitments to end AIDS as a public health threat by 2030, mobilise adequate resources, achieve the 95–95–95 targets, and accelerate equitable access to comprehensive HIV prevention, among other provisions. Speaking to the press ahead of the meeting, **Winnie Byanyima, Executive Director of UNAIDS, identified the four foundations of global HIV control that she hoped countries would support: multilateralism, sustained financing, protection of rights, and access to innovations.** The difficulty for the Declaration is that **each of these four dimensions is facing stark opposition, if not outright reversal....”**

The Editorial concludes: **“Setting ambitious targets is a hallmark of global health. The drive to meet them shapes political, economic, and health agendas and they have helped to spur some of the most transformative advances in human wellbeing. But care is needed to avoid a sliding from the ambitious into the unrealistic.** We need to do all we can to bring HIV/AIDS under control. The challenges to that aim will not be overcome without **a serious injection of honesty into discussions of where the community now is and where it goes from here.”**

## Lancet Letter - The African Medicines Agency: time for integration with the African Vaccine Regulatory Forum

C Wiysonge et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01075-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01075-5/fulltext)

**“Andrew Green's World Report<sup>1</sup> on the African Medicines Agency (AMA) highlights both its promise and the considerable challenges ahead in harmonising regulatory systems, strengthening national regulatory authorities (NRAs), and improving access to safe and effective medical products across Africa.** The establishment of the AMA is a historical milestone in Africa's pursuit of health sovereignty and regulatory convergence. However, **the AMA's success will depend on how effectively it builds on and integrates existing continental regulatory platforms, especially the African Vaccine Regulatory Forum (AVAREF).** ... .. Green rightly underscores persistent regulatory fragmentation across Africa and the need for harmonisation to enable timely access and stimulate pharmaceutical investment. Nevertheless, **without deliberate alignment between AMA and AVAREF, there is a risk of duplication, inefficiencies, and institutional competition.** The priority should therefore be **integration of existing platforms into a coherent continental system, rather than parallel structures....”**

## IJHPM - TICAD9 and the UHC Knowledge Hub: Strengthening JapanAfrica Health Cooperation

A K Abubakar et al ; [https://www.ijhpm.com/article\\_4889.html](https://www.ijhpm.com/article_4889.html)

**“The Tokyo International Conference on African Development (TICAD), Japan’s main development framework for partnership with Africa since 1993, provides an important platform for responding to these challenges.** The **Ninth Tokyo International Conference on African Development (TICAD9), held in Yokohama in August 2025, came at a time when Africa’s health priorities require more coherent and accountable forms of international cooperation.** At the **December 2025 UHC High-**

**Level Forum in Tokyo, the UHC Knowledge Hub was formally launched as a joint initiative** involving Japan's Ministry of Finance, Japan's Ministry of Health, Labour and Welfare, the World Bank, and the World Health Organization (WHO). **This Viewpoint argues that TICAD9 gives Japan an important opportunity to strengthen its health partnership with Africa.** Japan's most useful contribution is **institutional support**: helping African governments strengthen health financing, reduce fragmentation, and hold partners accountable within African-led frameworks. **The UHC Knowledge Hub is central to this opportunity because it brings health and finance actors into the same policy space. However, Japan must respond to Africa's structural constraints while also recognizing the policy innovations, institutions, and priorities that African countries bring to the partnership."**

Authors conclude: "... **At a time when the wider aid architecture is becoming less reliable, Japan-Africa health cooperation has renewed importance.** TICAD9 is distinctive because it builds on longstanding political trust and multilateral legitimacy, while the **UHC Knowledge Hub** gives the partnership a timely focus on health financing as African countries advance stronger domestic financing and country-led health systems on the path to 2030. In this context, co-creation matters because it moves cooperation beyond donor-recipient relations toward a partnership shaped by mutual interest and African ownership. **Progress should be reviewed against time-bound signals linked to financing plans, durable capacity building, and African-led accountability mechanisms.** Africa's demand is clear: **partnerships that expand fiscal space, enable access to technology, and, more importantly, remain accountable to African-led priorities.** The test for TICAD9 and the Hub is whether they can help make this form of cooperation routine."

## **Tim Schwab – Congress probes Bill Gates on Epstein, STDs, penis, & extramarital affairs**

<https://timschwab.substack.com/p/congress-probes-bill-gates-on-stds>

"The House Oversight Committee's interview of Gates shows him to be an unreliable narrator, but doesn't bring Epstein's victims any closer to justice. It's time to expand the federal probe."

*One of the key questions is still: why is the treatment **Larry Summers** got, including from the global health community, so different from **Gates'**...? As it seems (also from the extracts presented here) that Gates, like Summers, has been for years a 'pal' of Epstein (and so doing much more than just 'exploring avenues for global health funding'...)*

## **Journey towards Health sovereignty**

### **Lancet GH – Country ownership without fiscal justice is responsibility without resources**

K Tumlinson & M Pai; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00175-0/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00175-0/fulltext)

Also one of the reads of the week. « ... **Any serious agenda for country ownership should therefore include global wealth taxation, sustained distributive justice programmes, debt cancellation, debt restructuring, grant-based financing, and reparative transfers.** Otherwise, **the call for sustainability risks becoming morally inverted**: countries already harmed by colonialism, structural adjustment,

extractive trade regimes, and the climate crisis created by the Global North are conveniently asked to become self-reliant precisely as external financing is withdrawn and debt service expands....”

« ... **All global health practitioners should treat debt justice as a health financing issue, not as a separate macroeconomic debate. Donors and multilateral institutions** should prioritise grant-based support for health system strengthening and promote debt cancellation. **High-income countries** should tax concentrated wealth, support redistributive financing, and recognise reparative financing as partial redress for historical and ongoing extraction, not charity. **Appropriate metrics** could include fiscal space indicators: debt service as a share of revenue, health spending relative to debt payments, domestic financing for commodities and workforce, and external financing through public systems rather than parallel non-governmental organisations....”

## Ofon- Who Really Shapes Health Policy in Africa? Government or Donors

Abasiofon Ita; [https://ofon1.substack.com/p/who-really-shapes-health-policy-in?r=4w30hd&utm\\_medium=ios&triedRedirect=true](https://ofon1.substack.com/p/who-really-shapes-health-policy-in?r=4w30hd&utm_medium=ios&triedRedirect=true)

Nice Substack analysis, based on **interviews with a number of experts (L Gostin, S Abimbola, S Sekalala, N A Sam-Agudu, W Menson, H Barroy).**

A few excerpts:

“**What Can Realistically Change:** The experts interviewed for this analysis point less to a wish list than to a **sequence. The order matters**, because several of the obvious fixes fail when they are attempted in the wrong one.

- **Fix budget execution before chasing budget support.** Barroy's threshold is concrete: a credible budget, execution above 85%, and a working financial management system. Pushing donors to route money through a treasury that releases a fraction of what it appropriates (Nigeria released about 15% of its 2024 capital health allocation) invites failure that gets blamed on 'country systems.' Earn the confidence first, then ask for the channel.

- **Treat the revenue base as the real constraint, not willpower.** Menson's point is that a minister cannot allocate money the state never collected. A continent averaging 16% tax-to-GDP cannot legislate its way to 15% health budgets on paper alone. Solidarity levies on airline tickets, alcohol and mobile services, already piloted under Africa CDC's plan, widen the base that any future health budget draws from.

