IHP news 890 : 80-year anniversary of the WHO constitution, an AU extraordinary summit on health, "Dantesque scenarios" & much more

*(**24 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,

The week started with "diplomatic smartass" Dr. Tedros (*or his speechwriter*) finding once again the right words after the **World Cup Football**, while studiously avoiding mentioning WHO's collaboration with FIFA for reasons now clear to almost everybody: *"Congratulations to #Spain, 2026 FIFA World Cup champions! **The magic of football** isn't only on the pitch in a final. **It's in every game played in a park, a street or a schoolyard.** Physical activity, at any level, protects your heart, mind and body. Keep moving."* Well, you know I don't need much convincing on the magic of football :)

This week's IHP issue won't delve into the **Belgian National Day** (21 July), as unlike in MAGA-land the link with global health isn't that obvious in my country. In the **PABS Odyssey**, we cover analysis of the **latest (7th) round** in Geneva - with two models on offer now ('federated' & 'hybrid'). In New York, a **UN High-level meeting on improving global road safety** (20-21 July) took place, and in Chandigarh, India, the **16th BRICS health ministers' meeting** (22-24 July) (*with, as always, a rather interesting set-up, featuring the likes of Brazil, Russia, India, China, South Africa, Egypt, Ethiopia, Iran, Saudi Arabia, the UAE and Indonesia – no doubt there were some 'healthy exchanges'*).

On Wednesday (22 July), Tedros himself commemorated that "…. ***80 years ago, on 22 July 1946, countries** emerging from WW II **signed the constitution of the WHO,** founded on a bold and radical idea: **that health is key to peace and security, and that health is a human right**."*

Obviously, we also pay quite a lot of attention to the **extraordinary African Union meeting on Health** (21-22 July) **in Accra**, Ghana. Part of the backdrop: the worrying **Ebola outbreak** in Congo which has now killed over 1000 people. A new **Africa-specific health security index** was also launched earlier this week.

In the **lead-up to the (26th) AIDS conference in Rio de Janeiro**, scheduled for next week (**26-31 July)**, a number of HIV related reports were published – including the first real world evidence of PEPFAR disruptions**.** The **2026 State of Food Security and Nutrition** painted a mixed picture of "progress" (*as still 2.7 billion people can't afford the minimum cost of a healthy diet…*). And the **Gates Foundation** released the findings of the **commissioned external review**, just one week after Warren Buffett made it clear he would no longer contribute to the Foundation. Overall, **findings of the Review were more or less in line with what was already known,** though unfortunately, "*Bill Gates's Personal Emails Weren't Part of the Review*". Although improving the governance and internal processes of the Foundation is certainly to be applauded, the **broader question remains**: as discussions on **global health architecture reform** continue (also with a view on post-2030), do we really think billionaire

philanthropy should remain part and parcel of the global health 'ecosystem'? Of this gigantic size moreover (*a few characters in The Odyssey come to mind)*?

Realists will no doubt say 'yes'. They're probably the same ones claiming, in a related area - climate finance (eg at *the* ***Africa Clean Air forum***), that *"Africa Needs to 'Speak the Language of Finance"*. As in: 'attractive investment cases', 'bankable' projects, …. I tend to side though with the New Economics Foundation's Lyam Burne, G Zucman and ever more "likeminded" people: ***"… The question is no longer whether we can tax extreme wealth more effectively. The question now is whether democracies can afford not to….."***

As sadly "Dantesque scenarios" are increasingly common, we leave you with a planetary health related quote from Stephen Barlow : "*The* ***single biggest delusion, false belief, in mainstream politics and economics, is that somehow the climate and ecological emergency, is just another issue,*** *which can be set aside when considering other issues. Rather the* ***ecological polycrisis*** *will determine everything, economic and societal. There are no issues independent of it. It determines everything that is going to happen in our societies in the near future…."*

I'm guessing that most global health reformers (/ *Transformers*?) are well aware of this. Maybe it's time they act like it too.

Enjoy your reading.

Kristof Decoster

Featured Article

Preparing for a Peaceful Death: A Reflexive Case Study of Terminal Cancer Care, Family Caregiving, and Dying at Home in India

Solomon Salve

On 27 April 2026, my father (age 83) died peacefully at home after a rapid decline from advanced liver cancer. Just over a month earlier, what had begun as seemingly common symptoms gradually developed into a terminal diagnosis of metastatic liver and bile duct cancer. From late March to the end of April, my family moved between several places of care. The final stage of care took place not in a hospital ward but in the home, where care was intimate, continuous, spiritual, and deeply personal. This article emerges from that journey.

In addition to being a mourning son, I write as a medical anthropologist trained to study health systems, health policy, illness experiences, care practices, and the moral worlds surrounding suffering. In addition to my PhD in Public Health & Policy and my current work in health policy and systems research (HPSR), I also hold a Master of Divinity degree. I have long been involved in the thought process of suffering, mortality, pastoral care, and spiritual meaning through theological

study and ministry contexts. As a result, my father's illness was experienced and interpreted not only within biomedical and anthropological frameworks but also through a theological understanding.

This article is therefore neither a separate clinical case report nor a purely personal memoir. Rather, it is a reflexive case study that sits at the crossroads of medical anthropology, theology, research on health systems, and end-of-life care. Using a retrospective trajectory of disease, I explore how advanced cancer care is navigated through the fragmented but interconnected levels of the Indian health system, and how families become the invisible infrastructure that maintain the continuity of care. Simultaneously, I reflect on how anthropological and theological sensibilities shaped our understanding of prognosis, suffering, caregiving, prayer, and what ultimately came to constitute a "good death."

This article draws on reflexive methodology and retrospective illness narrative reconstruction. The analysis is based on caregiver experience, clinical consultation, diagnostic reports, referral interactions, conversations with healthcare providers and reflective observations recorded during the course of the disease. Rather than treating subjectivity as methodological weakness, this article approaches lived experiences and involvement as a valuable source of insight. In medical anthropology, reflexivity has long challenged the assumption that emotional detachment from the field is necessary for meaningful understanding. Throughout the illness trajectory, I found myself in a series of unstable and overlapping roles: a son attempting to emotionally process impending loss, a family caregiver, an interpreter of biomedical information, theologian searching for meaning in suffering, and reflexive observer of the health care system we were navigating. These identities often overlapped in an uncertain way.

The illness trajectory began in the last week of March 2026, when my father began to experience a progressive weakness, severe constipation, persistent cough, loss of appetite, and a noticeable loss of weight. At first, these symptoms seemed quite common and manageable….

- For the full read, see **IHP: Preparing for a Peaceful Death: A Reflexive Case Study of Terminal Cancer Care, Family Caregiving, and Dying at Home in India**

Highlights of the week

Structure of Highlights

- PABS negotiations – round 7 (wrap-up)
- Ebola emergency
- More on PPPR & GHS
- AMR
- Global Health reform, future of development cooperation (& post-2030 brainstorm)
- WHO DG race
- Extraordinary AU summit on Health (Accra, 21-22 July)
- More on Global Health Governance & Financing/Funding
- UHC & PHC

- Global Tax Justice
- Run-up to the AIDS conference in Rio
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- Polio
- UN HL meeting on improving Road safety
- Commercial & Digital Determinants of Health, and more on NCDs
- SRHR
- Child Health
- Human Resources of Health
- Planetary Health (and Climate/health)
- Access to Medicines, Vaccines & other health technologies
- Migration & Health
- Some more reports & publications
- Miscellaneous

PABS negotiations (round 7: wrap-up)

The **latest PABS round ended last Friday (17 July).** Below you find excellent **coverage & analysis** (with focus on the two models) from colleagues from Geneva Health Files, Health Policy Watch.

Then we also feature a few new academic articles re PABS.

WHO Member States continue negotiations on the Pathogen Access and Benefit Sharing Annex

https://www.who.int/news/item/20-07-2026-who-member-states-continue-negotiations-on-the-pathogen-access-and-benefit-sharing-annex

(20 July) **WHO Press release (after this 7th round, which ended on 17 July).**

"…During the meeting, **Member States further streamlined the draft text while continuing consultations on more complex issues to move closer to consensus**. Discussions focused on several interrelated elements of the PABS system, including the **contractual arrangements** underpinning the framework, the **structure of the laboratory networks** responsible for the sharing and handling of pathogens with pandemic potential and their sequence information, and the **definition of benefits arising from pathogen sharing…."**

PS: "… **The IGWG will hold its eighth meeting from 14-18 September 2026**."

GHF - Game On: Africa Group Vs The EU. Competing Models For The Pathogen Access Benefit Sharing System

P Patnaik; Geneva Health Files;

(17 July) (must-read) "In today's edition, we bring you the **emerging story of two competing models for a new Pathogen Access Benefit Sharing System**. …" "The **complex, but political negotiations on a new Pathogen Access Benefit Sharing system at the WHO, may have got a much-needed shot in the arm this week….."**

"The Intergovernmental Working Group set up to negotiate the PABS mechanism, **reviewed two models this week, on how such a system can be structured. It appears to have revitalised these technical negotiations to a small extent**. The models, each proposed by developed and developing countries separately, do not have much in common, and run on different assumptions and scale. And yet, in their differences, they may provide fuel towards these negotiations…."

"**Both the models were formal submissions to the IGWG and were considered at a plenary session on July 15th**. One is a "**Federated Model" of accessing PABS materials and sequence information, submitted by the Africa Group**. The second, is a **submission by the EU on a hybrid model for PABS** – one that has been informally discussed over the last few months, but it was the first time that it was owned and presented by the bloc, sources said. **In this story, we discuss these different models, but also bring you the back story…."**

HPW - Pandemic Talks Consider Two Opposing Models for Pathogen Sharing

https://healthpolicy-watch.news/pandemic-talks-consider-two-opposing-models-for-pathogen-sharing/

Analysis by HPW – with some more info on these two different models. "**Two largely opposing proposals for a pathogen access and benefit-sharing (PABS) system** – the last outstanding piece of the World Health Organization's (WHO) Pandemic Agreement – **were tabled during the seventh round of negotiations, which ended on Friday. Africa consolidated behind a "federated" model, while the European Union and its developed-country allies backed a "hybrid" model…."**

"…**Regional nodes in a 'federated' system:** Algeria, speaking for the WHO Africa region plus Egypt, Somalia, and Sudan (the **Africa Plus Group**), described the "**federated" model as "architecture built around sovereign national and regional nodes, interconnected through a WHO-hosted metadata index and catalogue with unique, persistent identifiers, ensuring end-to-end traceability of biological materials and pathogen sequence information".** This means that every party getting access to pathogen information could be tracked throughout the system. "It conditions access on binding benefit-sharing commitments at the point of use, and treats digital sequence information and physical materials with parity," said Algeria at the closing session. In other words, **parties that want access to pathogen material will need to sign contracts that commit them to sharing any benefits.** Algeria's representative added that **African capitals were still consulting on the design features** that will "give practical effect to the federated model", and hoped to return to the negotiating table "with firm compositions and concrete textual proposals"…."

"… **The European Union finally put a proposed "hybrid model" to the Intergovernmental Working Group (IGWG)** that is conducting the talks, although the proposal has been discussed for several months. **The "hybrid" proposal consists of a mix of mandatory and voluntary measures for sharing pathogen information and benefits that flow from this information.** It envisages both a global WHO-controlled PABS system working through the WCLN with some benefit-sharing commitments, and national processes where countries can share pathogen material with groups and laboratories outside the formal PABS system according to mutually agreed terms…."

- Related: [HPW – Pandemic Talks: What Are The Two Models for Sharing Pathogens?]

Didactic (must-read) on the two models.

"**Two practical – and contrary – proposals were tabled at pandemic talks last week, detailing how information about dangerous pathogens should be shared.** *Health Policy Watch* is sharing the two options – **Africa's Federated Model and the European Union's Hybrid Model** – to enable all interested parties to interrogate them before the **next round of talks from 14-18 September…."**

PS: the article also features the respective **views of Third World Network and KEI.**

On the latter: "**Knowledge Ecology International (KEI)** has long been critical of countries linking access to PABS samples or data to the Pandemic Agreement's equity provisions. **KEI wants negotiators to "delink the primary equity obligations from conditions attached to access to the PABS materials and data" – for two main reasons.** "It is important for the information about the pathogens to be shared widely and quickly, and for the information to be used with other data, in a broader eco-system of databases and research tools," KEI asserts. "Secondly, there will be plenty of cases where researchers won't need the PABS to get access to pathogens or their [digital sequencing information], and in those predictable cases, companies will have little or no incentive to be legally bound to the concessionary sharing of production," KEI argues. **Instead, it proposes that the PABS annex includes an obligation on governments to "require that any manufacturer seeking to register or sell pandemic-related products provide evidence of a legally binding agreement with the WHO that addresses access to such products.** "This agreement would be separate from any agreement they may have regarding PABS material or data. **The access provisions would be consistent with Article 12, Paragraph 6, of the Pandemic Agreement**."…"

- See also **TWN - [WHO: Working group considers conceptual design of PABS system]**

PS: "**The WHO Secretariat, on its own accord, also advanced a model, claimed to be an amalgamation of all the models and proposals presented by the various groups**. According to sources from both developed and developing countries, **there was little interest in the Secretariat's model**, which highlights sharing of PABS materials and sequence information outside of the PABS system…."

Lancet GH (Comment) – PABS deferred: the rise of bilateralism and future of pandemic governance

Nelson Aghogho Evaborhene, Arush Lal et al;
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00183-X/fulltext

"... According to the warning given by the Independent Panel for Pandemic Preparedness and Response, the absence of a finalised PABS framework leaves the world inadequately prepared for future pandemic threats. However, **the political window for securing consensus continues to narrow as bilateral arrangements governing pathogen access, genomic data, financing, and medical countermeasures expand across Africa, Asia, and Latin America. The longer the PABS negotiations take, the more these bilateral arrangements can harden the operational architecture of pandemic governance…."**

"…**Although negotiations have yielded important areas of convergence, PABS sits at the intersection of competing normative regimes—including public health, trade, and sovereignty**—making **consensus within a single multilateral instrument particularly difficult to achieve**…."

"**Meanwhile, the growing use of bilateral arrangements linking health assistance, financing, and strategic cooperation to access pathogen and genomic data, biological materials, and in some cases critical minerals is beginning to create parallel governance systems**. Although bilateral health cooperation is not new, the **current scenario is distinguished by the extent to which these agreements are increasingly shaping the operational rules, incentives, and political architecture of pandemic governance itself. Over time, such arrangements might not only bypass multilateral systems operationally but also reduce reliance on collectively negotiated multilateral frameworks, such as the Pandemic Agreement,** gradually displacing their political and institutional relevance and potentially weakening the collective bargaining power of low-income and middle-income countries. **The result is an increasingly fragile and fragmented architecture for pandemic governance and a deeper challenge for negotiating PABS**. If states can negotiate pathogen access, financing, and strategic cooperation outside the multilateral system, the incentives to find compromise within PABS might diminish over time…"

Computer Law & Security Review - When science meets sovereignty: Pathogen digital sequence information between state control and commons-oriented access and benefit-sharing

Adam Strobeyko;
https://www.sciencedirect.com/science/article/pii/S2212473X26000908?via%3Dihub
"**The rapid and reliable sharing of pathogen digital sequence information (DSI) is essential for genomic surveillance and the development of health products. Such sharing occurs largely through specialized databases governed by their own policies. However, in the absence of agreed international rules, an increasing number of states have sought to assert sovereign control over DSI via domestic Access and Benefit-Sharing (ABS) legislation**. As pathogen DSI governance gains prominence, the rules governing its use are poised for change. **The recently agreed WHO Pandemic Agreement and multilateral mechanism under the UN Convention on Biological Diversity aim to balance open access to DSI with fair and equitable benefit-sharing**. The advancement and reduced costs of sequencing technologies, coupled with limitations of existing international legal framework, prompt a **reevaluation of principles** best suited for the regulation of pathogen DSI and benefit-sharing. **In this article, I first conceptualize sovereignty and commons-oriented approaches to DSI regulation. I map out and compare international ABS frameworks applicable to pathogens. I describe policies of the leading pathogen DSI databases, INSDC and GISAID.** Drawing on a review of 14 domestic ABS laws, **I identify common patterns and divergent approaches to regulating pathogen DSI. I argue that the concept of sovereignty is ill-adapted to govern large-scale transboundary data flows and that a joint stewardship model is needed. I propose commons-oriented design elements for a future multilateral ABS system**: providing standardized downstream benefit-sharing obligations, metadata disclosure and notification requirements, proportionate traceability, preserving interoperability of databases, and clear scope, conflict, and enforceability rules to reduce fragmentation across legal regimes."

Ebola emergency

With first some **key messages** from WHO/Africa CDC and then **other analysis & news snippets**.

Reuters - Aid group says seven Americans quarantining at Kenya Ebola facility after US travel ban

Reuters;

(17 July) "**The seven are quarantining for 21 days at Kenya isolation facility; US says the asymptomatic group moved there voluntarily;** Samaritan's Purse aid worker infected with Ebola in Congo this month."

