IHP news 893 : Taking a few weeks off

*(**14 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,

*First a short "message from the house": IHP is about to go on holidays for a few weeks. Stay tuned for the **next issue somewhere early September** (probably a big catch-up issue).*

In this week's issue, you find among others some of the usual **updates on global health governance and financing,** including important **new work from CGD on the World Bank and Global Health Financing.** Sadly, the Gates Foundation ignored our gentle hint from last week, and decided to splash out again on IHME "**with a landmark 10-year investment"** (*over half a billion, pocket money for Bill)* :) Although the fine print is no doubt an improvement over the Gates/IHME collaboration in the MDG era, I wonder how this rhymes with the 'new paradigm towards more health sovereignty' and other "Accra Resets", but hey, that's just me. Speaking of the **Accra Reset**, many of us are already looking forward to the **High-Level panel recommendations**, set to be released in the coming weeks, ahead of UNGA. **Members of the Joint Task force in the WHO-convened process** are also known now (*scroll down to 'Joint task force'*).

On Wednesday, Tedros warned "*the ongoing Ebola outbreak in the Democratic Republic of Congo is **on track to become the world's largest in history***". Deaths from the Ebola virus disease have now surpassed 2,000, with half of that number in the last 20 days, according to local officials. We hope the **new momentum and approach,** agreed upon **after last week's High-level visits to the country**, will manage to turn the tide in the coming months. In the meantime, "a 'mismatched vaccine' is also already being rolled out", Science insider reported.

Speaking of vaccines, still on Wednesday, Tedros and other WHO officials probably didn't make themselves any more popular in the White House, strongly **condemning Trump's intended vaccination changes** – for good reason. Long ago, this White House has moved beyond just 'misguided policies'; for many observers Trump 2.0 has turned the presidency into a cruel farce. Some day, American historians will try to figure out what exactly happened there. They'll need more than a few tomes, I reckon.

Over here in Europe, after this summer most people (and a fair amount of leaders I suspect) now understand that '**climate change' is not just "another issue/challenge to be dealt with in the coming decades".** I might be naïve, but I would hope that something of that realization also trickles down a bit more prominently in the two main global health reform efforts mentioned above. While keeping in mind a suggested updated definition of global health (2025), global health reformers could perhaps take some inspiration from **G Monbiot's latest op-ed** in the Guardian, "Don't despair about what's happening to our planet. That's what they want you to feel". In the viewpoint, he argues "*there are **social tipping points** when the seemingly impossible suddenly becomes inevitable*" (as history has shown many times). Monbiot concludes on this note, however: "…**The greatest**

question we confront, possibly the greatest question humanity has ever confronted, is whether we can hit the social tipping points before we hit the environmental tipping points."

The related question for me is: **will global health reformers largely remain "by-standers" in this urgent need for social tipping points, or will they do their part?** With the risk of environmental tipping points increasing fast, and even 'societal collapse' less of a prepper conversation topic than before, time is running out. I'm probably not the only one reading articles from "Centres of Existential Risk" with a bit more interest these days. Can we really wait for the 'post-2030' global health related conversations? We all know the answer.

And all this, while in our polycrisis era so **many other urgent priorities should get much higher on the political agenda**. For example this one, emphasized in a Nature editorial: *The forgotten 20 million: why is the world neglecting Afghanistan's girls and women?* Five years after the Taliban took back control in the country, it's a grim question indeed.

Enjoy your reading.

Kristof Decoster

Highlights of the week

Structure of Highlights

- Global Tax Justice
- Global Health Reform
- More on Global Health Governance & Financing/Funding
- Ebola emergency DRC
- More on PPPR & GHS
- Impact aid cuts & journey towards health sovereignty
- Decolonize Global Health
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- Mental health
- More on NCDs
- Commercial & Social Determinants of Health
- Digital Health & AI/health
- Planetary Health
- Access to medicines, vaccines & other health technologies
- Conflict/War & health
- Miscellaneous

Global Tax Justice

The **latest round in the UN Tax convention negotiations in New York ended on 13 August**. Stay tuned for some overall analysis in the coming days.