- **Legislate a floor, but a credible one.** A binding 10% minimum written into law, tied to budget cycles, beats a 15% political pledge (i.e. Abuja) that has been ignored for 24 years with no consequence. Gostin's reading is that the Abuja commitment failed partly because it was never built to bind; a domestic statute can do what a continental declaration could not.

- **Sequence the donor exit around capacity, not calendars.** Sam-Agudu's warning is that handoffs fail when a government is told to absorb a program it never had the staff or supply chains to run. Transition timelines should track the National Primary Health Care Development Agency's revitalisation of facilities, not a donor's fiscal year. A handoff dated to a budget deadline rather than a capacity milestone is a stockout waiting to happen.

- **Integrate vertical programs into primary care.** Running HIV or malaria infrastructure parallel to the wider system is expensive and fragile, and it is what pulls nurses toward donor-funded conditions and away from the clinics most people use. Rwanda's integration model is the reference point.

- **Ring-fence health in IMF negotiations.** Governments agreeing loan conditions should protect health spending from the macroeconomic targets that the Cambridge evidence shows have measurably cut it.”

PS: “ **The experts who work inside the system converge on an uncomfortable agreement.** Sam-Agudu places the larger share of responsibility on African governments that spent two decades without building independence. Menson locates the binding constraint in fiscal capacity and debt. Barroy shows that even good financial plumbing does not move donors on its own. Gostin confirms the central pledge was never built to bind. Abimbola reframes the whole question by insisting that a poor country's first health task is to stop being poor, which means health policy that starts with food, water, shelter, schooling and jobs rather than a single donor-funded disease...”

## Trump 2.0, US Global Health Strategy & bilateral health agreements

Via AVAC's [Global Health Watch](#) newsletter: “... new articles and analyses of US bilateral health agreements under the “America First Global Health Strategy” suggest **the Administration's vision for global health is shifting from supporting epidemic control to managing country transitions.** ...” “ thepieces reflect a **move toward implementation** of the new global health agreements...”

### Devex – Will the US funding deal rescue South Sudan's health system?

A Green; <https://www.devex.com/news/will-the-us-funding-deal-rescue-south-sudan-s-health-system-112885>

“The \$166 million health financing agreement between South Sudan and the United States has **raised concerns that the overall amount is too low and questions about whether Juba can actually deliver on its end of the bargain.**”

### Independent – 75% of Americans want Trump to reverse US aid cuts over Ebola outbreak, poll finds

[Independent](#);

“ **Survey finds significant number of those are Trump supporters, with 72 per cent also backing the restoration of some or all global health funding worldwide...**”

“... The **survey, conducted by Echelon Insights on behalf of The Rockefeller Foundation,** found that 75 per cent of respondents backed restoring funding to tackle the outbreak. The support extended across the political spectrum, with just over half, at 52 per cent, identifying as supporters of **US**

President Donald Trump, who made cutting billions from US aid funding a priority upon returning to the White House last year....”

## World Cup Football

Nature (World View) - Time to give hydration breaks the red card? What science says about keeping cool

<https://www.nature.com/articles/d41586-026-02097-0>

“Inappropriate use of cooling breaks in sport is undermining trust in heat-health research.”

“... cooling breaks should be driven by heat-stress risk and designed around effective cooling, not broadcast schedules or commercial pressures....”

## NCDs & Commercial Determinants of Health

Guardian – Progress against cancer not shared by poorer countries, WHO report finds

<https://www.theguardian.com/global-development/2026/jul/08/health-who-global-persistent-inequities-progress-cancer-prevention-diagnosis-treatment-care>

‘Persistent’ inequities found to exist in access to prevention, diagnosis, treatment and care, annual global review says.”

Some stats: “.... There are an **estimated 20.6m cases, and 10m deaths, from cancer every year.** Figures are projected to **rise to nearly 35m cases by 2050.** In richer countries, 85% of those diagnosed with breast or childhood cancers will survive at least five years but the figure drops to less than 30% in poorer countries....”

“In low- and lower-middle income countries, between 9% and 54% of the WHO’s top-20 priority cancer drugs are available, compared with between 68% and 94% in high-income countries, the report found. In 23 countries there are no radiation facilities. **Diagnosis rates were lower in sub-Saharan Africa than in wealthier regions, but deaths from cancer were disproportionately high.**”

“Two-thirds of countries do not cover cancer in universal health coverage packages, and high costs mean up to 90% of patients in some settings abandon treatment, the report said....”

A global survey of patients and their families found widespread financial hardship, mental health challenges and strain on caregivers....”

- See WHO - [Global status report on cancer 2026: the future we choose together](#)

- And see also UN News - [Cancer cases could nearly double by 2050 without urgent action, WHO warns](#)
- And more coverage & analysis via HPW - [By 2050, There Will be 35 Million Annual Cancer Cases Without More Action, Warns WHO](#)

“The report is the first comprehensive analysis of the global status of cancer prevention and control, projections of future trends – and progress made since 2010, the baseline year chosen for the analysis....”

### **The Milbank Quarterly - The Political Economy of Wellness: Commercial Determinants of a Burgeoning Industry**

N Karreman et al ; <https://www.milbank.org/quarterly/articles/the-political-economy-of-wellness-commercial-determinants-of-a-burgeoning-industry/>

“Wellness has grown into a multi-trillion-dollar industry encompassing a multitude of products and practices that affect health and well-being. **Applying a lens of commercial determinants of health to wellness** is useful to examine its intersection with systems of capital production, corporate interests, and neoliberal norms of personal responsibility. The global digital revolution has fueled both the growth of the wellness industry and the spread of health misinformation, posing regulatory, social, and political challenges. **As wellness movements gain prominence in American and global policymaking, attention to these intersections is crucial to understanding consequences for health policy.**”

### **Habib Benzian - The Republic of Coca-Cola**

[Habib Benzian](#);

“What if one of the most powerful states in global health has no flag, no voters, and no obligation to either?”

## **SRHR**

### **Project Syndicate – Low-Cost Solutions to Maternal Mortality Already Exist**

I M Nsofor; <https://www.project-syndicate.org/commentary/increase-funding-for-proven-simple-solutions-to-maternal-mortality-by-ifeanyi-m-nsofor-2026-07>

“As foreign aid declines, policymakers in lower-income countries must increasingly focus on making better use of scarce resources. When it comes to maternal mortality, that means investing in simple, proven, and affordable interventions for postpartum hemorrhage, pre-eclampsia, and obstructed labor.”

“Declining foreign aid has exacerbated the crisis. As calls for local resource mobilization grow louder, the focus should shift to cost-effectiveness. **Instead of investing in expensive hospital-centered**

models, policymakers should scale up funding for affordable interventions that address the [leading causes](#) of maternal mortality, which include postpartum hemorrhage, hypertensive disorders such as pre-eclampsia, unsafe abortion complications, obstructed labor, and sepsis. The challenge is no longer identifying solutions, but rather ensuring that proven interventions reach every woman in need, especially in resource-constrained settings....”

## HPW – Facing Threats to Sexual and Reproductive Health Rights – Some Countries Show A Way Forward

<https://healthpolicy-watch.news/facing-threats-to-sexual-and-reproductive-health-rights-some-countries-show-a-way-forward/>

With coverage of a World Health Assembly high level (side) event on sexual and reproductive health rights in May. A few excerpts & quotes:

“... against the [current] threats and setbacks, there are also inspiring models of progress in low- and middle income countries such as Barbados, Guyana and Malawi, offer models that deserve wider attention, Guyana’s UN Ambassador in Geneva, Ramsammy said. ...”

