IHP news 889 : Launch WHO office in Tokyo, HLPF on SDGs in New York, GF Board meeting in Geneva, Accra Reset in Dakar, the 'wisdom of the crowds' & plenty more

*(**17 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,

Earlier this week, at the **High-level section of the High-Level Political Forum on SDGs** in New York, **General Assembly president Baerbock** ended her speech with a comparison between the SDGs and this year's football World Cup competition: "***It has told us very clearly one thing: to never give up at minute 80.***" "***One goal at the right moment can change everything. And 17 goals at the same moment can change the world. It is up to us to play the last four years together.***" Well, maybe, and at minute 85 great things can still happen too, but 17 goals is still a bit much to pull off. At the very least, you probably need a thorough change of strategy, given that 'accelerating' the SDG agenda isn't exactly working out. Indeed, the **only things 'accelerating' for the time being**, seem to be (1) **AI**, *"…. as a technology that simultaneously affects all industries and **turbocharges extraction based economic models**, including in agriculture, fisheries, and forestry…."* (*cfr an apt quote at the recent **United Nations dialogue on AI governance in Geneva***); (2) **wars & conflicts** and (3) the **climate emergency** (*in a recent Nature Comment, I learnt about "**'Climate free fall'**, "the biggest risk to our economies yet to be recognized"*). Nevertheless, I do agree with **the UN's "Don't Give up" mantra** - *and as mentioned before, Peter Gabriel & Kate Bush's 'Don't Give Up' would make a neat soundtrack in the final years before 2030 (and many years after).*

In other news vaguely related to the World Cup, the so called '**wisdom of the crowds'** (*via the dodgy prediction market 'Polymarket'*) on the question '*Who's going to win the World Cup'* ?, went in just a few hours from 'France: 37.8 %' to 'Spain: '58 %'. Tells you all you need to know about the 'wisdom of the crowds' :) (*and count me in, even if I didn't place a bet obviously*).

The summer edition of the **Solidarity Levies taskforce newsletter** features a number of interesting suggestions for Gianna Infantino and policy makers worldwide (*certainly including 'global health reformers'*). They point to Denmark as a role model lately (*the country is moving towards a levy on private jets and cruise ships*), but also argue, "***The FIFA World Cup highlights the case for premium flyer levies***". Among others, dare I say.

But there was much more global health news this week.

14 July marked the official opening of the World Health Organization Office in Tokyo, an important milestone in strengthening collaboration between WHO and the Government of Japan. "***The WHO Office in Tokyo will also host the UHC Knowledge Hub—an innovative, country-led initiative designed to strengthen health financing systems in LMICs in support of UHC***. *Established jointly with the World Bank and with the support of the Government of Japan, the Hub serves as a global*

platform for knowledge exchange, technical cooperation, capacity building, and supporting countries on their path toward achieving UHC."

The **Ebola emergency** still outpaces the response and sounds really worrying (*as well as underfunded*). It's now the fastest-growing Ebola outbreak in history. We also come back on a rather important **Global Fund Board meeting** from last week (9-10 July). In the category 'cringy global health communications' (*or at the very least not connecting many dots*), some brilliant EU staffer came up with a 'Team Gaza Initiative' , while UNAIDS 'mourns the passing of Senator Lindsey Graham'. The **latest PABS round** ends today in Geneva (17 July) (*with some progress being made it seems*). And oh yes, **Warren Buffett dropped the Gates Foundation from his annual donations,** a bit earlier perhaps than anticipated as the results from the external review on the Epstein links, commissioned by the Gates Foundation, aren't in yet. Apparently Buffett *"extensively reviewed information about Gates' relationship with Epstein before deciding to overhaul his charitable giving*" (cfr interview with CNBC).

Speaking of Bill, we'd like to flag an informative **post** by him on LinkedIn, " "AIDS-free" generation is no empty promise", listing three good reasons why this is the case. Unfortunately, towards the end of his post, Gates still 'misunderstands' the problem as "*Governments are cutting funding for global health*". Any global tax justice (& democracy/social contract) expert will tell you that's putting the cart before the horse. It's not because Bill claims otherwise 200 billion times, that it becomes any more true.

Last but not least, we flag a few **must-read blogs** related to the **global health reform discussions** (*eg at last week's **pre-Board Global Fund panel discussion** on the evolving global health ecosystem; whereas this week an **Accra Reset High-Level Panel retreat** is ongoing **in Dakar**).*

Habib Benzian published a **lovely** and as always slightly poetic **post** on the '**epidemic mind of global health'**, "*The Diseases Global Health Can Hear* ". Partly inspired by his (not so big) "surprise" that even in the year 2026, NCDs aren't exactly top of mind in the ongoing global health architecture reforms**.**

In a slightly different style, and reacting to a TGH article, **Andrew Harmer** came up with a neat 'Gladiator' comparison in his latest blog, '*Reforming WHO: some Considerations for an ex-Acting Director General*', in which he zooms in on **WHO's operational role**. He's not mincing words.

PS: we already want to draw your attention to an **Extraordinary African Union Summit on Health** which will be held in Accra (from **July 21 to 22**).

Enjoy your reading.

Kristof Decoster

Featured Article

Unplugging Childhood: Why India Must Rethink Smartphones for Children

Kamal Kant Sharma

"My ten-year-old son has a fixed activity in his daily routine—30 minutes to one hour of watching scrolling videos on the phone. If he misses this even for a day, he quickly reminds me, 'Today I haven't watched the phone at all, give me your phone.'"

What began as a small allowance for entertainment has slowly turned into an expectation. This experience is not unique to my household. Across urban and rural India alike, smartphones have quietly entered children's daily routines, sometimes becoming as regular as homework or playtime. Parents often introduce phones with good intentions—educational videos, communication with family, or simply to keep children occupied for a while. Over time, however, the line between occasional use and dependency can easily blur.

The growing presence of smartphones in children's lives is raising important questions for parents, educators, and policymakers. How much screen time is too much? At what age should children have access to social media? And should governments play a role in regulating digital exposure for young minds?

These questions are increasingly being debated across the world, and India has begun to take its first cautious steps….

- To continue the read, see **IHP - Unplugging Childhood: Why India Must Rethink Smartphones for Children**

Highlights of the week

Structure of Highlights

- Ebola Emergency: WHO/Africa CDC messages & other updates
- PABS negotiations in Geneva (round 7)
- More on PPPR & GHS
- Global Health Reform & future of development cooperation
- HLPF in New York
- Global Fund Board meeting (Geneva, 9-10 July)
- More on Global Health Governance & Financing/Funding
- Debt crisis
- Trump 2.0 & US Global Health Strategy

- More on impact aid cuts
- World Cup Football
- HIV
- NCDs
- Immunization & more on child health
- Planetary Health
- Access to Medicines, Vaccines & other health technologies
- Conflict/War & Health
- AI & health
- Some more reports
- Miscellaneous

Ebola Emergency: WHO/Africa CDC messages & other updates

We kick off this subsection with some **WHO/Africa CDC messages** from the past week, and then continue with **other Ebola related reads, news snippets & analysis**.

HPW - Ebola Cases Climb 25% as UN Warns Outbreak May Push One Million Into Poverty

https://healthpolicy-watch.news/ebola-cases-climb-25-as-un-warns-outbreak-may-push-one-million-into-poverty/

(10 July) With coverage of last week's Africa CDC media briefing. "**The Democratic Republic of the Congo's Ebola outbreak is the fastest-growing on record, Africa CDC told its weekly briefing on Wednesday**, with confirmed cases up 25% over the past week to 1,759 and deaths reaching 600. The **outbreak's reproductive number is 1.4**, meaning every 10 infections lead to roughly 14 more, while **the case fatality rate is 34%,** officials said…."

"…"**The virus is still ahead of our response," said Wessam Mankoula, who heads the continental Incident Management Support Team coordinating the response for Africa CDC and the World Health Organization (WHO).** "However, the **window of opportunity is still open."…** … "We need to go ahead of the virus," Mankoula said. "And **to go ahead of the virus, we need more resources."**

"… **Just 32% of new cases come from known contact lists, against a 90% target**, and each case is linked to only seven contacts. More than half of cases are flagged only after 72 hours of symptoms. "**While progress has been made, key bottlenecks persist, including access to workforce, which currently challenges contact tracing and case investigation efforts**," **Africa CDC** said, adding that it is **deploying 4,000 community health workers as part of a 20,000-strong target with WHO and UNICEF to shore up contact tracing…."**

"… **Mankoula said Africa CDC was in touch with the government to fast-track payments, while urging development partners who had pledged to financially assist the response to speed up**

disbursement. Around **21% of a pledged $1 billion has been disbursed**, Mankoula said. The Ebola response needs $518 million, and the wider humanitarian bill exceeds $800 million…."

Reuters –Congo Ebola outbreak still spreading largely undetected, WHO official says

(10 July) - Reuters;

"**Scale of outbreak could be two to four times larger than data shows;** Cases remain concentrated in Ituri province; **Deaths outside treatment centres remain a major concern."**

"**Four out of every five new Ebola cases in parts of Democratic Republic of Congo have no known link to existing patients, a senior World Health Organization official said**, warning that the **true scale of the outbreak could be two to four times larger than official data suggest…."**

"… "**Eighty percent of the… new patients confirmed are coming outside of known contact lists**" in the heart of the outbreak in Bunia, Ituri province, **WHO Emergencies Director Chikwe Ihekweazu** told Reuters in an interview late on Thursday (last week).

Geneva Health Files –Resources to Fight Ebola Trickle In Slowly, Even as Funding is Earmarked: Authorities

https://newsletter.genevahealthfiles.com/resources-to-fight-ebola-trickle-in-slowly-even-as-funding-is-earmarked-authorities/?ref=geneva-health-files-newsletter

(10 July) "**quick update from the weekly presser of the Africa CDC on the Ebola outbreak. The WHO also had a briefing for countries this week** on the emergency. We present information from these briefings below…." (*with all the detail on these two briefings)*

PS: "… The **challenges thrown by the emergency are relevant to the negotiations on the Pathogen Access Benefit Sharing system underway at WHO. It appears though, that Ebola has not had a decisive impact on the considerations weighed in by negotiators…."**

Africa CDC Calls for Stronger Protection of Responders

https://africacdc.org/news-item/africa-cdc-calls-for-stronger-protection-of-responders/

(11 July) "As of 9 July 2026, 112 health workers had been infected with Bundibugyo virus across DRC since the outbreak began, including 35 who died. **The confirmed infection of a U.S. humanitarian worker supporting the response in Bunia adds urgency to the protection of everyone working to contain the outbreak."**

- See also **Cidrap News – Africa CDC calls for more protection for health workers as deadly Ebola outbreak shows no sign of slowing**

"... The leader of the Africa Centre for Disease Prevention and Control (Africa CDC), is calling for stronger protections for first responders, including more gear and enhanced safety protocols in light of the Ebola outbreak in the Democratic Republic of the Congo (DRC), which is officially entering its second month and showing little signs of slowed transmission. Africa CDC Director-General Jean Kaseya, MD, MPH, said that, **as of July 9, 112 healthcare workers have been infected with Ebola since the outbreak began, including 35 who died…"**

Reuters – WHO says it has less than half funding needed to fight Ebola

(14 July) Reuters;

"**The World Health Organization has received less than half the funding it needs** to fight the Ebola outbreak in eastern Democratic Republic of Congo, **a WHO official said on Tuesday, urging donors not to abandon the country at a critical stage of the epidemic.** The global health agency has **received about 40% of its $115 million appeal** to tackle the Bundibugyo outbreak, for which there is no proven treatment or vaccine. …

" **Chikwe Ihekweazu, head of the WHO's Health Emergencies Programme**, told reporters in Geneva after a visit to the worst-hit province of Ituri. … … … **He repeated estimates that the true number of Ebola cases in Congo is at least double, and possibly over four times, the official tally."**

UN News – 'This is a fire': DRC Ebola outbreak is fastest-growing ever, warns WHO

https://news.un.org/en/story/2026/07/1167933

(14 July) "Infections of the Bundibugyo species of Ebola in the Democratic Republic of the Congo (DRC) have reached record highs and a majority of new cases are coming from "unknown chains of transmission", the UN World Health Organization (WHO) warned on Tuesday."

"The WHO official (i.e. Chikwe) outlined a two-pronged strategy for the response: continue pushing at the heart of the outbreak in Ituri and at the same time, "understand the travel routes… and really map out where the risks are of new cases coming up". **Urging the international community not to be "despondent" in the face of the disease's rapid spread, the WHO official insisted that the work was bringing results. "Now is not the time to drop the ball**," he warned…."

HPW – With Over 2000 Cases in Two Months, DRC's Ebola Outbreak Continues to Outpace Response

https://healthpolicy-watch.news/with-over-2000-cases-in-two-months-drcs-ebola-outbreak-continues-to-outpace-response/

(16 July) "**Two months after the Democratic Republic of Congo (DRC) declared an outbreak of Ebola Bundibugyo, the outbreak is "continuing to outpace the response**" – and with 2,073 people infected and 796 dead, **this is the fastest outbreak ever,** World Health Organization (WHO) Director General **Dr Tedros Adhanon Ghebreyesus told a media briefing on Thursday…."**

"Reporting that another treatment centre in Bunia had been attacked on Wednesday, **Tedros once again appealed for international support to make up the $400 million-plus shortfall needed to**

mount a sufficient response. "This is not charity. It's an investment in national security," Tedros stressed…."

"**Dr Chikwe Ihekweazu, executive director of WHO's Health Emergencies Programme, said that the primary focus across all the outbreak-affected areas "is getting cases into care".** Over 60% of deaths are happening in communities, which means that people were likely to have been sick and infectious for weeks before their deaths – and were only diagnosed with Bundibugyo because health officials are taking swabs from dead people shortly before burials, Ihekweazu explained. "Your chances of survival are three to four times higher when you come into care. We have, at the moment, a case fatality ratio of about 30 to 40%. If you look at those that come into care, it's about 10 to 15%. If you look at those that die in the community, it's about 60 to 70%," he added.

To encourage people to seek care in health facilities, the DRC government is offering free healthcare for all diseases to everyone presenting to hospitals and clinics in the outbreak-affected areas, he added…."

- On the funding gap, see also UN News:

"**WHO's joint continental preparedness and response plan with Africa CDC still faces a funding gap of more than $400 million**. "We urge donors to fill this gap and to help us control this outbreak as quickly as possible," Tedros said….

"The **UN Children's Fund, UNICEF,** has also appealed for additional resources, **warning this week that only 25 per cent of the funding required for its Ebola response is currently available**. …"

- See also **Cidrap News - Africa CDC praises DRC's new roadmap (16 July)**

"**The DRC has released a new roadmap to contain the outbreak**, which is now the fastest-growing in history. **The Africa Centres for Disease Control and Prevention (Africa CDC) applauded the guidelines.** The roadmap offers emergency and immediate deadlines for early detection, complete contact follow-up, rapid access to care, protection of healthcare workers, and advise for trustworthy community engagement. …"

Stat – More health workers strike as Ebola cases in Congo exceed 2,000, including 754 deaths

https://www.statnews.com/2026/07/15/ebola-outbreak-congo-2000-cases-health-workers-strike/

(16 July) « **Workers at the region's largest medical center are the latest group** to claim payment issues."