PS: "**Washington's new policy says American citizens returning from the Democratic Republic of Congo,** where there is an Ebola outbreak, **must spend three weeks in a third country before entering the United States…."** "The **bio-isolation unit, built by the U.S. government on an air force base in central Kenya for Americans exposed to the virus in Democratic Republic of Congo or Uganda,** has angered many Kenyans who accuse the U.S. of offloading the health risk of caring for patients…."

FT - Ebola death toll rises to 930, as outbreak spreads at record pace

https://www.ft.com/content/f2125fe6-0d51-47f2-b4b3-def15179da1e?syn-25a6b1a6=1
(20 July) "**Africa Centres for Disease Control and Prevention and partners plan trial of two existing jabs."**

"**The Ebola outbreak in the Democratic Republic of Congo has killed at least 930 people, the country's health ministry said on Monday**, adding urgency to efforts to find a vaccine to counter the disease's rapid spread. **The Africa Centres for Disease Control and Prevention (CDC) is developing a possible trial on whether the Bundibugyo pathogen driving the crisis can be combated by jabs against other ebolavirus species**…."
"The Ebola outbreak is the fastest-growing ever by some measures, **more than two months after the World Health Organization declared it a public health emergency of international concern**. The WHO said last week that **more than 80 per cent of new cases were not on known contact lists**, suggesting that track and trace protocols were missing many chains of transmission."

"… **The Africa CDC and partners are planning a trial of a two-vaccine combination on frontline health workers in eastern Congo**, the health body has said. The first dose would be of the Ervebo vaccine, while the second would be an experimental jab against the Sudan ebolavirus species. The proposal is expected to be submitted as soon as Tuesday for approval by the Africa CDC's executive committee. The approach would have the practical advantage that Ervebo already has regulatory approval. The experimental vaccine, developed by the international biomedical research non-profit IAVI, was used during a Sudan pathogen outbreak in Uganda last year….."

- Related: GHF – Ebola Update: More than 2,000 cases, with 80% of new cases detected outside of contact lists (21 July)

Geneva Health Files with extensive coverage of the **WHO briefing of July 16.**

UN News – DR Congo: Ebola outbreak still expanding, WHO sees signs of stabilization

https://news.un.org/en/story/2026/07/1167983

(**21 July**) "In the Democratic Republic of the Congo (DRC), **UN health teams and partners are still racing to contain the rapidly expanding Ebola outbreak**, despite ongoing insecurity in eastern areas where the virus has taken hold. As of 19 July, the DRC Government has recorded 2,423 confirmed cases, including 967 deaths and 469 recoveries. **"**

Overall the situation is still rather dire. Some of the **more uplifting news**, though: "…Dr. Baldé (WHO) described a recent visit to Kisangani in Tshopo province where WHO is implementing a collective strategy by deploying rapid response teams. The results are encouraging. "**No secondary cases have been detected so far in Kisangani,"** he said. **"Currently, all five cases are imported from Ituri province. We intend to roll out a similar rapid response plan in…Katwa, Butembo and other emerging areas"**, he added. … To tackle any chains of transmission, the UN health agency is also working on **a new project which aims to reinforce control measures through the River Congo, "a crucial transit route requiring rapid implementation of control measures**", the WHO official explained. … "

"… **Despite the challenges, WHO has reported some encouraging signs**, such as in Mongbwalu, where the outbreak was first detected. **"Mongbwalu is currently showing some signs of stabilization with a similar trend in Goma, North Kivu province,**" noted the WHO Incident Manager. **…"**

Stat - Congo's Ebola outbreak has killed over 1,000 people

https://www.statnews.com/2026/07/22/congo-ebola-outbreak-1000-deaths/
(22 July) "The situation is further complicated by **some health workers going on strike."**

Africa CDC messaging: " **More than 1,000 people have died in the Ebola outbreak in Congo, according to Africa's top health body**, a grim toll in the fastest Ebola outbreak in history, as conflict, community resistance and an uneven response fuel its spread. **Speaking at a health summit in Ghana on Wednesday, Dr. Jean Kaseya, director-general of the Africa Centres for Disease Control and Prevention, said 1,031 deaths have been confirmed. "These are people dying. They are dying because we don't have vaccines, we don't have medicine, we don't have funding,"** he added."

PS: "A **humanitarian worker** involved in the response, speaking on condition of anonymity because he was not authorized to speak publicly, cited poor coordination between response agencies, delays in transferring patients to treatment centers and waits of more than four days for some Ebola test results…." "At times, it's unclear who is doing what and where," the worker said. The delays have led some patients to leave health facilities before they can be diagnosed, increasing the risk of further transmission, the worker said…."

"Africa CDC head Kaseya called for intensified efforts to slow the outbreak on the first day of the health summit in Ghana on Tuesday. "If we do not stop this outbreak today, it could become one of the worst Ebola outbreaks the world has ever documented," Kaseya said…."

"**Less than 9% of the contacts of confirmed patients who are expected to be traced are currently being monitored, far below the level needed to contain the outbreak, according to Africa CDC. More than 60% of deaths are occurring in the community before patients can receive care.** Pierre Akilimali, the Ebola response incident manager at the National Public Health Institute of the Democratic Republic of the Congo, said the high number of community deaths suggests many infections are not being detected or isolated in time, allowing the virus to continue spreading…."

Bloomberg – "Walking Ebola" helps Explain Why Congo's Outbreak Is So Hard to Stop — and How to Treat It

Bloomberg;
(gated) "**Some doctors call it "walking Ebola**" — symptoms of the rare Bundibugyo strain appear to worsen slowly, leaving patients sick enough to spread the virus but not so unwell to stop them moving through their communities"…."

Lancet Comment – Pregnancy as exclusion criterion in Ebola research: not again

L Schwartz, R Ravinetto et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01367-X/fulltext

"As the 2026 Bundibugyo virus (Orthoebolavirus bundibugyoense) Public Health Emergency of International Concern progresses, **we draw attention to key lessons from the 2014–16 Ebola (Orthoebolavirus zairense) outbreak in Guinea, Liberia, and Sierra Leone. One crucial learning was that women and gender-diverse people who were pregnant or breastfeeding were systematically excluded from most interventional trials.** Exclusion has historically been the norm for protecting fetuses and those who are pregnant, however, if applied without contextualised justification, exclusion can harm instead of protect…."

"… **As clinical trials develop, we urge researchers and sponsors to make all reasonable efforts to include participants who are pregnant, or to ground their exclusion through risk–benefit assessments and equity**. These efforts would align with some clinical trials conducted during further outbreaks, when pregnancy was not an exclusion criterion…"

Telegraph - To prevent the next Ebola outbreak, we must invest in local expertise

N Gilbert (PATH) & P Piot; https://www.telegraph.co.uk/global-health/science-and-disease/to-prevent-the-next-ebola-outbreak-we-must-invest-in-local/

"By letting local experts lead and investing in strong systems we can detect and prevent outbreaks earlier."

"…. **Indeed, one of the biggest misconceptions about Ebola is that African countries lack the technical capability to respond. The opposite is true**. The Democratic Republic of the Congo has some of the world's leading Ebola experts, mostly based in the Institut National de Recherche Biomédicale, their expertise built through decades of hard experience. National laboratories can sequence viruses within days. Public health professionals have accumulated knowledge that few others possess. **The only missing piece is sustained investment in resilient health systems that can function during times of crisis as well as calm…"**

NYT – Why Epidemics Breed Rage at Health Workers

https://www.nytimes.com/2026/07/20/magazine/ebola-health-workers.html

"Some people have fought Ebola containment measures in the Democratic Republic of Congo. **Scholars have seen similar responses across societies and throughout history."**

Wellcome (Policy Brief) – Enabling an effective global research response to the Ebola Bundibugyo virus (BDBV) outbreak

Wellcome;

"…. **coordinated global response is critical to deploy the resources of the global community in the most effective way**. This **policy brief sets out three principles that we believe should guide this**: 1. Response and research priorities must be set through processes grounded in leadership provided by African governments. Africa CDC and WHO must work closely to ensure effective prioritisation, coordination and regional alignment. 2. Existing coordination mechanisms should be used to strengthen the alignment of research efforts and prevent fragmentation. 3. Research into medical countermeasures must be an integral part of the response from the outset. Immediate action is needed to ensure equitable and timely access to products shown to be effective…."

Science - Rapid spread of Ebola spurs 'remarkably' quick drug and vaccine trials

https://www.science.org/content/article/rapid-spread-ebola-spurs-remarkably-quick-drug-and-vaccine-trials

"Pioneering studies are underway to address massive outbreak of rare Bundibugyo virus in the Congo."

"On **15 July, the first ever trial of an Ebola drug to protect people who aren't sick but have been exposed to the virus** was launched. Two weeks earlier, **a trial of drugs to treat patients** had begun. And a **phase 1 study of a vaccine candidate** kicked off in Oxford, U.K., on 13 July. "It's remarkable to see these clinical trials up and running this quickly," says Isaac Bogoch, an infectious disease expert at Toronto General Hospital. **But the factors that are fueling the rapid spread of the virus in the DRC also complicate the trials. …"**

Stat – New study supports testing of Merck's Ebola vaccine in DRC outbreak

https://www.statnews.com/2026/07/22/new-study-supports-testing-of-mercks-ebola-vaccine-in-drc-outbreak/

"Experts hope the vaccine, designed to target another species of the virus, could offer some protection."

"**New data from a study in humans provides additional support to the idea that Merck's Ebola vaccine Ervebo, licensed to target the Zaire species of ebolaviruses, could also offer some protection against another species currently circulating** in a rapidly expanding outbreak in the Democratic Republic of the Congo. The **new paper, published Wednesday in the New England Journal of Medicine** after previously having been posted online before peer review, is **one of a growing number of studies pointing to the possibility that the vaccine could be used to target the Bundibugyo species of ebolaviruses. "**

"**These studies are in turn fueling an increase in calls to study use of Ervebo in the outbreak zone in the DRC, an idea that the World Health Organization has expressed lukewarm support for to date**. The **WHO's vaccination efforts have prioritized testing Bundibugyo-specific vaccines**, but those vaccines are still months away from being ready to be put into clinical trials in the outbreak zone. …. In **an email** Wednesday, the WHO said i**ts vaccines expert panel committee, the Strategic**

Advisory Group of Experts on Immunization, would study the idea further at its next meeting in early October. …"

PS: "**An international stockpile of vaccines controlled by the United Nations Children's Fund (UNICEF), WHO, and other partners contains 500,000 Ervebo doses**. Merck said via email that it shares the WHO's concerns that the evidence supporting the possibility of cross-protection against the Bundibugyo virus is "very limited" and said doses from the stockpile can be released only at the request of UNICEF…."

And a link:

- **Telegraph – Maternal mortality doubles in Ebola outbreak zone as mothers avoid hospitals**

"The number of women dying in childbirth has doubled in the region at the centre of the Ebola outbreak as expectant mothers avoid hospitals, the **United Nations Population Fund (UNFPA)** has said…."

More on PPPR & GHS

Nature Africa – Africa's pandemic preparedness improves, but safety gaps remain

https://www.nature.com/articles/d44148-026-00210-z

"**A new Africa-specific health security index** finds **strong gains in laboratories and disease surveillance since 2021**, but **biosecurity, biosafety and systems for delivering vaccines and treatments continue to lag."**

"The **2026 Africa Health Security Index, released today**, found that the scores of 52 of Africa's 54 countries improved by at least one point between 2021 and 2026. **The continental average rose from 32.4 to 41.5 out of 100, with the largest gains in disease detection and reporting following the COVID-19 pandemic.** Produced by the **Science for Africa Foundation, the Nuclear Threat Initiative (NTI), the Brown University Pandemic Center and partners**, the assessment **measures six dimensions of health security** using publicly available data. An African reference group advised on the framework, leading to changes to 21 questions, while researchers at the University of the Witwatersrand and the University of Tunis El Manar independently reviewed the data. Because it relies on publicly available evidence, **the index measures documented capacity rather than predicting how a country will perform during an actual outbreak…."**

- **For more on the new index**, see https://ghsindex.org/africa/ .

PS: "… **The Index provides data to inform commitments that will be made at the 2026 United Nations (UN) High Level Meeting on Pandemic PPR** and highlights key outcomes from initiatives such as the Africa Forward Summit, the G7 One Health Summit in Lyon, the future of the Global Preparedness Monitoring Board, the High Level Independent Panel, the Joint Finance and Health Task Force, the Pandemic Fund, and the World Health Organization (WHO) Pandemic Agreement. …"

Lancet Infectious Diseases (Comment) - Beyond vaccines: closing the critical gap in diagnostics and therapeutics for outbreak response

Dr Tedros, Jean Kaseya, Chikwe Ihekweazu et al
https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00378-6/fulltext

".. **Over the past decade, an impressive architecture has emerged to support vaccine development, evaluation, procurement, and deployment**. Public, philanthropic, and multilateral actors have created pathways that reduce commercial uncertainty and provide manufacturers with confidence that successful products will have a viable route to market. This model, with important roles for the Coalition for Epidemic Preparedness Innovations, the WHO R&D Blueprint for Epidemics, and GAVI, the Vaccine Alliance, has strengthened global preparedness. **No equivalent ecosystem exists for therapeutics and diagnostics. ..** … **The challenge now is to systematically extend a vision beyond vaccines and develop equally robust mechanisms for therapeutics and diagnostics…."**

They conclude: "… **The next generation of preparedness requires an equally ambitious ecosystem for diagnostics and therapeutics—one that connects global scientific leadership with strong regional institutions. WHO's R&D Blueprint for Epidemics, Africa CDC's DAC, the Continental Research Agenda, regional manufacturing initiatives, the African Pooled Procurement Mechanism, and strengthened regulatory systems each address crucial components of this pathway**. The challenge now is to integrate them into a coherent ecosystem that takes innovation from discovery to equitable access. "

Plos GPH – Beyond benchmarking: Using WHO's NPHA capability framework as a driver of institutional reform

Geoffrey Namara, Chikwe Ihekweazu et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006882

"…**Two landmark legal reform**s have since reshaped global expectations: **the 2024 amendments to the International Health Regulations (IHR) and the 2025 WHO Pandemic Agreement. Both call for stronger national coordination and clearer institutional accountability but offer limited guidance on the institutional arrangements needed to deliver on these commitments**. That **gap** is precisely **what the WHO Framework for health emergency preparedness and response capabilities for national public health agencies (NPHAs) attempts to fill…."**

"**The framework's contribution: Defining capability alongside form:** The framework addresses both what NPHAs could look like and what they must be able to do…."

"… **The framework makes a timely and substantive contribution to global health security architecture**. By defining what national public health agencies must be able to do, it **shifts the policy conversation from institutional existence toward institutional function, and from gap identification toward the conditions required to close those gaps**. Its value, however, depends on how it is used…."

"… **Realising that value depends on treating the framework not as a benchmarking instrument but as a reform agenda — a basis for asking, in each country, whether the institutional arrangements in place are sufficient**. NPHAs are central to that agenda where they exist, but the framework acknowledges that building effective EPR governance is incremental, context-dependent, and

requires sustained political commitment across multiple institutions. What it offers is a precise, evidence-grounded description of functional, accountable EPR capability. For countries that want to close the gap between their preparedness plans and their response capacity, that clarity is where the work begins…"

AMR

JAMA Pediatrics - Childhood Antimicrobial Resistance With Global Forecasts

JAMA Pediatrics;

Via Stat: **Antimicrobial resistance in children is worsening**

"**Antimicrobial resistance among children has substantially risen globally over the last two decades, largely due to Gram-negative bacteria that cause infections like sepsis and pneumonia, per a study published yesterday in JAMA Pediatrics**. Researchers also projected that two of these bacteria — Acinetobacter baumannii and Klebsiella — are projected to reach 82% and 35% resistance to last-resort antibiotics by 2035…." "The analysis was based on more than 106,000 samples from minors in 82 countries. **Infants, those in the ICU, and regions with few health care resources were particularly affected** by the increased resistance. **The results align with existing estimates from WHO,** the study authors write. In order to make pediatric-specific data more accessible to clinicians, they created an interactive dashboard based on the data…."

Lancet Public Health (Comment) – Being AWaRe: benchmarking antibiotic use

Marianne AB van der Sande et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00146-5/fulltext

Comment linked to a new research article in the Lancet Public Health (see below).

"**In this issue of *The Lancet Public Health*, Aislinn Cook and colleagues present modelled estimates of optimal antibiotic use for 186 countries, territories, and areas (CTAs).** The authors first estimated optimal antibiotic use, both overall and by WHO Access, Watch, Reserve (AWaRe) category, using publicly available data on disease burden and antibiotic resistance. Then, **accounting for socioeconomic characteristics, they identified benchmark CTAs for each of four clusters of CTAs, grouped by income**. Benchmarking by cluster should enable individual CTAs in each cluster to compare their antibiotic use to that of a contextualised reference, which **could help support and operationalise the 2024 UN General Assembly target that, by 2030, at least 70% of total antibiotic use is from the Access group**. However, Cook and colleagues also make a strong case for not only assessing the distribution of antibiotic use by AWaRe category but also considering total use adjusted for infectious disease incidence, as this measure gives a better indication of potential overuse or underuse and should help ensure that antibiotic use is matched to actual needs…."