“Let me urge that we refrain from viewing SRH strictly and merely as a health issue,” Ramsammy said. “Providing voluntary access to contraception and a safe birth environment is not just a medical necessity, it is economic and social capital. ...”

“... Processes like the Human Rights Council’s Universal Periodic Review (UPR) can also be harnessed to accelerate progress, Ramsammy and other members of the high level panel convened by the Global Center for Health Diplomacy and Inclusion (CeHDI), also emphasized. ...” “The UPR is a peer review assessment every four or five years by HRC member states of progress in human-rights related legislation, policies and practices – including obligations of governments to the right to health and public health measures. A recent analysis of the impacts of UPR recommendations across three review cycles (2005–2023) found the recommendations were associated with accelerated improvements in maternal health among high-burden countries. Critical SRHR indicators included in the analysis were maternal mortality rates (MMR), skilled birth attendance (SBA) and contraceptive prevalence (CPR)....”

PS: Ramsammy : “While an informal benchmark of 10% for SRHR has been cited by international parliamentarians and advocacy groups, only 23% of donors allocated more than 5% of their ODA to SRHR, he noted. “So I think the call here is that we reiterate and strengthen that commitment,” Ramsammy added. “

- And a link: UN News - [Restoring dignity: Senegalese surgeon and Burundian foundation win reproductive health awards](#)

## Child health

### Lancet Health Policy – Children in all policies: lessons from a global collaboration to promote the health and wellbeing of children and future generations

Sarah L Dalglish et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)00856-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00856-1/fulltext)

“Currently children's needs, perspectives, and rights are not adequately included in public policies, with negative consequences for the health and wellbeing of children and future generations. The **2020 WHO–UNICEF–Lancet Commission** reviewed threats to children's health and concluded that children's needs and voices should be centred in all policies for a sustainable future. **Since 2021, Children in All Policies 2030, a global collaboration of policy makers, scientists, and advocates, has implemented the Commission's recommendations by fostering new approaches to participatory, intersectoral policy making across diverse countries.** Efforts to implement the Commission's recommendations encountered challenges including flawed assumptions in prevailing policy-making models, failure to fulfil children's right to participate, and an ongoing scarcity of intersectoral policy integration. **Eight lessons on what works for improving policy making and implementation emerged: use creative means to involve children, patiently assemble coalitions, prepare to seize political opportunities, harmonise global data to bridge UN partnerships, create national political and technical platforms, use media to change cultural perceptions, use strategic framing to overcome sectoral barriers, and embrace joint learning.** Harnessing people's consideration and concern for children and future generations and engaging children's voices represents a powerful political opportunity to reach current development goals and ensure a healthier, more sustainable future.”

## NTDs

### WHO - Historic resolution on neglected tropical diseases adopted by the United Nations Human Rights Council

<https://www.who.int/news/item/07-07-2026-historic-resolution-on-neglected-tropical-diseases-adopted-by-the-united-nations-human-rights-council>

(7 July) “Resolution 62/27 on “Human rights and neglected tropical diseases” was adopted today by the Human Rights Council (HRC) at its sixty-second session in Geneva. The **first ever HRC resolution dedicated to all neglected tropical diseases (NTDs)** was adopted by consensus, after being put forward by six African countries where the burden of NTDs is significant; the group was led by Malawi, and included Burkina Faso, Gambia, Kenya, Morocco and the United Republic of Tanzania....”

- See also Nature Africa - [African-led UN resolution reframes the fight against neglected tropical diseases](#)

“The **non-binding measure** creates a new basis for demanding stronger policies and budgets, but governments must turn recognition into action.”

“On 7 July, at its 62nd session in Geneva, the UN Human Rights Council adopted its first resolution devoted specifically to human rights and NTDs. **It formally recognises the close links between NTDs and rights, elevating them beyond the health sector and acknowledging them as issues of dignity, equity, inclusion, and justice including health, water, sanitation, housing, education and work....”**

## Planetary Health

### HPW – As El Niño Intensifies – WMO Warns Policymakers to Brace for Escalating Impacts on Health Worldwide

<https://healthpolicy-watch.news/as-el-nino-intensifies-wmo-warns-policymakers-to-brace-for-escalating-impacts-on-health-worldwide/>

“The El Niño conditions that bring extreme rainfall, heat waves and drought to different parts of the world are set to intensify further during the July-September period this year, said the World Meteorological Organization (WMO). While the Indian subcontinent has to brace for below-normal rainfall, parts of Africa and southern Europe will see above-normal rainfall, according to WMO’s latest **update**, published [last week on ] Friday....”

““El Niño conditions are already underway and are forecast to strengthen rapidly into a strong event – as accurately anticipated by WMO forecasts. This will intensify the chances of drought and heavy rainfall and the risk of heatwaves on land and marine heatwaves in many regions of the world,” said WMO Secretary-General Celeste Saulo.... Both drought and flooding pose big threats to food production in already food insecure parts of the world, while heavy rains that cause flooding create displacement and exacerbate outbreaks of infectious and water-borne diseases such as cholera. Extreme heat, too, exerts mounting pressure on food production, Qu Dongyu, Director-General of UN’s Food and Agriculture Organization has **warned**....”

### The Conversation – A Super El Niño is coming: 5 hard-won lessons the world can learn from Africa

T Mabhaudi et al ; <https://theconversation.com/a-super-el-nino-is-coming-5-hard-won-lessons-the-world-can-learn-from-africa-286294>

“... African countries have spent decades **coping and adapting** to repeated cycles of droughts, floods, rainfall variability and food insecurity. The continent has built valuable experience in managing multiple harsh conditions. The world needs to pay more attention to the knowledge, practices and adaptation strategies that African communities, institutions and researchers have **developed through experience**. As climate impacts intensify globally, these experiences offer valuable lessons for building resilience.....” **Listing 5 lessons.**

### CESR – The new legal era of climate finance: from charity to justice

<http://www.cesr.org/the-new-legal-era-of-climate-finance-from-charity-to-justice/>

“Climate finance is no longer a matter of political goodwill. A growing body of international law is making clear that it is a legal obligation grounded in human rights.”

**“That shift was at the heart of discussions at the 62nd session of the Human Rights Council, where governments and civil society examined how climate finance can better support the realization of human rights. CESR contributed to the upcoming Secretary-General's synthesis report on actionable pathways in mobilizing sufficient climate financing and associated challenges and opportunities in the pursuit of the full realization of human rights for all people, and our Executive Director, Dr. Maria Ron Balsera, joined the Council's annual panel on the human rights impacts of climate change, which this year focused on “Facilitating actionable pathways for gaining momentum in climate financing in the context of addressing the adverse impacts of climate change on the full realization of human rights for all people”. In her intervention, Maria argued that climate finance is not simply about mobilizing more money. It is about power: who pays, who benefits, and who decides. Those questions are rooted in histories of colonial exploitation, unequal economic governance, and corporate impunity; and they determine whether climate action advances justice or reinforces inequality. At CESR, we believe a human rights approach transforms the debate. It shifts climate finance from charity to justice, clarifying who owes what to whom, strengthening transparency and accountability, and ensuring that those most affected are at the center of decision-making...”**

**HERA (report) - Counting the cost of heat: the case for urgent solutions for cities**

<https://heranow.org/resources/counting-the-cost-of-heat-the-case-for-urgent-solutions-for-cities/>

**“HERA’s first-of-its-kind analysis of the costs and benefits of targeted action on the impacts of extreme heat.”**

**PS: HERA or ‘Climate Resilience for All’** is a women-led climate adaptation NGO dedicated to strengthening and supporting women and vulnerable communities from the impacts of extreme heat.