Devex – UN tax talks reach critical stage as global south pushes for fairer rules

https://www.devex.com/news/un-tax-talks-reach-critical-stage-as-global-south-pushes-for-fairer-rules-113063

(7 August) Analysis from last week. "**Delegates from more than 100 countries are negotiating the draft U.N. tax convention in a pivotal round that could reshape how multinational companies and the ultra-wealthy are taxed — and who gets the revenue.** … With countries in their fifth round of negotiations, experts told Devex that **this is the most critical turning point in the process so far**. The negotiating committee meets three times a year. **The target is to submit the final texts to the General Assembly by mid-2027."**

"… **Between Aug. 3–13, delegates will debate three texts**: the zero draft of the core convention, which would become the legal, institutional, and voting structures on how global tax decisions will be made; the cross-border services protocol, which will determine exactly how countries can levy withholding taxes on digital services, automated platforms, and insurance premiums; and the tax disputes protocol, which explains the mechanisms used to resolve cross-border disputes in a way that would avoid forcing lower-income countries into expensive international legal battles."

"One of the core fights is whether there will be an "exit door" in the text, which would allow countries to sign the main framework convention but skip or opt out of specific protocols. **Experts are watching more carefully for text on source-based taxation**, a rule where a country taxes income made inside its borders, no matter where the worker or business lives. **They are also looking for an article on the equitable taxation of multinational corporations, and mandatory country-by-country reporting…."**

- Related: **IISD – Inside the UN Tax Convention Negotiations**
- **CESR - Updates from the fifth session** (with daily updates (Aug 3 till Aug 12), & key messages per day)

Global Health Reform

Lancet Letter – The next global health architecture cannot exclude women

S Dube, M R Moeti, M Pate et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01413-3/fulltext

"**As we navigate the redesign of global health at a moment of acute constraint, one troubling reality stands out: the women who already effectively run our health systems are chronically underfunded as leaders.** Women provide nearly 70% of health care globally but hold fewer than 25% of senior leadership roles. Women are under-represented in decision-making discussions where health policy and budgets are decided. **This is not an equity problem; it is a matter of whether the**

next system has the shared leadership it needs to perform. Furthermore, the window to fix this issue, during this architectural redesign, is closing…."

Including some findings from a **WomenLift conducted evaluation across 5 regions**.

Authors conclude: "**At this crucial moment, we call on fellow African health leaders to do three things: fund women's leadership from institutional budgets and pooled financing**, not one-off grants; **set targets for women's seats on the bodies now redesigning health financing and governance; and write leadership development into the founding mandates and budgets of the institutions replacing the old architecture**, so that these changes survive in leadership and funding."

The Swedish Association for Sexuality Education - Safeguarding Rights in Transition - Sexual and reproductive health and rights in the transformation of the Global Health Architecture

https://www.rfsu.se/globalassets/rfsu/dokument/rapporter/safeguarding-rights-in-transition-rfsu.pdf

Important read from June. In case you missed this.

Global Public Health (Comment) - Beyond restoration: Tipping points, leverage points and the reimagination of global health architecture

Lutchmie Narine; https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2715200#abstract

« The United States' withdrawal from the World Health Organisation and the defunding of multilateral health programs represent more than a political disruption. **Complexity science identifies them as a phase transition in a system that had been losing resilience for decades**. **This article applies complexity science to global health governance,** arguing that the old equilibrium is gone and cannot be restored. **Drawing on complexity science's concept of leverage points (places where targeted interventions have disproportionate systemic effects), it identifies four interventions that act on the structure of the system rather than its surface**. These are **building redundant regional hubs to replace a fragile center; embedding polycentricity so that failure of any single node does not cascade; redesigning the rules and incentives that currently reward dependency over capacity; and restoring civil society as the accountability mechanism that keeps distributed power from becoming unaccountable power.** The analysis **reframes the governance challenge from crisis management to navigating a phase transition,** with implications for multilateral institutions, regional bodies, civil society organisations and donor governments.

