IHP news 892 : A new tax era of development?

*(**7 August 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,

In case you missed our **Monday morning 'catch-up issue on the past 10 days'** (with focus on the **AIDS2026 conference** in Rio), see the IHP newsletter page (*where you can find the 'archive'*). Today we continue with this week's global health news. Still on the Rio conference, **Mukesh Kapila's HPW analysis** is a must-read. After just three episodes, we've already become quite fond of his incisive take on the global health week (*in his weekly 'Vital Signs' column)*.

As already flagged on Monday, this week is **World Breastfeeding week** (1-7 August) (*with also an updated Global Investment case*). Ahead of the **UN High-Level Meeting on PPPR** end of September, HPW presented the **'Final Text' of the UN Political Declaration on Pandemics** (while admitting its adoption is far from guaranteed).

There are also a few updates in the **WHO DG race**, which is heating up (*nominations close on 24 Sept*) against the backdrop of a very worrying **Ebola emergency in the DRC,** currently **spreading faster than all previous Ebola epidemics**. Earlier this week, Africa CDC's Jean Kaseya visited Bunia for the second time "*in a joint **Africa CDC–World Health Organization** mission to assess the Ebola response, support teams on the ground and identify what more is needed to stop the outbreak and protect communities*." **Tedros** followed suit a few days later. They have their work cut out, with plenty of external factors also playing a role in what is now the **second-deadliest Ebola outbreak in history**. Let's hope the high-level visit leads to new momentum in the response.

As you might have noticed, **FIFA boss Infantino** has also been 'in the news' lately, but so far WHO and other UN organisations with collaborations with FIFA stay fairly numb on the issue. Maybe under the motto *"you never know where the guy might still end up."*

In this week's issue, we also pay some attention to the **start of the 5th round of negotiations** on the **UN Framework Convention on International Tax Cooperation** (3-13 August, New York). In a **Project Syndicate op-ed,** "The Case for a Pay-Where-You-Play Tax System", in which J Ghosh also refers to a new Global Tax Justice report, she doesn't mince words on the stakes: *"… it is **worth remembering that democracy itself emerged from the struggle for fair taxation, reflected in the principle of "no taxation without representation."** For decades, multinational corporations have been shifting profits out of the countries where they are generated into accounting "nowhere" zones. **This has led to widespread economic insecurity, creating fertile ground for billionaire-backed authoritarianism.** The UN Tax Convention offers a different path, asserting that the shops, offices, factories, and workers that generate global profits matter. **By restoring the link between where profits are made and where they are taxed, the Convention advances a modern form of taxation with representation and carries forward one of democracy's oldest principles**."*

That's right. And so I'm not a big fan of **CGD's new blog series** 'Putting the AI Windfall to Work'. Rationale for the series: " *The AI boom could result in anywhere from $50 billion to $100 billion in annual philanthropic spending over the next few years. The question is, how can this money be spent effectively?".* Together with many others, I doubt that's "the (key) **question**" in this age, even if some CGD suggestions certainly make sense.

Over to **global health (architecture) reform** then, which among others featured this week a smart read from Arush Lal et al in **Nature Health**, '*Reforming global health for an age of mistrust, fragmentation and overlapping crises*' and an eye-opening *(as well as worrying)* HPW analysis by K Rifat Hossain. This week, both CGD and Think Global Health also published **updates** on the **US bilateral health agreements.** Yesterday, there was also a high-profile announcement by the Trump administration on a "Historic $2 Billion in Health and Humanitarian Assistance to Faith-Based Organizations".

Zooming out a bit, it's clear many Africans (*and certainly young Africans*) are '**done with aid'**, even if they acknowledge the current hardship of a way too abrupt transition. Maybe it's time the "Global Health community" (*including the 'regulars' at high-profile conferences and summits*) shows equal courage, and joins the **new 'tax era of development'** unequivocally, with all that entails? I'm personally 'done with philantropy', at least of the indecent billion-dollar kind :) While I agree Gates and other Bloombergs certainly aren't part of "The Nerd Reich" (very much to their credit), the overall power (/ danger) of the billionaire class is now huge, and not just in the US (*see also the quote from J Ghosh earlier*). It's time to 'go beyond billionaires', including in global health. There are many other good reasons for a **gradual transition** in the coming years **away from billion-dollar philanthropy** (*as I sure admit many of their global health teams do valuable and great work*), such as: **philantropists' outsized impact on global health's Overton Window** (*clear during the pandemic eg, but which in my opinion also partly explains this relative reluctance to join the global tax justice movement more enthusiastically*), their strong **links with the relentless financialization of the global economy,** the fact that many of them, together with other neoliberal Davos men & women, have helped to pave the way for the current billionaire-backed authoritarianism etc … But this is a personal view, as a concerned 'global (health) citizen' :)

I admit a lot of the '**New Paradigm for Global Health Financing**' (by Kaberuka, Pate et al, **Project Syndicate op-ed**) goes in the right direction. Yet, global health big shots like them **still leave making the case for the 'new tax era', and what it would really imply, too much to Tax Justice Network, Oxfam and other Zucmans.** For example, in order to get to what they call 'financing for GPGs, **financed with a new fit for purpose model**" - their third focus in the op-ed. The fact that they label this '**a long-term agenda'** doesn't sound very promising either. I personally doubt we still have the luxury of a 'long term agenda' (*see below – paragraph re planetary health*)...

But let's indeed assume that getting to global tax justice, broadly defined, at all levels will take some time (*not wrong, if ever*), and so, for the fun of it (*still as a 'concerned global health citizen'*), while awaiting that tax nirvana, just brainstorm a bit on **how the 200 billion dollar the Gates Foundation intends to spend in the coming decades already could be spent more in line with such a new 'fit for purpose model' in terms of inclusive governance,** for example via a new Global Public Investment entity (*with far more inclusive governance than currently Bill, Mark Suzman and whoever happens to be on the GF Board*), plus a number of regional health entities (also with inclusive governance). My guess is that would help to tackle the current "mistrust" in the global health architecture considerably. Heck, it could be a 'game-changer' :) Far greater minds can help work out the specifics of 'how to spend 200 billion dollar by 2045 with more inclusive and transparent governance than just Bill, Mark & a few others'. And as you know I'm a generous man (*on days with*

enough sleep, that is), in that set-up, Bill and Mark would still be allowed a few hundred million a year to play with themselves, as entrepreneurs trying to ensure 'catalytic innovation', 'address market failures' etc. :)

Meanwhile, coming back on the abovementioned 'long-term horizon', the **planetary health havoc** wreaked by our global and increasingly billionaire-driven economic system, is rapidly increasing. Clearly, "the climate emergency is upon us" now. Or in the words of (a slightly subdued) **UN SG Guterres** last week: the "*Climate Crisis (is now) in 'Overdrive'*. Perhaps **Rebecca Solnit** put it most poignantly, at least for people who live in the world's temperate zones like myself: "*Summer is not what it once was. We have been robbed of one of life's great joys….*"

Let's end on a more combative note, however: the world might have entered the **'era of farce'** on more days in the week than we'd like, but we wholeheartedly agree with **Tedros** (in a Nature viewpoint), that "**as WHO enters its ninth decade, it's more needed than ever**"**.** In times like these, somebody will have to stay cool-headed.

Enjoy your reading.

Kristof Decoster

Featured Article

Zero deaths on paper, fear in reality: In spite of Goa achievement, rabies still haunts India

Naziya K B **&** ***Vanessa Ravel***

Since 2017, Goa has reported no human deaths from rabies. Through sustained dog vaccination, surveillance, and community engagement, the state has done something once considered impossible in my country, India: it has interrupted the transmission of one of the world's oldest and deadliest diseases.

This achievement did not happen overnight. It began in 2013 with a pilot initiative by Mission Rabies, which later expanded into a state-wide programme combining large-scale dog vaccination, disease surveillance, rapid response, and public awareness. By maintaining dog vaccination coverage above the critical threshold needed to interrupt transmission, Goa demonstrated that rabies elimination is not the result of a breakthrough technology but of sustained commitment and coordination. Unfortunately, the current picture in India isn't equally positive.

- Do continue the read, on **IHP - Zero deaths on paper, fear in reality: In spite of Goa achievement, rabies still haunts India**

Highlights of the week

Structure of Highlights

- Some more AIDS 2026 snippets
- Global Health Reform (and post-2030)
- WHO DG race
- More on Global Health Governance & Financing/Funding
- Global Tax Justice
- More on the impact of aid cuts
- Trump 2.0, bilateral health agreements & US Global Health Strategy
- Ebola emergency DRC
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- More on Maternal, Neonatal & Child health
- NCDs
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- Planetary Health
- Migration & Health
- Access to Medicines, Vaccines & other health technologies
- Miscellaneous

Some more AIDS2026 snippets

Aidsmap – New US HIV agreements leave civil society and key populations on the sidelines

https://www.aidsmap.com/news/aug-2026/new-us-hiv-agreements-leave-civil-society-and-key-populations-sidelines

"**The United States is "changing the model, not the mission" of its global HIV programmes, Jeff Graham, acting US Global AIDS Coordinator, told a pre-conference session** organised by the US government at AIDS 2026 in Rio de Janeiro on 26 July. …. … **But an analysis presented in an abstract session on Wednesday found that it is not only the model that has changed, but the mission too."**

""**The approach of the administration is really transition first, meaning that they prioritise reduction of U.S. assistance," Dr Jirair Ratevosian of the Duke Global Health Institute told delegates**. "This is a big shift from what we've been accustomed to with PEPFAR, which has been more of sustaining HIV epidemic control, protecting treatment continuity, and the suppression of viral load. None of those terminologies or elements are part of the current approach." **Ratevosian and colleagues reviewed 28 of the bilateral memoranda of understanding that now govern how**

the United States funds HIV, tuberculosis and malaria programmes in partner countries. Thirty-four have been signed since the first, with Kenya, in December 2025…." "Under these agreements, the United States and a partner government sign a five-year plan setting out what American health funding will pay for, how it will decline over that period, and what the recipient government will contribute from its own budget. **While most of the agreements have not been published publicly, Ratevosian managed to obtain the text of some of them and also drew on State Department press statements."**

"**HIV remains the foundation of most of the agreements**. Funding flows directly from government to government, bypassing many of the organisations and implementing partners that have traditionally delivered services in these countries. Most set out five-year goals, although some run for shorter periods. And **across all of them, US financing declines over the life of the agreement. That decline is the central concern. Planned US funding is approximately one third lower than in 2025,** while governments signing them are expected to increase their own contributions as American support falls away…."

"… The bilateral agreements are providing a much narrower programme than PEPFAR previously did, Ratevosian's analysis showed…." " Programmes that have been stopped, suspended or heavily cut include HIV prevention services for key populations, programmes for adolescent girls and young women, support for orphans and vulnerable children, voluntary medical male circumcision, services addressing gender-based violence, and harm reduction for people who use drugs. HIV testing and PrEP are still available but on a smaller scale…"

"**Ratevosian's analysis also looked at what role the agreements give to faith-based organisations, civil society organisations and the private sector**…."

HPW (Vital signs in Global Health)– The HIV Deaths Nobody Can Count

M Kapila; https://healthpolicy-watch.news/the-hiv-deaths-nobody-can-count/

Absolute **must-read**, as mentioned in the intro.

A few excerpts:

"**Eighteen months into the dismantling of the global AIDS response, how many have died? The honest answer is that nobody knows. Rio's numbers are inferences, its assumptions and projections disputable. But 30 years and tens of billions of dollars into the HIV/AIDS pandemic, we should not still be guessing…."**

Kapila concludes: "**Tracking HIV/AIDS through mathematical modelling using outdated assumptions is increasingly questionabl**e. **Especially in an era of rapid policy and pharmaceutical innovations, tightening resources, and geopolitical and social shifts that are not always benign**. This is not a sound basis for the smart national and global strategies necessary to achieve the AIDS-free shared goal. There is something indictable here. **Thirty years into the pandemic, we still base many of our actions on inferences, deductions and sometimes, frankly, guesswork**. Despite expending tens of billions of dollars, including creating two dedicated international bodies – UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria – and an extensive ecosystem of national bodies and numerous NGOs. UNAIDS is meanwhile contemplating its own end. The UN80 review proposed closing it by the end of this year. **UNAIDS has countered with a phased plan, and its board expects recommendations in October. Whatever is decided, it should consider its legacy. That legacy cannot be advocacy or therapeutic advances, because those are mostly the push of courageous people who have themselves endured HIV and those who work directly with them. As**

a Joint Programme of the biggest and most influential United Nations agencies, UNAIDS should leave behind something more systematic and tangible. How about a robust global system for measuring – not estimating – actual AIDS-related mortality?"