**“Heat-related economic impacts are projected to intensify three- to five-fold by 2050 without adaptation • Across Central & Southern Asia, Eastern & South-Eastern Asia, Sub-Saharan Africa, and Latin America & the Caribbean, informal women lose \$57 billion per year in heat-related productivity loss. This is set to rise by 44% by 2050. • Heat Response Plans offer excellent value for money, with returns of up to 90 times their cost. A representative portfolio of low-cost interventions (including labor protections, heat insurance, urban green space, cool roofs, and a Heat Response Plan) could reduce heat-related mortality by 36%....”**

**“Across four cities analyzed in this study – Ahmedabad, Bangkok, Monterrey, and Freetown – heat incurs annual economic losses worth as much as 4-8% of city GDP. Without targeted action, these effects are expected to intensify three- to five-fold by 2050, driven by climate change, urbanization, and population ageing. The burden is not shared evenly – and women bear disproportionate risks and impacts. Extreme heat amplifies existing social and economic inequalities, with women, especially those working in the informal sector, facing heightened exposure and the least protection from its effects. Women are more vulnerable to heat through a combination of compounding factors, including physiological sensitivity (especially during pregnancy ), economic insecurity (earning less income and holding fewer assets), a heavier burden of unpaid care, norms that restrict clothing and movement, greater risk of gender-based violence, and more limited access to cooling, healthcare, social protection, and safe working conditions. The impacts on women's health and finances are significant – and most acute for those in the informal sector, who lack protections that could otherwise mitigate their losses...”**

## Climate Change News – Tropical forest protection fund at risk after UK stalls on pledge

<https://www.climatechangenews.com/2026/07/03/tropical-forest-protection-fund-at-risk-after-uk-stalls-on-pledge/>

“The **Brazil-led TFFF** was launched at COP30 as an innovative financial model to keep rainforests standing, but is **still short on startup cash.**”

“**A new global rainforest fund, unveiled by Brazil at COP30, will likely struggle to meet its initial funding target this year, after the UK failed to announce an expected pledge during London Climate Action Week and other donors have been slow to come on board....**”

“The Tropical Forest Forever Facility (TFFF) was launched on the sidelines of last November's UN climate summit as an innovative mechanism to fund rainforest protection. Instead of relying on grants, it seeks to raise public and private money, invest it in financial markets, and then pay rainforest countries a share of the returns. **The facility has so far raised \$6.8 billion but needs to mobilise at least \$10 billion by the end of 2026, under conditions set by Norway to unlock its pledge. If the fund falls short of this goal, the Norwegian contribution of up to \$3 billion in loans over 10 years will not be disbursed....**”

## Access to Medicines, vaccines & other health technologies

### Semafor – Africa’s vaccine sovereignty goal is set for its biggest hurdle

P Adepoju; <https://www.semafor.com/article/07/02/2026/africa-moves-ahead-with-vaccine-manufacturing-ambitions>

Neat (wide-ranging) analysis. “ ... Africa’s vaccine manufacturing ambitions are entering a different phase. The question is no longer whether the continent can build factories, but whether it can build markets for what those factories produce....”

### DNDi - Brazil, Malaysia, and Thailand set to start global clinical trial to test promising dengue treatment developed by Serum Institute of India

<https://www.dndi.org/press-releases/2026/brazil-malaysia-and-thailand-set-to-start-global-clinical-trial-to-test-promising-dengue-treatment-developed-by-serum-institute-of-india>

“Following a licensing agreement signed between the Serum Institute of India (SII) and DNDi, a Phase III clinical trial is expected to begin early next year, with the aim of developing a safe, effective, and globally accessible therapeutic for dengue. “

## Devex (Opinion) – The HIV prevention approach needs reprioritization, not acceleration

W Parker; <https://www.devex.com/news/the-hiv-prevention-approach-needs-reprioritization-not-acceleration-112855>

**“Following an HIV funding crisis, the global response is accelerating a new product instead of asking what countries can afford, sustain, and prioritize.”**

**“The HIV funding crisis should have forced a hard reassessment of prevention priorities, but instead, a biomedicalized HIV prevention model is being reinforced without accounting for its limits.** In April, the [U.S. President’s Emergency Plan for AIDS Relief](#) and the [Global Fund](#) announced plans to **expand access to lenacapavir**, the long-acting HIV preexposure prophylaxis, or PrEP, aiming to reach **3 million people** by 2028. ... “

“... The **urgent question is what to prioritize to keep people living with HIV healthy, reduce new infections, and build responses that countries can sustain. That question should be central to global HIV policy. Yet global health institutions are leaning heavily into one prevention measure that has not been broadly tested in the field.** There is no question that lenacapavir has been shown to work in trial conditions. What needs further scrutiny, however, is whether a new product should sit at the center of prevention priorities before thorough assessments of where it will avert the most infections, analyses of its feasibility for implementation — which services and priorities it may displace — and how it ultimately fits into sustainable national systems....

**“The way forward: Country-led priority-setting: The institutions best positioned to mobilize residual donor funding are often those organized around product introduction.** The [Coalition to Accelerate Long-Acting PrEP](#) is a case in point: it brings together the Global Fund, PEPFAR, Unitaid, UNAIDS, the World Health Organization, and AVAC to accelerate access to new PrEP products. **That kind of architecture can move quickly, but it is not the same as country-led priority setting.** Countries still need to decide what prevention mix is affordable, sustainable, and most likely to reduce infections....”

Warren concludes: “... The global HIV response has proven many times that it can mobilize around a new product. The **harder test now is whether funders and global institutions can govern differently by supporting countries to decide where lenacapavir belongs alongside treatment scale-up, viral suppression, condoms, community-level prevention approaches and primary health care integration.**”

## Stat – In private meeting, Trump officials push to onshore generic drugmaking

<https://www.statnews.com/2026/07/08/trump-officials-want-to-make-generic-medicines-in-the-us/>

(gated) **“Officials worry China or other nations could cut off U.S. supplies of critical medicines.”**

“... Last week, pharmaceutical leaders filed into a meeting room in the Eisenhower Executive Office Building, next to the White House, for a meeting with Secretary of State Marco Rubio, health secretary Robert F. Kennedy Jr., and HHS Chief Counsel Chris Klomp. The administration officials had a message for the industry: **It’s time to bring production of essential medications back to the U.S. — or at least closer to home.** The meeting, described by an administration official and two people familiar with the event, **focused on increasing U.S. control of the supply chains for the 86**

medicines deemed essential by the health department's Assistant Secretary for Preparedness and Response....”

## Digital Health & AI and health

### HPW - Digital Regulation for Youth Health: Joint Statement by WHO and France Demands Urgent Action

<https://healthpolicy-watch.news/youth-health-digital-governance/>

“A lack of youth online safety is a global public health crisis that demands systemic platform regulation to protect children from harm, according to a **joint declaration** by the French government and the World Health Organization (WHO). They demand urgent digital governance to mandate safe platform redesigns, as nations struggle to enforce easily bypassed social media bans.”

“While online environments can offer educational and social benefits, **poorly governed digital spaces pose grave risks to the physical and mental development of youth**, French President Emmanuel Macron and WHO Director-General Dr Tedros Adhanom Ghebreyesus said in the **statement** released last week. They warn that features including infinite scrolling, autoplay, and push notifications increase the risk of addictive behaviour....”