Reuters – Cut off from Kinshasa, Congo's AFC/M23 rebels built their own Ebola response

Reuters;

(13 July) "**Outbreak is chance for rebels to show their ability to govern; Analysts say fragmented response could complicate containment**; AFC/M23 staged lightning advance in east Congo last year; **Backer Rwanda has helped rebels with medicine and supplies."**

"**Congo's AFC/M23 rebels have used a small Ebola outbreak in territory they control to showcase their ability to govern, mounting a response largely separate from authorities in Kinshasa and supported in part by neighbouring Rwanda**, according to response teams and official documents. The **response has highlighted how the rebels have extended parallel administrative structures into areas captured** during a lightning advance last year. **Analysts, however, say the war-torn country's fragmented response could complicate containment efforts should the outbreak spread further…."**

Telegraph - The Ugandan city where the race for a new Ebola vaccine will be won or lost

https://www.telegraph.co.uk/global-health/science-and-disease/the-ugandan-city-at-the-centre-of-the-ebola-vaccine-race/

"The **small Ugandan city of Masaka** …. will soon be known for something very different: **it is here where the UK's bid to be first to produce a new Ebola vaccine will be won or lost. In the coming weeks, 110 volunteers in Masaka are set to receive an experimental shot against the rare Bundibugyo species of Ebola**, the deadly haemorrhagic fever currently spreading in Africa. The **Phase I trial**, designed primarily to establish whether the jab is safe, is **a vital step towards creating a much-needed vaccine."**

"**The vaccine is being developed by the Oxford Vaccine Group**, the same team at Oxford University that helped to develop the AstraZeneca Covid-19 jab used during the pandemic. **There are two other vaccines also in the race, one from Moderna and another from the non-profit biotech firm IAVI."**

"… **The study is a collaboration between the University of Oxford and a leading research unit in Uganda, a branch of the UK's Medical Research Council (MRC) that is situated inside the Ugandan Virus Research Institute (UVRI). ……** If the results are positive, it is **hoped that the Oxford jab can move into a larger clinical trial as soon as October,** involving much larger numbers of people who are directly exposed to the virus. **It would be run under an emergency use license, which allows an experimental vaccine to be used during an active epidemic.** … The **Oxford vaccine itself is being made by the Serum Institute in India**, who are understood to be making large batches of the shot already so that it can be available immediately for a phase III roll-out, if the trial is successful."

"… The **Oxford jab set to be tested in Uganda is one of three promising vaccine candidates that have received millions of dollars in funding from the not-for-profit organisation, the Coalition for Epidemic Preparedness Innovations (CEPI).** CEPI has also given funding to pharmaceutical giant Moderna and biotech organisation IAVI, both of which already had early-stage Bundibugyo vaccines in development. **The IAVI candidate** is currently at an earlier stage of development, and is expected to take between 7-9 months before it can reach clinical trials, according to the World Health Organization (WHO). **Moderna** is meanwhile developing an mRNA vaccine for Bundibugyo Ebola. Staff at the MRC in Uganda told The Telegraph Moderna had contacted them to discuss the possibility of running their own trials with the unit, but that the development is not yet as advanced as Oxford's…."

"… It's likely that within a year, at least one of the three jabs will have passed the trials, proving both safe and effective and will become available to bring the outbreak under control."

- See also Reuters – Oxford begins first human trial of Bundibugyo Ebola vaccine

(13 July) "The University of Oxford has launched the first human trial of a vaccine against Bundibugyo ebolavirus, seeking to accelerate efforts to combat an outbreak spreading in the Democratic Republic of Congo and Uganda. **The early-stage trial, known as BD-Ebov, will evaluate the safety and immune response of the ChAdOx1 BDBV vaccine in 50 healthy adults aged 18 to** 55 in Oxford, the university said on Monday…."

Development Today (Opinion) - Congolese humanitarians demand fair share of OCHA pooled funds

https://www.development-today.com/archive/2026/dt-5--2026/congolese-actors-demand-fair-share-of-ocha-pooled-funds

"In the last six months, the country pooled funds managed by OCHA have expanded, but support channelled to national humanitarian organisations in the Democratic Republic of Congo has collapsed. **As OCHA plans for disbursement of another USD 1.8 billion in US funding, the Congolese gynaecologist De-Joseph Kakisingi calls for a minimum of 40 per cent of the DRC fund to be earmarked as direct grants to local actors."**

Politico – Americans in Congo barred from immediately returning home amidst Ebola outbreak

https://www.politico.com/news/2026/07/14/american-ebola-relief-workers-barred-from-returning-home-immediately-00997100
(14 July) "U.S. citizens in the Democratic Republic of the Congo will have to spend 21 days in a third country before returning to the U.S., even if they show no signs of disease."

"**Larry Gostin, a global health law professor who directs Georgetown University's O'Neill Institute, said a blanket ban on American citizens returning home is "unprecedented" and "blatantly unlawful**." Gostin said the U.S. has stopped people diagnosed with an infectious disease from boarding commercial flights many times before, but never people who have not been diagnosed or even assessed for disease exposure….."

PS: "**Two Americans have contracted Ebola in the outbreak so far and were sent to Germany for treatment…."**

Guardian - Uganda calls for travel restrictions to be lifted after last Ebola patient discharged

https://www.theguardian.com/global-development/2026/jul/16/uganda-travel-restrictions-last-ebola-patient-discharged

(16 July) "Country begins 42-day countdown to outbreak being declared officially over, as numbers continue to rise in neighbouring Democratic Republic of the Congo."

Nature (World View) – Africa's response to this Ebola outbreak shows how to shape global health

S A Karim; https://www.nature.com/articles/d41586-026-02148-6

"Countries elsewhere must learn from the continent's example and combat disease outbreaks by working together, not by closing borders."

BOND – The Bundibugyo wake-up call: why the UK cannot afford to ignore the latest Ebola outbreak

https://www.bond.org.uk/news/2026/07/the-bundibugyo-wake-up-call-why-the-uk-cannot-afford-to-ignore-the-latest-ebola-outbreak/
"A policy brief analyzing the **cost-efficiency of containing health emergencies at the source relative to reactive domestic border responses."**

Excerpt: **"The economics of crisis: For UK policymakers managing tight budgets, global health spending must be understood as an insurance policy. Containment at the source is exponentially cheaper than a reactive global emergency response.** In a highly globalised economy, an unstable health system in central and eastern Africa creates a vacuum. Epidemics compound existing humanitarian crises, fuel displacement, and strain regional economies, which directly impacts the UK's broader geopolitical and strategic interests….."

Lancet (Comment) – Bundibugyo ebolavirus from the 2026 Ebola outbreak in Uganda and DR Congo: a new variant

A Ayitewala et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01079-2/fulltext

"…. In conclusion, we show that the BDBV variant identified in Uganda from a travel-related case linked to the ongoing outbreak in Ituri **represents a new clade of BDBV."**

And some links:

- **Cidrap News - Gilead launches Ebola antiviral trial in DR Congo as cases near 2,000 (14 July)**
- **Reuters: MSF urges Ebola response scale-up as Congo outbreak nears 2,000 cases**

(15 July) "**The Ebola epidemic in the Democratic Republic of Congo is spreading faster than efforts to contain it, global medical charity Médecins Sans Frontières (MSF) warned** on Wednesday, **calling for an urgent expansion of containment and care measures."**

PABS negotiations in Geneva (round 7 – and counting…)

RANI's Resilience Action Playbook newsletter: Deep in the messy middle

https://mailchi.mp/rani/future-financing-resilience-action-playbook-16-july?e=da8439b1d4

Very neat summary of the past 10 days:

"Deep in the messy middle. IGWG 7 (6–17 July) concludes on Friday after ten days of negotiations. **Assessing the session's progress is not straightforward.** An updated text circulated on Wednesday evening shows little movement toward consensus, though it does contain new additions and proposals for consideration. **Delegates have nonetheless covered considerable technical ground on some of the most complex elements of the PABS Annex and the WHO Secretariat has circulated working documents on specific issues among Member States. Here's where things stand and what comes next.**

- **Ebola reminding what's at stake.** …
- **A tense opening.** During the opening session, some Member States expressed frustration that the outcomes of informal discussions have yet to translate into the negotiating text – making it harder to build momentum – while others cautioned against doing so before clarity emerges on the complex links between access and benefits. The session also revisited granting observer access to relevant stakeholders, which received push back from the EU, Switzerland, China, Namibia, and Algeria (on behalf of the Africa Group).
- **Into the technical weeds.** Building on IGWG7's preparatory discussions, **delegates have focused on the technical core of the PABS system.** On access, debates centered on user traceability requirements and issues. Legal arrangements enforcing benefits were also discussed at length, with emphasis on formal WHO contracts with vaccines, therapeutics, and diagnostics manufacturers and on online (click-wrap) agreements. **Notably, the Africa Group presented a proposal to tie access conditions to predictable, contract-based benefit commitments under a 'federated data platform.' Spain explored how a 'hybrid' access model would work.** Delegates also addressed benefits and the WHO recognition of laboratories and databases authorised to upload and manage PABS data and samples.
- **Financing gets a first look.** Delegates also kicked off discussions on the Pandemic Agreement's Coordinating Financial Mechanism (CFM), with WHO providing an overview of current funding gaps and what it would take to get the mechanism running. Discussions touched on whether and how the CFM would be governed under a single framework with its counterpart under the International Health Regulations.
- **What's next? IGWG 8 is scheduled for 14–19 Sept**., with the PABS Annex again as the primary deliverable, plus a further session on the CFM. Informal discussions between sessions have not yet been confirmed. "

TWN – WHO: User identification and Contracts indispensable for PABS says developing countries

N Ramakrishnan et al ; https://www.twn.my/title2/health.info/2026/hi260703.htm

"**Recent negotiations show a growing recognition that users of pathogen materials and/or sequence information (PMSI) from a proposed multilateral pathogen access and benefit sharing system must be identifiable and subject to contractual obligations to ensure compliance with**

terms of use of PMSI and benefit-sharing. This was the **conclusion after the first week of the seventh meeting** of the Intergovernmental Working Group (IGWG7) negotiating the Pathogen Access and Benefit-Sharing Annex to the WHO Pandemic Agreement that were held at the WHO Headquarters in Geneva from 6 to 17 July…."

PS: "**Several delegates engaged in the negotiations from developed and developing countries** speaking to Third World Network**, were of the view that progress was being made even though divergences remain**, as there is now a better understanding of the different positions, creating a stronger basis for finding agreement…"

Geneva Solutions – NGOs allege rights abuses by Western countries in deadlocked pandemic agreement talks

https://genevasolutions.news/global-health/frustrated-by-deadlocked-pandemic-treaty-talks-ngos-allege-rights-abuses-by-western-countries

"**Civil society groups are calling on a UN human rights expert to investigate alleged foot-dragging by pharma-intensive countries at ongoing pandemic treaty talks, but will the motion have teeth?"**

"…Frustrated by deadlocked negotiations, which were extended at May's World Health Assembly (WHA) by another year, **a group of NGOs appealed earlier this month to the outgoing United Nations special rapporteur on the right to health. They argued that the negotiating positions of the European Union, Norway, Switzerland, and Japan are at fault and run counter to their international obligations regarding the right to health…."**

PS: "…. Some observers, meanwhile, were mystified by the **timing of the statement, which came just weeks before the end of Mofokeng's term as rapporteur.** On Wednesday, the Human Rights Council appointed **Mariângela Simão**, former WHO assistant director general and former UNAIDS director, as her replacement, effective 1 August…. A **spokesperson for the UN human rights office said that, due to the upcoming succession, the NGO's request would be transferred to Simão's inbox at that time, before the countries would have 60 days to respond to allegations**, according to the rules….."

More on PPPR & GHS

Stat - WHO: Uganda is silent on updates following disclosure of Marburg outbreak

https://www.statnews.com/2026/07/16/world-health-organization-wants-marburg-virus-update-from-uganda/?utm_campaign=twitter_organic&utm_source=twitter&utm_medium=social

"Repeated requests for information have been unsuccessful, agency says."

"The government of Uganda has gone quiet on an outbreak of the deadly Marburg virus that it reported late last month, with **the World Health Organization acknowledging Thursday it has made repeated requests for updated information on the status of the investigation into how it started and how far it may have spread.** "We've sent several additional requests for information, and we're

still waiting to hear from them specifically on the outcomes of the investigation that we know that they're carrying out," **Chikwe Ihekweazu, executive director of the Geneva-based agency's Health Emergencies Program, said during a new conference**. Ihekweazu said the **WHO has formally filed a request for updates through the International Health Regulations**, a treaty that requires countries to inform each other, through the WHO, of disease threats that could cross borders. "We've sent frequent and repeated requests to the government of Uganda, and we're waiting on them to respond to the IHR request that we've sent to them," he said…."

GAVI (Policy Brief) – Immunisation and global health security: financing the future of pandemic prevention, preparedness and response

https://www.gavi.org/sites/default/files/2026/Gavi-PPPR-Policy-Brief-2026.pdf

The policy brief sets out key lessons from COVID-19 and other major health emergencies and **outlines five policy recommendations** for building a cohesive approach to pandemic preparedness, prevention and response that enables governments and institutions to act decisively at the onset of a crisis, saving lives and reducing costs.

Including: **1. Invest in immunization.**

SSM Health Systems - Playing the payer's tune to govern health through security in Nigeria – a realist analysis

D Akhavein, S Abimbola et al;
https://www.sciencedirect.com/science/article/pii/S294985622600108X

"**The use and the application of health security, both as a frame and a set of practices, have increased and become central to global health governance**. **Nigeria** navigates complex pressure in health priority setting, shaped by domestic political realities, economic constraints and a longstanding relationship with international donors. **Yet how the framing of health as security interacts with these dynamics, and how the actors involved shape health system priorities and practices, remains under-examined….."**

Findings: "…. **We identified four interrelated outcome patterns (1) centralisation of governance, where priorities were steered by global agendas and reinforced through federal structures; (2) shaping of resource allocation, often prioritising diseases of international concern over locally salient health needs; (3) reconfiguration of health services, including vertical programming and administrative reporting burdens; and (4) institutionalisation of security norms, normalising military and security actor involvement in health response**. Our findings show that **health security** is more than a technical exercise; it is a **dynamic phenomenon co-created across multiple dimensions, including global norms and domestic governance**. To mitigate the negative consequences of this phenomenon, we recommend that policy, practice, and research actors – internationally, in Nigeria, and elsewhere – engage more critically with global framings of health and security."

The Collective Blog - Why financialisation matters for global health security

Ben Hunter; https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/ben-hunter/why-financialisation-matters-for-global-health-sec.html

"Finance and financialisation are increasingly central to sectors and institutions that impact global health security: they shape the conditions that generate health threats, influence the pathways through which they spread, and reconfigure the systems designed to detect and respond" says Collective Member Ben Hunter. "

"**In June, Dina Kirpalani, Abhay Shukla and I spoke at the Global Health Security Conference, where we led a panel on global health security in the era of financialisation**. At a conference oriented towards technical fixes, our panel made the case for understanding global health security in socio-political and economic context, specifically one that is remaking global health in the mould of finance. **Here I outline three key domains in which financialisation is transforming global health security…."**

Global Health Reform & the future of development cooperation

TWN – WHO: Reforming Global Health Architecture on Whose Terms?

Dian Maria Blandina (UNU); https://www.twn.my/title2/health.info/2026/hi260702.htm

Hardhitting must-read analysis: "The global health architecture with its systemic flaws is poised for reform but on whose terms?"

A few excerpts to provide you with a flavour:

"… **the global health architecture (GHA) reform discourse focuses on architectural tweaks, i.e. reshuffling institutions and funding streams, as if the problem were technical rather than political, without acknowledging the decisions have led to the current situation**.

…Despite widespread acknowledgment of its detrimental effects, **fragmentation in GHG persists due to deeply entrenched, interconnected factors including the proliferation of actors, divergent interests, and power imbalances**. An ongoing study is critically unpacking this fragmented architecture to identify structural opportunities for amplifying the voice and participation of the Global South…." "**While the WHO is formally tasked with restoring coherence to a fragmented GHG, the joint reform process instead embodies the contradictory interests of its actors; crucially, most entities within the Joint Task Force on GHA reform are themselves products of that very fragmentation strategy**.