Science - As a weekly anti-HIV pill nears the market, vaccine research faces new hurdles

J Cohen; https://www.science.org/content/article/weekly-anti-hiv-pill-nears-market-vaccine-research-faces-new-hurdles

"**Trial failed of supposedly potent antibodies that the leading vaccine candidates aim to trigger."**

Science's Jon Cohen looks back on the Rio Conference.

Quote: "... The meeting itself was a shadow of its former self. Some 7300 delegates attended, about one-third the number who came to the conference in its heyday between 2002 and '12. World leaders and celebrities were absent. That partly reflected success: By reducing new infections and deaths, science has made HIV a less urgent topic than it used to be. But the sparser attendance was also due to the steep cuts in funding by the United States…."

Devex – Special edition: What a merger says about the future of the AIDS response

A Green; https://www.devex.com/news/special-edition-what-a-merger-says-about-the-future-of-the-aids-response-113055

"Leaders in the global AIDS response consider new tools and new teammates to transform global health in the face of dramatic funding cuts."

Andrew Green "… attended a **panel entitled "Rebuilding the future of the AIDS response**" this week and heard **Mark Vermeulen,** the **executive director of Aidsfonds**, a Netherlands-based AIDS funder, contend with some hard truths. … "If we start focusing our energy and time on how to fill that gap, we're wasting our energy. Because **we're not going to bridge that gap**," he said. "I think **we should focus our time and energy on how we can structurally transform the global health system."…**

"So what is **Aidsfonds**, one of the world's biggest HIV philanthropic donors at $13.7 million in disbursements in 2024, doing? **It is merging with Rutgers International**, **another Dutch organization, which promotes sexual and reproductive health and rights globally.** Vermeulen tells me Aidsfonds is "not doing this to cut costs. It's a strategic opportunity we see in the future." A way to **maximize services through integration….."**

Re the **new tools: "…**And while donor funding cuts mean countries will have to make some hard choices about which programs they can sustain, they also have — or will have — **new tools to help**. **TIER-Plus is helping officials calculate the trade-offs as they decide which programs to continue. Developed by the International AIDS Society and Boston University, TIER-Plus acts something like a calculator.** Officials can see what they will gain or lose by investing in certain programs, measured in terms of lives saved or number of new infections. Although at this point, it can only project one year into the future. The idea, according to IAS' **Anna Grimsrud**, is that "if countries are going to make difficult choices, **they could make the choices transparently, with evidence."…"**

HHR - The Anti-Rights Movement is Organised. Are We?

https://www.hhrjournal.org/2026/08/01/the-anti-rights-movement-is-organised-are-we/

"Edwin Bernard identifies this theme running throughtout the AIDS 2026 conference."

"… The same theme emerged again later that day during a **conversation between Georgetown University's Matthew Kavanagh and Mariângela Simão, who begins her role next week as the UN Special Rapporteur on the right to health**. Simão spoke of the growing cohesion of anti-rights forces internationally, while **Kavanagh posed what may be the defining question for the years ahead: what would it take to build an equally effective pro-rights force? It** struck me that this wasn't simply another conference discussion; it was the thread connecting so many conversations throughout AIDS 2026….."

"… **The anti-rights movement has spent decades building alliances across countries and political movements. It understands that attacks on LGBTQ+ rights, sexual and reproductive health and rights, gender equality, migrant rights, civil society, and science reinforce one another**. Divide and rule is effective precisely because those defending rights are so often divided…"

Global Health Reform (& post-2030)

Nature Health – Reforming global health for an age of mistrust, fragmentation and overlapping crises

Arush Lal, B M Meier et al; https://www.nature.com/articles/s44360-026-00179-x

"**To move from debate to delivery, global health architecture reform must rebalance power, reinforce systems and restore trust, with a sharper focus on managing geopolitics and emerging threats."**

"…. **The Lusaka Agenda, the Accra Reset, regional proposals and a growing body of scholarship and United Nations (UN) reports converge on a shared diagnosis**: today's global health architecture is deeply fragmented, insufficiently aligned with country priorities and poorly equipped to manage overlapping threats. **Yet these initiatives remain largely uncoordinated. Without a unifying process, they risk becoming a hollow exercise, with parallel recommendations competing for attention while countries navigate increasingly incoherent demands. The challenge is not a shortage of ideas, but the absence of a shared agenda to align proposals — one that speaks to legitimacy as much as efficiency, to norms as much as funding, to political incentives as much as technocratic design. Furthermore, many proposals inadequately interrogate the geopolitical forces driving fragmentation**. Reform must treat emerging threats and shifting alliances as central influences, avoiding institutional solutions for fundamentally political problems. **Reform is ultimately a contest over power — and who is willing to cede it in pursuit of improved lives and livelihoods for everyone."**

"We propose three interlocking transformations to guide global health architecture reform: rebalancing power, reinforcing systems and restoring trust…."

"We conclude that complementary, mutually accountable reform tracks are needed — drawing on independent, state-led initiatives, operationalized via the World Health Assembly (WHA) and extended through the UN General Assembly (UNGA) to address broader multisectoral drivers that shape health outcomes. While advanced through global governance, this framework is built to navigate an era of fragmentation rather than to overlook it — working through regional blocs, coalitions of willing states and pledge-and-review mechanisms, and using the WHA and UNGA as legitimizing anchors instead of sole vehicles for implementation. **In practice, this means designing reforms that can function even when consensus fails."**

HPW – The Machine in Geneva's Basement

K Rifat Hossain; https://healthpolicy-watch.news/the-machine-in-genevas-basement/

(recommended read) "**A finance ministry official can now draft in an afternoon what used to take a WHO mission, a consultant and a wait of weeks**. That single fact, multiplied across almost everything WHO produces, is the **real story behind this year's budget cuts — and almost nobody in Geneva is telling it yet."**

On what exactly **AI (including AI agents) might mean for WHO' s future, with different scenarios**.

"… **What is arriving is a change in what WHO's outputs are worth, who can produce them, and what member states believe they are buying when they pay their dues**. The window for choosing WHO's place in that shift is **the term of the next Director-General, not some comfortable decade beyond…."**

IS Global - The dilemma facing Latin America and the Caribbean in the restructuring of the global health system

V R Bartolomé et al ; https://www.isglobal.org/en/-/el-dilema-de-america-latina-y-el-caribe-ante-la-reestructuracion-del-sistema-de-salud-global

« Latin America and the Caribbean bore nearly 28% of COVID-19 deaths while accounting for just 8% of the world's population, and yet **their priorities are sidelined when the global health system is redesigned. We examine why the region falls into the "middle-income trap" and how it is fighting to shift from recipient to co-designer of a more equitable architecture. »**

Among others with **Three Demands from Latin America and the Caribbean for Redesigning Global Health Financing and Governance:** Overcoming the "Middle-Income Trap" in Multilateral Financing ; Decentralizing Global Governance and Strengthening Regional Mechanisms ; Guaranteeing Genuine Technology Transfer for Industrial Sovereignty.

ONE - Accra Changed Who Holds the Pen on Africa's Health Agenda

By Lesijolu Eric-Nwabuzor; https://www.one.org/africa/stories/accra-changed-who-holds-the-pen-on-africas-health-agenda/

(24 July) Read still related to the **Extraordinary AU meeting on health** from a few weeks ago.

"For two days in July, Accra hosted something Africa's health agenda has needed for a long time: a political moment built around delivery rather than declaration. The **African Union Extraordinary Summit on Health, convened on 21 and 22 July** under the leadership of Ghana's President John Dramani Mahama and chaired by AU Chairperson President Evariste Ndayishimiye of Burundi, **brought Heads of State together with ministers of health, finance, foreign affairs and development planning to consider one document: the fully costed AU Roadmap to 2030 and Beyond**. The Roadmap is the continent's framework for ending AIDS as a public health threat, tackling TB, malaria, maternal mortality, neglected tropical diseases and the rising burden of non-communicable disease, and for building the resilient health systems that make all of it possible…"

"Heads of State endorsed it. The Accra Declaration now carries their names. Still, the signatures may prove less important than **the framing that produced them….":**

(1)"Health financing is now a sovereignty question: The central message, repeated across the ministerial and presidential sessions, was unambiguous: Africa cannot protect its health gains through uncertain external financing alone…."

(2)"…**Medicines manufacturing is industrial policy:** The second shift was just as significant. The summit placed pharmaceutical manufacturing where it belongs: at the centre of Africa's industrial and trade agenda, well beyond the narrow procurement conversation it usually gets confined to….

(3)"… Accountability is the test: The strongest recurring warning in Accra was directed at the summit itself: the Accra Declaration must avoid the fate of so many elegant statements of intent before it…."

David Clarke – One more question for the post-2030 debate

https://www.linkedin.com/pulse/one-more-question-post-2030-debate-david-clarke-cl7fe/

"**GIZ's strategic foresight team has published an insightful set of scenarios for the post-2030 agenda, ahead of the SDG Summit in 2027.** The **four scenarios** are plausible and thought provoking: no new agenda at all if negotiations collapse under geopolitical strain; two or more parallel agendas shaped by different political or thematic coalitions; an extension of the existing 2030 Agenda to preserve the 2015 consensus; or a single negotiated successor built around new priorities and a different coalition of countries." (see also a **previous IHP newsletter**)

Clarke: "….Much of the discussion quite appropriately focuses on how a future agenda might be negotiated and what it should contain. Alongside those important questions is another. **What capabilities will states need to implement whatever agenda is ultimately agreed?"**

"…As discussion about the post-2030 agenda develops**, implementation capability may become an increasingly useful lens through which to consider how global ambition is translated into national results…."**

"Capability therefore offers a complementary perspective**. It does not ask governments to adopt a particular institutional model. It asks how institutions can best deliver the objectives they have set themselves….** …. Giving greater attention to implementation capability could have several practical

implications for the post-2030 process. **Implementation capability could be recognised as an important means of implementation** alongside **finance, technology and partnerships…"**

WHO DG race

HPW - First WHO Regional Director Takes Leave To Run for Director-General

https://healthpolicy-watch.news/balkhy-director-general-election/

"**Eastern Mediterranean Regional Director Dr Hanan Balkhy will take immediate leave effective Tuesday to formally launch her campaign in the WHO Director-General Election**, according to an internal notice from DG Dr Tedros Adhanom Ghebreyesus seen by Health Policy Watch.

Balkhy becomes the first serving regional director required to take leave after Tedros issued newly tightened election guidelines in July to resolve campaign finance and ethical concerns…." "Under the new directive, all internal candidates must exhaust their accrued annual leave before transitioning to special leave on half-pay, effectively levelling the playing field…..

PS: "**Narrowing field of prospective contenders:** As the September deadline for official applications draws closer, the field is slowly taking shape, with the first candidates **officially entering the Director-General election race**. However, **several high-profile global health leaders have recently removed themselves from the succession race.** The Pan American Health Organization's regional director, **Dr Jarbas Barbosa**, **ruled out a bid** to focus on leading his region. **WHO Chief Scientist Jeremy Farrar also told Politico he has "no intention" to run."**

More on Global Health Governance & Financing/Funding

Nature World View - Why the need for the WHO has never been greater

Dr Tedros; https://www.nature.com/articles/d41586-026-02358-y?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=63079189

"Diseases don't stop at borders. Pandemics, climate change and conflicts demand a collective approach."

"**This July marked 80 years since representatives of 61 states signed the constitution of the World Health Organization (WHO) in New York City**. The founders understood that diseases do not respect borders, and that progress depends on countries working towards a common goal…."

Tedros concludes: "… **As the organization enters its ninth decade, digital technologies will be crucial as we adapt to meet the world's fast-changing needs**. The **world's population has more than tripled in 80 years, placing strain on natural and urban environments** with consequences for people's health. **Outbreaks and epidemics keep emerging. The health effects of conflict, climate change and displacement are growing. Non-communicable diseases, such as heart disease and**

cancer, are causing more illness and premature death in every country. Antimicrobial resistance threatens to undo a century of medical progress. Technological advances are creating both opportunities and risks for health. In short, the need for a science-led, evidence-based, impartial and globally representative health organization has never been greater. Eighty years on, the WHO constitution remains a living promise, and a reminder of why the world still needs a strong WHO."

Geneva Solutions – Despite Infantino scrutiny, UN agencies in Geneva don't disavow collaborations with Fifa

https://genevasolutions.news/global-news/despite-infantino-scrutiny-un-agencies-in-geneva-don-t-disavow-collaborations-with-fifa

"Amid the ongoing fallout from Fifa's governance crisis, international agencies are not saying much about how this reflects on cooperation deals signed in recent years as the football organisation sought international legitimacy, including some that have come under fire."