Lancet Public Health – Estimating optimal levels of WHO Access, Watch, Reserve (AWaRe) antibiotic use in 186 countries, territories, and areas on the basis of clinical infection and resistance burden

(by A Cook et al) https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00103-9/fulltext

(the abovementioned paper) "Ensuring appropriate access to essential antibiotics is a crucial public health goal. **The 2024 UN General Assembly agreed that 70% of global antibiotic use should be from the Access group of the WHO Access, Watch, Reserve (AWaRe) system**. A standard method to estimate optimal national-level antibiotic use based on burden of disease, resistance, and local context is needed to inform national policies. **We aimed to develop and apply a burden-adjusted framework for estimating expected optimal national levels of AWaRe antibiotic use, in total and by AWaRe group…."**

Global Health Reform, future of development cooperation (& post-2030 brainstorm)

President John Mahama Addresses the High-Level Panel of the Accra Reset | Dakar, 2026

https://www.linkedin.com/pulse/president-john-mahama-addresses-high-level-hag8f/

"In a **powerful video message delivered on behalf of the Presidential Council and Guardians Circle of the Accra Reset**, H.E. President **John Dramani Mahama addressed the High-Level Panel** convened in Dakar, Senegal — calling on global leaders to seize a defining moment in the history of international development and health cooperation…."

"… Pointing to the **Institut Pasteur de Dakar** — which has manufactured yellow fever vaccines since 1937 and today produces vaccines at scale under African leadership — **President Mahama grounded the Accra Reset's vision not in distant aspiration but in lived history: "We do not view health sovereignty as a future wish. We hold it as a memory to reclaim and an inheritance we intend to expand."…"**

"**He made three direct requests of the panel: (1) Be specific** — anchor recommendations to clear dates, thresholds, and consequences; (2) **Write for the citizen** — judge every proposal by whether it shortens the distance between a boardroom commitment and a fully stocked clinic; (3) **Seize attention** — let recommendations stand out "like a beacon, bold, sharp, and impossible to ignore"…"

PS: The **19-member expert panel** used the **Dakar plenary session** to directly tackle structural bottlenecks in global health financing, innovation, and governance. This session served as the primary **drafting ground for their highly anticipated final recommendations** (principal report, to be delivered at UNGA in September).

HPW – Vital Signs: Reading Critical Developments in Global Health

Mukesh Kapila; https://healthpolicy-watch.news/vital-signs-reading-critical-developments-in-global-health/

The author, on LinkedIn: "**I am starting a new column called "Vital Signs" with Health Policy Watch. It is about recent critical developments shaping global health that catch my eye**. Especially the politics behind the headlines around institutions, governance, policies and financing. And any key scientific advancements that impress me as potential game changers in medicine and public health. Given my background, there will be a focus also on health emergencies in disasters and wars."

"Here is the **first edition**. It turns on a single word that has done more work than any pill or potion this year: "**self-reliance**." As the Global Fund drives "transitions" and WHO absorbs deep budget cuts, agencies are recasting donor retreats as strategic reform. **My quarrel is not with country ownership — an excellent goal — but with its timing and its honesty. Transition dictated by the rhythm of donor budgets rather than the readiness of national systems is not empowerment; it is abandonment with better branding. "**

Kapila is reflecting among others on the **Global Fund Board meeting** of last week.

""**Self-reliance"** is the **term of art for a donor withdrawal that recipient countries did not choose and, in many cases, cannot yet absorb.** …."

Kapila concludes: "There is a defensible take on this moment, and intellectual honesty requires stating it. Leaner institutions can be more focused; co-financing can deepen national commitment; even a brutal shock can force overdue reform that comfort would have deferred indefinitely. But **reform under fiscal duress has a habit of protecting the powerful and exposing the vulnerable, and the test of this transition will not be the elegance of the strategy documents. It will be whether a child in Ituri, or a cholera patient in Kordofan, is more or less likely to be reached next year than last**. The throughline of the week is **a system negotiating its own contraction while insisting the contraction is a strategy.** Some of it may yet prove to be. But **the honest verdict on "self-reliance" will not be found in a board communiqué or a replenishment total. It will be found in the outbreak data—and this week, in eastern Congo and Sudan, those data were not reassuring**…."

Devex- Can the World Bank model for fighting poverty work to fund health?

https://www.devex.com/news/can-the-world-bank-model-for-fighting-poverty-work-to-fund-health-112980

"…**Pete Baker, acting director of the global health policy program at the Center for Global Development, laid out in a recently published paper an idea for a dedicated health fund contained within the World Bank**, roughly mimicking the governance, structure, and processes of the International Development Association, the bank's dedicated funding arm for low-income countries…."

"… **the World Bank "has been saying for a while they want to do more on health," Baker said. In 2024**, for example, the bank announced its goal of helping countries deliver quality and affordable health services to 1.5 billion people by 2030. "**But I haven't seen kind of a big plan for that. Like,**

how is that going to work?" he added. "And so we were trying to look at that as well, and this came together as I think a great solution."…"

PS: "…. It **also proposed redirecting donor funding earmarked for health systems strengthening from Gavi and the Global Fund to the IDA Health Window — at least in the near term.** "They're facing budget cuts, and any conversation which involves them losing functions is going to make them worried. But **we also have to … realize that there's no way we're going to have Gavi and Global Fund in 2040 … after all these changes in sovereignty and all this push towards NCD burden and so on," Baker said**. "**We're going to need a shift in time to a broad-based support to health systems approach**. **That's going to have to happen at some point**. Gavi has very much accepted this and said, 'we know we have to sunset at some point, and this is our kind of Leap proposal.' **I think the Global Fund [is] a couple of steps behind realizing that change is going to come eventually,"** he added…."

"… **Baker said there's a lot of interest in the proposal among those working on health at the World Bank, and they are likely thinking through similar ideas**. But **in the end, it's the bank's funders that will get to decide whether to establish an IDA Health Window.**

Mike Reid (blog) - Leadership Without Hegemony

on Substack;

"The future of the WHO, the **importance of interdependence**, rethinking global health governance."

"…**How should we organize collective action in a world where power is becoming more diffuse,** where no single country can credibly underwrite the global health system, and where artificial intelligence, pandemics, antimicrobial resistance, climate change and migration are creating forms of interdependence that no nation can manage alone?... Our argument is that **the next chapter of global health must be built on interdependence rather than dependence**. That requires rethinking the way global governance is done…"

A Sunrise for UNAIDS?

Ben Plumley, Emily Bass et al; on Substack;

"**Why the world still needs a joint program** built for the epidemic that hides in the most private of human behaviors."

Authors list **three reasons.**

"First, UNAIDS, and particularly the Secretariat, is the outward-facing voice of the global response to HIV — the entity willing to speak truth to power about the need for a genuinely comprehensive, solidarity-driven response that combines biomedical evidence with behavioral science and with policy and societal change for the people most affected….. **Second, the UNAIDS Secretariat must continue to be a vital country-level presence.** Its country directors have built relationships with communities, governments, donors, and civil society that no other UN or multilateral agency can

replicate….. **Third, the UNAIDS Secretariat and its Co-Sponsor WHO have established a unique symbiotic partnership that produces the highest-quality HIV surveillance data in the world**, along with other key institutions around the world (particularly national agencies and, until 2025, PEPFAR)…"

CGD - We Advised Different Governments on Aid Spending. Now We're Calling for Radical Simplification

R Glennerster & D Karlan; https://www.cgdev.org/blog/we-advised-different-governments-aid-spending-now-were-calling-radical-simplification

"**As former chief economists of the US and UK foreign aid agencies**, our jobs were to advise on the most effective ways for money to be spent. **Now, as global aid budgets shrink and donor countries reconsider their approaches, we are calling for a radical simplification in how we do the portion of aid that focuses on service and transfer policies**. By omission, we are not declaring efforts to improve macroeconomic outcomes such as growth as unimportant. The world is a big place, and there is no corner solution to the world's problems…."

"…. To advance **our call for simplified aid**, we've joined with like-minded partners to **launch the Smart Buys Alliance and promote the adoption of the world's most cost-effective development interventions…."**

PS: The **Smart Buys Alliance** is co-hosted by a consortium of leading research and policy organisations committed to evidence-based development.

Globalization & Health (Editorial) - From rupture to recourse: building a new economic order for health

R Labonté; https://link.springer.com/article/10.1186/s12992-026-01231-x

Labonté starts his Editorial from **Carney's Davos speech**.

"... Ironically, perhaps tragically, **we also now live in an era where there is a plethora of broadly similar alternative political economy models….."**

With a **good mapping of these various models (**eg: Council of Economics of Health for All, Global Justice report, Mazzucato's ideas; …)

Labonté then concludes, sounding a bit more optimistic than I am about the potential of progressive ecosocial justice movements:

« Returning to Carney's Davos speech and "not waiting around for a world we wish to be", **what is missing in most of our present political responses to our ongoing geopolitical mess is precisely that: failing to declare what type of world (and the structuring of its political economy) that we actually need.** In the absence of proclaiming the **insights of the rich economic alternatives now on well-studied offer**, the interests of the multibillionaire few will continue directing political choices in

their favour, and we will default to what former Colombian president, Gustavo Petro, one of the few leaders to call our for a radically different economic model, described as the "suicidal model of capitalism". Deepening geopolitical crises are likely to bring us pivotal moments of evolution, revolution, or environmental necessity. **As these moments swell and repeat, it will take the mobilization of progressive ecosocial justice movements to pivot politics in a wellbeing economy direction of sufficiency and habitability. We have enough of the why, and now also of the how. It will take courage to advance these ideals, and there will be personal risks in speaking out against the actions of autocrats and oligarchs. But it must be done**. »

WHO DG race

Global Policy – The Next WHO Director-General in an Age of Fragmentation

Nelson Aghogho Evaborhene https://www.globalpolicyjournal.com/blog/22/07/2026/next-who-director-general-age-fragmentation

"As the WHO begins selecting its next Director-General, **the qualities required for effective leadership are evolving. In an increasingly fragmented global health landscape, the next Director-General will need political stewardship, strategic coordination, and the ability to rebuild institutional trust."** Evaborhene elaborates on these **three key criteria.**

He concludes: "…. **Success** will therefore be judged not only by the agreements negotiated under the next Director-General's leadership, but by the ability to convene, coordinate, and sustain trust across an increasingly decentralised global health architecture where authority is exercised across multiple institutions. In this context, **the next Director-General's greatest legacy may not be negotiating new agreements, but ensuring that the reforms already underway are fully implemented, adequately financed, and translated into a stronger, more resilient WHO**."

Extraordinary AU summit on health (21-22 July, Accra)

Extraordinary Session of the AU Assembly on Ending AIDS by 2030 and addressing preventable maternal deaths, communicable and noncommunicable diseases endemic to the continent and strengthening health systems by 2030

https://au.int/en/newsevent/extraordinary-session-au-assembly-ending-aids-2030

"**The Extraordinary Session of the African Union Assembly on Health convenes pursuant to the decision of the 38th Ordinary Session of the Assembly of Heads of State and Government, held in Addis Ababa, Ethiopia, which called for a dedicated summit to address Africa's evolving health priorities**. Building on previous Assembly decisions and continental commitments, **the Summit will consider a fully costed AU Roadmap to 2030 and Beyond to sustain the HIV/AIDS response, strengthen resilient health systems, and enhance health security across the continent….**

Theme: *Advancing Justice, Equity and Universal Health Coverage: Ending AIDS, TB, Improving Maternal Health, and Addressing Endemic Non-Communicable and Neglected Tropical Diseases and Conditions in Africa*

Check out the **main objectives. The summit is structured in two phases** (first day: technical discussions; second day: high-level segment, also including a declaration).

- **Concept note**: https://au.int/sites/default/files/conceptnotes/ENGLISH%20Concept%20Note_0.pdf

African Leaders Push for 'Health Sovereignty' at AU Extraordinary Summit in Accra

https://www.modernghana.com/news/1513027/african-leaders-push-for-health-sovereignty-at.html

(23 July). Check out some of the **key messages by various leaders**.

Related: **AUC Chairperson called for a decisive shift from commitments to implementation in advancing Africa's health agenda**

AU leaders commit to ending AIDS by 2030, strengthen health systems

https://gna.org.gh/2026/07/au-leaders-commit-to-ending-aids-by-2030-stregthen-health-systems/

With some of the key messages of **the Accra Declaration** adopted at the summit.

Among others, **they endorsed the AU roadmap to 2030 and beyond as Africa's framework** for sustaining the fight against HIV/AIDS, malaria and TB; improving maternal and child health; and accelerating UHC through domestic financing.

Do read on for the other main messages.

- And some more links:

Mahama hosts African leaders for AU Summit on Universal Health Coverage and Disease Control

Mahama urges African leaders to secure continent's health sovereignty

More on Global Health Governance & Finance/Funding

Gates Foundation - Gates Foundation Concludes External Review

https://www.gatesfoundation.org/ideas/media-center/press-releases/2026/07/external-review

" The Governing Board of the Gates Foundation has approved a series of recommendations based on findings by WilmerHale, the law firm retained to conduct a review of past foundation engagements with Jeffrey Epstein…"

"…**The review confirmed that the foundation's primary engagement with Epstein from 2011-2014 involved two matters**. The **first was a proposed donor advised fund (DAF) that would pool contributions from high-net-worth individuals to support global public health**. Ultimately, the foundation decided not to continue pursuing the DAF when it became clear that the donors and philanthropic partners he promised would not materialize. **The second matter involved the International Peace Institute (IPI), a nonprofit Epstein introduced to the Chair**. The foundation subsequently provided grant funding to IPI, following internal diligence and review, for polio eradication support…."

"**The Board unanimously approved the following set of actions to strengthen the foundation's governance and internal processes going forward:** ……

PS: from the exec summary: "…**Mr. Gates was aware of reputational concerns related to Epstein's prior conviction and sentencing for a sex-related offense when he began conversations with him in 2011. Foundation staff working on the potential DAF raised on multiple occasions the risks of associating with Epstein** because of his prior conviction, and those concerns were raised to senior leadership, including Mr. Gates….."

- See also FT – Bill Gates was warned about Epstein links by staff of his charitable foundation

"**Independent review finds talks with late sex offender continued for more than three years despite concerns."**

"**Bill Gates and senior leaders of his charitable foundation received multiple warnings from staff about the risks of working with convicted child sex offender Jeffrey Epstein to raise money for global health**, an external review has found. The Gates Foundation pursued its effort to collaborate with the late financier for more than three years but there was **no evidence employees knew of his ongoing crimes,** according to a summary of the report published on Tuesday. "

"**Gates will remain chair of the $89bn foundation he continues to finance, after completion of the review by law firm WilmerHale, which was commissioned by chief executive Mark Suz**man. The foundation has **announced several organisational changes** that it said were **aimed at improving its governance and internal processes."**

"…**The review found that Gates was "aware of reputational concerns" related to Epstein's 2008 guilty plea for soliciting a minor when the two men began conversations in 2011**. …"

"… **Among the governance changes implemented by the Gates Foundation** is the creation of a **centralised vetting process for prospective funding facilitators with connections to Gates or members of the organisation's senior leadership team or governing boar**d. It will also create a **process for flagging organisational risks on projects** introduced by any of those people to be escalated as needed to the chief executive…."

- See also AP - **The Gates Foundation met with Epstein about 30 times** despite staff concerns, an external review says
- And via the Guardian:

"Gates said in a statement on Tuesday that "completing this review is an important step in providing the clarity that partners, employees, and grantees deserve as well as strengthening our oversight with additional policies going forward. "The work the foundation does to save lives and unlock opportunities so people everywhere can lead healthier, more productive lives, is more important than ever," he said. "We are committed to ensuring trust and transparency are never compromised.""

- **WSJ - Bill Gates's Personal Emails Weren't Part of Epstein Review**

"Lawyers found no evidence of wrongdoing at Gates Foundation; **footnote shows limit of their review."**

"**Lawyers investigating the Gates Foundation's ties to Jeffrey Epstein didn't have access to Bill Gates's personal communications or review interactions with the billionaire's private office**, where two longtime employees had deep ties to the sex offender. **The scope of the probe by lawyers at WilmerHale was disclosed in a footnote to the report's summary**, which was released after a five-month review. …"

Coefficient Giving - Increasing Our 2026 Allocation to GiveWell's Recommendations to $1 Billion

https://coefficientgiving.org/research/increasing-our-2026-allocation-to-givewells-recommendations-to-1-billion/

"**Seven months ago, we committed $175 million for 2026 to GiveWell's recommendations, which we think represent the gold standard for evidence-backed, cost-effective global health giving**. In partnership with Good Ventures, the foundation of Cari Tuna and Dustin Moskovitz, **we're now increasing that commitment to $1 billion for 2026.** This $1 billion will nearly double the cumulative funding we have previously committed to GiveWell's recommendations over the last decade. Based on GiveWell's estimates, we believe that funding has saved over 100,000 lives…."