"… **the reform agenda remains concentrated on coordination, transparency, and efficiency rather than on reallocation of power or resources**. In other words, it aims to leave sustainable finance availability to these entities causing fragmentation and **reinforce a donor-fragmented system to work better, not to remake it on more democratic terms. …"**

"… **While Member States and civil society were responding to WHO surveys and participating in official briefings, the normative parameters of "global health architecture reform" were being shaped in a parallel circuit of high-influence convenings: the One Health Summit in Lyon under the French G7 presidency, the Wellcome Global Convening, and the World Bank-IMF Spring Meetings, among others**. These were **not WHO-convened processes, and access to them was heavily skewed toward institutionally resourced Northern governments**, think tanks and philanthropic intermediaries. The **Lyon Joint Political Declaration, adopted at the One Health Summit in April, is emblematic.** Substantively, it endorses WHO-hosted reform and echoes many Global South demands on sovereignty, equity and diversified financing. Politically, however, it derives its weight from being anchored in a G7 presidency, with heads of state, senior ministers and major funders in the room. **That kind of declaration prejudges the WHO process: it sets expectations and defines the corridor of acceptable policy options. Formal multilateralism is thus placed in the position of legitimizing a narrative largely framed outside the WHO…"**

"**The WHO GHA reform process, therefore, cannot be understood as a purely technocratic exercise. It is an arena where competing visions of multilateralism confront one another**: one that privileges flexible, donor-steered networks of funds, partnerships, and clubs, and another that insists on stronger public, universal, and Member State-centered institutions. The interventions from Global South delegations at WHA79 were far from routine. They were explicit warnings against allowing GHA reform that manages, rather than rectify, a fragmented GHG order. **The current GHA reform agenda carries the risk of formalizing the status quo by conferring legitimacy upon the very entities whose existence has fundamentally splintered global health governance, diverted resources, and privileged private and powerful interests.** Whether the process ultimately produces meaningful structural change will depend on **which coalition succeeds in shaping its practical assumptions over the coming year. The GHA reform process would largely be confined to efficiency gains, financing alignment, and improved coordination among already powerful actors; it will consolidate rather than transform the current governance.** Hence, **Member States (especially from the Global South) need to link the process to broader struggles over fiscal sovereignty, technology transfer, debt justice, and democratic multilateralism**. The reform could become part of a larger effort to reclaim GHG from fragmented and donor-dominated control…."

TGH – Reforming WHO: Five Considerations for the Next Director General

A Nordström; https://www.thinkglobalhealth.org/article/reforming-who-five-considerations-for-the-next-director-general

"The World Health Organization's next chapter could become more focused, technically authoritative, and strategically disciplined through strategic reforms."

"... **present discussions about global health reform avoid the critical issue of reforms of WHO itself**. To remain relevant in a changing landscape, WHO needs to be modernized and embark on institutional and structural reforms….

Nordström lists **five reforms.**

Andrew Harmer – Reforming WHO: some Considerations for an ex-Acting Director General

https://andrewharmer.org/2026/07/15/reforming-who-some-considerations-for-an-ex-acting-director-general/

Harmer focuses in his reply to Nordström on consideration #1 – **WHO's operational logistics.** Listing a number of very good arguments in my view for a continued (and strong) operational WHO role.

Just a quote to provide you with a flavour: "… … *There's **a scene in the film Gladiator** where (Roman emperor) Commodus rides into battle too late. "Have I missed it? Have I missed the battle" he asks, feigning concern. "You have missed the war" replies his father. I could just leave it there – it's an obvious point, after all. But **to be clear, it's crucial to WHO to be seen as legitimate in order for it to maintain authority, and a good way to do that is by 'being present' and capable in its operational support. Visibility is crucial, so WHO shouldn't – to extend the gladiator metaphor further – become an armchair general**. Nobody respects them…."*

CGD (brief) - An IDA Health Window: The Future of Global Health Financing

P Baker; https://www.cgdev.org/publication/ida-health-window-future-global-health-financing

"… **Current (global health) reform processes have shied away from a precise prescription for a new financing mechanism**. Without this, there can be no progress. **An International Development Association (IDA) Health Window** would resolve the challenges of the current architecture. **This brief outlines its mission, policy objectives, and key design characteristics. It builds off a forthcoming working paper which reviews the World Bank's role in health financing."**

"**An IDA Health Window would be a ring-fenced fund at the World Bank for countries to seek support for financing their health systems**. It would have a single, clear mission: to drive down mortality in low- and middle-income countries through the expansion of basic, cost-effective health services. It would significantly contribute to the World Bank's target of delivering health services to 1.5 billion people. **It has five main benefits that distinguish it from the current global health architecture**. First, it can draw in G20 donors beyond the G7, pooling their funding and defragmenting health financing. Second, it can better target aid to the poorest countries. Third, it can blend grants and loans to stretch resources further and enable a more sustainable transition from aid. Fourth, it can provide on-budget funding without earmarks, thereby building impactful health systems. Lastly, it can deliver on widespread calls for health sovereignty."

"It is an **ambitious proposal, but realistic if it is adopted by the World Bank in a two-phase approach**. **Phase 1—comprising $1.75 billion**—could be delivered rapidly with minimal downsides alongside IDA22, which comes into effect in mid-2028. Given global aid cuts, phase 1 would not seek additional money, but instead would redirect health system strengthening financing into IDA. **Phase 2 would see a $4 billion window launched as part of IDA23 in 2031.** The **IDA Health Window would then become the primary multilateral route for health aid, consolidating 33 percent of development assistance for health, and would be accompanied by a set of complementary global health reforms**. This two-phase approach would enable it to be established at minimal cost and with minimal harm to the current system; with the second phase resulting in a scalable and seamless pathway out of the current architecture…."

Rockefeller Foundation- New Commission Launches to Chart Next Chapter of Foreign Assistance

https://www.rockefellerfoundation.org/news/new-commission-launches-to-chart-next-chapter-of-foreign-assistance/

"Co-chaired by former Gov. David Beasley (R — South Carolina) and former Sen. Ben Cardin (D — Maryland), **Rockefeller and Packard Foundations, along with other partners, launch initiative one year after USAID's closure.** Independent Commission gets underway as new polling shows 8 in 10 Americans want aid reformed, not eliminated. **With Brookings Institution and AEI support, Commissioners (former senior U.S. politicians and executives from across the political spectrum) will spend the next year building a blueprint for a more effective and accountable system of U.S. foreign assistance."**

"The Rockefeller Foundation and the David and Lucile Packard Foundation, along with other partners, announced today the **launch of the new Commission on the Future of Foreign Assistance** to **reimagine a more effective, accountable, and widely supported system for delivering U.S. assistance around the world…."** It's " … charged with developing a **forward-looking blueprint for U.S. foreign assistance that will be released in 2027. "**

Project Syndicate – The Purpose of Development Cooperation Is to Be Unnecessary

V Meja; https://www.project-syndicate.org/commentary/oecd-dac-reviews-miss-the-point-of-development-cooperation-by-vitalice-meja-2026-07

"The original promise of development cooperation was to help countries overcome poverty, build productive economies, and reduce their dependence on external resources**. That has not happened, and ongoing reviews of (OECD's DAC) development cooperation, which focus on donor countries' needs and priorities, are unlikely to change this."**

Duncan Green (blog) – What Endures: Navigating AI and the End of Aid as We Knew It

https://blogs.lse.ac.uk/activism-influence-change/2026/07/13/what-endures-navigating-ai-and-the-end-of-aid-as-we-knew-it/

Including a few thoughts on the 'end of Aid as we knew it':

"…**In the aid sector, the two sectors I think will survive the woodchipper are humanitarian** (there will always be a need for international solidarity when states and communities are overwhelmed by disaster) **and advocacy, both international campaigns on global issues such as climate change, inequality or tax, and national level influencing of government or private sector policy**."

"Otherwise, go and work for institutions and in spaces that have more impact – governments, private sector, grassroots organisations, and which do not depend primarily on aid and in any case, were always more important as drivers of change, in my book. **Right now, my guess is that aid will**

not come back, becoming increasingly seen as a specific and timebound creation of the late 20th/early 21st Century. Remember the League of Nations? Thought not."

HLPF on SDGs (New York) (High-level section)

This year with no special attention for SDG 3 (health).

UN News – Despite hurdles, don't give up on Sustainable Development Goals, UN urges

https://news.un.org/en/story/2026/07/1167927

"In a world of "parallel realities" where stark inequalities seemingly divide people and challenge the promise of multilateralism, **the vision of the Sustainable Development Goals (SDGs) is to bring people together and help them achieve a better reality**."

"**President of key UN body ECOSOC, Lok Bahadur Thapa**, reminded the international community on Monday that **no country can achieve sustainable development on its own, and that political will and momentum is necessary to achieve the SDGs by 2030." "**…The speech marked the **beginning of the top ministerial level meeting of the High-Level Political Forum on Sustainable Development (HLPF),** the UN's annual forum to assess progress on the Sustainable Development Goals (SDGs) which is **convened by ECOSOC – the UN Economic and Social Council**."

"**The High-Level Segment will conclude on Thursday with a negotiated declaration between government ministers and heads of State on concrete actions** Member States will take to advance progress on the 17 Goals…." " **The latest draft of the 2026 ministerial declaration includes commitments to increase investment in the SDGs and develop international rules for transformative technologies such as artificial intelligence."**

Also with the view of **Guterres** (pointing to the lack of **SDG financing** as a key factor)

Global Fund Board meeting (9-10 July, Geneva)

Global Fund - Global Fund Board Takes Strategic Decisions to Navigate a Changing Global Health Landscape

https://www.theglobalfund.org/en/news/2026/2026-07-14-global-fund-board-takes-strategic-decisions-navigate-changing-global-health-landscape/

Press release. "**Framework to strengthen risk management and mechanism to enable more sustainable access to health products approved."**

Some excerpts:

“The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) concluded its 55th meeting from 9-10 July, approving two key measures to strengthen the partnership’s ability to deliver greater impact in a rapidly changing global health landscape. …

“…Already **this year, lenacapavir, the new, game-changing innovation for preventing HIV, has been launched in nine countries**. Twenty thousand people received this preventive medicine by the end of May, and by the end of June, this figure more than doubled to 49,000 people. **Additional innovations to fight tuberculosis (TB) and malaria** – new near-point-of-care tests and spatial repellents – are also moving forward in coordination with countries and technical partners. “

“**As countries prepare for implementation of Grant Cycle 8 (GC8) (2027-2029) in a truncated timeline**, there is intense focus on the difficult trade-offs required from reduced grant allocations. **Initial funding requests are incorporating the new strategic shifts, including integration of health services toward a stronger primary healthcare approach and preparations for explicit transition timelines:** 61 disease components across 35 countries and three multi-countries will transition out of Global Fund support in GC8 and 21 disease components in 12 countries in Grant Cycle 9. “

“…**In 2025, the Global Fund managed approximately US$1.2 billion in procurement, including US$1.02 billion in grant-funded health products for more than 80 countries through its Pooled Procurement Mechanism**. A key part of supporting countries in their transitions is ensuring they have continued access to lifesaving health products negotiated through the Global Fund’s market-shaping strategy. To that end, **the Board approved a new policy to expand access to quality-assured, affordable health products through the Global Fund’s procurement platform using financing outside of Global Fund grants, helping countries maintain reliable access to essential medicines and health products as they move toward greater self-reliance**. To support this initiative, the **Board also approved a separate, self-sustaining financing mechanism that introduces bridge financing for countries that cannot pay upfron**t. The mechanism will include a pre-financing modality to support countries and reduce access barriers. “

Do read on.

PS: “**A pre-Board panel discussion on the evolving global health ecosystem** brought together Dr. Jean Kaseya (the Africa Centres for Disease Control and Prevention), Dr. Joe Phaahla (on behalf of the Eastern Southern Africa & West and Central Africa Board Members), Dr. Edem Adzogenu (AfroChampions/Accra Reset), Katy Kydd Wright (HeAR-CSO Project /Global Fund Advocates Network), Dr. Peter Piot (London School of Hygiene & Tropical Medicine/Accra Reset High-Level Panel), Dr. Bruce Aylward (the World Health Organization) and Dr. Joy Phumaphi (African Leaders Malaria Alliance) **to discuss how global health partnerships must adapt to fiscal constraints, shifting geopolitics and growing demands for country ownership**. Speakers emphasized stronger country and regional leadership, clearer roles and accountability, and the continued relevance of the Global Fund’s multi-stakeholder partnership model, underscoring the need for more agile, coordinated and country-led approaches to sustain long-term health gains. “

“…**The Board discussed the Global Fund’s role in an evolving global health ecosystem**, emphasizing the importance of strengthening the organization’s operating model, deepening partnerships and contributing to broader global health reforms. The **discussion underscored the importance of building on the Global Fund’s comparative strengths, including country ownership, community leadership, market shaping and pooled procurement** – to reduce duplication, strengthen collaboration and maximize impact for the people and communities the partnership serves. é

"**The Board also reviewed progress in strengthening collaboration with key partners, including Gavi, the Vaccine Alliance, to better align support for countries and simplify the way they access health financing and services**. The two organizations have identified priority areas for collaboration, including reducing administrative burden, coordinating support for malaria and health systems, exploring joint approaches for TB and new TB vaccines, and improving operational efficiencies. These efforts aim to help countries deliver more integrated, effective and sustainable health programs while advancing broader reforms across the global health ecosystem. "

Devex Pro– Scoop: Global Fund proposal to scrap evaluation team draws board pushback

https://www.devex.com/news/scoop-global-fund-proposal-to-scrap-evaluation-team-draws-board-pushback-112937

(gated) "Some European donors raised questions on how the secretariat's proposed new model would guarantee an independent evaluation of its programs."

"**The Global Fund to Fight AIDS, Tuberculosis and Malaria secretariat's proposal to dissolve its independent evaluation function has sparked concerns from board members and insiders**, who warn it could weaken independent oversight of the multibillion-dollar health financier….."

- See also Devex: **Self-policing**

"…**the secretariat's proposal to nix its independent evaluation function** has triggered concerns from board members and insiders, who warn it could weaken independent oversight of the multibillion-dollar health financier, Jenny writes. **A paper presented to the board last week proposes a "redesign" of the current evaluations model whereby the secretariat would synthesize evidence and data, and external evaluations would be commissioned "only when there are gaps in other available evidence, capacity constraints or unmitigable conflicts of interest." The Office of the Inspector General, or OIG, would provide assurance over the quality of the process. That's not enough for everyone.** Some **European donors** question how the secretariat's new model would guarantee an independent evaluation of its programs. **They say that while the OIG's work is important, it is "not a substitute for evaluating whether programs actually work**." Meanwhile, a source privy to the discussions says the **proposal seems to treat independent evaluations as optional and that it's "pretty ridiculous" for a global organization commanding billions of dollars not to have an independent evaluation function**. The source suggests the proposal may in part be **driven by the Global Fund's cost-cutting measures**. **The fund is facing a smaller operating budget in the next three years: $930 million, versus $1.02 billion for 2023–2025**. The current evaluation structure costs the Global Fund more than $3 million a year."

- And for more, see **Devex Check-up** - 'Slash-and-burn' — Global Fund proposes axing evaluation team

Devex – German lawmaker seeks more transparency in Global Fund leadership race

https://www.devex.com/news/german-lawmaker-seeks-more-transparency-in-global-fund-leadership-race-112953

"Sascha van Beek, a member of Germany's national parliament (from CDU), said transparency in the process is important to maintain "public and parliamentary confidence in multilateral institutions."

He wrote a letter to the Board. The Global Fund's board chair and vice chair responded to his letter.