That would include WHO.

"… **When asked whether they would continue their partnerships with Fifa in light of the various governance and other issues at the football body, international organisations would not comment on the specifics.** … For its part, **the WHO, whose four-year memorandum of understanding with Fifa was last extended in 2023, said that its collaboration, including during the World Cup in Qatar, had delivered "practical results**" and that Doha had supported its Healthy FIFA World Cup Qatar project with $6 million. **A spokesperson for the agency noted that with regard to current and future collaborations, "partnerships are subject to WHO's internal review and oversight processes and are conducted in accordance with applicable regulations, policies and strategic priorities."** The WTO said that it "regularly reviews all of its partnerships to ensure they continue to serve the organisation's mandate and institutional priorities". **Nonetheless, observers still wonder how the UN agencies had signed deals with Fifa, in view of its legacy.** "There's this broader view among serious policymakers that football is a fun and a great way to generate headlines, and that wholesome initiatives benefitting children are a good thing, and therefore Fifa must be a good thing," McGeehan says. "But it is absolutely not. **If you are concerned about political neutrality, then why get into bed with an organisation that appears happy to be a handmaiden to authoritarian states and leaders from Russia to Saudi Arabia to Qatar and the US?"…"**

Project Syndicate – A New Paradigm for Global Health Financing

Donald P. Kaberuka, Muhammad Ali Pate, Budi Gunadi Sadikin, and Erna Solberg;
https://www.project-syndicate.org/commentary/global-health-financing-architecture-a-new-blueprint-by-donald-kaberuka-et-al-2026-07

"**As aid flows decline, more countries are articulating a new vision in which health financing would build on national resources, answer to domestic priorities, and remain accountable to their own citizens. Such a change is long overdue, and it can be achieved by pursuing reforms in three areas**."

A few excerpts:

"The answer must include three distinct but mutually reinforcing elements. **First, domestic financing must be the foundation, not a footnote.** Although the process of increasing domestic spending for health will depend on a country's starting point, all must pursue greater self-reliance. This requires tax reforms, budget prioritization, good governance, and public trust that government spending is delivering real benefits. Debt relief is also critical. …"

"… **Second, official development assistance (ODA) and international financing must continue to provide support from the sidelines…** … External financing should fund only what cannot yet be covered domestically, and it should be concentrated where it is truly irreplaceable, namely in fragile settings and the lowest-income countries. Global resources and surge capacity to respond to humanitarian crises will remain necessary…." "Nonetheless, most ODA should be strategic, force-multiplying, time-bound, and oriented toward accelerating a transition to national self-reliance. For many institutions and sovereign funders, this implies a radically different approach that cedes power and influence to regional and national institutions. Regional development banks, national public-health agencies, and pooled regional financing mechanisms can catalyze self-sufficiency….

"**Lastly, as principles of subsidiarity and sovereignty take center stage, the question of how to finance truly global collective public-health efforts comes to the fore**. ODA was never designed for this role. … … Fortunately, middle-income countries' capacity to contribute to the global system has grown markedly, and **alternative options do exist. These include various global public investment models, assessed contributions, direct non-ODA budget lines, and solidarity-based levies**. The most promising approach is **to distribute contributions according to capacity, while moving decisively away from governance models where the ability to pay confers the power to decide**. This is a long-term ambition, but one that health and finance leaders must work toward now…."

In other words: "**Domestic financing as the foundation, not a footnote. Development assistance as a transition, not a permanent fixture. Global public goods, financed with a new fit for purpose model**."

Health Financing Insights Africa: new tracker

https://dashboard.the-african-renaissance.org/

African Renaissance Health Financing insights dashboard, launched at the recent extraordinary AU summit on health.

The Collective Blog – Making a Mark in Global Health in a Time of Change: Thailand's Global Health Diplomacy at the World Health Assembly

J Harris; The Collective Blog;

"In this moment of great flux in global health – amid U.S. withdrawal from the World Health Organization – what steps are middle powers and nations on the periphery taking to assert their influence? What symbolic and material rewards accrue from making durable investments in global health diplomacy? And what lessons does Thailand's model offer scholars and policymakers in the Global South? **This blog explores the strategic growth of Thailand's diplomatic presence at the WHO, reflecting on themes and issues raised in a new article in Politics and Governance by Collective member Joseph Harris and co-author Suriwan Thaiprayoon."**

CGD (blog) – New AI Philanthropy Should Fund Country Health Partnerships, Not Just Interventions

P Baker; https://www.cgdev.org/blog/new-ai-philanthropy-should-fund-country-health-partnerships-not-just-interventions

"This fourth blog in the series **makes the case for funding country health partnerships, rather than interventions…."**

"CGD's new series on AI philanthropy focuses on what interventions should be funded. The series has therefore inherited the default frame of the current global health architecture. In this blog, I propose an alternative: that **the highest value use of new philanthropic money is country health partnerships, rather than an intervention. Philanthropists should launch a $2.55 billion-a-year programme, which would entail (1) identifying a set of committed governments using transparent and published criteria, (2) launching a $50 million-a-year initiative to support selected governments to build strong institutions to set health priorities to ensure best use of domestic resources, and (3) expand what the lowest-income countries can do with $2.5 billion a year of *on-budget* finance**. This approach plays to philanthropy's comparative advantage in "picking winners" and produces excellent long-term results. Current disease or intervention specific initiatives buy interventions that stop when the money stops, whereas partnerships build institutions that keep paying out after the funders move on…."

- PS: you might also want to check out a **preprint**, mentioned in the blog: Updated Health Opportunity Cost Estimates for 92 Low- and Middle-Income Countries: Implications for Global Health Financing and Donor Allocation (by J Ochalek)

"… This paper provides updated estimates of the marginal cost per DALY averted for 92 low- and middle-income countries (LMIC) by applying previously estimated elasticities of the effect of GHE on health outcomes from Ochalek et al. (2018) to recent data on mortality, morbidity, population structure, and GHE. **Two policy options for improving health in LMIC are assessed: (1) the implications of countries allocating 15% of general government expenditure to health consistent with the Abuja Declaration; and (2) reallocating development assistance for health (DAH) to maximise health across countries.** … Updated estimates of the marginal costs per DALY averted range from approximately $78 to $15,789 across countries. In most countries (72%), estimates are higher than in the previous analysis, largely reflecting increases in GHE. **Increasing domestic expenditure to achieve the Abuja Declaration objective would avert 234 million DALYs but require $563 billion across countries. Reallocating $39.1 billion in existing DAH could avert 133.6 million DALYs.** Updated estimates provide an empirical basis for informing both domestic priority setting and the allocation of international health financing. Aligning donor funding with country-specific opportunity costs could substantially increase the global health gains achieved with limited resources…."

Habib Benzian - We travel. But do we unpack?

on Substack;

"**Dépaysement, mobility, and the practice of global health."**

Quote: "**Critiques of the foreign gaze, articulated by scholars such as Seye Abimbola, have shown how easily global health converts observation into authority**. The unfamiliar is translated into categories that can be measured and acted upon. The observer remains oriented. The encounter produces knowledge, but not necessarily transformation. **Dépaysement points to a different problem. Not that global health sees too much from the outside, but that it rarely allows itself to be unsettled by what it sees. The moment where understanding might deepen is shortened. The unfamiliar is translated quickly into something that fits. ….** What remains is a curated version of dépaysement. It captures the lightness of being elsewhere, but not the weight of staying there. It values difference, but not the conditions that make that experience possible for some and difficult for others…."

Global Tax Justice

Project Syndicate – The Case for a Pay-Where-You-Play Tax System

J Ghosh; https://www.project-syndicate.org/commentary/un-tax-convention-opportunity-to-end-age-of-corporate-profit-shifting-by-jayati-ghosh-2026-07

(3 July) "**This week, delegates from around the world will gather in New York to negotiate the proposed United Nations Framework Convention on International Tax Cooperation, a landmark agreement aimed at making global tax cooperation more inclusive and effective**. If adopted, the Convention would represent the most consequential overhaul of the global tax system in nearly a century, fundamentally changing how countries tax multinational corporations and, potentially, the world's wealthiest individuals…."

"**New research by the global union federation Public Services International (PSI) and the Tax Justice Network** underscores the urgent need to reform the international tax system. Drawing on publicly available country-by-country reporting data, **it estimates that governments could collect an additional $500 billion in corporate tax each year by replacing today's "pay-where-you-say" system with a "pay-where-you-play" approach." "** "… According to the PSI/Tax Justice Network report, **taxing profits where they are actually earned would increase multinational corporations' tax payments by 24% without requiring any country to raise its corporate tax rate."**

"… **The negotiations in New York represent the best opportunity in decades to replace the outdated "pay-where-you-say" model with a "pay-where-you-play" framework that taxes multinational corporations where they employ people and sell goods and services**. This reform could make tax havens obsolete overnight and restore governments' ability to tax economic activity taking place within their own borders… … **Under such a framework, the largest revenue gains would go to the world's richest economies, but the greatest impact would be felt in the poorest. For many lower-income countries, the additional revenue would amount to several times what they currently collect from multinational corporations**. This is consistent with the findings of the annual State of Tax Justice reports: while the largest economies lose the most to corporate tax abuse in absolute terms, lower-income countries suffer the greatest losses relative to the size of their tax bases…. … … **For the Global South, the gains would be transformative. In a single year, the report estimates, lower-income countries would collect more than the total amount they currently owe the International Monetary Fund in outstanding loans**."

"So how do we move from today's "pay-where-you-say" system to a genuine "pay-where-you-play" one? **Article 5 of the draft UN Tax Convention**—the product of two years of negotiations—tries to do just that by allocating taxing rights among countries based on clear, objective factors like sales, employment, and natural resources…."

- For more, see **Tax Justice Network** - Countries to gain $500bn more tax a year under UN 'pay-where-you-play' plan (2 August)

CESR – Updates from the fifth session of negotiations on the UN Tax Convention

https://www.cesr.org/updates-from-the-fifth-session-of-negotiations-on-the-un-tax-convention/

(4 August) "**The fifth session of the Intergovernmental Negotiating Committee opened in New York this week, and for the first time delegations are working from a full draft treaty. The Co-Leads released their zero draft on 21 July** — twenty-six articles covering everything from the allocation of taxing rights to the taxation of high-net-worth individuals, illicit financial flows, and the machinery that will govern the Convention once it exists. **Over the next two weeks, governments will decide how much of it survives."**

"Day one was spent almost entirely on Articles 1 and 2: the objectives and the guiding principles. These are short provisions, but they are the interpretive anchors for everything that follows — and, crucially, **they carry the commitment to align international tax cooperation with States' obligations under international human rights law…"**

Project Syndicate - Global Tax Reform Is the Key to a Fair AI Economy

Z Milin; https://www.project-syndicate.org/commentary/global-corporate-tax-reform-key-to-equitable-ai-economy-by-zorka-milin-1-2026-08

"**The rise of AI has highlighted how the global tax system is ill-suited to capture the profits derived from such technology.** While creating an equitable AI economy ultimately requires a durable and robust multilateral tax framework**, digital-service taxes can serve as an important stepping stone to that outcome."**

"**The world ultimately needs a robust and durable multilateral tax framework (whether at the UN, the OECD, or elsewhere) to capture the value of AI-driven economic activity where it occurs. But a global minimum corporate tax and the reallocation of taxing rights, while both necessary, would not help governments tax AI companies in the near term**, as many have yet to turn a taxable profit. **That is why a growing number of jurisdictions are looking beyond taxes on net income and introducing digital-service taxes (DSTs) on gross revenues. ….** … While **not a long-term substitute for reforming an obsolete global tax system, DSTs are at least a stopgap.** They provide proof of concept by normalizing the once-radical idea that taxing rights should align with where users are located, not just where companies choose to incorporate or play accounting games. DSTs may not be the final destination, but they are an important and necessary first step toward a fairer international tax order…."

She concludes: "**If AI-driven profits are subject to the same asymmetric global tax architecture that has allowed digital activities to be undertaxed, there is a good chance that Big Tech's outsize power will only grow.** There is also the risk of resistance to AI hardening into a legitimacy crisis,

which means that society may miss out on its potential benefits. **Corporate tax policies are the battleground where public trust in this new technology, and our governing institutions, will be won or lost."**

More on the impact of aid cuts

Independent - Newborn deaths are surging in the world's most vulnerable communities as aid cuts hit

https://www.independent.co.uk/news/health/maternity-newborn-fatality-rates-us-trump-uk-aid-cuts-b3020917.html

"…**Deaths of newborns have risen by more than 80 per cent among the most vulnerable people across sub-Saharan Africa in the wake of global aid cuts**, including by the UK and US…. **Data covering more than three million refugee women across 20 nations**, given exclusively to *The Independent,* **shows that neonatal mortality – deaths within the first 28 days after birth – rose by 81 per cent between 2025 and 2026.** That is a rise from 3.1 to 5.6 deaths per 1,000 live births, according to the UN refugee agency (UNHCR)…."