“...The leaders warn that unregulated digital marketing exposes vulnerable adolescents to **harmful products**, echoing public health advocates who accuse the tobacco, alcohol and sugary drink industries of flooding social media to evade advertising regulations. ... **Furthermore, Macron and Tedros note that, despite its opportunities, generative artificial intelligence acts as a force multiplier for major risks facing youth online, with its long-term impact on children's emotional development**, including their ability to form real life relationships and capacity for empathy, remaining uncertain.... They advocate for a **precautionary approach to digital platform design**, insisting that such measures are “pro-child” rather than anti-innovation, emphasising that **preventing exposure to illegal, extreme, and graphic content is a public health imperative.**”

“... This push for comprehensive digital governance comes as legal and regulatory pressure against social media platforms is mounting....”

### UN News - From AI to 'killer robots': UN chief issues urgent governance call

<https://news.un.org/en/story/2026/07/1167873>

“UN chief António Guterres appealed on Monday for far-reaching, worldwide controls on Artificial Intelligence, as increasingly powerful AI chips that are designed for civilian use shift to the battlefield, where “killer robots” are already the norm.”

“Addressing the inaugural **UN Global Dialogue on AI Governance in Geneva**, the Secretary-General also insisted on the **need for greater accessibility for the billions of people unable to access** the revolutionary tech. He insisted that any future agreement must be “**worthy of global trust**” and **put safety first – and especially children's** - to protect them from digitally-generated manipulation and

abuse. Echoing that call, the [President of the General Assembly, Annalena Baerbock](#), urged **collective action to counter the “sinister” side of AI**, noting that a reported 99 per cent of deepfakes are sexual in nature and 96 per cent target women and girls...”

“Other priorities for global checks and balances on AI should include **locked-in access to the self-learning tech for developing countries, while all AI data centres should be powered by renewable energy by 2030**, the UN chief stressed....”

PS: “Monday’s inaugural [Global Dialogue on AI in Geneva](#) .... involves companies, researchers, technical experts and civil society **to discuss how to put humanity at the core of the transformative technology**. A second Dialogue is scheduled for May 2027 in New York.”

- Related: [Geneva Solutions – UN stakes claim in AI governance with Geneva conference](#)

“Amid broader international efforts to govern artificial intelligence, the United Nations is holding a **Global Dialogue this week in Geneva, arguing it will give all countries a seat at the table.**”

“... So far, there’s been little global coordination on how to manage AI’s runaway success, and **Guterres has been pushing, over his second term, to position the UN as the institution best placed to play this convening role**. Amid the financial crisis and geopolitical fractures weighing on the multilateral body, **the outgoing UN chief wants to ensure the UN takes a leading role in helping govern a technology that will shape humanity’s future – one of the final pieces of his legacy he hopes to leave behind.**”

## Miscellaneous

### Cidrap News - WHO launches database to track sexually transmitted infections

<https://www.cidrap.umn.edu/sexually-transmitted-infections/who-launches-database-track-sexually-transmitted-infections>

“The World Health Organization (WHO) has launched a new database that organization officials hope will help improve understanding of the prevalence of sexually transmitted infections (STIs) in **low- and middle-income countries (LMICs)**. The [STI Prevalence Atlas](#), launched late last week, tracks five of the most common STIs: chlamydia, gonorrhoea, herpes simplex virus type 2 (the main cause of genital herpes), syphilis, and trichomoniasis. ....”

### Guardian - Less drugs, less care, less food: how aid cuts have hit Uganda’s 2m refugees

<https://www.theguardian.com/global-development/2026/jul/09/how-aid-cuts-have-hit-uganda-2m-refugees>

“Africa’s largest refugee population has seen rations and healthcare slashed as funding levels drop.” “Less drugs, less care, less food.”

“The International Rescue Committee (IRC) says funding cuts have pushed the country’s health system **to the brink**. In 2025, the IRC’s Uganda health budget was about \$18m (£13.6m), the bare

minimum to keep critical services running, according to local sources. In January, it fell to \$4m, forcing the IRC to close health clinics in 11 refugee settlements and lay off **about 80% of its staff**, leaving people even more vulnerable to diseases such as cholera, measles and mpox....”

**Guardian - Men’s average testosterone levels have halved in last 50 years, say scientists**

<https://www.theguardian.com/society/2026/jul/07/mens-average-testosterone-levels-have-halved-in-last-50-years-say-scientists>

“Exclusive: Researchers warn of ‘major crisis in male reproductive health’ partly driven by obesity and diabetes.”

“Total testosterone levels in men declined by 54% between 1972 and 2019, according to data presented at the annual meeting of the European Society of Human Reproduction and Embryology in London on Tuesday. Rising levels of obesity and diabetes are expected to play a part, but the team behind the work suggest that environmental factors such as endocrine-disrupting chemicals – which can be found in various household items – and global heating could also be factors in the apparent striking decline....”

## Global health events

**Alliance – Seizing power: health policy and systems research at the World Health Summit Regional Meeting 2026 in Nairobi**

<https://ahpsr.who.int/newsroom/news/item/09-07-2026-seizing-power-health-policy-and-systems-research-at-the-world-health-summit-regional-meeting-2026-in-nairobi>

“As external financing for health contracts sharply, the Alliance for Health Policy and Systems Research used the World Health Summit Regional Meeting (27–29 April 2026) to talk about how African governments are taking greater ownership of their systems, and that locally grounded research is part of what makes that possible. Across two public sessions and a closed roundtable on the future of health systems, the connecting idea was health sovereignty. "Empowerment is people taking and seizing power; it is not given freely," the Alliance's Executive Director, Dr Kumanan Rasanathan, told delegates, **acknowledging that frustrations with the global health architecture were "really boiling over** – but our joint challenge is to build something better for this new era"....

## Global health governance & Governance of Health

**Health & Human Rights News**

<https://www.hhrjournal.org/health-and-human-rights-news/>

“Dr Mariângela Simão of Brazil has been appointed by the UN Human Rights Council as the fifth Special Rapporteur on the right to health, commencing her three year term on 1 August. Like her predecessor Dr Tlaleng Mofokeng, Simão is a medical doctor. In addition to her background in

maternal and child health and public health, Dr Simão had extensive experience in the construction of Brazil's National Health System and has held in senior roles in UNAIDS and the World Health Organization."

## UNRISD - Call for Papers (2025): Reclaiming Multilateralism: Leadership from the South

<https://www.unrisd.org/en/activities/news-items/call-for-papers-reclaiming-multilateralism-leadership-from-the-south>

The call for papers led to **three papers**. "... These insightful papers provide an **in-depth examination of how recent G20 presidencies led by countries of the global South — Indonesia, India, Brazil and South Africa — have shaped global policy agendas by advancing priorities such as international tax reform**, while also exploring broader dynamics of influence, coalition-building and knowledge production within and beyond the G20. ...." **Make sure you check out:**

- WP: [Leadership from the South: Comparative Lessons from G20 Presidencies on International Tax Reform](#)
- WP: [Tracing the Billionaire's Tax Across Four G20 Presidencies: From Corporate Custodianship to Global Justice Addressing Inequality](#)

## ECDPM (Brief) – Global Europe: A geopolitical instrument in need of strong development safeguards

P Van Damme; <https://ecdpm.org/work/global-europe-geopolitical-instrument-need-strong-development-safeguards>

"Philippe Van Damme examines the **substantive challenge in regulating the Global Europe instrument**: reconciling EU geopolitical ambitions with its commitments to a rules- and values-based international order."