- Related: **HPW - Greater Responsibility Requires Greater Leadership From Germany in Global Health (by Sascha van Beek)**

"In this article, Sascha van Beek, a leading global health actor in Germany's Bundestag (Parliament) and a nurse by training, explains why Germany, a major global health donor and host to world-class scientific research, also needs a seat at the table…."

PS: "… **Germany remains firmly committed to the Global Fund**. There should be no doubt about our continued support for this unique partnership. **But as a member of the German Bundestag who strongly advocates for these public expenditures, I am facing a difficult reality. It is becoming nearly impossible to justify sending billions of taxpayer Euros to an organisation that cannot transparently explain how its leadership is chosen.** At a time when many donor countries are debating whether to channel resources through bilateral programmes or multilateral institutions, the Global Fund should do everything possible to strengthen confidence in its governance. **Opaque leadership selection processes do not strengthen multilateralism.** They undermine the trust on which it depends."

More on Global Health Governance & Financing/funding

WHO Tokyo Office opens to scale up health systems in developing countries

https://www3.nhk.or.jp/nhkworld/en/news/20260715_01/

"**The World Health Organization has opened an office in Tokyo to deepen its cooperation with Japan. The aim of the new office is to strengthen health care systems in developing countries**…."

" … The Tokyo office says it wants to share its knowledge and know-how with developing countries and hold training sessions and meetings with health officials as part of efforts to deepen coordination with Japan…."

Also the **UHC knowledge hub** (see this week's intro).

UN - General Assembly Decides Modalities for 2027 High-Level Meeting on Universal Health Coverage, Rejects Proposals to Alter Stakeholder Participation

https://press.un.org/en/2026/ga12770.doc.htm

(10 July) "**The General Assembly decided today that the 2027 high-level meeting on universal health coverage will be convened under the theme, "Universal health coverage: accessible and affordable health for all by 2030",** adopting a modalities resolution for the one-day New York

gathering that surmounted two proposals by the Russian Federation to alter language around stakeholder participation…."

Check out the views of respective countries and entities -including the US and EU.

Devex – Ayoade Alakija, FIND's controversial board chair, steps down

https://www.devex.com/news/ayoade-alakija-find-s-controversial-board-chair-steps-down-112929

"It's unclear what happens to **FIND** after these leadership changes. **The organization faces an uncertain future, based on its recently published financial statement."**

"**In her place, Marcel Tanner, director emeritus of the Swiss Tropical and Public Health Institute, will serve as interim chair.**"

"Alakija's departure follows an announcement by **Dr. Ifedayo Adetifa** in May that he was **stepping down from his position as CEO.** It's unclear what prompted the changes, though one former staffer suggests it was due to donor pressure. Donor relations have indeed been a serious problem. The Swiss Agency for Development and Cooperation, one of FIND's donors, launched an independent review of the nonprofit after former board members raised concerns about alleged mismanagement. This led to several donors terminating projects or suspending grants…."

FT - Buffett drops Gates charity from donation of $6bn Berkshire stake

https://www.ft.com/content/ebc72869-a233-4710-a9a4-e398f567a5b2?syn-25a6b1a6=1&s=09

"Billionaire chair of conglomerate says he plans to leave holdings in company to four family foundations."

"**Warren Buffett excluded the Gates Foundation from his annual donation of stocks on Tuesday**, with the billionaire chair of Berkshire Hathaway directing nearly $6bn of stock to four family-linked charities. Buffett, who will turn 96 this August, also confirmed that his remaining stake in the company would be directed to the four family-linked foundations within eight years…."

"**The omission of the Gates Foundation on Tuesday follows a series of revelations about Gates' ties to Jeffrey Epstein**, which have emerged through disclosures of materials from the US Justice Department's investigation into the deceased sex offender. …"

Devex - Ebere Okereke believes global health is about power

https://www.devex.com/news/ebere-okereke-believes-global-health-is-about-power-112829

"Global health strategist **Dr. Ebere Okereke** joins Theory of Change for a **wide-ranging conversation about building a new global health architecture — in the midst of upheaval."**

- And via **Devex check-up: https://www.devex.com/news/devex-checkup-the-departures-keep-coming-at-find-112917**

"The latest episode of Devex's new podcast, Theory of Change, features **Dr. Ebere Okereke**, and one point she makes to my colleague Michael Igoe really stuck with me: **The biggest force for improving health systems may not be donors or governments — but ordinary people."**

"She said that **in the United Kingdom**, a politician **cannot win an election if they don't have the National Health Service as part of their manifesto:** "If you're silent on the NHS, you're not going anywhere." **In much of Africa, though, she argued that's not the case. A couple of years ago, her team reviewed the manifestos of African parties running for government. Very few, she said, devoted even a paragraph to health.** Her **explanation?** Populations **"have been persuaded" to think that health is their own responsibility and not the government's**. In Nigeria, where she was raised, Okereke said more than 70% of health care delivery is provided by the private sector. And while the current government is now working toward a national health insurance scheme, coverage remains "infinitesimally small" and is limited to public sector hospitals…."

"**Most people never go to a public sector hospital until they're in dire straits**. Their local pharmacies provision is private. Their local doctor is private … so they don't see the government in their health system on an everyday [basis]," she said. "**Our responsibility as advocates [is] to actually start bringing that conversation back to people to say … that health is a right that your government has a duty to provide you access to.** And whatever your problems are, you need to start asking your elected representatives or anybody who aspires to be your elected representative, 'What are you going to do to ensure that my children can get vaccinated?'" she said."

Habib Benzian - The Diseases Global Health Can Hear

Habib Benzian;

"The **epidemic mind** of global health, and what it struggles to hear."

"**Infectious disease gave global health five things it still relies on: an origin story, political permission, an administrative model, institutional architecture and a story people understand**. Together, they made contagion the template through which the field learned to recognise urgency, legitimacy and success…."

Development Discourse – WHO Civil Society Commission Pushes for Stronger Voice in Global Health

https://www.devdiscourse.com/article/health/3948795-who-civil-society-commission-pushes-for-stronger-voice-in-global-health

"More than 300 participants took part in **four events held during the assembly, focusing on sustainable health financing and stronger civil society participation in global health governance**. **The WHO Civil Society Commission enhanced its influence in global health discussions at the Seventy-ninth World Health Assembly."** "The **Commission, representing over 540 organizations**, aims to present coordinated recommendations to WHO and its Member States. Nearly 300 representatives from 270 organizations **identified four key priorities to address the challenges of financing health systems**….

"… The Commission presented **four shared priorities during the assembly: increasing investment in primary health care, strengthening domestic health financing, ensuring civil society has a permanent role in health governance, and improving transparency in health financing data ahead of the 2027 United Nations High-Level Meeting on Universal Health Coverage**."

… **The Health Assembly also marked progress on WHO's upcoming Civil Society Engagement Strategy**. During a dedicated side event, participants worked directly on ideas that will help shape the **strategy's first draft, expected in September 2026.** Unlike a traditional consultation process, participants contributed to developing the strategy itself, with their recommendations expected to influence future collaboration between WHO and civil society organizations. The assembly also encouraged stronger collaboration across generations and regions through networking events that brought together members of the Civil Society Commission and the WHO Youth Council. **WHO said the Commission is now entering a new phase focused on delivering measurable results while expanding meaningful engagement between civil society, governments and international health institutions. "**

- See also **WHO – The WHO Civil Society Commission reshapes priorities at the World Health Assembly**

Nature Medicine – Fertilizer scarcity as a failure of global health governance

A Nasari et al; https://www.nature.com/articles/s41591-026-04507-2

"The closure of the Strait of Hormuz in February 2026 has disrupted global fertilizer trade at a scale with few modern precedents. Public and policy attention has focused on energy markets, but this framing understates the health consequences. Synthetic nitrogen fertilizers, produced almost universally via the Haber–Bosch process, currently sustain the food supply of approximately half of the world's population. **Any major reduction in fertilizer availability therefore represents an upstream threat to population-level nutrition and mortality, one that existing health governance mechanisms are not designed to detect or respond to…."**

Authors conclude**: "…Fertilizer supply meets the criteria that global health governance has applied to justify structural intervention in other domains. It is an upstream, supply-chain-mediated determinant of child mortality,** concentrated in a small number of geopolitically exposed producers, **and invisible to existing health surveillance systems until its effects have already become irreversible. Reclassifying it accordingly and building monitoring and anticipatory response mechanisms to match is the minimum institutional response the current evidence supports."**

Debt crisis

Al Jazeera – How World Bank and IMF loans are reshaping policymaking in Africa

Al Jazeera;

"As debt pressures grow, African governments are reassessing the trade-offs of concessional financing." With focus on **Kenya, Nigeria, Ghana …**

"… **For governments facing high debt levels and limited financing choices, cheaper loans remain attractive**. Yet experiences across Africa suggest that the cost of concessional financing is measured not only by interest rates and repayment periods, but also by the reforms and consequences that accompany access to it. **As Kenya and other countries continue to navigate the balance between financial support and national priorities, the debate over conditional lending is likely to continue. For many citizens, however, the debate is less about the technical terms of borrowing and more about what those choices mean in daily life.** "There's a **bitter irony** here: **Citizens are asked to pay more in taxes to fund health, education, water, social protection, then asked to pay out of pocket for those same services because the tax revenue never actually reaches targets,"** Kebuchi said."

Trump 2.0 & US Global Health strategy

BMJ Feature –African countries "under pressure" signed Trump's America First health deal—and few rejected it

https://www.bmj.com/content/394/bmj-2026-100192

Thorough analysis of the current state of affairs, including in various countries. "Severe external funding cuts have left many African nations forced to sign new transactional health aid agreements with the US. **Abduallahi Tsanni asks if these countries can get the benefits and still keep their health data and pathogens."**

A few excerpts:

"… while the US has framed the bilateral agreements as a new model for sustainable "global health cooperation," **experts tell *The BMJ* that the new agreements are increasingly "transactional," "lopsided," and "imbalanced," with most insisting on pathogen samples, surveillance data, or other concessions in return for US funding. …. …many countries entered the negotiations only after US aid programmes had already been suspended or cancelled by the Trump administration, leaving the countries with little time and limited leverage, says physician Githinji Gitahi**, group chief executive of non-governmental organisation Amref Health Africa. **Moreover, many countries are facing "debt pressures" and "shrinking fiscal space,"** he adds. "**The governments are under pressure to sign,"** Gitahi tells The BMJ. He **worries that many African governments are going ahead to make commitments without sufficient public consultation**: "They are committing because they want the money now, now, now and that'll be problematic."…"

"**The US has a long history of providing health sector aid, often with requirements to share data and materials**. For example, in 1999, PEPFAR funding helped provide medicines, money, and personnel to combat HIV and AIDS in affected African countries in exchange for blood samples from patients and the conducting of clinical trials. **African countries have historically supplied biological samples and data that lead to vaccine development without receiving equitable access to resulting products, says Stuart Ssebibubbu, a research officer at Afya na Haki, a non-profit health research and training institute in Kampala, Uganda. "Instead of getting low priced medicines, we instead get more expensive medicines,"** he says. **However, the new bilateral health deals make data sharing requirements more explicit and contractual than earlier forms of US health assistance**, according to Ssebibubbu."

"… **Fifa Rahman**, a global health lawyer who has consulted for Africa Group negotiators on the Pandemic Treaty negotiations in 2024, **says governments must resist data and pathogen sharing without guarantee of benefits, even if they think they have to sign the health deals. Agreeing to share data through the US bilateral deals could weaken their negotiating position in ongoing global discussions about benefit sharing under the WHO pandemic agreement**, she says…. ""Governments risk giving away access to valuable biological resources before international rules are agreed," says Rahman. **She advises African governments to enact domestic access and benefit sharing laws to protect their genetic resources and ensure benefits such as technology transfer and involvement of local scientists in the development of final products and ensure affordable access**. "Scientists in the West are desperate for materials, pathogens, and data from Africa, and there must be conditions to their use," she says….."

PS: "**HIV blow adding to workforce pressures for African doctors:** … For decades the US has funded African health programmes; it paid laboratory staff, clinicians, community health workers, researchers, programme managers, and epidemiologists. And it supported diagnostic services, laboratory networks and disease monitoring systems, and built surveillance infrastructure. **Gitahi estimates that more than half of the health workforce working within programmes supported by the US have already been laid off. But their governments, already constrained by debts, are struggling to absorb them. The result, he says, is severe shortages of health workers alongside large numbers of unemployed trained professionals. And for those who remain employed, workloads are increasing**. Clinicians who previously focused on non-communicable diseases now also have to manage HIV and tuberculosis services. **Burnout from these excessive workloads is becoming a growing concern owing to the effect on clinicians' morale**, Gitahi says. He notes that governments are prioritising maintaining supplies of antiretroviral drugs and other essential commodities. But many have been unable to absorb large numbers of health workers or replace the workforce of donor funded programmes in full…."

Devex Pro - Experts warn that sidelining CDC threatens PEPFAR's future

https://www.devex.com/news/experts-warn-that-sidelining-cdc-threatens-pepfar-s-future-112911

(gated) "The U.S. Centers for Disease Control and Prevention helped build America's global AIDS response. **As the Trump administration overhauls the agency's role both at home and abroad, CDC officials worry about the future of HIV programs**."

"**Dozens of awards to CDC and its parent department, Health and Human Services, to operate PEPFAR programs that cover treatment costs** for millions of people **are about to expire with no explanation of how — or whether — those programs will continue.** Health experts **K.J. Seung** and **Vincent Lin** identified **120 awards to CDC that are set to end in September.** In their analysis, Seung and Lin described **ending the awards without establishing a replacement** as **"a second global health woodchipper." "**

"**However, a State Department spokesperson tells us it's possible to extend the contracts to ensure there are "no breaks in lifesaving services**," while also working to transition those services to recipient governments. This transition is in line with the bilateral health financing deals the State Department has inked with 34 countries, but the specifics are still being hammered out.
But experts question whether governments have the capabilities to take over CDC programs. It's also important to note that CDC expertise on the ground positioned the agency to take a leading role in global health emergencies, such as the 2014 Ebola outbreak in West Africa.

"The contributions in strengthening the systems in countries where we worked has been very considerable," says **Kevin de Cock**, who served four separate stints as CDC director in Kenya."

Emily Bass - Guess Who Owns "Country Ownership" and CDC turf?

Substack;

"Department of State says: Why so serious?" Excerpts:

"**Since July 2, the US government website "simpler.grants.gov" has featured ten documents** in which the aggressively taciturn **State Department Bureau of Global Health Security and Diplomacy says the quiet part out loud, namely: the Trump Administration's shift to government to government spending is a priority except when it's not; and State appetite for capture of CDC's global health program knows no bounds."**

"As a reminder, "**simpler.grants.gov**" is the **info hub for the Annual Program Statement (APS) that State describes as a USD$ 4.5 billion "supplemental framework" for "projects that complement, extend, and/or fill identified gaps in the implementation of these bilateral MOUs**." The $4.5 billion is completely separate from the money going to countries via the MoUs. It's under State control from end to end: the phrasing of the solicitations, the selection process, the award design, oversight of implementation, evaluation—the works."

"… **AFGHS has been critiqued, rightly, for its extractive approach; but the terms of the transaction haven't been teased apart.** Governments are trading data, specimens and perhaps other things like market access, military presence and mineral rights for money it controls for a health system it owns. **But what if the trade isn't so clean? What if America isn't handing over the reigns in exchange for anything? Is that still ownership? Only in the mirror world.** Under the Trump Administration's America-First definition of "country ownership" and "government-to-government financing," **the State Department will make up to USD$4.5 billion in awards that will not go directly to governments, via a process that has no apparent co-signatory government input, even when the matter at hand is one where the government and other national stakeholders might just have a preference.** The US could faithfully channel country priorities and hew closely to the MoUs; or, it could not. The consequences are the same. There are no accountability metrics or safety valves built in…."