"While the agency makes clear the data does not establish the cause, or that aid cuts were the sole factor behind the rise, it does show that **indicators of child survival are worsening**. **Deaths within the first year of life have also increased by 111 per cent,** from 8.3 to 17.5 deaths per 1,000 live births. **Mortality for children under five also rose by 50 per cent**…."

"Through an analysis of this data, plus that from other UN agencies, charities and NGOs, *The Independent* can reveal a **grim picture of maternal and child health across Africa as sweeping cuts to international aid and the lifesaving programmes it funded begin to bite.**

- More than 11 million people have lost access to essential sexual and reproductive health and protection services, according to the UN Population Fund (UNFPA)
- Almost 1,100 UNFPA health facilities and mobile clinics have been forced to close, while a further 727 are operating with reduced staff, limited hours or shortages of medicines and supplies
- Nearly 6,000 healthcare workers, including frontline staff and midwives, have lost their jobs

There are increasing fears among those working in the development sector that years of progress in reducing maternal and newborn deaths could be reversed by the steep decline in international aid…."

Trump 2.0, bilateral health agreements & US Global Health strategy

Stat - Erica Schwartz confirmed as CDC director, filling nearly yearlong vacancy

https://www.statnews.com/2026/08/05/senate-confirms-dr-erica-schwartz-new-cdc-director/

"Agency veteran faces multiple public health challenges and tricky political territory."

- See also the **NYT – Senate Confirms Dr. Erica Schwartz as C.D.C. Director**

"Dr. Schwartz, a deputy surgeon general in the first Trump administration, **has publicly supported childhood vaccines."**

Stat – Senate committee votes along party lines to hold Fauci in contempt of Congress

https://www.statnews.com/2026/08/06/anthony-fauci-fifth-amendment-rand-paul-seeks-criminal-contempt/

"Former health official declined to answer lawmakers' questions, citing 'unhinged' campaign against him."

KFF - Overview of President Trump's Executive Actions on Global Health

https://www.kff.org/global-health-policy/overview-of-president-trumps-executive-actions-on-global-health/

(tracker updated as of August 3).

CGD (blog) – Where the Trump Administration's Global Health Agreements Stand

J Estes; https://www.cgdev.org/blog/where-trump-administrations-global-health-agreements-stand

(5 August) **Must-read.** Thorough update on their tracker. "…. Here's where things stand, a few of the most consequential questions, and a preview of forthcoming CGD policy analysis focused on making government-to-government (G2G) assistance work."

- Related **tweet Kalypso Chalkidou**:

"The **model proposed** in the America First Global Health Strategy **depends on a relatively effective state committed to health outcomes."**

TGH – Tracking the "America First" Bilateral Health Agreements

A Hirshfeld, J Dieleman et al; https://www.thinkglobalhealth.org/article/tracking-the-america-first-bilateral-health-agreements

(4 August) "Think Global Health's analysis **found gaps between country needs and new cofinancing commitments with the United States…."**

"The 34 countries that have signed MOUs as of August 3 face widely varying cofinancing provisions, raising questions about their capacity to meet spending benchmarks, achieve target health outcomes, and replace foreign assistance…..

"This interactive assesses the sustainability and scope of the cofinancing obligations under the MOUs. Toward this effort, we analyze the partner governments' recent and projected health spending, examine how U.S. funding is expected to change under the agreements, and evaluate the available text of the MOUs. **… . Most recently, Think Global Health (TGH) evaluated whether the agreements are likely to facilitate the efficient distribution of the breakthrough HIV drug lenacapavir at the country level….."**

Excerpt**: "So far, lenacapavir partnerships announced to date indicate that access is not conditional on successfully signed MOUs**. Only half of the 24 countries that are set to receive lenacapavir by the end of 2026 have committed to agreements. Of the nine countries that have received and begun implementing lenacapavir to date, two—Zambia and Zimbabwe—have not endorsed a MOU because of discontinued negotiations. A third—South Africa—was not extended an MOU and may lose U.S. AIDS funding according to a June State Department statement, yet accounts for over half of Africa's lenacapavir users as reported at the 2026 International AIDS Conference…."

US State department (press release) – United States Announces Historic $2 Billion in Health and Humanitarian Assistance to Faith-Based Organizations

https://www.state.gov/releases/office-of-the-spokesperson/2026/08/united-states-announces-historic-2-billion-in-health-and-humanitarian-assistance-to-faith-based-organizations/

(6 August) "**Today, the United States announced nearly $2 billion in partnerships with faith-based and community organizations that provide global health and humanitarian assistance around the world. This historic announcement is the largest allocation of global health foreign assistance to faith-based organizations in over 20 years**. It underscores the Trump Administration's commitment to partnering with organizations that demonstrate faith in action and have proven their ability to deliver health and humanitarian assistance in the world's most difficult environments. **This new funding will be provided to an extensive network of internationally recognized and local faith-based partners including World Vision, Compassion International, and Samaritan's Purse…."**

In more than 20 countries.

Ebola emergency DRC

We start with the **High-Level crisis meeting in DRC on 5 August** (at the end of the visits of Kaseya, Tedros et al), and then go back a bit chronologically in the week.

Africa CDC – Africa CDC welcomes President Tshisekedi's direction and guidance for a Village-Centered, Accountable and Intensified Response to the Ebola Bundibugyo Outbreak in the Democratic Republic of the Congo

Africa CDC;
(6 August)

"**The Africa Centres for Disease Control and Prevention (Africa CDC) welcomes the outcomes of the high-level crisis meeting convened on 5 August 202**6 at the Cité de l'Union Africaine in Kinshasa by H.E. Félix-Antoine Tshisekedi Tshilombo, President of the Democratic Republic of the Congo, **to**

accelerate efforts to bring the ongoing Ebola Bundibugyo outbreak under control. The meeting brought together H.E. Prime Minister Judith Suminwa Tuluka and members of the Government involved in the response; H.E. Dr Jean Kaseya, Director-General of Africa CDC, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization; Professor Mohamed Yakub Janabi, WHO Regional Director for Africa; and other senior officials and key partners. **The meeting concluded a joint high-level mission that began in Uganda and continued in Bunia, Ituri Province."**

"… Based on the President's guidance and the findings of the field mission, the meeting agreed on seven immediate priorities that will guide the new 6-month response plan under preparation:

1. Establish a village-centered response ….

2. Implement free healthcare and stabilize the health workforce …

3. Accelerate the digital transformation of the response …

4. Safeguard the reopening of schools in September …

5. Accelerate the Research and Development of Vaccines and Therapeutics …

6. Develop an integrated health and humanitarian plan …

7. Intensify cross-border cooperation …

8. Strengthen coordination, transparency and accountability …. "

PS: "A **further high-level meeting will be convened in October 2026** under the leadership of President Tshisekedi, with Dr Tedros, Dr Kaseya and key national and international partners, **to evaluate progress after two months of intensified implementation**, address remaining obstacles and take any additional decisions required to end the outbreak. …."

- See also **WHO – Africa CDC and WHO call for urgent, community-led action to contain Ebola in the DRC (6 Aug)**

"The Africa Centres for Disease Control and Prevention (Africa CDC) and the World Health Organization (WHO) have called for an urgent scale-up of the community-led Ebola response in the Democratic Republic of the Congo (DRC), **with stronger early detection, contact follow up, access to care, support for frontline health workers and faster delivery of resources to affected communities.** The call followed a joint high-level mission to Uganda and DRC on 4 and 5 August**, which drew lessons from Uganda's successful containment of local transmission, assessed operational challenges in Bunia and brought the priorities of communities and frontline responders into high-level discussions with national leaderships in Kinshasa…."**

- And via **the Guardian – Ebola virus behind massive outbreak in DRC could be mutating, officials say (6 August)**

"Cases have passed 4,000 and **health watchdog plans to go door to door to find patients in major response escalation."**

With quotes from Kaseya at a press briefing on Thursday.

"Africa's public health watchdog said the time for incremental action was over as they announced plans to scale up every aspect of the response and go "door to door" looking for patients…."

"Kaseya said he had spoken to the director general of the World Health Organization, Dr Tedros Adhanom Ghebreyesus, and **they planned studies "to check if there is no additional issue, or maybe if the virus is not mutating.** Because the level of severity of this Bundibugyo outbreak is unprecedented."…"

UN News – DR Congo: New centre opens at heart of record Ebola outbreak

https://news.un.org/en/story/2026/08/1168064

(3 August) "**New UN-backed centres will serve eastern Democratic Republic of the Congo (DRC**) as confirmed **Ebola cases continued to climb sharply over the weekend** in the largest ever outbreak of the highly contagious disease in the country."

"As of 30 July, reports indicate a total of 3,605 confirmed cases, including 1,587 deaths, since the outbreak was first declared in mid-May, according to latest updates from WHO

The highest number of reported cases (567) and deaths (296) were recorded in the most recent week's data; Over the last two months, the outbreak has expanded to five additional provinces and is now affecting 49 health zones; The outbreak remains active in 33 of them, with confirmed cases still being reported; Ituri remains the most impacted province, accounting for 88 per cent of all confirmed cases and 82.6 per cent of reported deaths nationwide; **Health partners will open DRC's largest treatment centre this week**, complementing an Ebola transit centre, according to the UN aid coordination agency, OCHA; **WHO warned a substantial scaling up of response activities is needed…"**

Cidrap News – Ebola outbreak in DR Congo now second-deadliest in history

https://www.cidrap.umn.edu/ebola/ebola-outbreak-dr-congo-now-second-deadliest-history

(3 August) "**The Ebola outbreak in the Democratic Republic of the Congo (DRC) is entering its third month as the second-deadliest in history and the largest Ebola outbreak ever recorded in the DRC**. As of yesterday, DRC officials reported 3,695 cases and **1,623 deaths.** …"

Stat - Ebola kills 1,700 in eastern Congo as the fastest-growing outbreak surges

https://www.statnews.com/2026/08/04/ebola-1700-deaths-eastern-congo-fastest-growing-outbreak/

(4 August) **"It was not clear when the outbreak will reach its peak, Africa CDC director-general says."**

" **Ebola has killed more than 1,700 people in eastern Congo in what has become the fastest-growing outbreak of the disease**, according to data — spreading faster than health officials can track and **with patient zero still unidentified.**

"It **was not clear when the outbreak will reach its peak**, **Africa CDC Director-General Jean Kaseya said Tuesday during his second visit to the town of Bunia,** located near the epicenter of the outbreak in Ituri province. **Kaseya pointed out that some 60-70% of the new cases were recorded from spreading within a community, not from contact tracing** — a method that traces those who have been in contact with a confirmed case. "**Contact tracing is not working," said Kaseya, "we don't like the trajectory of this outbrea**k, and it's already the second largest outbreak (ever) in the world."…."

RELATED

" The director-general of the World Health Organization, Tedros Adhanom Ghebreyesus, was expected to arrive in the Congolese capital, Kinshasa, later on Tuesday and would visit Bunia later this week."

PS: "**Mohamed Janabi, WHO's regional director for Africa, told reporters on Tuesday that the U.N. health agency is now testing over 2,000 samples a day, up from 20 previously.**
On **Monday, health care workers in the hard-hit town of Mongbwalu issued an ultimatum over unpaid wages** saying that "if nothing is done within 24 hours, we will escalate our action." Previously, health care workers in Bunia went on strike over a lack of pay and dangerous working conditions….."

AP - WHO chief visits Congo to support Ebola efforts as some workers strike over pay

https://apnews.com/article/congo-ebola-outbreak-ituri-tedros-tshisekedi-kinshasa-555dadc59c3a976974bb0e492c8ad524
(5 August) "**The head of the World Health Organization arrived in Congo was in Congo on Wednesday** as aid workers said the world's fastest-growing Ebola outbreak is spreading at an "alarming" rate and some health workers are striking over lack of pay." Also **Tedros' second visit** since the start of the outbreak.