## Devex Pro – How Japan spends its development aid

### How Japan spends its development aid

(gated) "Japan trimmed its aid budget again last year, but unlike several of its peers, it didn't tumble down the donor rankings. Even after cutting official development assistance **from \$16.5 billion to \$15.6 billion, it remained the world's fourth-largest donor.**"

"Japan's aid model also looks very different from that of most major donors, writes my colleague Alecsondra Kieren Si. **Rather than relying primarily on grants, it lends.** In 2024, roughly **\$7.8 billion of its bilateral aid came as loans**, while about \$5.7 billion was provided as grants."

"**The biggest winner? Asia**, which received \$8.4 billion in bilateral aid, with India alone accounting for \$2.5 billion — nearly a fifth of Japan's total bilateral aid. The transport and storage sector attracted the largest share of funding. **Japan also remained a major multilateral backer, channeling billions of dollars to the World Bank, regional development banks, the United Nations, the Green Climate Fund, and The Global Fund to Fight AIDS, Tuberculosis and Malaria.** Even as

global aid contracts, Tokyo continues to play by its own rulebook.”

### Third World Quarterly (Introduction) - The emergence and politics of polyalignment

Jessica DiCarlo et al ; <https://www.tandfonline.com/doi/full/10.1080/01436597.2026.2676304>

“In the Second Cold War between the US and China, middle ground countries are overwhelmingly refusing to choose sides. However, despite resultant talk of ‘new non-alignment’, they do not seek to keep major states at arm’s length, as in the first Cold War; rather, they seek to build and maintain connections with rival players as much as possible, reflecting their attachment to the deep networks created under globalisation in the decades since 1989. This article introduces the concept of polyalignment to guide analysis of the present era. Polyalignment describes both an extant condition arising from the complex interconnectivity established under globalisation and efforts to manage and perpetuate such connections. The article historically traces the shift from non-alignment to polyalignment, highlighting the impact of globalisation and state transformation on states’ external ties and on their capacity to exert centralised control over their foreign relations, factors typically neglected in work on ‘new non-alignment’ and ‘hedging’. The article introduces a special issue that explores cases of polyalignment in Europe, the Middle East, Africa, Latin America and South and Southeast Asia.”

### Annals of Global Health - Advancing Women’s Global Health Leadership: Lessons from a Tripartite Model

Kamla Ross McGregor et al ; <https://annalsofglobalhealth.org/articles/10.5334/aogh.5285>

“Women in the Global South remain underrepresented in high-level leadership positions in global health. Three academic institutions developed the Women in Global Health Leadership Fellowship (WGHLF) to build and strengthen the capacity of emerging women leaders in global health in Kenya and South Africa....”

## UHC & PHC

### Lancet Primary Care – June issue

[https://www.thelancet.com/issue/S3050-5143\(26\)X2006-4](https://www.thelancet.com/issue/S3050-5143(26)X2006-4)

- Start with the [Editorial: A call for investment in primary care data](#)

“To enable equitable dissemination of primary care data, stronger investment and political will are needed in the construction and maintenance of nationally representative primary care datasets globally. Through cross-country and regional collaboration, countries can build more representative datasets for research that can expose health inequities and allow longitudinal health monitoring. Such data are key to developing locally relevant primary care strategies fit for the future....”

## Health Research Policy & Systems - Global partnerships for local impact: Strengthening HTA capacity in Asia and Africa through collaborative experiences

Lapad Pongcharoenyong et al; <https://link.springer.com/article/10.1186/s12961-026-01504-2>

“Health technology assessment (HTA) is recognized as a critical tool for informing health policy decisions and advancing sustainable universal health coverage (UHC). **For over a decade, the Health Intervention and Technology Assessment Program Foundation (HITAP) has undertaken systematic efforts to strengthen HTA capacity across Asia and Africa. This study reviews HITAP’s experience in capacity strengthening to inform strategies for effective international collaboration and capacity-building in low- and middle-income countries....”**

## Global Social Policy – Financialisation of the health sector: The case of public-private partnerships in India

M Nundy et al ; <https://journals.sagepub.com/doi/10.1177/14680181261462490>

“**This paper traces the evolution of public-private partnerships (PPPs) in India’s health sector during the past four decades.** These partnerships have been transformed because of their engagement with commercialisation and financialisation. Drawing on political economy frameworks and policy analysis, it argues that **PPPs cannot be understood as technical instruments. They are institutional expressions of broader neoliberal reforms** that reshape the role of the state and expand market influence in health systems. **The paper identifies four phases of neoliberalism in India—pre-liberalisation, liberalisation, post-liberalisation, and more recently deepening of financialisation....”**

## Health Systems & Reform - Mexico’s New Health Reform: El Servicio Universal de Salud

Michael R. Reich; <https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2688285>

“**On April 7, 2026, Mexican President Claudia Sheinbaum initiated a new nation-wide health reform, creating a national Servicio Universal de Salud (SUS) that promises to expand access to health services, improve efficiency across agencies, strengthen the quality of public-sector care, and improve population health outcomes....”**

## Stat – Obamacare rolls shrank dramatically in many states over the past year, new federal data shows

<https://www.statnews.com/2026/07/06/obamacare-rolls-shrank-dramatically-affordable-care-act-states/>

“Ohio and Oklahoma each lost nearly one-third of enrollees.”

“**States across the country saw steep drops in the number of people covered by the Affordable Care Act over the past year, with Ohio and Oklahoma each losing nearly one-third of enrollees, according to new federal data that provides the first complete 50-state breakdown of sharp enrollment declines following the January expiration of enhanced subsidies....”**

“The data, posted in late June by the Trump administration and first reported on by The Associated Press, reveals how changes in each state’s insured population led to around 2.6 million fewer Americans having Obamacare plans in February compared with the same time last year....”

### Nature Health – How geospatial science can boost equitable access to healthcare

S Blower et al ; <https://www.nature.com/articles/s44360-026-00167-1>

« The World Health Organization should include a wider range of data for their Geolocated Health Facilities Data Initiative, so that the spatial accessibility of healthcare can be accurately measured.”

## Pandemic preparedness & response/ Global Health Security

Telegraph – Several viruses capable of infecting humans discovered every year, study reveals

<https://www.telegraph.co.uk/global-health/science-and-disease/viruses-capable-of-infecting-humans-discovered-every-year/?s=09>

“Two to three new viruses capable of infecting humans have been discovered every year, a major new study from three universities has found. The study, which analysed historical medical papers over the last 100 years, found that at least 239 species of human-infecting viruses have been found since the turn of the 20th century....” Meta-review by researchers from the universities of Edinburgh, Glasgow, and Peking.

... The pace of discovery has accelerated significantly in recent years as technology and science improve, including the identification of dangerous pathogens like new mutations of bird flu, Zika virus, and Covid-19....”

### TGH – How Industry Can Help Prevent the Next Cruise Ship Outbreak

Y T Yang ; <https://www.thinkglobalhealth.org/article/how-industry-can-help-prevent-the-next-cruise-ship-outbreak>

“Critical disease-outbreak intelligence sits inside private firms, and an outbreak escrow system could securely hold that data to be shared in an emergency...”.