Devex - Democrats grill DFC chief over Trump family's potential ties with agency

https://www.devex.com/news/democrats-grill-dfc-chief-over-trump-family-s-potential-ties-with-agency-112956

"**U.S. International Development Finance Corporation CEO Ben Black** testified at a House Foreign Committee meeting Wednesday where he was questioned about agency priorities and ethics."

More on the impact of aid cuts

Guardian - UK aid cuts 'reduce bilateral support to some African countries by 90%'

https://www.theguardian.com/politics/2026/jul/16/uk-aid-cuts-bilateral-support-african-countries

"Labour's foreign aid cuts mean reductions of as much as 90% in the bilateral support the UK will give to some African countries, Foreign Office figures show."

"The **department's annual report includes a long-awaited breakdown** of how the reduction in the aid budget **will affect individual countries for the next three years**. Analysis by **Bond**, the umbrella group for development charities, **shows cuts of 90% for Mozambique and Malawi by 2029, 80% for Rwanda and Sierra Leone and 49% for Somalia."**

PS: "**The UK takes on the chair of the G20 next year** – the coordinating body that includes China, India and Brazil alongside wealthy countries in the global north."

- See also **Devex - UK aid cuts hit fragile states despite pledge to protect them**

(gated) "The **country-by-country allocations released by the U.K. government today alongside its Foreign, Commonwealth & Development Office's annual report** reveal which countries will see the sharpest decline in U.K. aid in the coming years."

"The **country-by-country allocations**, released in FCDO's annual report and accounts on the final working day before Parliament's summer recess, **show steep reductions for fragile and conflict-affected states including Afghanistan, the Democratic Republic of Congo, Myanmar, Somalia, Syria, and Uganda,** despite a pledge from ministers to focus support on the world's most vulnerable places."

"They also show steep cuts to low-income countries such as Rwanda and Sierra Leone, while several long-standing African partner countries are left with only small residual country-specific allocations…."

UN News – Aid cuts leave at least one million women and girls without vital support

https://news.un.org/en/story/2026/07/1167908

"At least one million women and girls have lost access to critical humanitarian support since January 2025 as unprecedented aid cuts push women's organizations in crisis zones to the brink of collapse, the **UN's gender equality agency, UN Women**, said on Friday. **The warning comes in a new report, Beyond the Breaking Point,** which finds that those providing essential services to women and girls are being forced to reduce or suspend programmes just as global humanitarian needs reach historic highs….."

PS: "**According to the latest figures, around 120 million women and girls worldwide now require humanitarian assistance and protection**. Yet the **local women's organizations best placed to reach them are facing severe funding shortages,** despite often operating in places where international agencies cannot….." "The report is …. **based on responses from 855 women-led organizations across 52 crisis- and conflict-affected countries.**

Science Insider – An uncertain path

https://www.science.org/content/article/rocked-aid-cuts-malawi-rethinks-how-it-funds-health

"After the shocks of 2025, **Malawi is rethinking its relationship to foreign aid—and trying to protect dramatic gains in maternal health."**

"Economists estimated the country could lose more than $170 million that year, with U.S. support for sexual and reproductive health all but wiped out. Separate cuts by other foreign donors, as well as worsening fuel shortages and rampant inflation, are now further squeezing the country's health system…."

Do read **how Malawi is trying to transition**.

HIV

Bill Gates – "AIDS-free" generation is no empty promise

https://www.linkedin.com/pulse/aids-free-generation-empty-promise-bill-gates-hbvue/

"**Thanks to recent scientific breakthroughs, for the first time ever we can realistically hope to end AIDS as a global threat.** To be clear, I'm not talking about eradicating HIV, the virus that causes AIDS. What I mean by "**the end of AIDS" is that the vast majority of people with HIV will get medicine that keeps them from developing AIDS—and, eventually, will be able to get a cure for the disease—and that far fewer people will get the virus in the first place**. By the late 2040s, we should be able to **achieve a 90 percent drop in deaths** and new infections compared with what they were in 2010." " The world won't need to keep paying for treatment for tens of millions of people living with HIV. Low-income countries will be able to focus on fighting other diseases and investing in economic development. They will move faster toward self-sufficiency….

"Three things will make it possible to end AIDS: 1. Long-acting prevention drugs…. 2. A functional cure…. 3. The tools we already have….."

"**But there's a problem. Governments are cutting funding for global health**. These cuts have already disrupted the delivery of services, and if they aren't undone, we could **see** an additional 6.6 million infections and 4.2 million deaths by 2030. …"

World Cup Football

ODI - The World Cup's elitism problem

C Leon-Himmelstine; https://odi.org/en/insights/the-world-cups-elitism-problem/

"**Every four years, the FIFA World Cup promises to unite the world**. FIFA President Gianni Infantino predicted that this year's tournament, hosted across Canada, Mexico and the United States (US), would be the 'greatest and most inclusive World Cup ever'. Yet beneath this promise lies a more prosaic reality: **the World Cup is not just a sporting event, it is a mirror of global inequality, revealing how privilege determines who gets to participate, who benefits and even who is seen.**"

- And a link**: Guardian - Nearly one in five World Cup matches reached heat levels players' union warns against**

NCDs

WHO - New WHO guidelines: up to 45% of dementia risk could be prevented or delayed

https://www.who.int/news/item/15-07-2026-new-who-guidelines--up-to-45--of-dementia-risk-could-be-prevented-or-delayed

"**The World Health Organization (WHO) today released updated guidelines on reducing the risk of cognitive decline and dementia**, providing countries with evidence-based recommendations to help prevent or delay the onset of dementia across the life course…." "While there is no cure for dementia, **up to 45% of the risks can be attributed to modifiable risk factors** such as tobacco, alcohol use, social isolation, physical inactivity, air pollution and noncommunicable diseases (NCDs), including high blood pressure and diabetes."

Do read what the guidelines entail.

HPW - From Crisis to Capital: Why Cancer Care is Africa's Next Great Economic Investment

R Walumbe et al; https://healthpolicy-watch.news/from-crisis-to-capital-why-cancer-care-is-africas-next-great-economic-investment/

"**Africa can no longer afford to manage cancer care as a perpetual crisis. Instead, policy leaders must recognize this crisis for what it truly is: the ultimate 'stress test' for national health systems.** ***The WHO Global Status Report on Cancer****, published this week, highlights the persistent inequities in access to timely cancer diagnosis and treatment and disproportionately high levels of cancer mortality across the continent. When a system is overwhelmed, it reveals deep-seated fractures in how we finance health as a whole. But this is not just a fiscal failure; it is a human one."*

"… **individual suffering is the precursor to a looming regional emergency: by 2030, non-communicable diseases (NCDs), including cancer, are expected to become the leading cause of death in many African countries.** If our current fragmented and underfunded models cannot withstand the pressure today, they will certainly collapse under the weight of tomorrow's demands. **The debate now is not whether Africa can afford to invest in cancer care. It is whether the continent can afford not to…."**

"…At the same time, **treating advanced cancer can cost up to ten times more than investing in early screening and prevention. Continuing to finance cancer care primarily at the point of crisis is therefore not only inequitable but also economically unsustainable**…."

"**This urgency shaped discussions at the recent World Health Summit Regional Meeting in Nairobi,** where policymakers, clinicians, patient advocates, and health financing experts converged around a **common conclusion: Africa must move from crisis spending to long-term, strategic investment in cancer care….."**

Ps: "**The shift toward prevention-first systems is not simply good public health policy. It is smart economics**. Expanding HPV vaccination, integrating cervical cancer screening into primary healthcare, and strengthening community-based early detection can dramatically reduce long-term treatment costs while saving lives. **Prevention remains one of the most underfinanced yet highest-return investments in Africa's health systems."**

Devex Pro – Novo Nordisk Foundation increases global focus on cardiometabolic diseases

https://www.devex.com/news/novo-nordisk-foundation-increases-global-focus-on-cardiometabolic-diseases-112875

(gated) ""**In cardiometabolic disease, I would argue we are the biggest foundation, philanthropy working in the field**," says **Mads Krogsgaard Thomsen, the foundation's CEO**."

"A decade ago, the Novo Nordisk Foundation purely focused on Denmark. But **last year, more than 20% of its giving went beyond the country's borders. This year, that figure will grow**, the foundation's chief executive officer, Mads Krogsgaard Thomsen, told Devex during their **recent Global Science Summit.** "**We are becoming more international**," he said…."

Immunization & more on child health

Global childhood immunization coverage inches forward despite conflict and hesitancy – UNICEF, WHO

https://www.who.int/news/item/15-07-2026-global-childhood-immunization-coverage-inches-forward-despite-conflict-and-hesitancy---unicef--who

" Zero-dose children fell by nearly 750 000 in the past year, but drop-out numbers high and stagnant, increasing risk of disease outbreaks."

"**In 2025, 90% of infants globally –** or nearly 116 million – received at least one dose of a diphtheria, tetanus and pertussis (DTP) vaccine, **and 85%** – or 110 million – completed the full three-dose series, according to the **annual WHO-UNICEF Estimates of National Immunization Coverage (WUENIC) released** today. …" "**While both indicators rose by one percentage point from the previous year, global coverage remains one point below 2019 levels** – hovering within the same narrow range since 2009. "

"According to the data, **an estimated 13.5 million "zero-dose" children did not receive a single vaccine in their first year during 2025.** While these represent nearly 750 000 fewer children than the previous year, progress is offset by a rising number of children who start the schedule and do not complete it. Most of these children live in countries where national immunization programmes receive support from Gavi, the Vaccine Alliance. …"

"… Behind these global and regional averages are persistent threats that are driving variability and volatility in country-level vaccination coverage. **More than half of all zero-dose children live in FCV settings, even though they account for only about a third of the world's child population**. In these settings, immunization programmes are often strained by political upheaval, insecurity, or chronic underfunding. …"

- Coverage via **HPW - Global Reduction in Unvaccinated Children, But Impact of Funding Shortage Is Yet to Hit**

"… the 2025 data represent a snapshot of where global immunization stood before the funding cuts, driven largely by the US. Around 85% of the drop in zero-dose children occurred in Gavi-supported countries, which also accounted for 95% of girls vaccinated against HPV. Last year, Gavi was only able to secure $9 billion out of its $11.9 billion goal – largely because **the US refused to support it**, with US Health Secretary Robert F Kennedy Jr. announcing that his country was halting support for the alliance until it could "re-earn" the public trust. **Gavi said its ability to survey outbreaks has been impacted by its funding shortage, and it is already having to make some hard choices…."**

"… Meanwhile, O'Brien warned that more backsliding could lie ahead: "We don't think that the impact of those funding cuts is showing up yet fully in the 2025 data. Our concerns are very much for what's happening in programs in 2026 and what is yet to come."…"

- Related: **GAVI – The state of global immunisation in eight charts**

Plos GPH (Opinion) – International, but for whom? Pediatric sepsis guidelines and the limits of global applicability

Johanna Thomson et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006881

"**Most children who die from sepsis live in low- and middle-income countries (LMICs), yet international pediatric sepsis guidelines are largely derived from evidence generated in high-income intensive care settings**. This creates a fundamental tension between global standardization of care and unequal health system capacity. **Interventions shown to be effective in well-resourced**

hospitals may not be feasible, safe, or beneficial in settings with limited monitoring, staffing, and critical care infrastructure…. …"

"**Recent international pediatric sepsis guidelines, including the 2026 Surviving Sepsis Campaign guidelines, represent a major effort to synthesize evidence and standardize care. However, the generalizability of these recommendations to LMIC settings is uncertain,** despite these settings accounting for more than 85% of global pediatric sepsis cases and deaths. Many recommendations assume access to intensive care services, including mechanical ventilation, invasive monitoring, vasoactive infusions, reliable laboratory testing, and timely escalation to pediatric intensive care. In many district and referral hospitals, these resources are unavailable or inconsistent. Guidance intended as a standard of care may therefore be difficult to implement safely and consistently in practice."

"This reflects a broader imbalance in global pediatric evidence generation…" " …These concerns extend beyond sepsis. Similar criticisms have been made of Integrated Management of Childhood Illness protocols, growth standards, and nutritional guidance. **Across global child health, recommendations often embed implicit assumptions about infrastructure, workforce, and access to care that remain unacknowledged….."**

"**Addressing these limitations will require more than minor revision**. **Major global health funders**, including the Bill & Melinda Gates Foundation, Wellcome, the National Institutes of Health, **and national research agencies,** should prioritize pragmatic trials and implementation research in district and referral hospitals in LMICs. **Guideline organizations**, including the Surviving Sepsis Campaign and the World Health Organization, should develop formal resource-stratified recommendations and ensure leadership from clinicians and researchers working in high-burden settings. **Guidelines should explicitly acknowledge resource constraints and provide clear pathways for adaptation across different levels of health system capacity…." "** …**More than a decade after FEAST and decades after similar concerns were raised across global child health programs, resource constraints remain inadequately incorporated into many international recommendations.** "

Planetary Health (& climate/health)

Devex Pro – Multilateral giants explore new climate-health collaboration

https://www.devex.com/news/multilateral-giants-explore-new-climate-health-collaboration-112920

(gated) "**The collaboration remains in early stages, but if approved, would mark the first time the Global Fund and Green Climate Fund have jointly financed programs**."

"**The Global Fund to Fight AIDS, Tuberculosis and Malaria and the Green Climate Fund are exploring an unprecedented partnership to jointly finance climate and health programs in vulnerable countries** — a move that could create a new model for funding climate adaptation where it has long struggled to attract investment. …"

"The Africa Centres for Disease Control and Prevention is leading the process of proposal development, on behalf of the partnership, and the **Planetary Health Axis System, established at Peking University,** has offered to provide data analysis through a series of artificial intelligence tools to help guide interventions…."

"The Green Climate Fund **has approved an initial grant of nearly $1.6 million** through its Project Preparation Facility to support the development of a funding proposal for Burundi, the Democratic Republic of Congo, and Guinea-Bissau, although both the proposal and funding remain subject to the fund's approval. But **if the proposed project is ultimately approved, it marks the beginning of a really innovative partnership with a lot of potential, Christoph Benn, executive director of the Center for Global Health Diplomacy**, tells me. "It's a different approach," he says…."

Interesting development.

Nature Comment - 'Climate free fall': why the biggest risk to our economies is yet to be recognized

A Levermann; https://www.nature.com/articles/d41586-026-02154-8

"Increasing instability of the ocean, ice and atmosphere **threatens farming, finance and society. We all need to wake up to that fact."**

Excerpts:

" **Earth subsystems, including oceans, the cryosphere and biosphere, already seem to be destabilizing**. The **planet is heading for climate free fall**. … Research into early warning of tipping points has identified **increased climate variability** as a signal of reduced stability and used it to estimate the time remaining before widespread tipping begins. **But variability caused by instability as a mechanism of climate impact has been widely neglected…."**

"**Modern economies are adapted to relatively stable climatic baselines**. Agricultural productivity, infrastructure design, insurance pricing and financial risk management all rely not only on expected mean conditions but also on the predictability of variability…. …Farmers need to factor in lost harvests; architects and urban planners need to account for extremes of temperature, wind and rainfall; and financiers and insurers need to consider the cost and scale of damages. **But once these factors are no longer predictable, all bets are off — life becomes uninsurable and the world becomes unsafe."**

"… **Instead of analysing future climate as a sequence of quasi-equilibria — as a system that will settle when the world stops emitting carbon — researchers must treat it as an unstable system that is reorganizing** while society tries to phase out carbon-based energy…."

NYT - Climate Change and Air Pollution Combo Is a 'Double Whammy' for Health

https://www.nytimes.com/article/heat-air-pollution-climate.html

"Days that are both extremely hot and polluted come with higher risks of respiratory ailments and other health hazards."