Reuters - Treatment trials for Ebola strain behind Congo outbreak show promise, WHO says

Reuters;

" **Testing of experimental treatments, preventive medicines and vaccines for the Bundibugyo strain of Ebola behind Democratic Republic of Congo's ongoing outbreak is advancing rapidly**, the U.N.'s **World Health Organization said on Tuesday….."**

Reuters - Moderna begins first human trial of Bundibugyo Ebola vaccine

https://www.reuters.com/business/healthcare-pharmaceuticals/moderna-begins-first-human-trial-bundibugyo-ebola-vaccine-2026-08-04/

"Moderna on Tuesday said it has begun its first human trial of an experimental vaccine to protect against Bundibugyo ebolavirus, a strain of Ebola that has killed more than 1,650 people so far and currently has no approved vaccine. … … **The trial, which will run at three sites in Canada**, aims to enroll about 80 healthy adults to check if the vaccine is safe and triggers an immune response."

"**The work is part of an expanded partnership with the Coalition for Epidemic Preparedness Innovations, or CEPI**, which has pledged up to $50 million to help fund the vaccine's early testing and manufacturing….."

Reuters – Explainer: Why Congo's Ebola outbreak is spreading faster than previous epidemics

Reuters;

"The Ebola epidemic in Democratic Republic of Congo is on track to surpass 4,000 cases this week and has been described as the fastest spreading on record since it was officially declared in May. It is already the world's second-largest epidemic after West Africa's 2014-16 outbreak in Guinea, Liberia and Sierra Leone, when the World Health Organization recorded more than 28,000 cases and 11,000 deaths…."

"Health officials say the **current epidemic is spreading five times faster than previous outbreaks did at this stage…."**

Bloomberg - Why Congo's Record Ebola Outbreak Is Becoming Deadlier

Bloomberg;
(gated) "**The fastest-growing Ebola outbreak is becoming steadily deadlier, as too many people reach treatment only after the disease has become critical."**

"The proportion of confirmed Ebola patients dying in eastern Democratic Republic of Congo has climbed above 45% from 31% at the end of June, worsening the toll of an epidemic that's already claimed almost 1,800 lives…."

Reuters - US will nearly double financial commitment to Ebola response

Reuters;
(5 Aug) "Additional $242 million would bring direct US assistance to $512 million
Congo reports 3,874 confirmed cases and 1,751 deaths as of Tuesday
WHO says it received about 40% of its $115 million outbreak appeal last month."

"The U.S. State Department on Wednesday nearly doubled its financial commitment to the Ebola response in eastern Democratic Republic of Congo, announcing plans to provide an additional $242 million to combat the second-largest outbreak of the disease in history. **State Department spokesperson Tommy Pigott told reporters that the money would fund up to six months of activity and bring the total amount of direct U.S. assistance to $512 million."**

PS: "Aid officials have described the outbreak as the fastest-spreading Ebola epidemic ever due to its delayed detection, surveillance system gaps, armed conflict in eastern Congo and the absence of vaccines and treatments for the strain of the virus that is circulating. **French medical charity MSF said in a statement on Wednesday that the situation in eastern Congo was "more critical than ever", noting that more than five times as many deaths have been recorded in the 11 weeks since the outbreak was declared than during the same period of the 2014-2016 epidemic in West Africa** that went on to kill over 11,000 people."

- For more on the current funding situation, see Devex :

" WHO and Africa CDC have **launched a website tracking contributions.** The page says the information is self-reported, which means it may be incomplete, as some countries or organizations may choose not to report. It does not provide a breakdown of each donor, but it does show that the money's coming in trickles: **Out of a reported total pledge of $1.2 billion, only $264.4 million has been disbursed to date.**

- And via **Geneva Health Files** (re a 30 July Africa CDC briefing among others)

(Kaseya) … "**Said Africa CDC is tracking response financing through four levels to improve transparency and accountability**: Donor pledges, disbursement of funds to implementing partners, allocation of resources by implementing partners and the DRC Government, verification that funding reaches activities on the ground.

He noted that **52 implementing partners have received donor funding and emphasized that the Government of DRC remains the largest implementing partner, contributing US$50 million from its own budget and receiving approximately US$140 million from the World Bank**. Other partners, including Africa CDC, have also transferred funds directly to the government.

Said that the Africa CDC will present a detailed funding table at the next press briefing, outlining which donors funded which implementing partners and how resources are being allocated and disbursed.

"**On African financing, he highlighted that African countries have already contributed US$110 million, surpassing the initial target of US$100 million, with further commitments expected** from Algeria, Benin, and several other Member States. He expressed optimism that contributions could reach US$150 million, which would allow Africa to finance approximately 25–30 percent of the overall response, a level of African ownership he described as unprecedented.
He added that he would be visiting six countries over the next eight days to mobilize additional political and financial support."

UN News – Ebola virus reaches displacement camps in DR Congo

https://news.un.org/en/story/2026/08/1168092
(6 August) « Agencies are on high alert amid reports that the rapidly spreading Ebola Bundibugyo virus species in the Democratic Republic of the Congo (DRC) has infected 19 internally displaced people, killed five of them, according to the UN's refugee agency (UNHCR). On Friday, UNHCR confirmed that at least five of the Ituri province's 69 displacement camps have reported Ebola cases, compounding what is already a devastating outbreak."

Lancet World Report – Uganda ends Ebola outbreak but risk remains

P Adepoju; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01594-1/fulltext
"The country has managed to bring Bundibugyo virus transmission under control as the outbreak still rages in neighbouring DR Congo. Paul Adepoju reports. "

"Uganda has declared the end of its Bundibugyo virus disease outbreak, but **continuing transmission in the neighbouring DR Congo is sustaining the risk of imported cases…."**

Devex - To stop Ebola, treat malaria

Bill Steiger; https://www.devex.com/news/to-stop-ebola-treat-malaria-113067
"Malaria is masking the extent of Ebola in the Democratic Republic of Congo**. The U.S. Congress has funds available and should put them to use for mass drug administration."**

PPPR

HPW – EXCLUSIVE: Here is the 'Final Text' of UN Political Declaration on Pandemics – Although its Adoption is Far From Guaranteed

https://healthpolicy-watch.news/exclusive-here-is-the-final-draft-of-un-political-declaration-on-pandemics/

(must-read) "**United Nations member states are almost certain to break the silence on the final draft of the Political Declaration on Pandemic Prevention, Preparedness and Response (PPPR) that was sent to them recently– but likely for all the wrong reasons."**

"Armenia and Rwanda, the co-facilitators of the declaration negotiations, **put the "final" text of the declaration for the High-Level Meeting (HLM) on PPPR in September under the silence procedure on 28 July.** The silence procedure means that member states have a certain period during which to object – or break the silence – otherwise the text is regarded as agreed on. Health Policy Watch can exclusively share the **UN HLM on PPPR Political Declaration Final Text for Silence Procedure**. **However, it is unlikely to be adopted unchanged**."

Do check out what the **ideological 'red flags'** are, such as climate change, SRHR, …

"The text identifies all key problems haunting the world's pandemic preparedness, but its key weakness is its failure to provide concrete steps to address these." (on the latter, see **the Friends of the HLM on PPPR,** who list **four key gaps)**

The High Level Independent Panel HLIP Co-Chair Priorities for Urgent Action to Accelerate Financing for Ebola & Related MCM

https://nam.edu/wp-content/uploads/2026/07/The-High-Level-Independent-Panel.pdf

In case you missed this. (3-pager)

"… **on June 22, 2026, the HLIP MCM Financing Working Group met to discuss financing options for short and longer term needs in support of the ongoing outbreak of Ebola BDBV, future Ebola outbreaks, and outbreaks of related viruses like Marburg**. The group discussed financing gaps and options to accelerate regional manufacturing, advance market commitments, stockpiling, and

distribution for Ebola BDBV vaccines, rapid diagnostic tests (RDTs), therapeutics, and personal protective equipment (PPE) – with a focus on cross-species products to prepare for future Ebola outbreaks. **The HLIP co-chairs endorse the following findings and priorities for urgent action**: …."

Contexto International - Pursuing Equity: An Analysis of the Africa Group's Positions during the Negotiations of the Revised International Health Regulations and the WHO's Pandemic Agreement

Ramiro Januário dos Santos Neto et al ;
https://www.scielo.br/j/cint/a/gzMhLVb4GXZPRFCLt5sTs4S/?lang=en&format=pdf&ilang=es

« **The Africa Group has emerged as a leading voice in global health governance, advocating for equity in two key pandemic instruments: the 2024 revision of the International Health Regulations (IHR) and the WHO-led Pandemic Agreement. This study provides a review of the Group's official proposals (2022–2025) for both instruments**. It questions how – and with what objectives – they were articulated and assesses the extent to which they advance equity, especially in the sharing of health products and technologies. **Grounded in Critical Global Health Studies, we hypothesize that the Africa Group's equity demands were not fully addressed in the final texts**. We categorize the proposals into **four priority areas** and compare them to the latest drafts of these international instruments to assess incorporation. Several proposals were partially included – such as language on allocating a share of health products to developing countries and a joint financing mechanism. However, many core demands, particularly enforceable equity measures and benefit-sharing obligations, were softened, reworded, or excluded..."

Guardian - Safety fears as scientists make first viruses designed by AI

https://www.theguardian.com/science/2026/aug/06/safety-fears-as-scientists-make-first-viruses-designed-by-ai

"Researchers say breakthrough offers hope for new medicines but also raises urgent biosecurity questions."

"**Scientists have made the first viruses designed by artificial intelligence in a milestone that raises hopes for new medicines but also concerns over how to ensure the technology remains safe.**

The viruses are specific kinds known as bacteriophages, which only infect bacteria and are used around the world to treat patients with persistent infections. **In lab tests, a cocktail of the AI-designed viruses killed *E coli* bugs that were resistant to natural bacteriophages.** The ability to "rapidly design" genomes and tune them for specific bugs while overcoming resistance **could "transform phage therapy" and "expand biotechnological toolkits",** the researchers wrote in the journal **Science."**

"**But beyond the potential benefits, the scientists said the work raised "important biosafety, biocontainment and biosecurity considerations"** and urged others who were designing whole genomes to "consult both safety and security professionals throughout the project". In **an accompanying article**, Prof Tom Inglesby and Dr Moritz Hanke at the Center for Health Security at Johns Hopkins University in Baltimore, reinforced the warning, writing: "**Although this is promising for life sciences applications, it also raises urgent biosafety and biosecurity questions**. The ability to compose viral genomes using generative AI now exists; the governance to safely steer it does not."

PS: **“Tom Ellis**, a professor of synthetic genome engineering at Imperial College London**, said the work was impressive, but revealed how hard it would be to make more complex genomes**. “This is literally the smallest and easiest genome to make,” he said. An AI trained on the genetic code of dangerous bugs could be used to design more harmful viruses, Ellis said, but controlling access to genetic data and having restrictions on making genomes that look dangerous would help. “Governments are working hard to do this already,” he added. “**But honestly**,” he said**, “the threat from full AI design and writing of a genome of a virus or bacteria is very overblown when we consider that just taking existing pathogens and making gain-of-function changes to their genomes is so much easier and much more likely to be a real pathogenic threat.”…”**

Preprint -Pandemic risk in the Shared Socioeconomic Pathways

T E Lavelle, C Carlson et al ; https://www.medrxiv.org/content/10.64898/2026.07.29.26359250v1

Via **LinkedIn (C Carlson**):

“This article …. **explores visions of pandemic risk that are embedded in the Shared Socioeconomic Pathways (SSPs).** The SSPs have been used in the last decade of climate change impact research that's assessed by the IPCC. **They tell stories about different possible worlds in terms of changing social, economic, and environmental baselines**. Some of those futures imagine a world that rises to the challenge of climate change (and, maybe, pandemics!). Others... not so much.

What we do in this study is identify drivers of pandemic risk and map them onto the underlying SSP narratives, as well as quantitative tools that turn the SSPs into data products. Here's what we learned:
Food connects climate, biodiversity, and pandemics
Prevention and preparedness both matter
Some futures leave poor countries behind
It will be very hard to reduce pandemic risk…”

From the abstract**: “…. These findings suggest that pandemic risk can be understood as part of a broader polycrisis, linking climate change, biodiversity loss, and global health….”**

Malaria

NYT – An Invasive Mosquito Is Spreading With Alarming Speed, Threatening Africa’s Cities

https://www.nytimes.com/2026/08/04/us/politics/mosquito-africa-anopheles-stephensi.html

“The malaria-carrying mosquito is resistant to all insecticides. Scientists are scrambling to find ways to blunt the risk.”