PS: "**Coefficient Giving is a philanthropic funder and advisor. ….** Our founding and most significant partnership is with **Good Ventures**, for whom we serve as outsourced foundation staff. Good Ventures is a philanthropic foundation created by Cari Tuna and Dustin Moskovitz. …"

India to Host the Sixteenth BRICS Health Ministers' Meeting in Chandigarh from 22–24 July

https://www.pib.gov.in/PressReleasePage.aspx?PRID=2287325&reg=1&lang=1

Ahead of the meeting: "**Three-Day BRICS Health Programme** to Feature Senior Officials' Meeting, Health Ministers' Meeting and Dialogue on Digital Health & AI. **Nine Priority Areas to Guide BRICS Health Cooperation under India's Chairship**. **Health Ministerial Declaration** to Reinforce BRICS Commitment to Global Health."

"As part of its BRICS Chairship 2026, India is set to **convene the Sixteenth BRICS Health Ministers' Meeting in Chandigarh from 22–24 July 2026**, bringing together Health Ministers and senior health officials from BRICS member countries to deepen cooperation on health security, digital health, pandemic preparedness and equitable access to quality healthcare…."

"… Building upon the work undertaken during previous BRICS Chairships, **India has retained the existing priorities while introducing two new priority areas—BRICS Mission for Healthy Lifestyle and Promotion of Mental Wellness,** reaffirming its commitment to preventive and promotive healthcare…."

"Under its BRICS Chairship 2026, **India has structured the BRICS Health Track around the following nine priority areas:** BRICS TB Research Network; Collaboration among BRICS Medical Products Regulatory Authorities; BRICS Integrated Early Warning System for Prevention and Response to Mass Infectious Diseases; Digital Health Architecture for Continuum of Care, including Access to Healthcare in Remote Areas; BRICS Mission for Healthy Lifestyle; Promotion of Mental Wellness; Traditional, Complementary and Integrative Medicine (TCIM); Fight against Diseases Driven by Social Determinants of Health (DD-SDH); BRICS Network of National Public Health Institutes…."

- **Press release** after the BRICS health ministers meeting: 16th BRICS Health Ministers' Meeting Concludes Successfully under India's BRICS Chairship 2026

With among others: BRICS Health Ministers **Unanimously Adopt 16th BRICS Health Ministerial Declaration; the** establishment of the **BRICS Network of Centres of Excellence on Mental Wellness** (to be coordinated by NIMHANS, as a major institutional initiative to strengthen research, promote mental well-being and narrow treatment gaps across member countries); the **adoption of the Operational Framework to Fight against Diseases Driven by Social Determinants of Health (DD-SDH)** and the **Operational Framework for the BRICS Network of National Public Health Institutes….** And much more.

HPW - Unitaid's Opaque Leadership Search Advances Amid Plunging Budgets, Calls for Reform

https://healthpolicy-watch.news/unitaid-leadership-search/

"**Unitaid is quietly searching for its next leader behind closed doors amidst growing demands for transparen**cy. Whoever takes the helm of the market-shaping agency **will inherit an organisation that faces acute financial shortfalls and mounting pressure for institutional reform**. As Unitaid **celebrates its 20th anniversary**, **severe cuts to the agency's funding threaten to disrupt the**

downstream rollout of its market-shaping breakthroughs. **Founding member France emphasises its continued support,** with French Minister Éléonore Caroit assuring Health Policy Watch that this commitment remains steadfast. "

"…**Within the global health ecosystem, the agency has a unique function in pre-shaping markets by clearing intellectual property barriers and negotiating early access agreements to de-risk innovations** – for example, by securing $40-a-year generic pricing **for the HIV prevention injection lenacapavir** and helping to develop flavoured HIV and TB medicines for children. "Put simply, **Unitaid's comparative advantage is identifying and addressing the bottlenecks that stand between innovation and impact**," explained a Unitaid spokesperson. "We can invest early, test delivery approaches, generate evidence and help create the conditions for scale." **After clearing initial market barriers, heavyweight procurement entities such as Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria step in."**

"To **execute this mission, the Geneva-based agency operates with about 110 employees and an annual investment budget of $300 million, totalling a $1.5 billion commitment through 2027.** Alongside private philanthropy, its **budget relies overwhelmingly on public funding from core donor governments, including France, the United Kingdom (UK), Brazil, Chile, Japan, Norway, the Republic of Korea, and Spain…."**

PS: **"Unitaid was established in 2006 by France, Brazil, Chile, Norway, and the UK as a collaborative initiative hosted by the WHO**. As the primary architect, **France became the agency's dominant donor, contributing more than $2 billion,** which accounts for roughly 56% of the organisation's overall funding since its inception. … Heavily **championed by former French President Jacques Chirac, the agency was built on an "innovative financing" model powered by the world's first solidarity tax on airline tickets and financial transactions,** rather than relying solely on traditional official development assistance…."

"**The United States has not contributed to Unitaid**, preferring instead to channel funds through its own bilateral assistance programmes, **such as the US President's Emergency Plan for AIDS Relief (PEPFAR)**…. …**The lack of direct US funding insulates Unitaid's core budget from Washington, but the agency remains vulnerable to global political shifts because it relies heavily on buyers like the Global Fund to purchase and deploy its innovations at scale**. Consequently, Unitaid's executive board and **the agency's 2025 internal analysis** warn that US aid cuts and shrinking global health financing threaten the downstream rollout of its market-shaping breakthroughs, placing half its scale-up products at heightened risk….."

"…**The agency has raised just $696 million towards its five-year goal of $1.5 billion, according to the civil society delegation to Unitaid's executive board. At its July board meeting, Unitaid forecast that it will raise just $140 million this year – less than half of its $300 million target** – as major donors like France and the United Kingdom have slashed their contributions….."

Hundreds of leaders, experts and organisations urge future UN Secretary-General to commit, act and deliver on gender equality as the United Nations faces historic test

Globe News wire

(23 July) "As of today, **over 200 current and former heads of state, UN leaders, organisations, advocates, practitioners, and researchers from all regions of the world are calling on the next United Nations Secretary-General to commit, act and deliver on five concrete actions to advance gender equality across the UN system during their tenure.** The **open letter, coordinated by Global 50/50** and published on the same day as the UN Townhall with Secretary General candidates, warns that the United Nations is facing a critical test of its commitment to gender equality at a moment of rising global backlash against women's rights, shrinking civic space for feminist movements, and growing pressure on funding for gender equality programmes."

Science – U.K. government details plan for dramatic aid cuts to African nations

Science

See also last week's IHP news**. "Some countries face reductions of more than 90%, new report reveals**, raising fears of devastating impacts on global health and education."

" **the U.K. Foreign, Commonwealth & Development Office (FCDO) finally published its country-by-country funding plan**s as part of its annual report. **African nations shoulder the biggest cuts, with reductions amounting to more than 90% by 2029 for Malawi, Mozambique, Kenya, and Tanzania**…."

Telegraph - Burnham's plan to restore UK aid spending

https://www.telegraph.co.uk/global-health/climate-and-people/burnhams-plan-to-restore-uk-aid-spending/

"A **roadmap for returning the UK to spending 0.7 per cent of Gross National Income (GNI) on international aid will be drawn up as part of a major shake-up of the Foreign, Commonwealth and Development Office (FCDO),** The Independent reported…."

"**Ed Miliband** is set to be named **Foreign Secretary** and put in charge of overhauling Britain's international development aims, as well as prioritising climate goals, senior Labour sources said…."

- And via Devex : **"The U.K. has a new minister for international development**: Scottish Member of Parliament **Kirsty McNeill**. McNeill **has extensive experience in the NGO world, having served eight years as Save the Children's executive director of policy, advocacy, and campaigns.** In a statement responding to the appointment, **U.K. NGO network Bond** called on McNeill to **lay out a road map for bringing U.K. aid spending back up to 0.7%** of gross national income, and to **take advantage of the country's turn at the G20 presidency next year "to champion much-needed reforms to the global financial system**."

PMNCH launches Global Campaign to finance women's, children's and adolescents' health: Lives in Balance: Finance the Promise

PMNCH

"As aid falls at the steepest rate on record and global health governance is redesigned without naming them, ***PMNCH launches a two-year campaign to mobilize domestic resources and defend the development assistance that remains."***

"… **The PMNCH Financing Campaign responds to this moment on two fronts**. The **first is domestic: working with national partners to strengthen domestic resource mobilization for women's, children's and adolescents' health (WCAH) in five initial countries, Malawi, Nigeria, Senegal, Tanzania and Zambia, and subsequently expanding to the wider group of ten**. Support is phased and country-owned, moving from budget analysis and needs assessment, through parliamentary engagement and public advocacy, to expenditure tracking and shared learning across countries. **The second is global: defending and expanding donor commitments through the Global Fund's GC8, Gavi's next funding cycle, the World Bank and Global Financing Facility, and debt relief measures that free up fiscal space for health, building directly on various health financing commitments made in 2025…."**

CGD (blog) - Priming the Pump for a Successful IDA22

K Mathiasen et al; https://www.cgdev.org/blog/priming-pump-successful-ida22

"**IDA's next replenishment, launching soon, will be among the most consequential multilateral negotiations this decade and IDA22 deliberations will need to show strong ambition**. Today, **most low-income countries (LICs) remain heavily dependent on IDA**, having been battered by repeated shocks, including COVID-19, the war in Ukraine, the conflict in the Middle East, and numerous disasters exacerbated by climate change (see Figure 1). Meanwhile, bilateral aid is shrinking while poor debt dynamics continue to limit the potential for growth-generating investments…."

"… **With this blog and the accompanying paper, we aim to spur debate well before negotiations launch in early 2027 (IDA22 would take effect for a three-year cycle starting in July 2028).** Our hope is that stakeholders will coalesce around a series of reforms to address deficiencies in the current model that have led to a surfeit of IDA-eligible countries above the income threshold, constraining allocations for countries most in need, and support an increased allocation of World Bank resources for concessional finance to help meet rising demand. **Meeting these objectives would require changes at both IDA and IBRD**, the World Bank's arm that lends to more creditworthy countries. **In our paper, we make the case for three interrelated proposals:**

1. **a more robust, rules-based IDA graduation process;**
2. **updated creditworthiness assessments at the IBRD to support an increase in the pace of IDA graduations; and**
3. **the introduction of a new semi-concessional financing instrument for lower-middle-income countries (LMICs) funded through IBRD net income. …"**

BMJ GH (Commentary) - Making experts accountable in global health

V Ridde et al; https://gh.bmj.com/content/11/7/e025094

"**Unaccountable experts influence the choice of health policies. The dissemination of expert-driven neoliberal ideas on health financing has adverse consequences**. The social and individual responsibility of experts should be better considered. **An international and multidisciplinary**

directory of experts should be established (background, career paths, reports and results). Urgent need to organise a process of accountability for global health experts…."

"… **Drawing on examples of the commodification of health in Africa, at the heart of the global effects of neoliberal ideas, this commentary aims to highlight the social and individual responsibilities of global health consultants**. Indeed, in line with the 2023 Lusaka Agenda, the governance of global health policies requires major changes…."

The Global Health Paradox – Nobody Sees Global Health Whole

Habib Benzian ; https://habibbenzian.substack.com/p/nobody-sees-global-health-whole?r=ap2ly&utm_campaign=post&utm_medium=web&triedRedirect=true

"Neither do I." A few excerpts:

"**Nobody sees global health whole. Not governments, not the World Health Organization, not philanthropies, not researchers, not civil society, not consultants. And certainly not me**. For a long time, **I assumed the problem was incomplete information**. The solution seemed obvious enough: better data, stronger evidence, more transparency, more voices at the table, reading more. Assemble enough pieces and a clearer picture would eventually emerge. **I no longer think that is the central challenge. Global health does not suffer from a shortage of maps. It suffers from an abundance of them."**

"The WHO map shows disease burdens, mandates, and institutional processes. The donor map shows investments, risks, and returns. The government map shows budgets, sovereignty, and domestic political realities. The researcher's map shows evidence gaps. The activist's map shows power. The consultant's map shows deliverables, milestones, and timelines. **None of these maps is wrong. But they are not maps of the same thing**. They are drawn at different scales, for different purposes, by people accountable to different realities. And this helps explain something that puzzled me for years: some of the most persistent disagreements in global health occur among intelligent, experienced, well-intentioned people who often share access to the same information….

"**The goal may not always be agreement. It may be something more modest and more useful: understanding where another person's map begins, and where yours ends….**

"I **was reminded of all of this during this year's World Health Assembly in Geneva**. Moving between formal sessions, side events, and corridor conversations, I kept encountering remarkably similar exchanges. People agreed that global health was entering a period of serious disruption. They agreed that old assumptions were being challenged, that something consequential was in motion. What they disagreed on was almost everything else: what had failed, what deserved preservation, what transformation meant, and who should define it…."

UHC & PHC

P4H - Designing Blended Finance: The Do's and Don'ts for aspiring Health-System Fund Architects

R Singhal & K Chalkidou; https://p4h.world/en/designing-blended-finance-the-dos-and-donts-for-aspiring-health-system-fund-architects/

"As development aid contracts sharply, **a practical UHC-focused guide to designing blended finance fund for health-system investment: five steps** to structure the capital stack, sequence the raise, match instruments to assets, and govern for independence….."

"…In **an attempt to more systematically explore the best (and worst) practices (from a Universal Health Coverage (UHC) perspective) in designing innovative financing tools**, in this post we tackle issues specific to **designing a blended fund** (typical for public private financing) **for health systems investment**, **along five key steps …."**

CGD (blog) - From Paper to Action: How Systematic Monitoring Can Help Health Benefits Packages Deliver on Their Promise

A Gheorge et al ; https://www.cgdev.org/blog/paper-action-how-systematic-monitoring-can-help-health-benefits-packages-deliver-their-promise

"**Health Benefits Packages (HBPs) can be a strategic tool to advance Universal Health Coverage**. But their impact depends not only on the services included, but also on whether people effectively receive those services with adequate quality and financial protection. It also depends on the factors behind implementation gaps. **While there is no shortage of guidance for using evidence-informed priority-setting approaches, less attention has been paid to monitoring whether, how, and why HBPs deliver (or not) in the real world. This gap matters**, particularly in the context of stagnating progress towards Universal Health Coverage, because it leaves policymakers in the dark: **Are HBPs delivering on the promise made to the population? If not, why, and what corrective action can be taken?..."**

"Today, we launch two papers that aim to bridge this gap: a conceptual framework for HBP monitoring (HBPM) and an HBPM maturity assessment tool (HBPM MAT), which includes two case studies in Argentina and Chile that demonstrate its application and potential…."

See:

- **Health Benefits Packages Monitoring: A Global Public Good**
- **Health Benefits Package Monitoring Maturity Assessment Tool (HBPM MAT): Operational Manual and Case Studies in Argentina and Chile**

CGD (Policy Paper) - Decentralisation of Financing for Essential Medicines and Health Supplies: Finding the Best Fit

S Witter, P Baker et al; https://www.cgdev.org/publication/decentralisation-financing-essential-medicines-and-health-supplies-finding-best-fit

"**Essential medicines are central to quality primary health care, yet availability in public facilities across low- and middle-income countries averages only 8–41 percent**. The core problem is not logistics alone but **weak supply chain financing**: too often, it is slow, unpredictable, fragmented, inflexible, insufficient, and donor dependent."

"**One important decision** which impacts the effectiveness of supply chain financing is whether to conduct supply chain financing functions at a central or decentralised level. **This paper uses country evidence, literature review, and expert consultation to consider this question for each of the functions identified in the conceptual framework developed under the remit of the Center for Global Development's Working Group on Improving the Financing of Supply Chains**…."

Check out the findings.

BMJ GH - Beyond elimination: reframing measles vaccination strategies

L Monnaie et al ; https://gh.bmj.com/content/11/7/e021240

« **The current worldwide measles pandemic poses a challenge to longstanding efforts to eliminate the disease using mass vaccination in the Global North and the Global South**. But the focus on eliminating measles alone to achieve costly verified national and regional elimination targets has **undermined an equally important shift—incorporating the social drivers of health in public policy**. Given the current and impending funding cuts to the WHO and GAVI, **it is essential to reframe the goals of measles programmes to achieve high coverage rates, limit measles-related fatalities, suffering and disability and address the poverty, overcrowding and malnutrition that contribute to endemic measles. Reframing measles control to incorporate primary healthcare ideals into local, national, regional and global public health policy and practice** is urgently required…."