"**A 2023 analysis of more than 20 million deaths across the world found that hot days and days with bad air quality both resulted in higher-than-normal mortality rates. But periods in which heat and pollution are combined were even more deadly…."**

PS: "…There are **two main types of air pollution that experts track for their effects on human health**: ground-level ozone and particulate matter…."

Vox Dev – Climate change politics in developing countries

G Grossman ; https://voxdev.org/topic/energy-environment/climate-change-politics-developing-countries

"**Across developing countries, people are acutely aware of a changing climate through failing harvests and drying rivers, even when few connect this to global warming – yet that concern rarely becomes political demand. Why does the link between personal experience and government accountability so often break down?**

"… **Grossman, together with co-authors Audrey Sacks and Alice Xu, has written a new review** examining **how climate change becomes political in the developing world** – and why the connection between lived experience and government accountability so **often fails to form**…."

Climate Change News - Loss and damage fund delays first project approvals as needs dwarf resources

https://www.climatechangenews.com/2026/07/10/loss-and-damage-fund-delays-first-project-approvals-as-needs-dwarf-resources/

"**The new Fund for Responding to Loss and Damage faces an overwhelming number of initial requests for its limited pot of money and board members decided to take more time to choose which to back first."** Cfr a recent **Board meeting** in Manila.

"The board of the UN's fledgling Fund for Responding to Loss and Damage (FRLD) has decided to consider its first package of projects for support at its next meeting in December, confounding expectations that it might back an initial set of four proposals this week. The fund faces a substantial dilemma about how to select projects to receive its limited resources **after its first call for proposals saw nearly 180 submissions requiring around $2.8 billion. It currently has only $250 million available to allocate**, although the board agreed on Friday to release $100 million more in the face of overwhelming demand…."

Common Wealth (Report) -Beyond The Climate Finance Gap: The Global Financial System, Decarbonization, and the Failure of the Wall Street Consensus

S Zylinski et al; https://www.common-wealth.org/publications/beyond-the-climate-finance-gap

"**Global decarbonization is a development problem. The structure of the global financial system constrains green development** through dollar hegemony, volatile capital flows, punishing borrowing costs, and predatory trade and IP regimes."
"**The dominant international climate finance policy response, the Wall Street Consensus (WSC), attempts to mobilize private capital through derisking and assetization of green infrastructure**. This is a political choice; one that treats a question of public capacity and global wealth redistribution as a technical problem of producing "bankable" projects. **Despite a decade of WSC-framed initiatives** — JETPs, GFANZ, country platforms, the World Bank Billions to Trillions agenda,

the $100 billion pledge — **private climate finance to the Global South remains a fraction of what is needed. Further, the WSC compounds the vulnerabilities it claims to address."**

Instead, "**The Green Planning Commission (GPC)'s starting premise is that policy design should have the goal of building a global architecture of public coordination**. US global green economic diplomacy should aim to build a multi-scalar system of public institutions capable of directing investment toward development needs rather than investor returns, disciplining private capital, and supporting Global South states in developing their own green industrial capacity on their own terms."

Guardian – Surviving extreme heat increasingly boils down to this: access to air conditioning

M Wolfe; https://www.theguardian.com/commentisfree/2026/jul/15/air-conditioning-access-extreme-heat

"The next great climate divide will be between countries that have the resources to adapt and those that don't."

"The west should help countries in the global south invest in cheaper, more stable forms of clean and secure energy to build the infrastructure needed to live safely in a warmer climate. Low-income countries cannot build this infrastructure on their own.
Development banks, international climate funds, private investors and wealthier nations will all need to become partners in financing the next generation of climate adaptation. This should not be viewed as traditional foreign aid. It is an investment in global health, economic stability and human resilience…."

.".. **Climate policy has long been measured by how much carbon the world can avoid emitting.** That will always matter. **But over the coming decades, it may also be judged by whether the world's wealthiest countries were willing to help billions of people in the global south adapt to a hotter planet.** In the United States and Europe, access to affordable cooling is increasingly a question of political priorities. In much of the global south, it is a question of resources and, increasingly, survival. **The next phase of the climate debate has to be about more than reducing emissions. It also has to be about helping people survive the climate we have already created by investing in reliable electricity, affordable cooling and heat resilience in the countries that can least afford them."**

HPW - Africa Clean Air Forum Banks On Continental Shift to Address Pollution

https://healthpolicy-watch.news/africa-clean-air-forum-banks-on-continental-shift-to-address-pollution/
"**Participants from 47 African nations are meeting at the Africa Clean Air Forum this week as part of a continental drive to address the air pollution health crisis**. The **forum, convened by the Africa Clean Air Network (AfriCAN),** is in its fourth year, and this is **the first time it is being held in southern Africa. "**

"The **theme of the four-day forum** is "**investment case for clean air and healthy cities**", and participants have been sharing evidence-driven clean air actions, discussing sustainable funding and

promoting cross-border knowledge sharing. **It follows the first G20 resolution on clean air, which was proposed by South Africa last year**. Advocates are now focusing on what the continent requires to improve air quality, especially as it faces development challenges and a growing population. …"

PS: **"Although the focus is on Africa, South-South cooperation between all developing countries is one of the core themes…."**

UNU - Beyond GDP Meets Economics of Health for All: A Compass for Global Cooperation

N Goldin; https://unu.edu/cpr/blog-post/beyond-gdp-meets-economics-health-all-compass-global-cooperation

"Two emerging frameworks are aligning how progress is measured, governed and financed beyond GDP."

"…. **Two recent multilateral frameworks** seek to change that. And what they say together matters as much as what each says individually; signaling a potentially important shift in how economic progress is defined and governed. That **shift was on display this month at the 2026 UN High-Level Political Forum on Sustainable Development**, amplifying the idea that closing gaps in cooperation and delivery matters as much as closing the financing gap itself…."

"… **What has shifted is an attempt to align three things at once – how we define progress, how we pursue it through policy, and how we resource it through national and global systems**. The two frameworks **approach this from complementary angles**: Beyond GDP through dashboards and indicators, WHO through missions and policy levers. That pairing is rarer than it sounds in multilateral processes, where measurement reform and policy reform have tended to be pursued in separate institutional lanes…. … **The meeting of these two agendas is long overdue, and an intergovernmental process is now underway to establish global norms for benchmarking progress beyond GDP, with a view to incorporating these metrics into global reporting and national policy frameworks**. WHO's strategy explicitly links its implementation to wider UN efforts on measurement – creating much-needed space for improved coherence across institutional silos…."

"… **Ultimately, this is about the nature and future of international cooperation itself, and whether development and public health continue to operate as adjacent domains** even as economies become more interconnected, challenges more systemic, and effectiveness more a premium. …"

Climate Change News (Comment) - Major emitting countries knew of climate risks decades earlier than claimed

L Fenlock et al; https://www.climatechangenews.com/2026/07/15/major-emitting-countries-knew-of-climate-risks-decades-earlier-than-claimed/

"Governments have known since at least the 1960s that fossil fuel use was warming the planet. They kept quiet to avoid responsibility."

Plos GPH – Addressing historical biases and the limits of biomedical commodities in vector-borne disease control in Africa

Jennifer S. Lord et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006840

« **In this essay, we describe efforts to curtail the spread of vector-borne infections and how these efforts are entangled in the causes and consequences of the destruction of life, and the ecosystems which support life, on our planet**. Using **examples from malaria and sleeping sickness**, we show how **current efforts to control vector-borne diseases reflect the Western logic of a highly compartmentalized, hierarchical approach, dominated by biomedicine and commoditized interventions.** These have dramatically reduced morbidity and mortality yet perpetuate colonial legacies, global inequities, and environmental harm. For instance, billions of insecticide-treated nets, rapid diagnostic tests, and other single-use plastics used in health products generate waste and emissions, while reinforcing fossil-fuel dependence and Global North dominance. These approaches treat diseases as isolated problems detached from the broader socio-ecological system. They excel at suppressing symptoms but leave untouched the root causes such as poverty, ecosystem destruction, and entrenched power imbalances. **Current disease research and control strategies are situated within a wider dominant culture that has led to multiple undesirable effects on our planet (including climate, ecological functions, and biosphere integrity) driven largely by wealthy minorities and a global extractive economic system**. Our intention is not to promote the idea that communities should be denied commodities that protect against vector-borne disease, but to identify that **a shift is urgently required to make space for alternatives. A change involving transdisciplinary, socially-just strategies, that center local leadership, and enforce full life-cycle responsibility for health commodities; all of which are essential to safeguard both human and planetary health. »**

Access to Medicines, Vaccines & other health technologies

Stat – AIDS activists slam Biden R&D deal with Gilead over HIV prevention drug patents

https://www.statnews.com/pharmalot/2026/07/13/aids-activists-slam-biden-deal-with-gilead-over-hiv-prevention-patents/

(gated) **"Advocacy group contends the company was rewarded for infringing on government-held patents."**

"**After more than a year of squabbling, a group of AIDS activists obtained an R&D agreement that was at the heart of a settlement between the U.S. government and Gilead Sciences** over patents for HIV prevention drugs. But **in their view, the deal shows the Biden administration missed a "historic" opportunity to invest in — and expand access to — HIV prevention tools….."**

PS: "As noted previously, **the settlement resolved a lawsuit that was filed six years ago by the previous Trump administration after the Centers for Disease Control and Prevention maintained that Gilead infringed on its patent rights.** The agency had helped fund academic research that later formed the basis for two Gilead HIV pills, Truvada and Descovy. … **The administration had alleged that Gilead ignored the contributions by CDC scientists, exaggerated its own role in developing HIV**

prevention drugs, and refused to sign a licensing agreement despite "multiple attempts" at reaching a deal after unfairly reaping hundreds of millions of dollars from research funded by taxpayers…."

CHAI - African vaccine manufacturing is advancing, but the path to market has revealed challenges

https://www.clintonhealthaccess.org/report/african-vaccine-manufacturing-supply-landscape-2026/

(22 June) "Updated analysis from CHAI tracks the state of African vaccine manufacturing ambitions in 2026."

PATH (brief) - The diagnostics deficit: Funding, access, and preparedness gaps in African health systems

https://www.path.org/our-impact/resources/the-diagnostics-deficit-funding-access-and-preparedness-gaps-in-african-health-systems/

"The latest report in the Blindspots series from PATH and Impact Global Health reveals a complex picture. Drawing on data on approved diagnostics, global R&D investment trends, manufacturing capacity, and regulatory systems**, the report examines how well Africa's diagnostic ecosystem is aligned with the diseases prioritized by the Africa Centres for Disease Control and Prevention (Africa CDC)."**

"The findings reveal a persistent gap between progress and preparedness: 577 diagnostics have received regulatory approval, reflecting growing product availability. Diagnostic manufacturing capacity is expanding, creating new opportunities for regional production. R&D investment continues to decline, limiting innovation and the development of future-ready tools. Nearly half of approved diagnostics remain inaccessible at the primary care level, where most people first seek healthcare…."

Nature (photoblog) - Tuberculosis testing gets a massive boost

M Pai; https://communities.springernature.com/posts/tuberculosis-testing-gets-a-massive-boost

« At a recent Global Implementation Workshop on Near Point of Care (NPOC) TB Diagnostics in Bangkok, several country leaders presented impressive plans for implementing these new, affordable and decentralizable diagnostics, bringing new hope and energy to a field impacted by aid cuts."

Lancet Editorial – The right medicines for the right reasons

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01419-4/fulltext

This week's Lancet editorial, with focus on **de-prescribing.** Starting from RFK jr.

The editorial concludes: "…**The solution to overprescribing is not underprescribing or abruptly stopping treatment. The guiding aim should be that individual patients receive the right treatment for the right reasons, and understand the benefits and risks**, and that health practitioners have the capacities and support to **create a safe plan for starting, continuing, stopping, or restarting treatment as needed**. Better care—not simply less or more—is the measure of success in medicine."

And a link:

- **AP - The new malaria vaccine helps in Africa but faces a test: Completing all 4 doses**

Conflict/War & health

MSF (report) - The destruction of healthcare in Ukraine is deliberate and calculated

https://www.msf.org/destruction-healthcare-ukraine-deliberate-and-calculated

"MSF's latest report indicates that attacks on healthcare in Ukraine are too consistent to be a random consequence of war. Attacks on healthcare are impacting people's ability to reach care, as well as medical staff's ability to provide it. **All parties must uphold their obligations under international humanitarian law, and states with influence over Russia must demand an end to attacks on healthcare. "**

AI & health

HPW - AI Energy and Water Consumption Compounds Climate and Pollution Crises: Can It Also Be Part of The Solution?

https://healthpolicy-watch.news/ai-compounds-energy-water-crises/

"The explosive growth of artificial intelligence is siphoning off water and electricity supplies used by communities around the globe, and creating new sources of air pollution and climate emissions from additional power generation*. Yet, experts and industry representatives claim that the technology holds the key to mitigating the very crises it compounds. Advanced algorithms are already driving profound environmental solutions, ranging from monitoring municipal water leakages to forecasting renewable energy generation.* ***Efficiency and standardisation issues remain the biggest barriers."***

Re the **AI for Good Summit** in Geneva (from last week). "**From 7 to 10 July,** more than 12,000 visitors, experts, regulators and diplomats crowded the hallways of Geneva's Palexpo exhibition grounds **to discuss the potential and limits of** AI. The summit was **organised by the International Telecommunications Union (ITU), alongside 50 UN partner agencies, other UN member states and the private sector…."**

- See also **Devex - Race for AI governance ignores risks to nature, experts warn**

"Nature and biodiversity have been sidelined in AI governance discussions — and time is running out to protect them, experts said during the **United Nations dialogue on AI governance in Geneva."**

"… **Most policy debates so far have focused on AI's physical footprint — such as the energy, water, and land needed for data centers — and on "AI for good" use** cases such as forest monitoring, weather forecasting, and land-use planning. **But unless AI governance frameworks explicitly embed biodiversity, land use, and Indigenous rights, the technology risks strengthening the very drivers of ecological collapse that many climate, food systems, and development advocates are trying to reverse…"**

"**AI is an economic force acting on nature through everything it speeds** up," O'Donnell said. **"Its impact on nature is far larger than the footprint** and will have a significantly bigger impact than whatever benefits AI can provide going forward." **O'Donnell argued that limiting the conversation to footprint and "AI for good" applications misses an important part of the story**: AI as a **technology that simultaneously affects all industries and turbocharges extraction-based economic models,** including in agriculture, fisheries, and forestry…."

- And via **HPW - As Artificial Intelligence Drives Health Innovations, UN Agencies Launch Joint Strategic Guidelines**

"As artificial intelligence drives rapid health innovations, global guardrails, equitable data, and local capacity are needed to ensure equitable progress**. To address this, a landmark framework launched by three United Nations agencies lays out a strategic roadmap for innovators.** Meanwhile, health leaders emphasise that lower-income regions must become co-creators of future innovations."

Some more reports & publications

HPW – Half a Million Dead, One in Twelve Treated: UN Charts a Drug Trade Remade by Chemistry and Conflict

https://healthpolicy-watch.news/half-a-million-dead-one-in-twelve-treated-un-charts-a-drug-trade-remade-by-chemistry-and-conflict/

(see also last week's IHP news): "**Conflict is reshaping the global trade map, and the collapse of Afghanistan's opium production could, paradoxically, be pushing the world even faster toward more dangerous synthetics**. Meanwhile, **governments continue to prioritise punishment over care** for people caught up in the cycle of drug use."

"Nearly half a million people died from drug use in 2023, driven by infectious disease, untreated addiction and the spread of synthetic drugs more potent than anything markets have seen before, according to the new report by the UN Office on Drugs and Crime (UNODC)…."