“**An invasive, malaria-carrying, insecticide-resistant mosquito that thrives in cities, where malaria has not been a major threat, has moved farther and faster across Africa than even pessimistic scientists had feared. And many public health experts believe it is too late to eliminate, or even contain, it.** A new genomic analysis of the mosquito, called **Anopheles stephensi**, using specimens

collected from 10 countries, showed that those found in Africa had genetic resistance to all of the chemicals currently used in spraying campaigns and other mosquito-control efforts, meaning those insecticides will not kill it. It is moving with terrifying efficiency and speed across flat, open, windy terrain, pushing westward to Ghana and south through Kenya, from its initial arrival on the continent in Djibouti in the Horn of Africa more than a decade ago…. .. the **new analysis was published in the journal Science."**

"**This mosquito alarms health experts because, unlike the species that historically spread malaria in Africa, it thrives in urban as well as rural areas, and is not deterred by dry seasons**. This means that **malaria, already one of the top killers in Africa, could become a grave problem in megacities such as Lagos and Kinshasa**, each of which are home to about 20 million people….."

World Breastfeeding week

UN News – Mothers still lack support to breastfeed, UN warns

https://news.un.org/en/story/2026/08/1168065

See also Monday morning's IHP newsletter catch-up issue. **"Breastfeeding rates are rising worldwide, but millions of mothers and families still lack the services and protection they need to feed their babies safely, the UN has warned.** Health systems, workplaces and communities must do more to support mothers and newborns, **children's agency UNICEF and the World Health Organization said, calling for stronger counselling, maternity protections and tougher safeguards against the marketing of breastmilk substitutes. "**

"The appeal comes **as countries mark World Breastfeeding Week from 1 to 7 August**, under the **theme *Breastfeeding for a Sustainable Start in Life: Strengthen What Works*. …"**

"… **Scaling up breastfeeding could prevent almost 400,000 child deaths and around 140,000 maternal deaths each year**, the agency chiefs said. …"

- And a link: Global Investment Case for Improved Breastfeeding

"**The analysis puts the annual cost of not breastfeeding at $339 billion, or 0.32 per cent of global gross national income**, driven by 383,000 avoidable child deaths, 138,000 avoidable maternal deaths, 58 million lost years of education and 168 million unrealized IQ points each year. **Left unaddressed, these losses are projected to exceed $3 trillion over the next decade."**

"**The report models three intervention packages against 88 high-burden countries: a core health system package** (breastfeeding counselling and the Baby-Friendly Hospital Initiative), **a package that adds mass media campaigns and Code enforcement, and a full system package that also includes paid maternity leave and workplace support**. Scaling any of these packages to 75 per cent coverage by 2035 generates strong returns, from $27 to $59 for every $1 invested, with the fullest package projected to avert up to 263,000 child deaths and $357 billion in economic losses over ten years…."

More on Maternal, neonatal & child health

IPS (Opinion) – Female Genital Mutilation: Winning the Argument, Losing the Funding

By Inés M. Pousadela; https://www.ipsnews.net/2026/08/female-genital-mutilation-winning-the-argument-losing-the-funding/

"… **FGM is in retreat across most of the countries where it is practised, the result of decades of campaigning** by survivors and community organisations. **But holding that ground is becoming harder, as the money supporting those campaigns dries up and a resurgent anti-rights movement works to recast FGM as a traditional practice under foreign attack…."**

"... **The tactics that drove three decades of progress are now being starved of funding, with budget cuts falling hardest on the survivor-led and grassroots groups that are most effective but always face the toughest struggles for support**. Funding for the Joint Programme fell from US$29.6 million in 2024 to US$16.3 million in 2025. The dismantling of USAID removed the largest single source of civil society funding worldwide, and total US foreign aid halved in a year. The UK, once the biggest funder of FGM prevention, is winding down its flagship programme with no replacement, so it can spend more on weapons…."

SS&M – Indicator menus: Intentional reorientation in global maternal and neonatal health measurement

Jil Molenaar et al;

https://www.sciencedirect.com/science/article/pii/S027795362600701X?dgcid=author

"**There is strong impetus for internationally standardized measurement for maternal and neonatal health (MNH) to facilitate global benchmarking and accountability. Recent funding cuts have sharpened debates about whose priorities should guide measurement and what role international-level actors should play.** This qualitative study combined observations and 24 semi-structured interviews in 2023-2025 with experts across multilateral agencies, bilateral donors, academia, and philanthropic organizations to **explore how global-level MNH measurement actors understand challenges of indicator standardization and prioritization amid shifting funding and governance dynamics.** Our findings show **a field grappling with an appetite for increasingly comprehensive measurement which has outpaced feasibility and local relevance. The expansion from mortality and coverage indicators to quality-of-care measurement represents progress to many, but has also generated indicator proliferation and 'overloaded plates'. Underlying this are deeper questions of purpose and power: global MNH measurement was widely perceived as designed primarily to serve upward accountability rather than local decision-making**. Interviewees proposed **indicator menu approaches** – curated but selectable sets of indicators from which countries choose based on their own priorities and capacities – as a **meaningful step towards contextualisation and flexibility, while acknowledging that menus alone do not alter the accountability architecture within which measurement operates**. Funding disruptions exposed the structural fragility of donor-dependent measurement systems and were viewed with cautious optimism as a potential catalyst for reorientation…"

Lancet Digital Health – Navigating the promise and pitfalls of dashboards in health policy decision making: experiences from Ghana, India, and South Africa

Luxsena Sukumaran et al; https://www.thelancet.com/journals/landig/article/PIIS2589-7500(26)00006-3/fulltext

"Dashboards and other interactive web-based data visualisation tools are increasingly being developed to inform health policy at global, national, and subnational levels. Dashboards aim to make policy-relevant data accessible to support decision making, priority setting, policy development, implementation, and monitoring and evaluation for those responsible for these functions. However, evidence on how well dashboards fulfil these functions is scarce. **In this Viewpoint, we explore the development of dashboards on topics related to children's health and experiences of actors using dashboards in Ghana, India, and South Africa…."**

NCDs

Lancet Letter – The Year of Neglected Cardiac Diseases

J Narula et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01157-8/fulltext

"**Of more than 600 million people living with cardiovascular disease, an estimated 100 million, about one in six, live with conditions readily treated in high-income countries but still killing children and young adults elsewhere** (appendix). Medicine has developed the tools and interventions to prevent, diagnose, and treat many of these conditions. However, the world has not made them equitably available. **At the 11th World Heart Summit (Geneva, May 17–18, 2026), the World Heart Federation declared 2026 the Year of Neglected Cardiac Diseases.**
Four overlapping clusters illustrate the scale…"

Commercial Determinants of Health

WHO Bulletin – Application of tobacco control experience to alcohol consumption measures

Prashant Kumar Singh et al;
https://pmc.ncbi.nlm.nih.gov/articles/PMC13318377/pdf/BLT.25.294093.pdf

"…. Despite compelling evidence that alcohol is a leading risk factor for premature death and disability, **few LMICs include comprehensive alcohol control policies in their public health agenda**. This gap between evidence and policy is critical because evidence-based interventions could decrease the alcohol-attributable disease burden by up to 30% within a decade. **We conducted a policy analysis to synthesize evidence from low- and middle-income countries and propose a comprehensive multicomponent framework for alcohol control adapted from experience with tobacco control**. Documented achievements show that **simultaneously integrating alcohol control into the existing health-care system, introducing regulation, and building institutional capacity can**

reduce consumption and generate substantial economic returns. However, interference from the alcohol industry in policy, mirroring the historical approach of the tobacco industry, underscores the **need for explicit protections**. Evidence-based **recommendations on implementing alcohol control policies** are presented for international agencies, national governments, health-care systems and civil society. These recommendations also draw on global lessons from the World Health Organization's Framework Convention on Tobacco Control. **Today, the convergence of robust scientific evidence, proven interventions, successful implementation models and growing political support present an opportunity to advance alcohol control in low- and middle-income countries. The question is not whether comprehensive alcohol control is feasible in resource-constrained settings but whether the global health community will act decisively on the evidence available…."**

BMJ - The arms industry as a commercial determinant of health in the Middle East: a call for research

J Makhoul et al; https://gh.bmj.com/content/11/8/e022837

"Public health research has mostly focused on firearm injuries in high-income contexts, leaving the broader arms industry largely unexamined. **Little is known about the public health impacts of weapons production and trade, especially in the Middle East."**

"This paper highlights the arms industry as a neglected commercial determinant of health beyond the narrow focus on firearms, identifying key pathways through which militarisation and weapons trade affect public health and the environment. Global health research needs to decentralise and recalibrate priorities by **examining the arms industry as a commercial determinant of health** through multidisciplinary, context-specific studies especially in conflict-affected regions such as the Middle East…."

Planetary Health

Bloomberg - China Signals Nation Is Ready to Lead Global Climate Action

https://www.bloomberg.com/news/articles/2026-07-29/china-signals-nation-is-ready-to-lead-global-climate-action

"China signaled it plans to take a more important role in steering the global campaign to tackle climate change, as officials offered further details on strategy to mitigate and adapt to rising temperatures."

"**The nation "will constructively lead the multilateral governance process to address climate change**," said a 15th five-year plan published by the Ministry of Ecology and Environment, the National Development and Reform Commission, and other key agencies. "**China's influence, guiding capacity, shaping power and moral appeal in global climate governance will be significantly enhanced" through 2030, according to the document** issued Monday, the latest in a torrent of policy strategies setting out the fine details of plans to meet climate and energy targets…."

"**The language reflects a recent shift from China's previous positioning, when the nation** — the world's largest source of greenhouse gas emissions — **had described itself in official documents "as a participant, contributor and leader" in global climate efforts…."**

- But see also **Climate Change News – China's coal power rebounds as record clean energy goes to waste**

"Long-term contracts guarantee coal plants buyers regardless of demand, crowding out renewables, report finds."

Climate Change News - Santa Marta coalition tested as co-chair Colombia turns back to fossil fuels

https://www.climatechangenews.com/2026/08/05/santa-marta-coalition-tested-as-co-chair-colombia-turns-back-to-fossil-fuels/

"**Despite a leadership gap, outgoing environment minister Irene Vélez Torres says the anti-fossil fuel coalition can "live without Colombia"."**

"Leaders of the Santa Marta coalition – a group of governments, businesses and civil society organisations seeking to transition away from fossil fuels **– hope it can withstand the loss of one of its founding members as a far-right, pro-fossil fuel government takes office in Colombia this week…."**

Guardian – Revealed: major oil firms make $93bn profits amid war and climate crisis

https://www.theguardian.com/business/ng-interactive/2026/aug/04/revealed-major-oil-firms-make-93bn-profits-amid-war-and-climate-crisis

"Iran conflict windfall over three months reignites calls for companies 'cashing in on human misery' to pay for environmental damage."

"**Eight of the biggest oil companies amassed profits of more than $90bn (£67bn) in just three months** as the Iran conflict sent energy prices soaring and the emissions-fuelled climate crisis caused deadly heatwaves. The **windfall war profits have reignited calls for oil and gas supermajors such as Saudi Aramco and BP to pay for the environmental damage caused by "cashing in on human misery" and fund a rapid transition to renewable energy.** Guardian analysis found that the eight listed oil producers made almost $93bn (£69bn) in the three months to the end of June – the first full financial quarter after the US-Israeli war on Iran triggered a surge in global oil prices to highs above $126 a barrel…."

Lancet Editorial – Wildfires: a health emergency

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01593-X/fulltext

This week's Lancet Editorial. For obvious reasons.

"**There is a growing evidence base around both the short-term and long-term impacts of wildfires on health**. … … Recognition of **the wildfires as a health emergency**—not only in Europe, but globally—also matters in the broader struggle over the climate crisis. …."

CGD (blog) - Taxing Natural Gas Emissions, Saving Lives: What the Evidence Shows

M Plant; https://www.cgdev.org/blog/taxing-natural-gas-emissions-saving-lives-what-evidence-shows

"Every year, oil and gas producers burn off, or "flare," vast quantities of natural gas instead of capturing and using it, because its value is ignored and the cost of capturing it can exceed the penalties for flaring. In 2025 alone, global gas flaring reached 167 billion cubic meters, the highest level since 2019 and the third consecutive annual increase. Total atmospheric release is much higher because **natural gas, mostly methane when unburnt, is also vented**, that is released directly into the atmosphere. **Flaring and venting are significant sources of greenhouse gases and carry profound climate, environmental, and public health consequences."**

"**Taxing or penalizing gas flaring and venting at levels that change company behavior can cut methane emissions, raise government revenues, and improve the health of people living nearby: three wins from one fiscal lever**. This is one of the more promising climate-and-development ideas around, and so we have begun a project to knit together the evidence and policy recommendations needed to make the case for concerted actions…."