“The bottleneck in the [Hanta] outbreak was not detection or biology; it was the institutional handoff between the commercial actors holding the data and the public authorities needing it. The response exposed the need to redesign current disease-surveillance systems before the next pandemic. An "outbreak escrow" database held by a third party would respect passenger privacy while preparing cruise lines to respond to future threats....”

**“Critical outbreak intelligence now sits inside private firms whose default posture is to protect passenger privacy, brand reputation, and legal exposure, rather than populate a public health list of who is sick and who has been exposed.....”**

**“An outbreak escrow system—a database held by a third party to be released only if specific conditions are met—would ease coordination for high-risk travel settings.** Cruise operators, expedition companies, airlines, and travel insurers would be required to **maintain standardized, privacy-protected outbreak data packets**—manifests, cabin or seat assignments, contact details, onward-travel bookings, and shore-excursion groupings—preformatted to public health specifications. **These packets would sit in encrypted escrow, untouched, until a predefined trigger occurred:** an unexplained death at sea, a suspected high-consequence pathogen, a severe respiratory cluster, or a medical evacuation involving an infectious syndrome.

**When a trigger fires, designated public health authorities, including the flag state** (the country where the ship is registered), **the next port of call, WHO, and any jurisdiction receiving disembarking passengers, would gain time-limited, audited access....”**

**Science Insider - British ‘First Fleet’ brought smallpox to Australia—and may have killed millions**

<https://www.science.org/content/article/precontact-australia-nid>

**“Two papers** pin the deadly disease’s introduction on British colonists and suggest the continent held far more people than previously believed.”

## **Planetary health**

**Lancet Planetary Health – May issue**

[https://www.thelancet.com/issue/S2542-5196\(26\)X2005-8](https://www.thelancet.com/issue/S2542-5196(26)X2005-8)

Most articles had already been published ‘early online’.

**Guardian - Air pollution may cause childhood obesity by disrupting impulse control, study finds**

<https://www.theguardian.com/us-news/2026/jul/06/air-pollution-childhood-obesity-study>

**“Babies exposed to higher levels of neurotoxin more likely to have difficulty controlling impulses later, research shows.”**

## Guardian - Fuel on the fire: why oil companies are profiting as the world gets dangerously hot

<https://www.theguardian.com/environment/2026/jul/07/big-oil-companies-profiting-fossil-fuel-global-climate-change>

“The scientific consensus is that burning fossil fuels drives the climate crisis, yet the **world’s biggest oil companies are planning to increase production.**”

“**A new analysis shows petroleum companies are racing one another to extract more oil and gas from the ground. Shell, ExxonMobil, Chevron and seven other publicly listed firms aim, on average, to increase production by 14% between 2024 and 2030, according to the Climate Transition Centre at the London School of Economics and Political Science (LSE)....**”

## Guardian - European countries top ‘scorecard’ on climate progress while US slips to 27th

<https://www.theguardian.com/environment/2026/jul/08/climate-change-crisis-europe-us>

“**Estonia, Luxembourg and UK are the top three in biennial Yale University index in tackling pollution and other issues...**” The index has its disadvantages, though.

## Infectious diseases & NTDs

### Nature Health – Burden of dengue in children in eight endemic countries in Asia and Latin America: a secondary analysis of the DEN-301 trial

R Kastner et al; <https://www.nature.com/articles/s44360-026-00163-5>

“In an analysis of the placebo arm of the phase 3 DEN-301 TAK-003 dengue vaccine trial among 6,687 children aged 4–16 years, **dengue accounted for 5.8% of febrile illnesses, with higher incidence in Asia Pacific (2.7 per 100 person-years) than in Latin America (1.2 per 100 person-years)** and 25.4% of confirmed cases requiring hospitalization, **showing regional differences in dengue burden.**”

### Guardian - Catnip lotion as effective as Deet at repelling mosquitoes, study finds

<https://www.theguardian.com/global-development/2026/jul/07/catnip-lotion-as-effective-as-deet-at-repelling-mosquitoes-study-finds>

“**Researchers testing a cheap, homegrown oil in Uganda found what cats knew all along – it worked as well as the artificial chemical used globally.**”

“**A homegrown catnip lotion has proven “just as effective as Deet” as a mosquito repellent in trials carried out in Uganda.** Catnip, or *Nepeta cataria*, is a common herb from the mint family. The chemical in the plant that causes feline euphoria – nepetalactone – also has insect-repelling

properties but this has not previously been commercialised. ... In a study presented at the Society for Experimental Biology conference in Florence on Tuesday, a team working between Uganda and Wales found mosquitoes seeking a blood meal were less likely to land on people wearing lotions made from catnip....”

## NCDs

Nature News – How to avoid dementia — what the science really says

<https://www.nature.com/articles/d41586-026-02098-z>

“Ambitious studies have been examining the protective effects of diet, exercise and socializing — with surprising results.”

PS: “... the World Health Organization will release its new dementia risk-reduction guidelines on 16 July...”

TGH - Heat Stress and Air Pollution Fuel Dementia in Ghana

DM Donkor et al ; <https://www.thinkglobalhealth.org/article/heat-stress-and-air-pollution-fuel-dementia-in-ghana>

“Ghana's aging population faces worsening cognitive health, including increased dementia risk, from pollution and high temperature.”

“African populations face a distinctive risk profile for Alzheimer's characterized by harmful environmental exposures including air pollution and heavy metals.....”

Plos Med - Hypertension and diabetes prevalence, associated factors, care cascade, and quality of life in older adults: A cross-sectional population-based study in The Gambia, South Africa, and Zimbabwe

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004785>

By Anthony Muchai Manyara et al.

## Social & commercial determinants of health

Globalization & Health - Political prioritization of alcohol and sugar-sweetened beverage taxation in Uganda: Agenda dynamics amidst a shifting funding landscape

<https://link.springer.com/article/10.1186/s12992-026-01229-5>

By E Sseguja et al.

## Vox - The evidence against “ultra-processed” foods is weaker than you think

<https://www.vox.com/future-perfect/494045/ultra-processed-foods-science-rcts>

**“New analysis suggests other factors may explain the harms blamed on “ultra-processing.””**

“... . In a recent article published in *Science*, a group of researchers analyzed data from five landmark randomized controlled trials of ultra-processed foods and found that most of them compared ultra-processed and non-ultra-processed diets that differed in important ways beyond processing. The ultra-processed diets tended to be more calorie-dense and lower in fiber, for example, which can lead to overeating regardless of whether a food is “ultra-processed.” Accordingly, some of the effects that they attributed to processing may have had other causes. These findings matter well beyond an academic fight over food categories. They offer the latest evidence against taking the UPF label too seriously when deciding what to buy — or fear — at the grocery store....”

“... It’s not hard to see why the idea of ultra-processed foods has resonated so deeply. It taps into a justified feeling that food corporations profit at the expense of our health, and it has quite explicitly tried to turn that instinct into a scientific agenda. But a framework that cannot clearly diagnose what makes our food system harmful offers no real leverage against the industry that profits from it....”