Plos Med (Perspective) – Re-emergence of vaccine-preventable diseases in the post-elimination era

C K Kumar et al ; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005175

"Measles and other vaccine-preventable diseases are re-emerging worldwide in locations where they were once eliminated. **Targeted policy interventions in the locations at greatest risk** may be an effective strategy to curb this public health threat."

Miscellaneous

Guardian – Developing countries spend more repaying foreign debt than on education, UN reveals

https://www.theguardian.com/global-development/2026/jul/10/developing-countries-spend-more-foreign-debt-education-aid-cuts-unesco

"**Unesco report shows children lost out to servicing debt in 113 countries, with 18 spending five times more on loans."**

"…. **In sub-Saharan Africa, countries spent 3.6 times more on debt than education. The situation is likely to be exacerbated by funding cuts**, the agency warned. Low- and lower-middle-income countries have already lost 21% of the aid to education they were receiving in 2023 and could lose up to 30% by 2027….."

- Related: **Reuters – UNESCO urges wider use of debt-for-education swaps**

"**113 countries spend more on debt servicing than education**, UNESCO says; **UNESCO says debt-for-education swaps** could redirect resources into schools, teacher training, student support; UNESCO projects **global aid to education could decline by as much as 30% between 2023 and 2027."**

Guardian - Marco Rubio launches campaign to dismantle international criminal court

https://www.theguardian.com/us-news/2026/jul/13/marco-rubio-dismantle-international-criminal-court

"Trump's secretary of state claims the global tribunal is interfering with US military and law enforcement operations."

PS: "... **The state department plan to "dismantle" the ICC will involve pressuring other nations to abandon the court**, according to CNN. "**Nations that refuse to reject the ICC's false authority while relying on US assistance are likely to come under increased scrutiny**," an official told the outlet, adding that possible punishments could involve sanctions, travel bans and visa revocations…."

Telegraph - This Singapore bat colony could unlock the future of medicine

https://www.telegraph.co.uk/global-health/science-and-disease/singapore-bat-colony-could-unlock-the-future-of-medicine/

Very interesting article. "**Scientists have designed anti-inflammatory drugs inspired by bats**, with clinical trials launching in early 2027."

Global health governance & Governance of Health

Reuters - UN sees no budget cuts in 2027 after US welcomes cash-saving steps

https://www.reuters.com/legal/government/un-sees-no-budget-cuts-2027-after-us-welcomes-cash-saving-steps-2026-07-07/

(7 July) "The **UN Secretariat already cut its 2026 budget by 9.2%; The U.S. pays 22% of the UN's budget and owes billions; Ryder said Washington has welcomed UN reforms."**

"**A top U.N. official leading a reform process said on Tuesday he did not expect further cuts in the organisation's budget next year, after the U.S., the global body's biggest financial contributor, welcomed money-saving measures already taken…."**

Bretton Woods Observer – Summer 2026

https://www.brettonwoodsproject.org/publications/summer-2026/

- Including among others: **Global Partnerships Conference and World Bank Group's London Financial Solutions Hub put spotlight on UK's private finance push**

"UK's May Global Partnerships Conference reflects rich nations' broader shift towards private finance as development solution over structural reform. World Bank Group announces City of London will become **new London Financial Solutions Hub**."

Bretton Woods Project - The Bretton Woods twins: How do the World Bank and IMF work together?

https://www.brettonwoodsproject.org/2026/07/the-bretton-woods-twins-how-do-the-world-bank-and-imf-work-together/

"**This Inside the Institutions looks at the evolving relationship between the IMF and World Bank: how they work together, leading to increasingly converging policy approaches, and how their coordination and lending practices continue to shape debates over conditionality, constrained policy space**. It also highlights civil society critiques of their harmful impact on development and human rights outcomes."

Devex Pro – 'One country, one department': Switzerland's major development shake-up

https://www.devex.com/news/one-country-one-department-switzerland-s-major-development-shake-up-112918

"A Swiss government proposal would reorganize the country's aid architecture by moving responsibility for middle-income countries to the economy ministry and increasing humanitarian spending."

"…. The bigger changes are structural. **Swiss development sits across the two ministries but shares a budget,** my colleague Jesse Chase-Lubitz explains. **Currently, around 70% of development activity happens in the Swiss Agency for Development Cooperation, which sits within the foreign affairs ministry. The other 30% is run by the State Secretariat for Economic Affairs. Now, the proposal is to assign each country to one office, rather than having some split between the two depending on the project.** And **all middle-income countries** — primarily those in the Western Balkans, parts of Asia and North Africa — **would move entirely under the Swiss economy ministry**. The **Ministry of Economy would therefore pull out of some countries it deems developed enough, such as Ghana, South Africa, and Peru, and treat them more as trade partners."**

"Here we get to a **familiar pattern among wealthy donors: echoes of trade not aid, with the move meant to link cooperation with Swiss corporate interests**, according to a government announcement…."

Lancet Regional Health – Western Pacific: Japan's global health engagement in the Western Pacific: diagnosing structural inertia and a framework for human security diplomacy

H Sakamoto et al; https://www.sciencedirect.com/science/article/pii/S2666606526001252

"…As Asia's sole G7 nation and a universal health coverage pioneer, Japan navigates tensions between domestic social protection and external change. Drawing on a two-round expert consultation and literature synthesis, **this analysis diagnoses three interdependent structural barriers forming a cycle of strategic inertia**: a crisis of solidarity, financing, and governance in the multilateral architecture; episodic leadership driven by institutional fragmentation and misaligned incentives; and unidirectional knowledge transfer that forecloses reverse learning needed to revitalise domestic capacity and regional partnerships. **We propose a framework of human security diplomacy, positioning health as a pillar of regional architecture rather than discretionary expenditure**. This **framework advances three goals**: harmonising global contribution with domestic growth; fostering solidarity and regional public goods through catalytic leadership; and mainstreaming health into social systems for planetary resilience. **Central to this strategy is circular co-evolution, in which Japanese institutional expertise and partner-country innovations reinforce one another."**

Review of International Studies - Ad hoc coalitions across time: Shaping international cooperation amid political rivalry

S C Hofmann et al; Review of International Studies;

"**Ad hoc coalitions (AHCs)** have been a persistent feature of global governance. However, only recently have they become the focus in governance scholarship. Why are they created, and how do they vary in their composition and afterlife? **We examine AHCs since 1919 across health and security governance challenges.** Our analysis rests on archival material from international organizations (IOs) and national governments. **We argue that, in bringing together political rivals, AHCs serve three primary purposes. Firstly, as agenda setters, they address new governance challenges. Secondly, as capacity generators, they reshuffle membership compositions. Finally, as decision accelerators, they enable their members to bypass existing IOs**. Beyond these commonalities, **notable differences exist that are rooted in relative issue salience**. Less salient issues are often led by bureaucrats and experts, glossing over political agendas and mediating between rivals. This set-up often leads to permanent cooperative structures. Issues that decision-makers perceive as highly salient occupy the attention of politicians who want to keep the coalition small. As a result, rivalries can easily come to the fore, leading to short-lived coalitions. **Overall, AHCs point to more or less exclusionary action that serves as a testing ground for international cooperation in times of uncertainty and (geo)political crises."**

PS: "…. **In the health domain**, we study the Epidemic Commission (1920–1924), the International Children's Emergency Fund (ICEF, 1946–1953), and the African Leaders Malaria Alliance (ALMA, 2009–)…."

ECDPM – The future of development cooperation: reflections on a changing debate

A Jones; https://www.linkedin.com/pulse/future-development-cooperation-reflections-from-few-weeks-jones-z49pe/

"**Over the past few weeks, I've had the opportunity to take part in a series of discussions on *the future of development cooperation and the EU's international partnerships.*** They took different forms and brought together different communities, but **they all left me with a similar impression. Here are a few reflections on what I think is changing.** … While all these discussions approached the issue from different angles, I noticed that **something is changing in the way we are talking about development cooperation**. **The discussion is becoming less defensive and more willing to engage with the fact that development cooperation is increasingly seen as part of Europe's broader strategic engagement with the world.** Whether one agrees with every aspect of that framing is of course open to debate. But what matters is that **development cooperation and external action are no longer being discussed as peripheral policies competing for resources, but as integral components of Europe's wider political and strategic project…."**

Chapter - Health Cooperation in South America: Making the Case of a Multilayered Regionalism

C Salgado et al;
https://link.springer.com/chapter/10.1007/978-3-032-17864-0_33
Chapter in 'Handbook of South American Regionalism'.

"**Health cooperation in South America has two main characteristics** that reflect the integration processes in which the countries of this region participate. **The first is diffuse cooperation, with initiatives in various organizations**, including Mercosur, the Amazon Cooperation Treaty Organization (OTCA), and the Andean Community (CAN). **Secondly, health cooperation benefits from the hemispheric architecture of governance, consolidated through the Pan-American Health Organization (PAHO) and the Organization of American States (OAS), with the presence of the**

Economic Commission for Latin America and the Caribbean (ECLAC). Thus, after presenting the main initiatives of each organization mentioned, **the chapter discusses the extent to which the South-South Cooperation paradigm drives the health agenda in the scope of regional integration in South America.** Given the coexistence of different mandates, priorities, and mechanisms of action among the regional organizations themselves, **the central hypothesis this chapter investigates is that health represents an area in which political harmonization is indeed taking place despite those differences due to, to a large extent, the presence of a robust hemispheric governance fostering south-south cooperation in this area."**

Geopolitics - The Politics of Repair in a Broken World

Tasniem Anwar et al; https://www.tandfonline.com/doi/full/10.1080/14650045.2026.2695034
"Much of the world is currently bearing witness to major transformations to the liberal-modern geopolitical order that has defined it for some time. **Amid this crisis, an array of new political orientations have been adopted by the different actors now competing for the authority to establish the agendas that will shape our future. One such orientation is repair**. Repair refers to a **mode of political critique that reads our present malaise as the result of the myriad violences that accumulated over the course of liberal modernity**. It **also encapsulates a catalogue of practices, policies and legal mechanisms designed to make amends for such harms too**. So while those invoking the need for repair stress the importance of environmental damage, capitalist exploitation, structural racism and imperial desire in shaping our contemporary moment, they also highlight pathways for engendering what they see as more equitable and just futures through loss and damage funds, land restoration policy or transitional justice. **Drawing on their research into climate change, colonialism, humanitarian crises, revolution and counter-terrorism, this forum's contributors come together to critically discuss the politics of repair as it appears across myriad scenes that contribute significantly to the current conjunctural crisis**. Rather than seeking to make conclusive and definitive claims about repair, contributors reflect and account for its presence across these scenes and potential ramifications in the not-so-distant future. **While significantly developing our understanding of why repair might figure as a source of hope, the forum also stresses the different reasons why repair should also be treated with caution in worlds to come**."

Global health financing

Plos GPH - Influence of public external debt on government health expenditure: A mixed-methods case study of Senegal

Frederik Federspiel , Josephine Borghi et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006698

"... **Overall, our findings indicate that Senegal's debt burden has constrained government health expenditure, serving as a possible co-determinant of the regression seen on the Abuja pledge since 2000**. To **mitigate the negative effect of debt repayment**, official external creditors should consider more flexible debt repayment timelines and exploring options for debt relief including debt-to-health swaps. Supported by debt relief, increased government priority of the health sector working toward the Abuja pledge will be necessary to make progress on universal health coverage. …"

BMJ GH – The impact of investments in health systems: a rapid review of computational models

DN Guzman-Tordecilla et al ; https://gh.bmj.com/content/11/7/e020960

"**This rapid review highlights the diverse computational models used to simulate investments in health systems strengthening**. Our analysis revealed a **range of methodologies**, from agent-based simulations and dynamic computable general equilibrium models to structural equation models and the OneHealth Tool. Each model offers unique insights and has its strengths and limitations that need to be carefully considered for every scenario….."

UHC & PHC

Lancet Regional Health Western Pacific – Japan's health system toward 2040: structural challenges and a renewed social contract

https://www.sciencedirect.com/science/article/pii/S2666606526001240

Review. And: "… **We propose a Vision 2040 framework with three goals**: transitioning to an open, community-based ecosystem prioritising daily functioning and wellbeing; establishing trust and scientific independence as foundations of governance; and ensuring equity through circular innovation, in which Japan contributes to and learns from regional health networks by integrating global learning with domestic value assessment."

Pandemic preparedness & response/ Global Health Security

BMJ GH - The global SEARCH network: providing a framework for critical COVID-19 healthcare worker cohort studies transitioning from the pandemic to the interpandemic period

M A Katz et al; https://gh.bmj.com/content/11/7/e017704

"... **Investment in these HCW cohorts during the interpandemic period** is essential to provide a framework to quickly evaluate the implementation of any new vaccines, antivirals, medications and other interventions that could be introduced in response to the next pandemic threat…."

Genetics & Molecular research – Biopolitics and public health governance: a sociological analysis of state response to emerging infectious diseases

Joydeb Patra et al; https://geneticsmr.com/index.php/gmr/article/view/2020

"Emerging infectious diseases have transformed public health governance into a critical arena of state intervention, surveillance, and population management. **Drawing upon Michel Foucault's concept of biopolitics, this paper examines how states govern populations during health**

emergencies through regulatory mechanisms, surveillance technologies, and risk-based interventions. Using a sociological framework, **the study investigates state responses to emerging infectious diseases such as SARS, H1N1, Ebola, and COVID-19**. The paper develops **a Biopolitical Governance Index (BGI)** integrating epidemiological and sociological variables to assess the intensity of state intervention during infectious disease outbreaks. Findings suggest that public health governance increasingly relies on biopolitical technologies including digital surveillance, population monitoring, vaccination campaigns, mobility restrictions, and behavioural regulation. While such interventions contribute to disease containment, they simultaneously generate concerns regarding social inequality, exclusion, civil liberties, and democratic accountability. **The study argues that contemporary infectious disease governance represents a hybrid form of biopolitical management in which public health, security, and governance intersect."**

Globalization & Health - Institutional quality and pandemic resilience: cross-country evidence on health and economic outcomes during COVID-19

https://link.springer.com/article/10.1186/s12992-026-01230-y

By D A Diaz et al.

Planetary health

Guardian – 'Super' El Niño could cause global food price shock lasting into 2028, analysts say

https://www.theguardian.com/business/2026/jul/12/super-el-nino-severe-shock-global-food-prices-lasting-into-2028-economists-warn

"**Weather cycle threatens harvests worldwide, adding to inflation** already fuelled by the Iran war."

Lancet Global Health – The 2025 small island developing states report of the Lancet Countdown on health and climate change: building resilience in the face of rising heat

Georgiana M Gordon-Strachan et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00106-3/fulltext

"Small island developing states (SIDS) are particularly vulnerable to climate change, and people living in SIDS continue to bear the brunt of its manifestations, including sea-level rise, droughts, floods, and extreme weather events. The vulnerability of SIDS stems from their size, remoteness, geographical locations, and small economies. Collectively, SIDS produce less than 1% of the global greenhouse gas emissions, yet climate change presents an existential threat to them**. In this report, we shed light on the disproportionate impact of climate change on SIDS and progress towards achieving the goals of the Paris Agreement by presenting the findings of specific indicators at the climate change–health nexus in SIDS…."**

PIK – Healthier, more sustainable diets would reshape global agriculture; a new study shows by how much

https://www.pik-potsdam.de/en/news/latest-news/healthier-more-sustainable-diets-would-reshape-global-agriculture-a-new-study-shows-by-how-much

"**Transitioning to healthier, more sustainable global food systems by 2050 would substantially reshape agriculture by reducing livestock numbers and decreasing land use**, according to a **new study published in Nature.** Led by Cornell University, with contributions from the Potsdam Institute for Climate Impact Research (PIK) and the Agricultural Model Intercomparison and Improvement Project (AgMIP), **the research highlights both the possibilities and challenges of a global food system transformation.** It also underscores the urgent need for proactive agriculture and food policies to drive this transformation and manage its socioeconomic impacts…"

"… To explore the potential impacts of a food system transformation, **researchers used ten global food system models to compare a "business-as-usual" scenario until 2050 with a "transformation scenario"** characterised by healthy diets, improved agricultural productivity, and halved food waste…"

Carbon brief - Eight facts about air conditioning amid an overheated global debate

https://www.carbonbrief.org/eight-facts-about-air-conditioning-amid-an-overheated-global-debate/

"As successive heatwaves hit Europe, **air-conditioning (AC) has emerged as a new front in the international "culture war" over climate action."**

"Here, **Carbon Brief explains – via eight facts – why AC rates in some parts of Europe are relatively low, as well as clarifies and contextualises some of the misleading claims circulating about the technology."**

"Much of Europe has not needed AC in the past; AC is already widely used in hotter parts of Europe; Some European nations have 'resisted' AC – but its popularity is growing; AC emissions are growing, but its climate impact could be limited; Heat from AC can contribute to directly warming cities; More AC could help to reduce heat deaths in Europe; 'Net-zero rules' are not blocking AC installation in the UK; AC is not the only answer to overheating cities."