"… **The health literature review is the project's first published piece**, and it deserves attention, because the health case turns out to matter as much as the fiscal one…"

- See **CGD (Case study): Health Impacts of Natural Gas Flaring: A Literature Review of Nigeria, Iraq, and Brazil**

"Across these contexts, **the literature consistently links exposure to gas flaring emissions with increased risks of** respiratory illness, cardiovascular disease, carcinogenic and cellular damage processes, haematological and immunological dysfunction, endocrine and metabolic disorders, renal impairment, and adverse maternal, neonatal, and child health outcomes."

Migration & Health

HPW – Zimbabweans Fleeing Xenophobia in South Africa Battle to Get HIV Medicine Back Home

https://healthpolicy-watch.news/zimbabweans-fleeing-xenophobia-in-south-africa-battle-to-get-hiv-medicine-back-home/

"…. Access to ARV treatment in Zimbabwe has grown more difficult since talks between the United States and Zimbabwe on future US aid for HIV and other health services broke down in February, jeopardising the HIV treatment of some 1.2 million people reliant on US aid. **A recent**

study also projects that approximately 75,000 Zimbabweans will contract HIV within a year if there is a complete withdrawal of the US President's Emergency Plan for AIDS Relief (PEPFAR)…."

Lancet Regional Health Africa – Xenophobia is a public health emergency: organised exclusion and the failure of Universal Health Coverage in South Africa

J Nyasulu et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00104-5/fulltext

"**Universal Health Coverage (UHC)—**a commitment to ensuring that all people can access quality health services without suffering financial hardship—is endorsed in South Africa through the Sustainable Development Goals (SDGs) and embedded in law through the **National Health Act.** Yet the **country's progress toward that goal is being undermined from two directions: by legislation that restricts migrant access to care, and by organised anti-migrant movements that physically obstruct access to health facilities**. For migrants, asylum seekers, and refugees—populations with constitutional entitlements to the same healthcare as South African citizens—**the gap between the promise of UHC and lived reality continues to widen….."**

"….Addressing these challenges requires three key actions: revising the NHI Act and 2026 White Paper to ensure essential healthcare access for all migrants, asylum seekers, and undocumented persons; criminalising xenophobic violence; and integrating migrant health into national health information systems while protecting health data from immigration enforcement. South Africa cannot achieve UHC while allowing exclusionary policies, ignoring court rulings, and permitting obstruction of healthcare access**. Without urgent action, xenophobia will continue to undermine progress toward UHC."**

Access to Medicines, Vaccines & other health technologies

BMJ News – "Fridge-free" vaccine for tetanus-diphtheria shows promise in first human trial

https://www.bmj.com/content/394/bmj-2026-100517

"**A tetanus-diphtheria vaccine that can be stored at room temperature** has shown promising early results in a development hailed as a potential "game changer" for global health…."

PHM – Public Pharma case studies

https://phmovement.org/public-pharma-case-studies

"…**The case studies presented in this collection demonstrate how the Public Pharma principles are translated into practice across different national contexts**. Sweden's Apotek Produktion & Laboratorier (APL) illustrates how a state-owned pharmaceutical company can address unmet health needs by producing essential medicines and specialized products neglected by the market. In Brazil, Lafepe highlights the critical role of Official Pharmaceutical Laboratories in supporting the Unified Health System (SUS), ensuring access to essential medicines, and strengthening domestic production capacities. The Bio-Manguinhos messenger RNA platform further showcases how publicly led

research and innovation can build technological sovereignty, expand regional capacity for vaccine development, and improve preparedness for future public health emergencies….”

Miscellaneous

Lancet World Report – HIV care suffers under Senegal anti-gay law

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01595-3/abstract

“The introduction of harsh penalties for same-sex relations has created a climate of fear that is severely disrupting HIV services. Gilbert Nakweya reports.”

Lancet Letter - Critical perspectives on GBD 2023 estimates – Authors' reply

Simon Hay, C Murray et al. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00869-X/fulltext

Important Discussion. Among others reacting to two must-read Letters (by M Bibas et al & Akhona Victress Mazingisaa et al), re respectively **conflict & war, and WASH.**

“Their Correspondences highlight **the importance of distinguishing between causes of health loss, quantified risk factors, and broader structural determinants within GBD**…..” “**Across all three Correspondences, the central issue is interpretation.** GBD is designed to generate internally consistent estimates of causes and quantified risks across time, place, and population groups. It is not a complete model of every upstream social or political determinant, nor should rank position be read as a complete statement of moral or policy priority. The purpose of GBD is to make health loss visible, comparable, and open to scrutiny.”

Global health governance & Governance of Health

Revista Internacional Em Língua Portuguesa - China’s role in global health governance: a comprehensive analysis of health diplomacy through the cases of Mozambique and Angola

A R Santiago; https://www.rilp-aulp.org/index.php/rilp/article/view/576

“**This article examines China’s role in global health governance through a comparative analysis of its health diplomacy in Mozambique and Angola**. Responding to debates on the Health Silk Road, vaccine diplomacy and China-Africa cooperation, **the article asks how Chinese health initiatives operate simultaneously as instruments of global health cooperation and as mechanisms of diplomatic influence.** …. **The comparison shows that Mozambique illustrates a cooperation model centred on medical missions, emergency health support and large- scale hospital infrastructure, whereas Angola illustrates a more integrated model linking health cooperation to post-conflict reconstruction, technological modernization and economic partnership**. The findings suggest that China’s health diplomacy produces tangible benefits for recipient countries, including infrastructure,

medical supplies, training and crisis response capacity. However, these benefits coexist with risks related to transparency, sustainability, policy autonomy and asymmetric dependence. The article contributes to the literature by **showing how Chinese health diplomacy in Portuguese-speaking African countries should be understood neither as purely humanitarian cooperation nor as purely geopolitical strategy, but as a hybrid form of health governance in which public health, development finance and foreign policy are closely intertwined…."**

Thailand to host Third WHO Global Summit on Traditional Medicine in 2027

https://www.who.int/news/item/05-08-2026-thailand-to-host-third-who-global-summit-on-traditional-medicine-in-2027

"Thailand has been selected to host the Third WHO Global Summit on Traditional Medicine in 2027, marking a major international recognition of the country's leadership in traditional and complementary medicine. …"

CGD (blog) - Four Priorities for the UK's New Foreign Secretary

Ian Mitchell; https://www.cgdev.org/blog/four-priorities-uks-new-foreign-secretary

"**The UK's new Prime Minister Andy Burnham has announced his ministerial team. Ed Miliband has been appointed foreign secretary, and Kirsty McNeill development minister**. While the development minister will no longer attend cabinet meetings (a move that has drawn criticism from development advocates), **the foreign secretary is "taking personal leadership of the UK's engagement on development and climate finance" as governor to the World Bank. The next three years could be among the most important for UK foreign policy in decades. Against a backdrop of conflict and geopolitical rivalry, the UK will chair both the G20 and G7. …**

"… **His first priority then, should be to make the case to No10 and No11 that international development is an important tool which (alongside defence and diplomacy) must be properly resourced to support security**—and he will need to win that argument in the coming spending review. **Here, we set out that case and three other immediate ambitions Ed Miliband should pursue in his new role:**

"1. Restoring resources for (and confidence in) international development… 2. Re-focusing aid on Africa…. 3. Making non-aid resources count…. 4. A renewed multilateralism…"

Devex (Opinion) - If the UK wants credibility in the Commonwealth, it should start with debt

P Ferguson; https://www.devex.com/news/if-the-uk-wants-credibility-in-the-commonwealth-it-should-start-with-debt-113060

"If the U.K. wants to rebuild credibility with Commonwealth countries, debt reform is where it has the greatest power to act."

"… With the **Commonwealth Games wrapped up in Glasgow last week**, I have been reflecting on the kind of Commonwealth we need to face the global challenges now and ahead. **In order for it to be an even stronger alliance, we need to address global debt."**

… **Today, 1 in 3 Commonwealth countries are in debt crisis**. With **English law governing much of the world's sovereign debt and the U.K. set to chair the Group of 20 major economies bloc in 2027**, debt relief could do more to restore trust than rhetoric alone. …"

"… **How?** Firstly, the U.K. can play a positive role in championing a reform of global financial architecture through its upcoming G20 presidency, with calls for a permanent U.N. system to stop crises from reoccurring. … …. Secondly, the U.K. is unique, in that 90% of sovereign bond debt owed by the world's poorest countries is governed by English law and enforceable in U.K. courts. Private creditors may be either dragging their feet in negotiations or using the threat of legal action to stop debt relief from happening…."

Global health financing

ODI (Briefing/Policy paper) - What makes finance ministry officials tick

https://odi.org/en/publications/what-makes-finance-ministry-officials-tick/

"**A survey of 142 finance ministry officials across low- and middle-income countries** reveals how they navigate competing budget demands, and who they believe really holds influence over spending decisions."

Key messages:

"… Finance ministry officials are not narrowly focused on austerity - they show consistent support for social spending and equity-enhancing investment.

Officials balance short-term fiscal pressures against longer-term development priorities.

They don't see themselves as the dominant actor in resource allocation - sector ministries, heads of government and external actors all play a role.

Civil society organisations are perceived as significantly influential in budget decision-making.

Development partners, particularly the World Bank and IMF, are also seen as wielding considerable influence.

The findings offer practical insight for CSOs and development partners looking to engage finance ministries strategically and effectively."

Health Economics review - Beyond spending: nonlinear impacts of health financing and out-of-pocket costs on mortality in Africa

D Folitse et al; https://link.springer.com/article/10.1186/s13561-026-00811-2

Findings: "**Public health spending was associated with lower mortality across Africa, with the steepest reductions below approximately US$80 per capita and diminishing returns thereafter. Out-of-pocket (OOP) spending modified these returns: OOP burdens below 15% of total health expenditure strengthened the estimated mortality benefit of public investment by about 60%, whereas burdens above 40% substantially eroded it.** Regionally, the spending–mortality association was strongest in Central, Eastern, and Western Africa, but weaker in Southern and Northern Africa, where age dependency and governance quality were more prominent predictors. The expenditure–OOP interaction was most pronounced in Eastern Africa…."

UHC & PHC

WHO - Health Financing Progress Matrix assessment, South Africa 2025: summary of findings and recommendations

https://www.who.int/publications/i/item/9789290316046

Check them out.

HSG (blog) - Rethinking blended financing for primary healthcare

https://healthsystemsglobal.org/news/rethinking-blended-financing-for-primary-healthcare/

Part 3 of a three part blog series. (we already flagged part 1 in an earlier newsletter).

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

PS: Part 2: Digital innovation for primary health care: aligning public–private partnerships for scale, trust and public good

HSG (blog) - From evidence to action: rebuilding the bridge for primary health care reform in Asia

https://healthsystemsglobal.org/news/from-evidence-to-action-rebuilding-the-bridge-for-primary-health-care-reform-in-asia/

"…. policymakers, researchers, implementers, and development partners from six countries in the region and other key contributors gathered at the Saw Swee Hock School of Public Health, National University of Singapore, on 9-10 December 2025 for the Regional Roundtable on Strengthening Primary Health Care Through Evidence-Informed Policy and Practice. Co-hosted by Results for Development, Saw Swee Hock School of Public Health, National University of Singapore, the Asia Pacific Observatory, and Sustainable Health Innovations Singapore, **the dialogue asked how health policy and systems research can align with policy cycles, implementation realities, and reform agendas so evidence shapes PHC decisions in real time."**

"The roundtable brought together perspectives from **Bangladesh, India, Indonesia, Pakistan, the Philippines, and Singapore**. …"

Pandemic preparedness & response/ Global Health Security

Global Security: Health, Science and Policy - Interventions to maintain HIV/AIDS, TB and malaria service delivery during public health emergencies in low- and middle-income countries: a systematic review

Steven N. Kabwama et al; https://www.tandfonline.com/doi/full/10.1080/23779497.2026.2693349

"... Interventions included modifying existing policies, introducing new policies, and maintaining facility-based services. Modifying existing policies involved leveraging existing platforms for service delivery (e.g. using telehealth to conduct pre-exposure prophylaxis consultation), modifying existing logistics operations systems (e.g. private pharmacies to distribute ART), combining operational workflows (e.g. integrating TB screening and diagnosis into response) and scaling up self-care (e.g. HIV self-testing). New interventions included population-based interventions (e.g. mass administration of antimalarials) and policy-level interventions (e.g. removing user fees)…."

Annals of Global Health - Climate Change as a Health Security Threat in Pakistan: Preparing Health Systems for Extreme Events

https://annalsofglobalhealth.org/articles/10.5334/aogh.5294

By Tayyab Mansoor Akhtar et al.

Planetary health

Climate Change News – Quarter of countries still missing UN climate plans 18 months after deadline

https://www.climatechangenews.com/2026/08/06/quarter-of-countries-still-missing-un-climate-plans-18-months-after-deadline/

"Egypt, Vietnam, Argentina and the Philippines are among the 45 nations which have breached the Paris Agreement by not submitting their climate plan to the UN."