"… Although modelling demonstrates the cost-effectiveness of elimination programmes, their reliance on supplementary immunisation activities (SIAs) and enhanced epidemiological surveillance to achieve or maintain elimination certification raises questions about the broader, unmeasured costs and impacts of elimination-based policies on local healthcare systems and on global public health. **Revisiting the history and ramifications of elimination's pursuit, this commentary argues for the urgent necessity of reframing the goal of measles control programmes to incorporate the social drivers of health and a primary healthcare (PHC) centred approach…."**

Global Tax justice

Project Syndicate - The Good, the Bad, and the Ugly in Global Tax Negotiations

José Antonio Ocampo; https://www.project-syndicate.org/commentary/un-tax-negotiations-must-overcome-euro-hesitancy-trumpian-obstruction-by-jose-antonio-ocampo-2026-07

"**Ongoing negotiations at the United Nations** offer the international community the best chance that it will have to ensure that global taxation authority is assigned fairly. With multinationals and the ultra-rich abusing the current system to minimize their tax payments, **finalizing a new convention is an urgent priority."**

"**On August 3, negotiators at the United Nations will resume work on a Framework Convention on International Tax Cooperation**. This is the first attempt to write the rules of international taxation in a forum where all countries have an equal say, so what happens in New York will determine whether the world finally gets a taxation framework capable of reaching multinational corporations and the ultra-rich….

With the **respective positions of Brazil, India, EU countries, US, …**

New Economics Foundation - The case for G20 coordination on wealth taxes

L Byrne; https://neweconomics.org/2026/07/the-case-for-g20-coordination-of-wealth-tax

"The question is no longer whether we can tax extreme wealth effectively - it's whether we can afford not to." Excerpts:

"**A G20 opportunity to lead: At the G20 in 2027, the UK has an opportunity to move this debate forward.** This would be a **statement of partnership to Brazil**, which used its G20 to commission a report on the design of a global wealth tax, receiving the backing of all G20 countries at the time. It **would also be a meaningful response to the initiative from the G20 presidency of South Africa, which commissioned leading experts, chaired by Joseph Stiglitz, to write on economic inequality**. The UK – respected for institutional design and coordination – could capitalise on this momentum and **help solve the problem of designing a tax that both works and helps transform domestic resource mobilisation in countries both rich and poor…."**

"**Where taxes go wrong:** Designing a wealth tax is harder than many advocates admit. The failures of earlier European wealth taxes offer important warnings. **The question today is not whether wealth should be taxed more effectively. The question is how to do so in ways that are economically credible, administratively workable, and politically sustainable. Fortunately, the emerging work led by Gabriel Zucman and the EU Tax Observatory points towards a new approach that is different from old models that failed…."**

"…**The emerging Zucman framework** – like the approach of the UK Wealth Tax Commission – **starts from a very different premise. Stop trying to build a traditional annual wealth tax on broad sections of society. Instead, target only the extreme apex of wealth where tax regressivity is now most severe. …** That means very high thresholds – perhaps €100m or more in net wealth – combined with extremely broad tax bases and very limited exemptions…..

"…**Zucman's most important innovation emerges. ….** Historically, wealth taxes operated as standalone annual levies on assets. Critics argued this amounted to double taxation because income had already been taxed once before being accumulated into wealth. The modern proposal is different. **Instead of a standalone wealth tax, the proposal increasingly centres on a minimum effective tax floor for ultra-high-net-worth individuals**. The principle is simple: **total taxes paid each year should equal at least a minimum percentage of total wealth…."** "If taxes are already paid through income tax, capital gains tax, inheritance tax, and corporate tax exceed the threshold, no additional liability arises. **But if an ultra-wealthy individual has legally structured their affairs so that their effective tax burden collapses towards zero, a top-up tax applies.** This is a profoundly important shift because it reframes the argument away from "punishing wealth" and towards defending the integrity of the tax system itself…."

PS: "…**Perhaps the most critical question, however, is this: What choice do we have? Across economies, rich and poor, the fiscal pressures of the next two decades will intensify.** Richer countries face challenges from rising defence spending. Climate adaptation will demand vast investment. Health systems face demographic strain. AI will likely produce both enormous wealth concentration and major labour market disruption simultaneously. In poorer countries, the giants blocking the road to the 2030 SDG's are unlikely to magically shrink. **And in rich and poor countries alike, there is a wider question, not of envy, but of fairness."**

"… **The question is no longer whether we can tax extreme wealth more effectively. The question now is whether democracies can afford not to….."**

Run-up to the AIDS conference in Rio

NYT - 1,700 H.I.V. Treatment Sites Closed After Trump Aid Cuts, a Study Finds

https://www.nytimes.com/2026/07/21/health/hiv-trump-cuts-pepfar.html

"New research also shows that children and high-risk adult populations have been particularly affected."

"**The Trump administration's cuts to the largest global H.I.V. program last year resulted in sharp drops in both prevention efforts and treatment for the people most at risk** from the disease, according to the **first large survey of organizations that had received the funds."**

"**The findings show a grimmer picture of the impact of the cuts than the State Department's data, released in April,** which seemed to suggest that the program had helped to treat about as many people last year as it had in 2024…."

"**To comply with the administration's policies, the new survey, conducted by the H.I.V. charity amfAR, found, three-quarters of the organizations stopped providing services to those at highest risk from H.I.V.** — sex workers, men who have sex with men, transgender people and people who inject drugs. **The results are scheduled to be presented next week at a large international AIDS conference in Rio de Janeiro."**

"**A second study, conducted by a multinational group of scientists, which will also be presented at the conference, found that the cuts had disproportionately affected children with H.I.**V. The program, called the President's Emergency Plan for AIDS Relief, or **PEPFAR, supported treatment for about 77,000 fewer children in 2025 than it had the previous year, representing a 14 percent decline,** the study found….."

- See also **Devex – Study finds cuts and 'political ideology' fundamentally changed PEPFAR**

"**The first large-scale survey of PEPFAR implementing partners since the Trump administration took office last year** documents the impact of award terminations and policy restrictions."

"The **first large-scale survey of implementing partners** of the U.S. President's Emergency Relief Plan for AIDS Relief, or PEPFAR, since the Trump administration took office last year found that **over half of them had at least one of their awards terminated, and more than 80% were asked to restrict their work to comply with American policy restrictions as a condition to continue receiving funding.** This **primarily included administration policies around eliminating diversity, equity, and inclusion programming, and the expansion of the Mexico City policy.** At least 3% of the organizations had permanently closed…."

"**The survey was released in the lead-up to the 26th International AIDS Conference**, which will take place next week in Rio de Janeiro, Brazil — the world's largest convening of those working in the HIV/AIDS sector. **Researchers gathered data from 166 country-level implementing partners in 46 countries."**

"…**The survey found two principal U.S. policies that impacted PEPFAR implementing partners**: an executive order dating to the beginning of U.S. President Donald Trump's first term, and an expansion of a decades-old policy governing foreign aid spending…." Do read on.

Devex – In ongoing trials, twice-yearly HIV prevention drug saw just one case

https://www.devex.com/news/in-ongoing-trials-twice-yearly-hiv-prevention-drug-saw-just-one-case-112990

"As lenacapavir is rolled out in 10 African countries, new findings indicate that the twice-yearly injection is highly effective for people who adhere to it. Also important: It is extremely popular."

"With the twice-yearly injectable form of HIV prevention now rolling out in 10 countries across sub-Saharan Africa, **new evidence from clinical trials to be presented at the upcoming International AIDS Conference found that the medication, known as lenacapavir, retains its effectiveness over time**. In two different ongoing trials of lenacapavir involving thousands of people globally, just one person developed HIV while adhering to the regimen of one injection every six months…"

Plos Med –Optimising scale-up of injectable lenacapavir for HIV pre-exposure prophylaxis in South Africa: A modelling study and economic evaluation

Lise Jamieson et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004882

Concluding: "Delivering LEN to persons with elevated HIV risk in South Africa is more cost-effective than existing oral PrEP and can speed up HIV incidence reduction. Prioritising uptake among groups at highest risk is essential to maximise impact and cost-effectiveness."

Trump 2.0 & US Global Health strategy & bilateral health agreements

Via AVAC:

"**Foreign Assistance After USAID :** *Devex* published a **comprehensive analysis of the US Administration's evolving foreign assistance architecture in the 18 months since the dismantling of USAID**. In line with the recent reflections from global health leaders, **the piece concludes that US foreign assistance is coalescing around three priorities: humanitarian response, global health and commercial diplomacy.** These pillars are being delivered through a smaller, more centralized system that emphasizes bilateral partnerships, country burden-sharing and funding through a limited number of "trusted, vetted" implementing partners. …"

"**IMPLICATIONS: How this new architecture will function in practice is in question. Emily Bass reports that the US Department of State is increasingly relying on sole-source, fixed amount awards (FAAs) issued under a broad class waiver to support the transition**. While the approach may help sustain HIV and other health services as the Administration finalizes bilateral health implementation plans, it **raises questions about transparency, competition and oversight**. FAAs tie payments to predefined milestones as opposed to actual costs, so **they shift financial and operational risk to the organizations responsible for delivering programs.** Whether these enlisted organizations can take on these risks while maintaining essential HIV health services is a major question to be answered."

Emily Bass - No Bids, Big Risks: State's New Slew of Sole-Source Global Health Awards

Emily Bass; On Substack

"In which we are reminded: unicorns are real."

"**The State Department is swiftly moving many organizations through a no-bid process for America First Global Health awards that will use a tricky, sometimes downright risky, funding approach called 'fixed amount awards**.' Like so many things that State has gotten up to in its global health activities this year, **the rationale is fairly solid; the process slippery as heck; and the likelihood of success incredibly country- and context-dependent**…."

PS: "…. **The State Department is way behind the schedule laid out in the January Implementation Planning Progress Guide for finalizing the implementation plans and budgeting tools that are a pre-requisite for AFGHS funds to start flowing. The Guide declared that all of these implementation plans were to be done and dusted by April 1, with money flowing in this fiscal year**. Before the ink was even dry on my copy of the doc, though, the architects of the AFGHS were backpedaling. **Brad Smith reportedly started telling country teams that the plans would take the time they needed to take; Jeremy Lewin said, in a public forum, that State was aiming for MoU-directed funds to flow by the end of this fiscal year—September 30, 2026. Some implementation plans are finalized; many more are not.** The process of securing US government legal review and approval for government-to-government contracts is still time-consuming and complex. And even a country like Uganda, which has an approved implementation plan and everything, only has 55 percent of its year one funding via G2G agreements…."

J Ratevosian - Two Countries, Two Very Different Futures for U.S. Global Health Cooperation

https://ratevosian.substack.com/p/two-countries-two-very-different?r=bhxkd&utm_medium=ios&triedRedirect=true

"Tanzania has signed a new five-year health agreement. Zimbabwe remains outside the MOU framework after negotiations stalled. Together, they show the uneven direction of the new U.S. global health approach."

J Ratevosian - What Five Reports to Congress Reveal About the Future of Global Health

https://ratevosian.substack.com/p/what-five-reports-to-congress-reveal?utm_source=multiple-personal-recommendations-email&utm_medium=email&triedRedirect=true

(6 July) "**Newly released reports offer the clearest public picture yet of how the administration is transitioning U.S. global health programs."**

"**Last week, the State Department submitted and made public a series of reports to Congress on U.S. global health programs. These reports were required by appropriations law**, including Section 7058(d) of the National Security, Department of State, and Related Programs Appropriations Act, 2026. **Of the many reports published, I pulled out five related to global health** and read them closely. **Together, they answer some important questions: How does the administration define a successful global health transition? What happens in countries where no MOU is signed? What happens if national governments cannot meet their financial commitments? The answers are more revealing than I expected….."**

"… **The clearest clues are in the language the reports repeatedly use…"** "…Read together, **these excerpts are overwhelmingly about the mechanics of transition**: MOUs, implementation plans, co-investment, funding adjustments, corrective actions, benchmarks, workforce transfer, and reductions in U.S. assistance. **There is much less discussion of incidence, viral suppression, advanced disease management, prevention gaps, community systems, or epidemic control.** That doesn't mean those things don't matter. It suggests they are no longer the organizing principle….

He concludes: "…**Every administration has its own priorities**. But organizing principles matter because they determine what leaders measure, what they reward, and ultimately what they protect. **When transition becomes the primary frame, there is a risk that epidemic control becomes something assumed rather than something actively managed. ….**… None of this is an argument against country ownership. Countries should lead their own health systems, and sustainability should remain a central goal of global health policy. **The question is whether the United States is supporting a transition that protects epidemic control, or whether it is shifting costs and risks faster than health systems can absorb them."**

Devex – Can nominee to lead US CDC revive agency's global role

https://www.devex.com/news/can-nominee-to-lead-us-cdc-revive-agency-s-global-role-112997

"Dr. Erica Schwartz looks to take over a CDC under fire domestically and shrinking globally, but Senate approval is not assured."

FT – Trump to fund Maga-aligned projects in Europe as he reorders US aid

FT;

"Objectives include countering 'censorship' from EU regulations and supporting 'national sovereignty'."

" **One of the core objectives of the grants is to bolster freedom of speech in the UK and Europe, which the administration claims is under attack.** The proposed grants include $**2mn to "counter censorship" stemming from EU regulation**s, including the Digital Services Act and the Digital Markets Act, according to a copy of a notice the state department sent to lawmakers, which was reviewed by the FT. The notification did not say whether the administration had identified a group to implement the project. **The notice also details plans to provide $5mn to "develop a civilisational alliance" in Europe…."**

"**The notification also includes support for efforts to counter judicial over-reach and censorship in Brazil**, where the US has accused officials of persecuting the country's former President Jair Bolsonaro, a Trump ally. **It also outlines plans to provide $1mn to document human rights abuses against ethnic minorities in South Africa**. The document does not make explicit reference to white South Africans, but the Trump administration has repeatedly sought to portray them as victims of government-backed discrimination and genocide…."

Devex Pro – NCDs weren't a US priority. Will the 'America First' reset change that?

https://www.devex.com/news/ncds-weren-t-a-us-priority-will-the-america-first-reset-change-that-112961

(gated) "**The "America First Global Health Strategy" talks about the importance of integration across disease programs. However, the document does not mention NCDs**."

"**Noncommunicable diseases, or NCDs, are absent from the list of U.S. global health priorities under the "America First Global Health Strategy**" — a notable omission at a time when experts warn that broader cuts to foreign assistance could undermine years of progress integrating NCD care into HIV and primary health programs…."

Polio

Nature (News Feature) – Polio should have been eradicated by now. What's plan B?

https://www.nature.com/articles/d41586-026-02229-6?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=62885761

(must-read analysis) "**Amid funding cuts and political barriers**, researchers are asking whether the campaign can ever succeed, and what to do next."

"The campaign to eradicate polio is, on the face of it, a huge success story: it has reduced cases of the disease by 99.98% since it began almost 40 years ago. But the virus is stubborn, and in the last decade, total-eradication targets have been repeatedly missed. **Some researchers are doubtful that polio can be eradicated in Pakistan and Afghanistan — the disease's two remaining strongholds — without a change in strategy, particularly amid unprecedented funding shortfalls**. Some think that **a focus on ending conflicts in these countries** could allow vaccinators to reach currently inaccessible areas. **Others suggest a move away from the goal of eradication, and toward one of global control of the disease."**

UN HL meeting on improving Global Road safety (New York)

WHO - Road deaths fall by 21% globally but stronger action is needed to save lives

https://www.who.int/news/item/20-07-2026-road-deaths-fall-by-21--globally-but-stronger-action-is-needed-to-save-lives

WHO press release.

"Despite the addition of more than one billion motor-vehicles to the world's roads, **road traffic deaths declined by 21% between 2011 and 2025, according to new data** released by the World Health Organization (WHO)."

"The world has experienced profound changes in road traffic during this time with the emergence of new modes of transport and a sharp rise in motorcycle use. **Despite this progress, however, road traffic crashes still claimed 1.16 million people's lives in 2025. Road traffic injuries remain the leading cause of death among children and youth aged 5–29 year**s."

"**The new WHO data comes as global leaders today adopt a new United Nations (UN) General Assembly progress declaration on road safety.** The declaration aims to **boost global action to meet the Sustainable Development Goal (SDG) target of a 50% reduction in road deaths and serious injuries by 2030** compared with the levels in 2021…."

"… **The new UN declaration includes a comprehensive set of commitments by UN Member States to implement national road safety strategies with clear targets, timelines and budgets**. These commitments include establishing lead road safety agencies, improving data collection and analysis, developing and enforcing stronger legislation, and ensuring that roads, infrastructure and vehicles meet key safety standards…. … **The declaration commits countries to implementing the proven 'safe system' approach, which recognizes that people will always make mistakes on the road. The approach promotes safer roads, infrastructure, vehicles, speed limits and regulations that account for human error and ensure that crash impacts remain within survivable levels**. It also calls on governments to provide leadership and take additional action, and urges the private sector to prioritize road safety throughout their supply chains. The declaration also highlights the important roles of civil society, academia, youth, philanthropic organizations and the UN in driving progress…."

"… **Across the world, 10 countries reduced road deaths by 50% in the decade to 2021 and more than half of all countries reported falling fatalities in that period. Yet progress is uneven**, with 36% drop in deaths in the WHO European Region, a 15% drop in the Western Pacific Region, a 2% drop in the WHO South-East Asian Region, no change in rates in the Americas and **a 17% rise in deaths in the WHO African Region. …**

Lancet Public Health – Global, regional, and national burden of road injuries 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00141-6/fulltext

The related (IHME) GBD study.