## BMC Global and Public Health -Sitting still while the world gets sicker: Rethinking physical inactivity as a public health emergency

K Daniels et al; <https://link.springer.com/article/10.1186/s44263-026-00295-6>

**“Physical inactivity (PI) has emerged as a “forgotten pandemic” in global health. Over a quarter of adults worldwide fail to meet recommended physical activity (PA) levels, a proportion that has remained largely unchanged since 2001. This inactivity drives a rising non-communicable disease burden, deepens health inequities, and generates substantial economic costs. Yet preventive action and dedicated funding remain insufficient. Despite international frameworks and national PA plans, with nearly 75% of countries reporting relevant policies, implementation remains inconsistent and population-wide impact elusive....”**

“... A fundamental paradigm shift is required, from fragmented, individually focused initiatives towards a multilevel, systems-based approach that aligns global, national, and local action. PA must be reframed as a societal investment, rather than a lifestyle choice contingent on individual responsibility. Genuine population-level empowerment stems not from placing the burden on individuals, but from creating environments and policies that enable active living. We call on global health leaders to elevate PA promotion to the forefront of political agendas, supported by increased funding, long-term vision, rigorous implementation, and targeted interventions for underserved populations....”

## Mental health & psycho-social wellbeing

Science - Chatbots can help perpetuate stigma around certain health conditions

<https://www.science.org/content/article/chatbots-can-help-perpetuate-stigma-around-certain-health-conditions>

“Negative perceptions of mental illness and other health issues subtly shape outputs from large language models.”

“... A new study finds such health conditions can trigger subtle but potentially damaging discrimination from another source: artificial intelligence (AI) chatbots that are playing a growing role in everything from hiring to health care. Researchers found that popular large language models (LLMs) often produce stigmatizing statements when provided with information about a person’s health. The findings, [published this week in \*Nature Health\*](#), add to growing evidence that AI models can help perpetuate—rather than eliminate—harmful stereotypes.....”

## Sexual & Reproductive health rights

HPW - From Waiting Room to Labour: How Task-Shifting in Nigeria is Saving Lives

B Abubakar; <https://healthpolicy-watch.news/from-waiting-room-to-labour-how-task-shifting-in-nigeria-is-saving-lives/>

“A Task Shifting/Task Sharing investment in Kano State in Nigeria is empowering community health workers and improving maternal and newborn outcomes.”

## Neonatal and child health

SS&M - Leaving no one behind: An assessment of the rate of decline in child mortality among the richest and poorest children in 38 low-and-middle-income countries

<https://www.sciencedirect.com/science/article/abs/pii/S0277953626006350>

By Anoop Jain et al.

CGD (blog) - NeoTest: A \$60 Million Proposal to Accelerate Neonatal Sepsis Diagnostics and Save Newborn Lives

A Bansal et al; <https://www.cgdev.org/blog/neotest-60-million-proposal-accelerate-neonatal-sepsis-diagnostics-and-save-newborn-lives>

“... In early 2025, the Center for Global Development and the Market Shaping Accelerator launched a **working group** chaired by Lord Jim O'Neill and comprising world-leading experts in neonatal care, diagnostics, economics, market shaping, and global health. Together, **we have designed a \$60 million funding facility to accelerate the development and deployment of a rapid triage diagnostic for neonatal sepsis in low- and middle-income countries (LMICs)**. Rather than paying researchers upfront, **NeoTest pays innovators only when a working product is successfully developed and reaches patients**. It **deploys capital across three components**: A \$20 million milestone payment that rewards the first firms to bring a qualifying test to market; A \$10 million implementation support fund that builds the country-level infrastructure needed for adoption; A \$30 million advance market commitment (AMC) that pays a per-test top-up on qualifying tests used.”

“With \$60 million in funding, we estimate the facility would save over one hundred thousand newborn lives over a decade at a cost per newborn life of \$1,271. This places it **amongst the most cost-effective global health interventions....**”

- See also the full [NeoTest working group's report](#).

## Access to medicines & health technology

**BMJ GH – Clustering of countries based on national essential medicines lists: cross-sectional study**

<https://gh.bmj.com/content/11/7/e024404>

By A Buadu et al.

## Human resources for health

**HP&P - Exploring the roles of informal healthcare providers in urban settings to improve access and quality of care for the urban poor: experience from Bangladesh, Ghana, Nepal and Nigeria**

<https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag087/8728137?searchresult=1>

By D D Dadeka, I Agyepong et al.

## AI & health

### International Health - Parity before scale: governing large language models in global health

Carlos Fernando Mourão et al; <https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihag069/8723430?searchresult=1>

Authors propose three minimum governance commitments.

## Miscellaneous

### World Bank (blog) – Women are living longer-policies can help them live better

W Cunningham et al; <https://blogs.worldbank.org/en/investinpeople/women-are-living-longer-policies-can-help-them-live-better>

“Our recent paper, *Prosperous, Healthy, and Dignified: Policy Pathways for Older Women in Developing Countries*, takes on this topic and **questions two common assumptions**: first, that older men and women face the same challenges; and second, that aging policy starts in old age....”

## Papers & reports

### Health Systems & Reform - Health Systems Research for a New Era: Launch Editorial

Michael R. Reich et al; <https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2688953>

“Health Systems & Reform is pleased to launch an open discussion and [Article Collection](#) on the theme of “Health Systems Research for a New Era: Foundations, Frontiers, Futures”... .. With this Collection, Health Systems & Reform seeks ideas for advancing the field of health systems research in this new era of reduced funding and changing priorities...”

“... We are pleased to initiate this collection with a commentary by leaders at two global organizations: the World Health Organization’s Alliance for Health Policy and Systems Research, and Health Systems Global. We appreciate the willingness of the authors of the accompanying commentary to let us initiate this Article Collection with their essay....” “**The nine coauthors of the commentary are “embedded” (their word) in specific global organizations, and their essay draws significantly on materials published and conferences organized by both groups.** Their positionality frames their perspective, which is normal and not unexpected. The commentary also generated vigorous discussion and debate among the journal’s Editorial Board, motivating us to organize this collection and seek other views on what “the field” is and where “the field” should go. While the commentary describes this field as “**Health Policy and Systems Research,**” and recognizes that other names are also used, we prefer the broader term of “**Health Systems Research,**” implicitly assuming that policies are inherently part of a health system’s design, adoption, and implementation (and

acknowledging that there are many health policies that might not operate in or through health systems but these are not included here)....”

“We now invite additional submissions—as Research Articles, Commentaries, Policy Reports, and Editorials—from individuals and organizations around the world on this important topic. For this Collection, we propose four broad questions: What distinctive contributions can the field of health systems research make? What are the research priorities for the field, and how should they be set (by whom and according to what criteria)? What competencies do current and emerging researchers in health systems research most urgently need to develop? What defines and differentiates the field of health systems research? What is included and what is excluded?”

## Lancet Regional Health Africa – July issue

[https://www.thelancet.com/issue/S3050-5011\(26\)X2005-3](https://www.thelancet.com/issue/S3050-5011(26)X2005-3)

- Editorial: [Prioritising the elimination of visual impairment in Africa's children](#)

“Visual impairment in children is a concerning issue that demands attention to avoid inequities hindering their ability to thrive. However, it is largely preventable and treatable, and **although the prevalence is relatively low (4%) in Africa, the negative impacts of visual impairment are profound. In Africa, children with visual impairments often do not get the care they need, which has ramifications on their health, wellbeing, and development that extend through adolescence into adulthood.** To echo the calls for eliminating vaccine-preventable diseases, what would it take to eliminate visual impairment in children? **This month's issue draws attention to two areas of disability in Africa, sight and hearing...**”

## Tweets (via X & Bluesky)

### Winnie Byanyima

Re HIV prevention: “The **40+20 Call to Action** aims to ensure that by 2030: 40 million people are accessing HIV treatment and achieving viral suppression; 20 million have effective primary prevention; #UnitedToEndAIDS .”