HPW – Record-Breaking Dust Storms in 2025 Sent Pollution Soaring in China and US-Mexico Border

https://healthpolicy-watch.news/record-breaking-dust-storms-in-2025-sent-pollution-soaring-in-china-and-us-mexico-border/

"**Record-breaking dust storms sent pollution levels soaring in China and the US-Mexico border region in 2025,** disrupting transport, shutting schools and airports, and sending thousands to emergency rooms, according to a **new World Meteorological Organization (WMO) report**."

BMC Global & Public Health - The role of embedded Non-Governmental Organisations and other stakeholders in building resilience to cyclone-related crises in Madagascar: a qualitative study

https://link.springer.com/article/10.1186/s44263-026-00300-y

by M K Sahani, S Mayhew et al.

AMR

Trends in Microbiology - Structural inequalities in global antimicrobial resistance governance

R Farzana et al;
https://www.sciencedirect.com/science/article/pii/S0966842X26001617?via%3Dihub

"Despite substantial global investment, antimicrobial resistance (AMR) governance perpetuates structural inequalities, constraining low- and middle-income country (LMIC) capacity. Short-term funding, high-income country-centric research frameworks, and priorities undermine sustainable surveillance and scientific independence. **Drawing on the BALANCE study,** which enrolled approximately 67 000 patients across diverse economic settings, **we argue that an equitable AMR response requires a transformation prioritizing LMIC institutional development and leadership**….."

NCDs

Lancet Comment –Dementia prevention in Latin America and the Global South

Juan Fortea et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01373-5/abstract

Linked to a **new Lancet study**. "**Dementia prevention is becoming a testable public health strategy**. The 2024 Lancet Commission on dementia prevention, intervention, and care estimated that about 45% of dementia cases might be prevented or delayed by addressing 14 modifiable risk factors. Because the distribution and impact of these factors vary across populations and might be higher in Latin America, interventions based on diet, exercise, social engagement, and vascular care cannot simply be transferred from high-income settings to Latin America without cultural and contextual adaptation. **The LatAm-FINGERS trial reported in The Lancet** rises to this challenge, showing that a rigorously adapted multidomain intervention can deliver cognitive benefits in precisely the populations with the greatest potential to benefit…. "

HPW - A Regional Approach to HPV Vaccine Design Can Advance Equity and Cervical Cancer Elimination

M Cavaleri; https://healthpolicy-watch.news/a-regional-approach-to-hpv-vaccine-design-can-advance-equity-and-cervical-cancer-elimination/

"HPV vaccines have transformed cervical cancer prevention, but the next generation of vaccines must better reflect regional disease patterns, including the HPV35 genotype prevalent in Africa. "

Social & commercial determinants of health

Critical Public Health -Framing nico-colonialism and nico-genocide: a critical public health review of the tobacco industry's role as a commercial determinant of health

Raglan Maddox et al; https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2697536

"This **critical essay (re)frames the commercial tobacco and nicotine industry as a structural mechanism of settler colonial violence, contributing to the systemic elimination of Indigenous peoples**. It introduces the **concepts of nico-colonialism and nico-genocide** to name these harms with greater conceptual precision…."

BMJ Analysis - Adolescent social media restrictions: are we missing the bigger picture?

https://www.bmj.com/content/394/bmj-2026-100084

"Amrit Kaur Purba and colleagues argue that **the effects of adolescent social media restrictions are not simple and need to be considered within social, technological, commercial, and political contexts."**

Among the **key messages**: "Adolescent social media restrictions should be understood as **complex systems interventions rather than isolated behavioural policies**. As well as the intended benefits, **restrictions may generate unintended consequences, adaptive responses, and unequal effects across populations.** Lessons from **other commercial determinants of health** such as the tobacco and alcohol industries can help **predict how social media companies may adapt politically, scientifically, technologically, and economically after regulation…."**

Mental health & psycho-social wellbeing

Lancet Regional Health Africa - Suicide mortality across Africa, 1990–2023: temporal, demographic, subregional, and national patterns from the Global Burden of Disease

Giloume Van Der Walt; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00084-2/fulltext

Findings: "**Africa's suicide burden is large, geographically patterned, and concentrated among men, with a persistent sex gap across all ages**. Wide UIs across most estimates (particularly for temporal change) limit conclusions about trends and reflect gaps in underlying mortality data."

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00084-2/fulltext

Nature Health -Mental health hospitalizations associated with sustained extreme heat in multiple countries

Yanming Liu et al; https://www.nature.com/articles/s44360-026-00166-2

"In an **analysis of more than 2 million hospitalizations during warm seasons in four countries**, extreme and prolonged heatwaves were associated with increased risk of hospitalization for mental and behavioural disorders." The countries: **Brazil, Canada, Chile and New Zealand**.

Sexual & Reproductive health rights

IHP – Pads without pipes: India's menstrual health crisis is above all an infrastructure failure

K Babbar & A Kakkat; https://www.internationalhealthpolicies.org/featured-article/pads-without-pipes-indias-menstrual-health-crisis-is-above-all-an-infrastructure-failure/

"**Walk into almost any government school in India and you will likely find a toilet block for girls. On paper, the progress is real**: the government's own school-records system, the Unified District Information System for Education, (UDISE+) 2024–25 data, which tracks every recognized school in the country, reports that 97.3% of schools have girls' toilets, 99.3% have drinking water, and 95.9% report handwashing facilities. **These figures are showcased as markers of how far school sanitation has come, most of that gain arriving over the past decade**, after the 2014 Swachh Bharat: Swachh Vidyalaya drive to build toilets in every government school. **But ask an adolescent girl what happens when she gets her period at school, and a different story emerges**. Behind the signage lie broken or missing disposal bins and dry taps; incinerators installed during high-profile drives often sit unused for want of maintenance. Left with no dignified option, a girl changes her pad, wraps it in newspaper, carries it out in her bag, and hopes no one notices. This is the norm, not the exception, and it points to **a misdiagnosis at the heart of our menstrual health agenda. We have treated menstruation as a product-distribution problem, when it is, above all, an infrastructure failure…."**

TGH – Making AI Tools Work for Low-Resource Maternity Wards

S Kanayan; https://www.thinkglobalhealth.org/article/making-ai-tools-work-for-low-resource-maternity-wards

"**A Cambodian physician argues that artificial intelligence can help improve maternal health outcomes, but only if accompanied by structural reforms."**

"... In my experience, **real-world implementation depends on three things that no algorithm can substitute for: reliable infrastructure, including connectivity and functioning devices; clinical staff with the training and protected time to interpret and act on AI outputs; and institutional governance structures that give the tool a functioning system to work within**. Without all three, the tool runs but does not function…."

Access to medicines & health technology

Economist - Eli Lilly is reinventing the pharma business

https://www.economist.com/business/2026/07/15/eli-lilly-is-reinventing-the-pharma-business

"The world's largest drugmaker is betting big on preventive medicines—and learning from big tech."

"In an interview with The Economist, **Mr Ricks** laid out a grander plan. **He wants to turn his company into a different kind of drugmaker: one focused on keeping people healthy rather than simply treating disease, while borrowing ideas about business from Silicon Valley…." " Lilly's rapid rise in obesity drugs helps explain its confidence…."**

"… For Lilly, however, **there is a bigger prize than slimming waistlines. GLP-1s are proving useful beyond their original purpose, reducing the risk of cardiovascular disease, sleep apnoea and chronic kidney disease.** Early evidence suggests they may also help with addiction and psychiatric illness. Now the **big question for Lilly is: can its medicines prevent maladies from developing in the first place?..." "The pursuit of prevention is shaping Lilly's pipeline.** …"

"… **The model comes with plenty of challenges**, Mr Ricks admits. Today's health-care systems, he says, are designed to treat illness, not prevent it. Then there is the thorny question of who pays. The costs of preventive medicines are immediate, but the savings may not emerge for years, making them difficult for insurers to value and reimburse. Prevention also risks over-diagnosis and over-treatment, raising difficult questions about who should receive medicines, and when**. A business built on prevention has to stay much closer to patients than pharma traditionally has. It must persuade people to start treatment earlier, make medicines easy to obtain and keep them on therapy for years. That is why Mr Ricks increasingly talks about Lilly less like a drugmaker and more like a technology company, emphasising a frictionless customer experience and the creation of platforms…."**

"…**Mr Ricks describes GLP-1s not as a product but as a platform**—a common foundation on which multiple medicines can be built by adding other hormones…"

Human resources for health

International Health - Nurses' social responsibility and health system strengthening for equity in low- and middle-income countries

https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihag070/8733709?searchresult=1

By Muhammad Asad Ullah et al.

AI & health

- Via Devex@AIforGlobalGood Summit:

(10 July) "**Alongside the AI for Good Global Summit this year were the World Summit on the Information Society, or WSIS, Forum and the inaugural United Nations Global Dialogue on AI Governance.** The confluence of events — not accidental, in case you hadn't guessed — **transformed Geneva into the center of the global AI conversation…."**

"From AI policy to development policy: **Guterres called for a $3 billion global fund for AI to help LMICs build computing capacity, data infrastructure, and digital skills**. The proposal reflects a growing recognition that without deliberate investment, the AI divide could become the next great development divide."

"**Several conversations in Geneva suggested the challenge goes well beyond expanding access to AI.** At a roundtable conversation, **Ryan McMaster,** deputy director of international relations and policy planning at the Gates Foundation, argued that **AI policy and development policy are still treated as separate conversations**, at least in Washington, D.C., where he is based. **That distinction, he said, won't hold for long.** Countries may gain access to AI tools that improve agriculture, weather forecasting, or public services. But **much of the wealth created by AI — from breakthroughs in pharmaceuticals, advanced manufacturing, robotics, and new materials — is likely to accrue where frontier AI, or the most cutting-edge AI models and systems, is developed and controlled**. In other words, **the biggest development question may not be who gets to use AI, but who owns the technologies that generate the next generation of innovation, productivity, and economic growth.** "The **frontier AI policy conversation will become development economic policy at some point,"** McMaster said…."

Nature Health – Global analysis of country-level factors associated with chatbot usage for health

P Schoenegger et al; https://www.nature.com/articles/s44360-026-00174-2

"An analysis of 1.7 million health-related conversations with Microsoft Copilot in 109 countries reveals **heterogeneous patterns in usage and type of query, varying with respect to income levels, age structure and trust in healthcare and governmental systems**."

Miscellaneous

Nature (Editorial) – Why there needs to be a global debate on inequality

https://www.nature.com/articles/d41586-026-02147-7

"Researchers have a responsibility to search for consensus on this crucial issue, both for future generations and the future of our planet."

Coming back on the 'Global Justice report' (by Piketty et al)

PS: "… **the *Global Justice Report* comes at a time when many countries are becoming concerned about inequality and looking to researchers for answers**. Between 2000 and 2024, the richest 1% of people captured 41% of all new wealth created in the world, according to **a report on the state of knowledge on inequality that was published last year under South Africa's presidency of the G20 group of the world's 20 largest economies** (see go.nature.com/4wrehdz). **Mindful of the disagreements among researchers, the G20 report's authors, led by economist and Nobel laureate Joseph Stiglitz, recommended the creation of an international panel on inequality similar to the Intergovernmental Panel on Climate Change (IPCC).** … "

"**The inequality panel is expected to get the green light from the UN in September**. Imraan Valodia, an economist at the University of the Witwatersrand in Johannesburg, South Africa, who is on the panel's founding committee, says **members will work on the causes and consequences of inequality, among other things.** The founders want researchers representing diverse backgrounds to participate in the panel's activities. Disagreement in research is healthy and often necessary. But with so much at stake, and with little time to lose, policymakers are asking the research community for the best available shared understanding. **The authors of the *Global Justice Report* could readily plead guilty to utopianism (or idealism), safe in the knowledge that they have made a significant contribution to an important debate. All those who have relevant knowledge need to engage with the work of the inequality panel and help to guide its conclusions. The alternative — sitting still amid mounting social, economic and environmental problems — is not an option, not least because it will be an injustice to future generations."**

Papers & reports

Scientific Reports - Profound health inequalities between Sub-Saharan Africa and other world regions: a comparative analysis

Ping-Ying Wei et al; https://www.nature.com/articles/s41598-026-62287-8

" **This analysis provides an up-to-date comparison of health inequalities in Sub-Saharan Africa** to inform evidence-based global health policy, resource distribution, and collaborative international action… … **The findings reveal striking and statistically significant disparities across nearly all indicators examined.** Sub-Saharan Africa exhibited substantially higher incidence of tuberculosis and malaria, markedly elevated maternal and neonatal mortality, greater mortality attributable to unsafe water, sanitation and hygiene (WASH), air pollution, and violence, alongside profound shortages in health workforce density and service coverage. …"

Nature Health – Associations between male child marriage and intimate partner violence across low- and middle-income countries

S Chen et al ; https://www.nature.com/articles/s44360-026-00169-z

"Using Demographic and Health Survey data from 154,051 men across 41 low- and middle-income countries, **this study reports that marriage before age 18 years among young men is associated with higher odds of physical intimate partner violence perpetration and victimization in adulthood**, varying by national gender inequality and income."

Tweets (via X, LinkedIn & Bluesky)

Pete Baker (CGD)

"The Global Fund's 55th Board Meeting finished on Friday. The documents are not yet fully out. But the **key decision document has been released (prematurely?). Of note you can see the global fund working to scale up its capacity and increase its flexibility for "Non-Global Fund-Financed Procurement".**

Presumably this is to:
1) to allow for countries that receive financing under the US MOUs to procure through the Global Fund, as the US seems to wish.
2) position itself as a key procurement agency for other financing flows during this year of debate on global health architecture reform. "

Catherine Kyobutungi

"**A message that's staying with me from the #AccraReset in Dakar: "Sovereignty is not a slogan. It is a discipline of delivery."** Simple words, but they cut right to the heart of what's often missing in development conversations — **the follow-through**."

"Too often, sovereignty is invoked as a talking point rather than practiced as a discipline**. This gathering is a reminder that real sovereignty is earned through consistent delivery, institutional capacity, and the courage to execute** — not just the language we use to describe our ambitions."

Ian Mitchell

“The **FCDO has just published its 3-year spending plans by country**. And no wonder they held it back to the last day before Parliament's summer recess because it lays bare the brutality of the reductions.

One stand-out is that in 10 of the UK's 17 African partners the budget is being cut to a de minimis level. Those countries are home to over 130m people in extreme poverty and this is a decision to significantly reduce the UK's role on the continent. **The UK is set to spend barely above 0.2 percent of GNI on international assistance.** That’s an all-time low and insufficient for a country that says it's serious about an international role.”