HPW – World Commits to Cut Traffic Deaths – But US Records Lone Vote Against UN Declaration

https://healthpolicy-watch.news/world-commits-to-cut-traffic-deaths-but-us-records-lone-vote-against-un-declaration/

"**World leaders recommitted to reducing road traffic deaths and injuries by at least 50% by 2030 at the United Nations High-Level Meeting (HLM) on Road Safety this week – including by introducing measurable national targets, timelines and budgets. "**

"**However, the United States voted against the UN consensus progress declaration adopted on Monday afternoon, while all the other 162 countries present voted in favour.** The US delegate claimed that the declaration was "**mandate creep**", complaining that it called for road safety measures to be integrated into climate, environmental and urban policies…."

PS: "**More than 90% of all road deaths occur in low-income nations despite high-income countries having substantially more traffic crashes with injuries.** The **mortality rate in low-income countries was 43.8 deaths per 100,000 people,** whereas that in high-income countries was 7.5 deaths per 100,000 – a clear indication of the standard of care available to those injured. **More than 200,000 lives could be saved each year through enhanced trauma care coverage in low- and middle-income countries, according to IHME…."**

PS: "**WHO Director-General Dr Tedros Adhanom Ghebreyesus commended UN member states for adopting a "strong political declaration**" designed to "accelerate action to ensure more roads are designed for people first, not motor vehicles, with safety as priority". **The declaration commits UN member states to progressively aligning speed limits, road and land-use design, traffic rules and signage, and vehicle design technologies to achieve the 2030 target, which they first committed to at an HLM in 2021….** Other commitments include "establishing lead road safety agencies, improving data collection and analysis, developing and enforcing stronger legislation, and ensuring that roads, infrastructure and vehicles meet key safety standards," the WHO noted…."

Commercial & Digital Determinants of Health, & NCDs

BMJ – AI as a new commercial determinant of health

https://www.bmj.com/content/394/bmj-2026-100272

"Itai Bavli and colleagues *argue that the growing use of AI by commercial industries is creating new opportunities to influence health, and an* ***AI commercial determinants of health framework*** *may help to identify and assess emerging mechanisms of influence."*

"**We propose a new analytical framework, AI commercial determinants of health (AI-CDoH**), to help examine how AI extends existing mechanisms of commercial influence with potentially substantial impacts for health…."

"… **The tactics used by companies to maximise profit and influence health policy decision making and health systems can be grouped into three broad, interrelated mechanisms: knowledge capture, influence on decision makers, and shaping the public narrative**. AI can transform these mechanisms by increasing their scale, speed, personalisation, and precision, with potentially greater negative consequences for health. AI may also increase the interaction between these mechanisms and their combined influence….."

Key messages of this Analysis:

"**Commercial organisations are increasingly using AI to influence health behaviours, public policy, and the health information ecosystem**. The rapid development and adoption of these technologies have left the health implications of AI enabled commercial influence poorly understood. **An AI commercial determinants of health (AI-CDoH) framework can help to identify how AI is transforming existing mechanisms of commercial influence and enabling new tactics through which commercial actors may influence health.** An AI-CDoH framework examines AI companies and platforms themselves as part of a wider commercial infrastructure, not only as providers of tools used by other commercial actors. An AI-CDoH framework helps researchers to assess the actors, data, algorithmic bias, and potential health effects associated with AI enabled commercial influence and to identify where transparency, monitoring, or audit requirements may be needed."

Health Promotion International - Sharenting and the digital determinants of childhood

Ilona Kickbusch et al;
https://academic.oup.com/heapro/article/41/4/daag100/8738959?login=false

"**In two earlier editorials, we argued that health promotion must lead the charge on the digital determinants of health** (Kickbusch and Holly 2023) and took stock of how rapidly the concept has been taken up (Holly *et al*. 2025). Yet **one of its earliest and most intimate expressions has gone almost unexamined within our field**. **Sharenting—the sharing by parents and carers of children's images and information online—has been ceded largely to lawyers and the parenting press**. UNICEF addresses it chiefly as advice to parents on privacy settings and consent (Steinberg n.d.), while WHO's engagement with children's digital lives has centred mainly on gaming, online violence

and adolescent mental health (World Health Organization 2026). **Health promotion, despite its determinants lens and life-course horizon, has been largely silent….”**

Guardian - ‘If all else fails, sue’: how ultra-processed food firms are using the courts to obstruct health rules

https://www.theguardian.com/society/2026/jul/22/processed-food-firms-courts-obstruct-health-regulations

“Exclusive: Global investigation reveals 235 lawsuits have been brought against governments in five countries since 2010.”

“An **investigation by the Guardian, in collaboration with academics, the non-profit newsroom Lighthouse Reports and a coalition of media partners** across four continents, found many of these same companies are taking governments to court to overturn, weaken or delay the policies…. **In total, 235 lawsuits were lodged over health policies targeting UPF in Mexico, Colombia, Brazil, the US and the UK from 2010 to 2025**, the investigation found.”

“**It is not clear who is behind every lawsuit. However, three-quarters were filed by UPF manufacturers or trade associations representing them**, the investigation found. Some of the corporations involved in the legal cases, which can be revealed for the first time, requested courts withhold their names…. **Of the cases filed by companies where the plaintiff was identifiable, 38% were brought by eight parent corporations: Coca-Cola, PepsiCo, Mondelēz, Kellogg’s, Danone, Ferrero, Xignux and Heartland Food Products Group**….”

WHO Afro - Access to care for severe chronic diseases in Africa growing: new report

https://afro.who.int/countries/zambia/news/access-care-severe-chronic-diseases-africa-growing-new-report

“**More than 170 000 people have been attending health facilities offering PEN-Plus services across 20 African countries during the three years of implementation of the PEN-Plus Regional Strategy**, according to a **new report** by the World Health Organization (WHO) Regional Office for Africa….”

IHME - Global, regional, and national trends in the morbidity gap and contributing diseases, injuries, and risk factors, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023

https://www.healthdata.org/research-analysis/library/global-regional-and-national-trends-morbidity-gap-and-contributing?s=09

Cfr a new study in the **Lancet Public Health.**

“**People are living longer but spending more years in poor health** (new IHME study published in @TheLancetPH). **The global morbidity gap—the number of years people live in poor health—increased by nearly 2 years between 1990–2023, reaching an average of 10.7 years worldwide.”**

Lancet Editorial – Who owns cardiometabolic disease?

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01497-2/fulltext

This week's Lancet Editorial, related to a Lancet series.

"**A person with obesity, type 2 diabetes, chronic kidney disease, metabolic dysfunction-associated steatotic liver disease, and heart failure might receive five different diagnoses, attend five different clinics, and be managed according to five different guidelines. But these conditions are not independent**, they often accumulate along connected pathways shaped by adiposity, insulin resistance, inflammation, and vascular dysfunction. This shared trajectory is increasingly difficult to ignore, as the *Lancet* Series on cardiometabolic multiple long-term conditions shows. **Given the advances in biological understanding and cross-cutting treatments, isn't it time for a cohesive cardiometabolic medicine?...."**

The editorial concludes: "… Establishing a new discipline carries risks: duplication, complication, territorialism, and the creation of another referral boundary. And it would entail changes from training bodies, primary care and specialist colleges, guideline developers, and health systems that should not be undertaken lightly. Clinical redesign, moreover, cannot substitute for action on the upstream drivers of obesity and metabolic disease. **But so much more is now known about cardiometabolic disease—its shared biology, risk factors, prevention, management, and rising burden. This knowledge needs to prompt a reconsideration of how cardiometabolic disease is thought about and how care is organised accordingly**. Most patients do not need another appointment; they need fewer, better-owned decisions."

SRHR

Johns Hopkins – Menopause Care is Falling Short Worldwide, Review Finds

https://publichealth.jhu.edu/center-for-global-womens-health-and-gender-equity/menopause-care-is-falling-short-worldwide-review-finds

"**A major new scoping review published in *The Lancet Obstetrics, Gynecology, & Women's Health*** by Center faculty Anna Kalbarczyk and Rosemary Morgan **highlights significant gaps in menopause care, despite menopause affecting millions of people globally.** Drawing on evidence from 89 studies across multiple countries and diverse populations, **the review found that many women experience fragmented care, limited access to evidence-based treatment, and a lack of support from healthcare providers."**

"Women frequently reported feeling dismissed, unsupported, and uninformed about menopause and available treatment options. The review also identified persistent inequalities, with barriers to care often shaped by race, socioeconomic status, cultural background, and geography. Researchers found that healthcare professionals often receive insufficient training on menopause, national clinical guidelines are applied inconsistently, and culturally responsive care remains limited, particularly for marginalized groups, including LGBTQ+ people, Indigenous communities, migrant women, and those experiencing surgical menopause. While telehealth has the potential to improve access to menopause care, the authors note that it is not a universal solution, as its acceptability and suitability vary across different populations and settings….

With a number of **recommendations.**

- And a link**: AP - Women are dying in Africa as US ramps up its global battle against abortion**

Child Health

Lancet (Letter) - Newborn screening for birth defects in LMICs cannot wait

A de Costa; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01228-6/fulltext

"**In low-income and middle-income countries (LMICs), gains in child survival reveal an important reality: birth defects account for a growing share of deaths among children younger than 5 years and cause substantial, often unmeasured, disability and long-term morbidity**. More than 90% of infants with serious birth defects are born in LMICs, yet policy responses remain weak. **Newborn screening for selected conditions should no longer be viewed as optional; it is a child survival and equity priority."**

"**The Seventy-Seventh World Health Assembly resolution in 2024 reinforced this agenda by inviting member states to consider universal newborn screening, diagnosis, management, and long-term care for children with birth defects as part of efforts to accelerate progress towards Sustainable Development Goal targets 3.1 and 3.2.** WHO has since convened global consultations with ministries of health in LMICs, academics, clinicians, and affected people, families, and non-governmental stakeholders to develop a **framework, *Strengthening Capacity for Newborn Screening, Diagnosis and Management of Birth Defects,*** to guide country planning and implementation within routine health services…."

Human Resources for Health

WHO Afro - Nine African countries develop roadmaps to transform health professions education

https://www.afro.who.int/news/nine-african-countries-develop-roadmaps-transform-health-professions-education

(17 July) "**Nine African countries have developed costed national roadmaps to strengthen health professions education** and ensure that future health workers acquire the competencies needed to respond to evolving health priorities. **The roadmaps were developed during a five-day workshop convened by the World Health Organization (WHO) Regional Office for Africa in Dakar, Senegal**.

The meeting brought together health workforce leaders, education regulators and technical experts **from Benin, Chad, Lesotho, Nigeria, Senegal, South Africa, Uganda, Zambia and Zimbabwe**. The nine countries are **early adopters of the WHO Africa Prototype Competency-Based Curricula**. Their roadmaps set out the policy, regulatory, governance and institutional actions required to adapt the regional curricula into nationally approved reference curricula and introduce competency-based education more widely…."

Planetary Health (and Climate/Health)

HPW - To Attract Funding for Air Pollution, Africa Needs to 'Speak the Language of Finance'

https://healthpolicy-watch.news/to-attract-funding-for-air-pollution-africa-needs-to-speak-the-language-of-finance/

" Multilateral agencies and funders urged African nations at last week's Africa Clean Air Forum to speak the language of finance to attract investment in improving the continent's air quality. "

"**Air pollution is the second leading risk for death in Africa after malnutrition**. Four African countries feature in the top 10 most polluted countries: Chad, the Democratic Republic of Congo (DRC), Uganda and Egypt. **Yet Africa only gets a sliver of international funding for air quality programmes – which itself only gets 1% of all international development funding, …"**

"**Sean Maguire, Clean Air Fund's (CAF) executive director for strategic partnerships**, warned that the state of international funding is "bleak" following the closure of USAID and aid cuts by France, Germany and the United Kingdom. **CAF is trying to persuade countries and cities to make a "much more attractive investment case" for different types of funding**, said Maguire. **He recommends showing how air quality is a smart investment**, and that gains can be higher than the costs. …"

PS: **"The World Bank's representative, Francis V Fragano, called for the creation of "bankable" projects.** He cited Cairo as an example, where aid to reduce air pollution, particularly from landfill fires, led to a pilot e-bus project that is now creating jobs and cutting emissions. "These co-benefits are important to bring out and help crowd-in some of the financing, because then we can work out with the private sector to help finance," Fragano said. "The financing is out there… how can we de-risk them?"…"

ClimateHealth brief - Politics and science of measuring climate adaptation

Climate Health Brief;

"**UN negotiations over adaptation remain deadlocked, as researchers develop a practical framework to help governments track climate-health risks."**

"**Climate negotiators' meeting this June failed to agree on one question: how should the world measure whether countries are actually adapting to climate change?** The **64th meeting of the UN climate convention's Subsidiary Bodies (SB64) was meant to launch a two-year process to translate the recently adopted Global Goal on Adaptation (GGA) framework into a system for tracking and reporting countries' progress**. Instead, negotiations stalled over a familiar fault line: developing countries wanted to discuss financing for adaptation, while developed countries insisted on keeping the focus on technical implementation…."

"**The deadlock means one of the first major opportunities to put the GGA into practice has now been deferred until COP31 in Turkey later this year**. Yet while governments remain divided over

how adaptation should be implemented and measured, **technical work on indicators has continued outside the UN process, particularly for climate and health…..”**

PS: on the latter: “… **A statistical framework for climate and health:** Over the past four years, the **UK’s Office for National Statistics (ONS), supported by the Wellcome Trust, has been developing the Standards for Official Statistics on Climate-Health Interactions (SOSCHI) project**: a framework designed to help governments **produce official statistics on the health impacts of climate change using routinely collected national data…..”**

Nature – This El Niño is set to be the largest on record by a ‘mind-blowing margin’

https://www.nature.com/articles/d41586-026-02293-y

“Forecasters predict that the monster climate pattern will combine with global warming to push global temperatures in 2027 to new heights.”

Guardian - ‘When I get home, my whole body aches’: extreme heat saps health and wages of India’s poorest workers

https://www.theguardian.com/environment/2026/jul/20/extreme-heat-india-outdoor-workers-poverty

Exclusive: “**Outdoor workers losing up to 9% of income as weather becomes ‘poverty multiplier’, research says.”**

“**Extreme heat is pushing some of India’s poorest workers further into poverty, with income losses of up to 9% for outdoor workers, new research has found.** Analysis done by the **International Institute for Environment and Development (IIED),** and shared exclusively with the Guardian, found that **extreme heat is acting as a “poverty multiplier” for hundreds of millions of workers in India’s informal sector….”**

“… **The IIED research estimated that each year, 21.1 working days were lost in India due to extreme heat, an unaffordable loss for many of the 550 million workers in the informal sector**. … …. Ritu Bharadwaj, climate finance director at the IIED, said the **research showed how extreme heat was deepening poverty and worsening existing structural inequalities in India**, which is aiming to be a developed nation in the next two decades….”

- Related: Telegraph – ‘I feel like I’m in front of a fireball’: **45C heat becomes India’s new normal**

“When bats fell from the sky, **Ahmedabad became a pioneer in fighting extreme heat. Its strategy is both a blueprint – and a warning.”**

“… **A study from the University of Oxford this month ranked Ahmedabad as the world’s second most “heat-risk city”,** after Basra in Iraq. Yet **the Indian city has also been a trailblazer in extreme heat policy. Its experiences in the last 15 years offer strategies to adapt – and a warning about just how difficult that is, especially to protect workers in a “survival economy”.** …”

Global Climate & Health Alliance - New Report Finds Global Security Hinges on Climate Action, Health Investment and Peacebuilding

https://climateandhealthalliance.org/resources/report/report-climate-change-armed-conflict-and-global-public-health-a-reinforcing-cycle-of-harm/

"Following July's NATO summit, and with hostilities resuming in the US-Iran war after a 60-day ceasefire, **a new report from the Global Climate and Health Alliance highlights the deep interlinkages between climate change and armed conflict, and how the intersection of these issues become mutually reinforcing drivers of harm to human health.** The report, *Climate Change, Armed Conflict, and Global Public Health: A Reinforcing Cycle of Harm* **presents current evidence on the relationship between climate change and armed conflict, and its implications for global public health.** The report finds that each **such crisis does not occur in isolation but rather they converge in a polycrisis**, a condition in which multiple global crises such as climate change, armed conflict, economic instability, under-resourced health systems, and an evolving digital landscape interact and amplify one another, generating a significant threat to global public health. …"

"… **GCHA is calling for integrated climate, health, and peacebuilding approaches**, including sustainable investment in climate-resilient health systems, stronger multilateral cooperation, a just energy transition and universal clean energy access, adherence to international humanitarian law, ensuring the protection of healthcare personnel and infrastructure and critical infrastructure, and greater accountability for greenhouse gas emissions from military activities, to ensure a sustainable future for generations to come…."