World Bank (report) – A Livable Future : Protecting Jobs and Growth from Extreme Heat in South Asia's Cities

https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099072226125517919

Related **WB Voices blog**: Extreme heat is a jobs crisis—South Asia's cities can't afford to wait.

"A **new World Bank report**, ***A Livable Future: Tackling Extreme Heat for Jobs and Growth in South Asia's Cities***, finds that increasing heat strains infrastructure, disrupts businesses, reduces jobs, and erodes productivity and incomes, particularly for those who can least afford it. **Managing extreme heat is no longer just a climate imperative. It has become central to South Asia's jobs and growth agenda…."**

Lancet Planetary Health (Review) – Radical, transformative, or decolonial? A systematic review of The Lancet Planetary Health's progress on embracing Indigenous Peoples' knowledge systems

Kathryn Stone et al; **https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00049-5/fulltext**

"We conducted a systematic review of all articles published in The Lancet Planetary Health up to October 2025, to **assess the recognition and integration of Indigenous knowledge systems**. 1137 of 1172 articles reviewed contained no Indigenous research features or perspectives. Although the number of articles engaging with Indigenous knowledge systems has increased over time, these publications are predominantly commentaries, with relatively few original research articles. The Lancet Planetary Health was launched with the aim of informing a "radical civilisational transformation". **Based on the findings of this systematic review, we suggest that decolonising planetary health science should be integrated into this civilisational transformation…."**

Lancet Planetary Health – Growth dependence of welfare states: a semi-systematic review of drivers and policy responses

https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00064-1/fulltext

Review by M Büchs et al.

"…. The Review identified **key drivers** that the literature suggests, such as the growth dependence of employment and related welfare funds, rent extraction and for-profit provisioning, increasing inequality, ageing societies, political power of vested interests, and environmental impacts. **Policies proposed as responses to these drivers** include maintaining employment without growth, using less growth dependent revenues, restricting rent seeking and political power of vested interests, implementing predistributive and redistributive policies, implementing preventive health-care approaches, and mitigating climate change. **We argue that a more holistic assessment of policies should consider the interaction between the supply of welfare funding and demand for welfare spending**. Finally, we summarise **views in the literature on whether welfare state growth independence can be achieved within a capitalist system."**

Lancet Planetary Health (Viewpoint)- Theory of change for building stronger wildlife health surveillance systems globally

Liz P Noguera et al; https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00059-8/fulltext

« **Emerging and re-emerging infectious diseases affecting wildlife have highlighted the need for wildlife health surveillance (WHS), given the interconnected role of wildlife in maintaining the health of natural resources, agriculture, and human populations**. Although global policies and guidelines exist, a key gap remains in the implementation of WHS systems at local and national levels. A working group of local, national, and global stakeholders in WHS was established to address this gap. **In this Viewpoint, we report a theory of change (ToC) developed to support implementation of WHS from local to global scales. …"**

Science News – Global warming is coming for the countryside

https://www.science.org/content/article/global-warming-coming-countryside

"Pioneering study projects rural heat will edge closer to city swelter."

Excerpt: "The ECMWF team zoomed in on 200 cities in four climatic regions: cold, arid, temperate, and tropical. The results, published in June in ***Geophysical Research Letters***, led to a surprising conclusion: **By 2050, whereas cities on average remained hotter than the countryside nearby, "the rural surroundings of cities warmed up faster**," says Xabier Pedruzo-Bagazgoitia, the study's lead author. **Except in cold regions, the urban heat island effect was weakening…."**

Covid

Nature - COVID can wake up a slew of dormant viruses inside you

https://www.nature.com/articles/d41586-026-02443-2?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=63101493

"Reactivation of typically harmless anelloviruses, in particular, seems to be linked with developing long COVID, study finds."

Infectious diseases & NTDs

HPW - Scientists Warn Drug-Resistant Malaria Mutation Is Spreading Across Lake Victoria Basin

https://healthpolicy-watch.news/scientists-warn-drug-resistant-malaria-mutation-is-spreading-across-lake-victoria-basin/

"… **A study published in Frontiers in Genetics has detected genetic mutations associated with partial resistance to artemisinin in northwestern Tanzania**, raising concerns that the parasite could gradually become less responsive to one of the world's most effective malaria medicines if its evolution is not closely monitored. … … "**What this study shows is that the parasite is changing. We are seeing resistance-associated mutations in areas where they were previously uncommon, and that's an early warning that we need to take seriously." "**

PS: "**Unlike routine malaria surveillance, which records infections and treatment outcomes, genomic surveillance looks inside the parasite's DNA, allowing scientists to detect mutations years before patients begin failing treatment**. That early warning can give countries time to strengthen surveillance while existing medicines are still working. Researchers point to Southeast Asia as a reminder of why that matters…."

NCDs

Lancet Public Health (Editorial) - Accelerating action on road safety

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00170-2/fulltext

"… **Recent global attention on the issue with a public health focus is therefore welcome. On July 20–21, leaders, ministers, and experts gathered at the UN headquarters in New York, USA, for the first High-Level Meeting on Improving Global Road Safety.** They aimed to accelerate progress towards the goal of halving road deaths and injuries by 2030, agreed in the UN Decade of Action for Road Safety 2021–2030 and the Sustainable Development Goals. **The resulting UN Progress Declaration on Improving Global Road Safety emphasises that road traffic injuries are a major public health, development, and equity challenge, disproportionately affecting vulnerable road users**. The agreement **calls for increased implementation of the Safe System approach**, which recognises that human error is inevitable and therefore seeks to design roads, vehicles, speed limits, and post-crash care so that mistakes do not result in fatal or serious injury."

"… **The New York meeting largely reaffirms commitments made at the Fourth Global Ministerial Conference on Road Safety in Marrakech, Morocco, in 2025 and its resulting Marrakech Declaration. The challenge is no longer defining what should be done, but ensuring these repeated commitments now translate into measurable reductions in deaths rather than another cycle of unfulfilled promises.** As the 2026 UN Secretary-General's report on improving global road safety emphasises, progress depends on institutionalising road safety through effective and strategic planning, sustainable financing, measurable targets, and partnerships across government, civil society, the private sector, and local communities…."

Plos Med – Adherence to medications, lifestyle advice, and self-monitoring for type 2 diabetes and hypertension in sub-Saharan Africa: A systematic review, meta-analysis, and interactive network analysis

Angeliki Apostolou et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005189

« … Education, self-efficacy, and social support emerged as cross-cutting determinants most consistently associated with adherence. …"

Frontiers in Health Services - Using implementation science for WHO noncommunicable disease technical packages in low-and middle-income countries: a scoping review

https://www.frontiersin.org/journals/health-services/articles/10.3389/frhs.2026.1816601/full

By I Kataria et al.

Guardian - Study finds three midlife health factors that could delay dementia for 13 years

https://www.theguardian.com/society/2026/aug/05/midlife-health-factors-delay-dementia-study

"**Research suggests addressing risk factors for poor cardiovascular health between the ages of 45 and 65 could help reduce risk of cognitive decline." " Having normal blood pressure, no type 2 diabetes, and not smoking between the ages of 45 and 65** were associated with almost 13 additional years, on average, of dementia-free life, a study shows….."

"The research also suggested that, **no matter how many risk factors people had, women lived longer without dementia than men, and that white people had more dementia-free years than black people.** The findings were published in the **medical journal Neurology….."**

Mental health & psycho-social wellbeing

Global Health, Epidemiology and Genomics - Over Three Decades of Mental Health in Sub-Saharan Africa: An Analysis of GBD Data From 1990 to 2023

https://onlinelibrary.wiley.com/doi/10.1155/ghe3/5570226

By Basile Njei et al.

Adolescent health

Global Public health - Faith actors and social norms shifting for adolescent health: A scoping review in Sub-Saharan Africa and South Asia

Rebecka Lundgren et al; https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2712123

"This paper presents findings from a 2024 scoping review of peer-reviewed and grey literature (2014–2024) examining how faith actors contribute to shifting norms and improving health and livelihood outcomes for adolescent girls and young women…"

Access to medicines & health technology

Nature Africa (Comment) - A new chapter for African medical innovation

https://www.nature.com/articles/d44148-026-00223-8

"The registration of a new sleeping sickness medicine illustrates how African scientists are helping to reshape every stage of drug development, from discovery to delivery."

"**Last month, the Democratic Republic of the Congo (DRC) registered a breakthrough new medicine for human African trypanosomiasis**, known commonly as sleeping sickness and a devastating neglected parasitic disease that has claimed millions of lives across Africa over the past century…."

D+C – Zambia's health insurance dispute leaves patients stranded

D Silimina; https://www.dandc.eu/en/article/nowadays-zambia-health-insurance-dispute

"**A payment dispute between Zambia's national health insurer NHIMA and private healthcare providers is leaving patients without medicines or treatment**. For many, the conflict is becoming a serious problem."

Human resources for health

BMJ GH - Mapping the conceptualisation, contributing factors and interventions of moral distress among healthcare providers in Africa: a scoping review

https://gh.bmj.com/content/11/8/e023358

By Joyline Jepkosgei, S Mollyneux et al.

Decolonize Global Health

Decolonizing Global Health: Why "Capacity Building" Often Means Something Else Entirely

M Mitchell; https://ubuntuvillageusa.org/decolonizing-global-health-capacity-building/

"When we say "capacity building," sometimes we mean "teaching communities to want what we want to give them.""

"Decolonizing global health is not a rebrand. It is not a more culturally competent version of the same intervention. It is a reckoning with a question that most global health institutions are not yet ready to ask: **whose knowledge counts — and who decides?.."**

AI & health

Devex - AI is a 'lifeline' for low-income countries, World Bank says

https://www.devex.com/news/ai-is-a-lifeline-for-low-income-countries-world-bank-says-113061

"A new World Bank report says AI could accelerate development across low- and middle-income countries, but gaps in infrastructure, data, digital skills and governance risk leaving many behind. Artificial intelligence could have a revolutionary effect on low-income countries' ability to develop swiftly and efficiently, **a flagship World Development Report on AI from the World Bank** says. But it warns that while low- and middle-income countries have the most to gain from AI, they are, by and large, the ones least prepared to take advantage of it…."

Papers & reports

Lancet Global Health – August issue

https://www.thelancet.com/journals/langlo/issue/current

Most articles were already online before, but a very rich issue.

WHO Bulletin – August issue

https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+8%5BIssue%5D

"In the **editorial section**, Tara Ballav Adhikari et al. introduce WHO' s treatment guidance for asthma and chronic obstructive pulmonary disease. **Flavio Salio et al. call for research on preparation of the health workforce needed for emergency response."**

- For the latter, see **WHO Bulletin – Preparation of an emergency-ready health workforce; a call for papers** (by Flavio Salio , Ihekweazu C. et al)

"… Drawing on the WHO global health emergency corps framework, **four interrelated dimensions illustrate the main weaknesses that must be addressed. …"**

Journal of Global Health Law – July issue

https://www.elgaronline.com/view/journals/jghl/jghl-overview.xml

Start with the Editorial for an overview of the articles in the issue.

"The current issue covers a **broad range of Global Health Law topics**, including underresearched areas such as mental health, and the growing regulation of chemicals for public health purposes, as well as innovative perspectives on fields like Universal Health Coverage and the Sustainable Development Goals; climate change; and **multiple aspects of the Pandemic Agreement and the 2024 amendments to the International Health Regulations (IHR), including challenges in how to properly frame digital sequencing information (DSI) in those instruments…"**

National Academies of Sciences, Engineering, and Medicine : Approaches for Transitioning from Disease-Specific Programs to Integrated, Country-Led Health Care Systems: A Rapid Expert Consultation.

Rifat Atun et al ; https://www.nationalacademies.org/read/29515/chapter/1

Via J Ratevosian (on LinkedIn): "At the **U.S. Department of State**'s request, the **The National Academies of Sciences, Engineering, and Medicine** examined the **shift from disease-specific programs toward integrated, country-led health systems.**

The **core takeaway**: **transition is a deliberate process**, not a single handoff. **Success should be measured by health outcomes, quality, access, accountability, and resilience, not by how quickly services are integrated…."**

Critical Public Health - Theorising global health promotion: a critical health citizenship framework

Catriona Ida Macleod; **https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2690716**

"Global health promotion aims to enhance transnational health equity. As such, borders, movements of people or pathogens across national borders, and fairness or justice in health sit at the core of global health promotion. **In this paper, I present a critical health citizenship framework aimed at conceptualising transnationality in relation to health equity. …."**