More on Access to Medicines, vaccines & other health technologies

Reuters - Brazil readies 'tough' response to new Trump tariffs, sources say

https://www.reuters.com/world/americas/brazil-readies-tough-retaliation-new-trump-tariffs-sources-say-2026-07-16/?ref=newsletter.genevahealthfiles.com

(16 July) "Brazil is considering suspending patent protections for pharmaceutical products and agricultural seeds; Officials may curb dividend and royalty remittances by U.S. audiovisual companies, sources say; Brazil will also revive its WTO dispute, a source says."

"**Brazil's government convened top ministers on Thursday to prepare retaliatory measures against Washington's latest tariffs, with options including** curbs on U.S. audiovisual companies and **suspension of pharmaceutical and agricultural patents**, three sources told Reuters. **The measures under consideration are in line with Brazil's reciprocity law,** which President Luiz Inácio Lula da Silva pledged his government would invoke after the Trump administration announced a 25% tariff on many Brazilian products on Wednesday in response to what it said were unfair trade practices by Brazil…."

"… The planned response, targeting U.S. intellectual property rights and audiovisual sector interests rather than imports, would represent a new approach to trade retaliation designed to pressure Washington while shielding Brazilian consumers from higher prices…."

TGH - How Scientists Can Revive Global Health Drug Development

M Butani; https://www.thinkglobalhealth.org/article/how-scientists-can-revive-global-health-drug-development

"South African biomedical researchers are spearheading new approaches to catalyze drug discovery and manufacturing."

"**In producing technologies that bolster each step of the global health drug-development pipeline, South Africa shows how local innovation can reduce reliance on companies and research institutes in high-income countries**. Local drug development could ultimately provide a more reliable and cost-effective option for global health…."

PS: "**Although South Africa's funding availability and capacity for research is unique on the continent, this model of innovation is replicable and spreading to countries with fewer resources**. Through **capacity-building efforts** like the Grand Challenges Africa Drug Discovery Accelerator, **South Africa's expertise is catalyzing new drug-development projects in Cameroon, Ghana, and Zimbabwe**. In Cameroon, artificial intelligence, new research tools, and a platform approach are being harnessed to glean new SARS-COV-2 antivirals from African medicinal plants. These **treatments would act as proof-of-concept for the researchers' new AI model, and they could prove far more accessible for local populations than past therapeutics** like Paxlovid, which was denied to African researchers by Pfizer in 2022…."

Via AVAC: "**Vulnerability of HIV Supply Chains : A new Unitaid report, *The Oil Behind Every Pill*, highlights the supply chain vulnerabilities of HIV products and other biomedical interventions associated with the shocks and disruptions in the global oil trade**. Unitaid finds that **rising oil prices could increase the manufacturing cost of first-line HIV treatment by as much as 44%** because fossil fuels are embedded throughout pharmaceutical production processes, from raw materials to solvents. The report argues that strengthening and decarbonizing pharmaceutical manufacturing is not only a climate imperative, but also a strategy for protecting medicine affordability, improving supply chain resilience and safeguarding access to HIV treatment in an increasingly volatile geopolitical environment. …"

And a few links:

- UNITAID - Unitaid invests an additional US$15 million to accelerate introduction, adoption and uptake of breakthrough HIV prevention products in diverse regions (23 July)
- Lancet - Climate, war, and the global health-care supply chain (in case you missed this from a few weeks ago)

Migration & health

Guardian - As Sudan's war crosses borders and millions are made refugees, could Ethiopia's plan solve 'humanity's migration issue'?

https://www.theguardian.com/global-development/2026/jul/21/ethiopian-plan-sudanese-refugees-migration-crisis-education-work

"Amid fears of fresh bloodshed, the country is hoping its offer of education and employment can provide a model for other nations to follow."

"… UN officials are hyping Ahmed's approach to an inevitable byproduct of any future fighting: refugees. Three days before the confirmation of his election triumph, **the country's government launched a pioneering project** at a glitzy bash at the capital's Adwa Victory Memorial Museum. **The venture aims to transform Ethiopia's more than 1.1 million refugees – one of the largest populations in Africa – into social and economic assets. …** … **Refugees will be given improved access to education, healthcare and work, allowing them to become integrated, taxpaying residents rather than having to rely on aid…."**

"Dubbed **Makatet – meaning "inclusion" in Amharic** – its apparent progressiveness has quickly turned heads. It is not only a dramatically different approach from the hostile environment, anti-migrant agenda of Europe and the US, **experts believe it could offer a solution to the global migration crisis…." "Advocates include the new head of the UN refugee agency**. Barham Salih describes Ethiopia's approach as the most ambitious attempt yet to address the growing displacement of millions…."

Some more reports & papers

Guardian - Healthy diet too expensive for one in three people globally, UN report finds

https://www.theguardian.com/global-development/2026/jul/21/healthy-diet-too-expensive-for-one-in-three-people-globally-un-report-finds

"Global hunger declined for the third year in a row in 2025 but experts call for action to bring down costs of fruit, vegetables and dairy as **report shows 2.69bn people can't afford to eat well."**

"**One in three people cannot afford to eat a healthy diet, a new report has found, prompting calls for urgent action on food affordability.** There are 2.69 billion people unable to afford a diverse diet that meets their energy and nutrient needs, and it will take "immense" amounts of work to achieve the global target of zero hunger by 2030, **the annual report from five UN agencies** warned."

"… **The State of Food Security and Nutrition in the World 2026 report** calculated the **cost of a healthy diet is 4.28 purchasing power parity (PPP) dollars a day.** This means that in any given country, a healthy diet costs the amount of local currency with the same buying power that $4.28

has in the US…." ""**The extreme poverty line is $3PPP per person**," Torero said. "**So it's significantly higher."…"**

PS: "**Figures from the World Health Organization**, another of the UN agencies behind the report, **show adult obesity rose from 12.1% in 2012 to 16.2% in 2024."**

"… **In Africa, 66.6% of the population was unable to afford a healthy diet in 2025**, more than double the levels observed in Asia or Latin America and the Caribbean…." "**Africa is now home to the highest number of hungry people for the first time, with about 309 million**, surpassing Asia's 292 million, the report showed. **The rise is largely driven by higher population growth on the continent,** Torero said, **with the proportion of the population going hungry actually starting to decrease "for the first time in years"…."**

PS: The **report is authored by the FAO, WHO, Unicef, the UN World Food Programme and the International Fund for Agricultural Development**.

- Related (**official press release**): UN report: Global hunger levels ease for third consecutive year as regional disparities persist

"The 2026 edition of The State of Food Security and Nutrition in the World (SOFI) **also examines the cost of healthy diets."**

"**The report estimates that 7.8 percent of the global population faced hunger in 2025, down from 8.1 percent in 2024 and 8.6 percent in 2022, confirming a sustained, albeit slow, improvement**. This means that around 645 million people were affected by hunger in 2025, representing a reduction of nearly 14 million compared to 2024 and 43 million compared to 2022…."

"**Despite global progress, recovery remains uneven across regions. Asia, together with Latin America and the Caribbean, has recorded steady improvements in recent years. In contrast, Africa is now home to approximately 309 million hungry people**, compared with 292 million in Asia. Although Africa's previously rising trend is beginning to stabilize, with **the share of its population facing hunger decreasing from 20.3 percent in 2024 to 20.0 percent in 2025, the continent now has the highest number of hungry people in absolute terms amid a rapidly growing population."**

"… Regional disparities remain stark. **More than half of Africa's population (56.6 percent) faced moderate or severe food insecurity in 2025**, compared to 20.3 percent in Asia, 22.9 percent in Latin America and the Caribbean, and 8.7 percent in Northern America and Europe. …"

- And via Devex: Global hunger falls but 2.7B people can't afford a healthy diet, UN says

"The 2026 State of Food Security and Nutrition in the World paints a **mixed picture of global progress on ending hunger by 2030."**

New Political Economy – The myth of catch-up development: trends in core–periphery inequality from 1960 to 2023

J Hickel et al ; https://www.tandfonline.com/doi/full/10.1080/13563467.2026.2659076

"**The conventional narrative in international development holds that poorer countries are "catching up" with richer countries through the process of capitalist growth. This paper assesses this claim using data on inequality in GDP per capita for 1960-2023, processed using three different methods for currency comparison. We find that convergence narratives are not supported by empirical evidence.** In fact, **the opposite is occurring**: the absolute income gap between the core ('advanced economies') and the periphery ('emerging and developing economies') has increased since 1960, by 170–270% depending on the currency concept. The core has captured 4–10x more income than the periphery over this period. Even in relative terms, convergence is not occurring; for most regions and most countries in the periphery their relative position vis-à-vis the core has deteriorated. Core–periphery inequality worsened particularly during the period of market liberalisation in the 1980s and 1990s. **China is the only peripheral region that has meaningfully improved its relative position, but its income remains just 22–38% of the core level. While some peripheral countries have been integrated into the core for geopolitical reasons, an increasing majority of the world population is peripheralised. These results support the insights of world-systems analysts who argue that convergence is unlikely to occur within the existing structure of the capitalist world economy**. Real development in the South will require strategies of industrial policy and planning to increase economic sovereignty, develop South-South trade, and delink from the imperial core."

Miscellaneous

WHO - WHO marks 25 years of Research4Life, advancing access to scientific knowledge in more than 120 countries

https://www.who.int/news/item/21-07-2026-who-marks-25-years-of-research4life--advancing-access-to-scientific-knowledge-in-more-than-120-countries

(21 July) "**The World Health Organization (WHO) today marks the 25th anniversary of Research4Life, a public-private partnership that provides researchers, educators, health professionals and policy-makers in low- and middle-income countries with affordable or free access to scientific knowledge**. The partnership has helped dramatically expand access to scientific knowledge for researchers, educators, health professionals and policy-makers in more than 120 countries…."

WHO launches seven strategies to prevent drowning

https://www.who.int/news/item/23-07-2026-who-launches-seven-strategies-to-prevent-drowning

"Ahead of World Drowning Prevention Day on 25 July, the World Health Organization (WHO) is launching a new technical package to help governments and communities implement seven proven measures to reduce drowning deaths."

"**Nearly 300 000 people die from drowning each year worldwide, and drowning remains among the ten leading causes of death among children aged 5–14 years**. Many of these deaths occur in rivers, lakes, wells, domestic water storage containers and swimming pools. **More than 90% of drowning deaths occur in low- and middle-income countries."**

"… The **seven strategies, packaged under the acronym PROTECT**, translate the vision of the first-ever Global Strategy for Drowning Prevention into practical, actionable policy guidance…."

Global health governance & Governance of Health

Devex Pro – Aid's new mission

Devex

(gated) "**Europe's aid budget is getting a makeover. The question is whether it's still primarily about development.** As Brussels negotiates its next seven-year budget, **the European Commission wants to roll development, humanitarian, and pre-accession funding into a single €200 billion Global Europe instrument**. The proposal is being presented as a simplification effort. But critics see something much bigger: The formal completion of a shift from poverty reduction toward geopolitics, investment, and Europe's own strategic interests. "**We're moving from a development-first instrument with strategic dimensions to a strategic investment instrument with development dimensions," Mikaela Gavas, the managing director of the Center for Global Development in Europe, tells Devex.** She argues the shift has been building for years, driven by Russia's invasion of Ukraine, competition with China, and Europe's search for greater economic security…."

"…. **The proposal also raises uncomfortable questions about whose interests aid is really serving. The commission wants to give preference to European companies in development procurement** — a move critics say **edges toward tied aid**, making projects more expensive and less effective. "**It basically signals to partner countries that EU development finance comes with strings attached that serve EU industrial interests," Gavas says….**"

Devex Pro Insider: Forget Germany — the world's biggest donor might be the US public

https://www.devex.com/news/devex-pro-insider-forget-germany-the-world-s-biggest-donor-might-be-the-us-public-112971

(gated) "**The U.S. public and philanthropies combined have spent more money on international aid than the U.S. government in 2025."**

"According to the **annual Giving USA report**, published last month, which looks at **all U.S. giving in 2025, "international affairs" received more than $33 billion in funding from the public, philanthropies and corporations — significantly more than the nearly $29 billion the U.S. spent on official development assistance, or ODA,** in the same period…."

"**That means that if nonstate donors in the U.S. were a single entity, that entity would arguably be the largest single source of funding for international development, anywhere in the world** — albeit "international affairs" covers different things than ODA, and we don't have a detailed breakdown of exactly what it involves, so the two figures might not be directly comparable…"

From Jamnagar to the World: How Ayurveda is transforming India's global health diplomacy and soft power

Vivek Kumar; https://organiser.org/2026/07/22/371195/bharat/from-jamnagar-to-the-world-how-ayurveda-is-transforming-indias-global-health-diplomacy-and-soft-power/

"Indian civilisational medicine is entering the world's most powerful corridors. WHO centre at Jamnagar, ICD-11 recognition, Ayush chairs and embassy networks are transforming Ayurveda into New Delhi's most persuasive instrument of health diplomacy."

Analysis starting from **NITI Aayog's newly released report**, 'Strategic Roadmap for Making Ayurveda Global'.

CESP (blog) - Partners or Patrons? Indonesia, China, and the Terms of Health Cooperation

D Chaudry; https://csep.org/blog/partners-or-patrons-indonesia-china-and-the-terms-of-health-cooperation/

*"**This blog draws on insights from a roundtable in Jakarta**, convened by United Nations University-International Institute for Global Health (UNU-IIGH) and the Economic Research Institute for ASEAN and East Asia (ERIA) as part of a joint study with CSEP. **It situates Indonesia's evolving health partnership with China within broader discussions on the future of global and regional health governance** and the reforms needed to better support national priorities and regional cooperation."*

"**Indonesia's deepening engagement with China has illuminated an emerging facet of Chinese health diplomacy in Southeast Asia— characterised as institution-to-institution engagement that runs through university faculties, medical schools, and increasingly, think tanks**. While some of this activity reflects genuine bottom-up initiative by Chinese academic and medical institutions, it also operates alongside more deliberate, state-linked channels, with clear ties to Chinese industry interests…."

Kinaura Partners - The Present and Future of the Global Health Architecture: Navigating a System in Transition

https://kinaura.com/the-present-and-future-of-the-global-health-architecture-navigating-a-system-in-transition/

"In this original **paper by Kinaura's Global Health and Development Architecture team**, we assess the **system as it stands, trace the five trends reshaping it, and offer practical recommendations for the five groups of actors whose choices will define the next architecture,** from member states and multilateral funders to country governments and the private sector…."

The 5 trends are worth a look.

PS: "**Kinaura Partners (formerly Global Health Visions)** is a woman-owned global consulting firm specializing in social impact, strategy, systems change, and evidence-based transformation."

Global Policy – Symbolism and Substance: How Geopolitics, Organisational Design, and Continental Coherence Shape Africa's Multilateral Reform Aspirations

Ueli Staeger; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70211

" **This article develops a theory of African agency in multilateral reform processes**. Continental coherence of African actors, the (in)formal organisational design attributes of multilateral organisations, and the geopolitical permissibility of African reform demands shape the exercise of African agency. In particular, **these three factors shape the interplay of symbolism and substance as co-constituted dimensions of African reform diplomacy…"**

Global health financing

SS&M – Health impact bonds as an innovative payment model for health prevention programs: A scoping review

Yunfei Li et al; https://www.sciencedirect.com/science/article/pii/S0277953626006349

« This scoping review identified 23 HIB programs implemented across 13 countries. Initial investments varied widely, from under US$100,000 to over US$29 million. **Eleven programs fully met their targets, with investor returns ranging 5.0–27.4%. Modest returns, limited investor participation, and stakeholder misalignment are the major concerns. »**

UHC & PHC

HSG (blog) - Balancing business and accountability: governing equitable primary healthcare partnerships with the private sector

S Zaidi, G Bloom et al; https://healthsystemsglobal.org/news/balancing-business-and-accountability-governing-equitable-primary-healthcare-partnerships-with-the-private-sector/

Part 1 of a three part blog series.

"Reflections from the Symposium on 'How can the public–private mix advance public healthcare in a transforming world order?' convened by the Health Systems & Policy Research Cluster at UCL's Global Business School for Health in collaboration with the Health Systems Global' s Private Sector & Commercial Determinants of Health Technical Working Group (TWG), May 2026."

Health Systems & Reform - Challenges to Achieving Universal Health Coverage Through Public Financial Management Reforms: Insights from the Implementation of Single Nodal Agency Reform in India

Mita Choudhury et al; https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2693357

"**Public Financial Management (PFM) reforms** are being increasingly recognized for their potential to enhance health financing systems and advance progress toward Universal Health Coverage (UHC). Although theoretical frameworks have outlined the pathways through which PFM reforms operate, empirical evidence on their effectiveness in specific low- and middle-income country (LMIC) contexts remains limited. **This paper examines the reform of the Single Nodal Agency (SNA) system in India, aimed at improving budget execution in centrally funded schemes, including the flagship health sector scheme, the National Health Mission (NHM).** The study analyzes the gains and challenges associated with the reform and highlights the institutional features that are critical to its effectiveness. **The study draws on an assessment of SNA implementation in two Indian states, Bihar and Odisha…"**

Health Economics, Policy & Law - Towards a new compact for health financing in Lao People's Democratic Republic

P Gunaratnam et al ; Health Economics, Policy & Law;

"Inadequate or ineffective health financing poses a significant challenge to the Government of Lao People's Democratic Republic's goal of achieving universal health coverage by 2030. **Here we explore possible application in the Lao context of the Center for Global Development's New Compact approach, including locally-led evidence-informed prioritisation, domestic financing and consolidated supplementary aid.** Using WHO's political economy analysis guide we identify opportunities and barriers and propose a road map towards implementation of the New Compact. "

Health Economics, Policy & Law - Private health insurance in universal health systems: a comparative analysis of Discovery Group's operations in the United Kingdom and South Africa

Health Economics, Policy & Law;

By P Pearcy et al.

Nature Medicine – Genomas Brasil program: building precision public health within Brazil's Unified Health System

Giovanny Vinícius Araújo de França et al ; https://www.nature.com/articles/s41591-026-04523-2

"**Brazil is embedding large-scale genomics into its universal public healthcare system**, combining sequencing, infrastructure and clinical implementation at scale. **The experience may provide a model for other countries in the global south that seek to deliver genomic equity and precision public health."**

Pandemic preparedness & response/ Global Health Security

Plos Med - Whose fears count? Legitimacy, trust and viral outbreak responses after COVID-19

Rebecca F. Grais; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005184

"COVID-19 transformed viral outbreak response from a predominantly public health challenge into a political and security concern. Recent responses to Ebola, mpox, and other emerging infections suggest that **preparedness is increasingly shaped by whose fears are prioritized in decision-making. The challenge is ensuring that competing perceptions of risk are managed in ways that are perceived as legitimate, fair, and inclusive."**

The author concludes: "… **The central challenge facing outbreak preparedness after COVID-19 may therefore be different from the one that existed before the pandemic. The question is no longer simply whether institutions can persuade populations to trust them. Nor is it whether sufficient technical capacity exists to respond to emerging threats. Increasingly, the challenge is whether institutions can govern uncertainty and balance competing fears in ways that are perceived as legitimate and fair.** Institutions must develop decision-making processes that visibly balance competing risks, explain trade-offs transparently, and demonstrate that those bearing the greatest burdens have genuine influence over how outbreak policies are designed. **Preparedness assessments should therefore evaluate not only laboratories, surveillance systems, and countermeasures, but also whether institutions possess mechanisms for transparent decision-making, meaningful public participation, reciprocal support for populations bearing the greatest burdens, and the legitimacy to balance competing fears during future outbreaks."**

Molecular Medicine - Science tikkun: a bioscience pandemic framework in a Hebrew tradition of global repair

https://link.springer.com/article/10.1186/s10020-025-01244-z

by Peter Hotez. "… Science tikkun is an overarching framework for repair and redress. It honors the legacy of Maimonides, Teilhard de Chardin, and others who have sought reconciliation between science and religion."

Planetary health

Guardian - Space datacenters proposed by Musk and Bezos 'catastrophic' for planet, experts warn

https://www.theguardian.com/science/2026/jul/23/space-datacenters-bezos-blue-origin

"New US petition demands review of plans from tech companies amid fears of environmental destruction."

"**Space datacenters proposed by SpaceX, Jeff Bezos's Blue Origin and others would release staggering levels of pollution that would probably alter the Earth's atmosphere and be "catastrophic" for the planet**, space industry experts and environmental groups warn in a new petition demanding a review of their impacts…"

Nature - Air conditioning is not enough to keep people cool — can scientists find an alternative?

https://www.nature.com/articles/d41586-026-02273-2

"Advances in materials allow **buildings to be cooled as temperatures rise."**

Re the **passive cooling** of buildings.

- And a link: **NPJ Climate action - Prioritizing the welfare of vulnerable nations promotes equitable achievement of Paris target**

"The choice of justice framing in climate models fundamentally determines both the global ambition for decarbonization and who bears its burden."

Covid

Cidrap News - New study offers clues about long COVID's brain symptoms

https://www.cidrap.umn.edu/covid-19/new-study-offers-clues-about-long-covid-s-brain-symptoms

"For years, patients with long COVID have **described neurologic symptoms like brain fog, memory problems, difficulty concentrating, and lack of motivation**, but scientists have struggled to identify the biology behind these symptoms. Now, a **new study suggests they may be tied to measurable changes in the brain's dopamine system…."**

Stat (Opinion) – Science and the public are learning the wrong lessons from Covid

M Lipsitch et al ; https://www.statnews.com/2026/07/21/covid-non-pharmaceutical-interventions-masks-distancing-research/

"**Research into early nonpharmaceutical interventions penalize states that acted quickly."**

" …. Unfortunately, many seem to be taking the wrong lessons from Covid.
Two studies — one in a book by Princeton political scientists Stephen Macedo and Frances Lee, and one in a paper in the medical journal The Lancet by Tom Bollyky and colleagues at the Institute for Health Metrics and Evaluation (IHME) at the University of Washington — found little or no evidence for an association between nonpharmaceutical interventions (NPIs) and reduced deaths from Covid during the first year of the pandemic, before vaccines were available. But both studies make critical errors that undermine their conclusions, biasing their findings against detecting any benefits of early intervention…."

Infectious diseases & NTDs

Nature Health – Global impact and cost-effectiveness of tuberculosis interventions

K C Horton et al; https://www.nature.com/articles/s44360-026-00171-5

"A modelling analysis at a global scale estimates that **three interventions (vaccination, community-wide screening and prison screening programmes) could prevent more than 10% of tuberculosis cases between now and 2050,** highlighting the need to shift policy focus towards prevention."

Journal of Benefit-Cost analysis - A Smart Investment: The Health, Education and Economic Returns of Malaria Chemoprevention in School-Aged Children across Ten High-Burden Countries

Journal of Benefit-cost analysis;

by K Snyman et al.

Lancet Planetary Health (Review) - Climate change and malaria in west Africa: a review of strategies to handle one of the world's most prominent anthroponoses

Prof Walter Leal Filho et al; https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00057-4/fulltext

"**We qualitatively analysed national malaria strategic plans and related policy documents from 11 west and central African countries, published between 2015 and 2025**. We assessed incorporation of climate and weather information into malaria surveillance, early-warning systems, and vector-control planning. Although most countries recognise the influence of climate and seasonality on malaria transmission, explicit integration of climate data into planning and surveillance remains scarce. … **This Review highlights policy and implementation gaps in integrating climate adaptation within malaria-control programmes**. We **recommend climate-resilient malaria strategies centred on enhanced surveillance, integrated meteorological forecasting, and strengthened institutional capacity to support adaptive, evidence-based interventions."**

Cidrap News – Climate change is driving dengue spread in low- and middle-income countries

https://www.cidrap.umn.edu/dengue/climate-change-driving-dengue-spread-low-and-middle-income-countries

"Climate change and rapid urbanization are reshaping how dengue spreads in low- and middle-income countries, according to a **systematic review** published this week in ***PLOS Neglected Tropical Diseases*****…."**

NCDs

Plos GPH – The survival penalty: Age-based inequities in hypertension and diabetes management in African health systems (1990–2022) – a secondary quantitative analysis

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006306

By Lawrence Ejike Ugwu et al.

Social & commercial determinants of health

Annals of Global Health - From Rerum Novarum to Magnifica Humanitas: Catholic Social Doctrine and Decent Work

https://annalsofglobalhealth.org/articles/10.5334/aogh.5366

By Raimondo Leone et al.

Mental health & psycho-social wellbeing

Stat (Opinion) - MAHA is rewriting the vocabulary of American mental health care

https://www.statnews.com/2026/07/17/maha-mental-health-care-vocabulary-rhetoric-wellness/

"'Wellness,' 'metabolic dysfunction,' 'dependency crisis' — this language smuggles in an agenda."

"**The MAHA movement's mental health agenda rests on linguistic substitutions**. "Treatment" becomes "wellness." Neurobiological complexity becomes "metabolic dysfunction." Medication treatment becomes "dependency crisis." Evidence-based care becomes "root cause resolution." Social determinants of health become "environmental purity." Each swap reads as a humane correction to a system that MAHA believes overprescribes, overdiagnoses, and underinvests in the conditions — sleep, nutrition, safety, connection — that shape how people feel…."

"…**The danger is not in these ideas themselves. It is in the policy conclusion smuggled in alongside them: that metabolic and environmental interventions can serve as the primary pillars of a national mental health strategy, rather than as complements to treatments we already know work**. That single rhetorical shift from and to instead of makes all the difference. …"

"**When the problem is recast as overmedicalization and the solution as lifestyle, the locus of responsibility migrates. It moves from systems and infrastructure that government funds toward choices that individuals make**. A "metabolic dysfunction" rooted in diet is, conveniently, yours to fix with better groceries and more sunlight. But doesn't address the root challenges of food insecurity, which in fact, has been exacerbated by administration actions. …"

"… "**deprescribing" elevated into a movement, and a cultural default, is a clinical hazard**. Antipsychotic discontinuation in schizophrenia carries a steep relapse risk. Lithium remains one of the very few treatments in all of medicine shown to reduce suicide. These are not drugs to taper in the name of a slogan. **None of this requires defending a status quo that overprescribes, or dismissing legitimate science about metabolism and environment. It requires insisting on the conjunction. Food and mood. Metabolic care and pharmacology. Prevention and treatment. Wellness and health care. Otherwise the agenda goes from being a corrective to a withdrawal…."**

Plos Med – Work-family conflict and mental health: A systematic review and meta-analysis

Dongyu Liu et al; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005162

"These findings provide evidence of the longitudinal association between work-family conflicts and mental health outcomes, underscoring the need for context-specific policies in promoting work-family balance and mental health."

Lancet Public Health (Health Policy) – Evaluating the outcomes of national suicide prevention strategies: evidence and challenges

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00125-8/fulltext

By Camila S Altavini et al.

Sexual & Reproductive health rights

Plos GPH - Mapping the gendered dynamics of cesarean section: A scoping review

Noah M. Trudeau et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006634

« This scoping review examines how gender norms, roles, and power relations influence CS utilization across diverse global contexts…."

BMJ GH (Essay) - Abortion in Africa: diverging paths of DR Congo and Nigeria under the Maputo Protocol

By A M Makelele et al. https://gh.bmj.com/content/11/7/e020673

"This analysis presents a distinctive comparison between Nigeria and the Democratic Republic of Congo, showing how constitutional provisions, civil society mobilisation and political will shape domestication and the actual application of the Maputo Protocol…."

Neonatal and child health

Lancet – Oral step-down, optimal drug, and total duration of antibiotic treatment in African children hospitalised with severe community-acquired pneumonia (PediCAP): a factorial randomised controlled trial

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00879-2/fulltext

And related **Comment**: How long must we treat? A question as old as penicillin

Access to medicines & health technology

Semafor – Cheaper Ozempic for sale

https://www.semafor.com/newsletter/07/20/2026/dr-congo-may-overhaul-its-mining-laws?utm_source=headernewsletterlink&utm_medium=africa

"**Danish pharmaceutical giant Novo Nordisk has launched South Africa's first low-cost version of its weight-loss drug, in a bid to squeeze out counterfeit products** in Africa's most obese nation. Demand for the drug, first developed for diabetes before becoming a global weight-loss phenomenon, has exploded. Some branded versions such as Ozempic can cost hundreds of dollars a month — prohibitively expensive for many — and that affordability gap opened the floodgates for unregulated weight-loss medications. **The new product will be "cheaper" than its main brand, said Sara Narcross, Nordisk's South Africa head. The launch last week follows a court victory for Nordisk against local compounding pharmacies making unauthorized copies…."**

Review of International Political Economy - Minimal norm compliance in global value chains: contesting local vaccine production in Africa

Peg Murray-Evans et al; https://www.tandfonline.com/doi/full/10.1080/09692290.2026.2700274

"**This article examines why multinational biopharmaceutical firms supported local vaccine manufacturing in Africa during the COVID-19 pandemic despite having previously opposed agendas to promote geographical diversification of production**. Focusing on **BioNTech and Moderna's planned investments in African mRNA vaccine manufacturing facilities**, we argue that these **initiatives amounted to 'minimal norm compliance'**: firms responded to mounting pressure to support equitable vaccine access while interpreting local production in narrow terms and retaining the option to scale back or exit their investment plans at a later date. …"

Nature Africa – Africa's vaccine ambitions must move beyond fill-and-finish

P Adepoju; https://www.nature.com/articles/d44148-026-00207-8

"The continent needs more than assembly lines to reduce its dependence on imported vaccines. It must also strengthen the science and systems that come before production."

"... That shift in thinking was **a key theme,** Adepoju explains, **at CEPI's Global Vaccine Manufacturing Summit, which took place last month in London, UK…."**

Euractiv – EU shrugs off Trump's latest tariff threat on generics

https://www.euractiv.com/news/eu-shrugs-off-trumps-latest-tariff-threat-on-generics/

"**Trump said that generics imported into the US could be subject to 100% tariffs."**

"**US President Donald Trump announced steep tariffs on generic medicines from 2028, despite the products being exempt under the EU's trade deal with Washington**. Early Wednesday, Trump posted on his Truth Social account that generics imported into the US could be subject to 100% tariffs from 1 August 2028, rising to 200% a year later. "This is done in order to RESHORE Generic Pharmaceutical Production into America, with a penalty to those Companies that decide not to build Plant and Equipment within the stated period of time given to them," he wrote. **The move comes despite the EU and US agreeing clear exemptions for cheaper, off-patent generic drugs under the trade deal struck in April, keeping them at the current 0% tariff rate. Innovative branded pharmaceuticals, meanwhile, are capped at 15%...."**

"**We expect the US will continue to uphold this commitment**," an EU spokesperson told Euractiv. … … **Trump appears to be using the threat as leverage to bring more generic drug manufacturing to the US**, which, like Europe, is heavily dependent on China and India for active pharmaceutical ingredients….

Decolonize Global Health

Lancet Regional Health Africa - Peer review in Africa: from invisible labour to shared infrastructure

Ibrahim F. Kamara et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00097-0/fulltext

« **The peer review system that supports the publication process is failing African science** in ways that require urgent, continent-specific attention to ensure equity in global health research….

… Whilst there are good examples of change in the right direction, **reform is needed and possible, but it requires governance rather than exhortation. Nine priorities stand out** specifically for the African context. … »

Papers & reports

Global Public Health – To adjust, reform, or transform? Criteria for distinguishing efforts to change knowledge practices in global health

A Bayingana, S Abimbola;
https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2707692#abstract

"…Based on interviews with researchers who have participated in change efforts within and around global health, **we developed criteria for distinguishing change efforts between first-order change, which seeks to adjust the current system for efficiency and effectiveness while keeping things the same; second-order change, which seeks to reform the current system to meet the needs of stakeholders; and third-order change, which seeks the total transformation of the system**. In addition to the schema, our findings illustrate how the desired order of change is not simply a choice but rather dynamically determined in the interaction between change seekers and the institutions and systems they seek to change…"

SS&M – Incarceration, inclusion, and health equity: A global challenge

Stuart A. Kinner et al; https://www.sciencedirect.com/science/article/pii/S0277953626006805

Introduction to a special issue.

Nature Medicine - Governing the social production of care: the hidden foundation of health systems

Jo-An Occhipinti, J. Jaime Miranda et al ; https://www.nature.com/articles/s41591-026-04535-y#:~:text=Health%20systems%20rely%20on%20unpaid,%2C%20and%20labor%2Dforce%20exit.

"**Health systems rely on unpaid care that is poorly measured and governed. We argue that unpaid care, and the wider social production system behind it, is a productive input whose breakdown drives avoidable admissions, delayed discharge, and labor-force exit. We propose a national accounting framework, a diagnostic lens, and five policy priorities.**"

"… **Treating unpaid care as an unmeasured residual is a governance failure with predictable costs**. Treasuries, statistical offices, and health ministries should act now: measure currently invisible inputs, invest in the infrastructure that sustains distributed support, strengthen reciprocity-based models that convert cohesion into care, and embed safeguards that prevent cost shifting. **In an era of demographic transition, workforce constraint and recurrent global and local disruptions, care capacity is a foundational element of health-system capacity.** Across health systems and cultures, social production is the enabling social asset that determines whether such systems can be sustained. **Governing it well requires engagement with actors beyond the health sector, turning what has been framed as a health-system deficit into a shared, cross-sectoral investment in societal resilience.**"

Tweets (via X & Bluesky)

M Kavanagh

"Continued alarming transmission. We have been here before. **This is why pandemics and major outbreaks cannot be solved by the health sector alone**. Whether AIDS or COVID or Ebola we keep learning this lesson…."

Rob Yates

"Why would anyone listen to the Americans on how to reach UHC? **Like England advising countries on how to win World Cup semi-finals ."**