Global Health & Medicine - Late release of World Health Organization governing body documents: Trends in documentation timing at the World Health Assembly and Executive Board and considerations for Member State engagement

K Komada et al ; https://www.jstage.jst.go.jp/article/ghm/advpub/0/advpub_2026.01075/_pdf

"**Timely access to documentation is essential for meaningful participation in global health governance.** At the World Health Organization (WHO), governing body documents for the World Health Assembly (WHA) and the Executive Board (EB) provide the basis on which Member States

assess agenda items, consult domestically, and prepare their negotiating positions. In this sense, the timing of document release directly affects transparency, accountability, and quality of decision-making. **This study examines trends in documentation timing between 2016 and 2026 using data from the WHO governing body documentation portal. The findings show a clear and sustained shortening of the interval between document release and opening of WHA sessions since 2021, reaching the lowest level observed during the study period. By contrast, timelines for the EB, which were affected during the COVID-19 period, have largely recovered, suggesting that earlier circulation remains feasible in practice**. Although this analysis does not directly measure downstream effects, shorter preparation periods may constrain Member States' ability to review materials carefully, coordinate across institutions, and develop negotiation strategies. **These constraints may be felt most strongly by countries with limited participation capacities, potentially widening existing disparities in participation.** A recent case further illustrates how late document release can affect not only meeting procedures but also depth and coherence of discussions. **Despite ongoing WHO governance reforms, the timeliness of documentation has received limited attention."**

More on Global Health Governance & Financing/funding

IHME – With landmark 10-year investment, the Institute for Health Metrics and Evaluation will deliver more local, timely health evidence worldwide

https://www.healthdata.org/news-events/newsroom/news-releases/gpg-news-release

"**The Institute for Health Metrics and Evaluation (IHME), an independent research organization at the University of Washington, has received a landmark 10-year grant from the Gates Foundation** to strengthen freely available, scientifically rigorous health evidence used by governments, researchers, and leaders to improve the health and well-being of people in Washington, the United States, and around the world. IHME is part of the UW School of Medicine, and **the $540.2 million investment will provide long-term support for expanding the Global Burden of Disease study to provide health data for thousands of new areas**. GBD is the most comprehensive assessment of health trends and conditions across countries. **Under the grant, GBD will expand from roughly 925 locations today to nearly 5,000 — a major expansion in the geographic detail available to the people making decisions. The grant will also support IHME's health forecasting and future-scenarios work, and its tracking of health spending worldwide…."**

CGD (blog) - Is the World Bank Ready for a Bigger Role in Global Health Financing?

R Eldridge, P Baker et al; https://www.cgdev.org/publication/thematic-review-potential-future-role-world-bank-financing-health-systems

- Blog linked to a **new CGD policy paper - A Thematic Review of the Potential Future Role of the World Bank in Financing Health Systems**

"…. **This paper pairs a descriptive analysis of the World Bank's health portfolio with a thematic analysis of how the bank engages in the health sector. The aim is to describe the World Bank's**

current role in health financing, identify its strengths and weaknesses, and inform discussions on its potential future role—as well as the broader role of MDBs—in health financing. "

"We find that the **World Bank is a major financier of health, with an estimated $7.0 billion in 2025 health commitments:** $3.5 billion from the International Development Association (IDA), $2.8 billion from the International Bank for Reconstruction and Development (IBRD), and $713 million from trust funds. (An additional ~$540 million in parallel co-financing from other multilateral development banks—primarily AIIB, IsDB, and ADB, concentrated in the Indonesia Health Systems Strengthening Project—flows alongside World Bank health operations but is excluded from these figures as it originates outside World Bank financing sources.) **World Bank financing is equivalent to 16 percent of government health expenditure in IDA countries and just 0.4 percent in IBRD countries. However, health comprises a relatively small share of the World Bank's overall active portfolio, at 7 percent.** The World Bank has **substantial advantages that could be built on**: a country-led approach, coverage of nearly all low-income countries, on-budget financing, the ability to use both loans and grants, and a multisectoral approach to health. **The World Bank also has significant downsides.** It has many competing priorities and limited tools to earmark resources for health; given its demand-driven nature, governments choose which sectors to prioritize with bank financing, and health is often not at the top of the list. **The World Bank also faces external pressures, internal incentive structures, and operational challenges that risk undermining the effectiveness of an expanded health portfolio.** If these challenges can be mitigated, the World Bank has a prominent role to play in the future of health financing."

- And do check out also the blog (also a must-read). With among others: (**1) The size and scope of the World Bank's current health portfolio: Key takeaways; (2) How the World Bank engages in health: Key takeaways**

Quote: "…We find that the **World Bank is a major financier of health, with an estimated $7 billion in 2025 health commitment**s—approximately 18 percent of the $39.1 billion in total development assistance for health—and **comparable in size to Gavi and the Global Fund combined**….."

Or via **P Baker (LinkedIn):**

"**Five headline findings:**

1. **It's big**. The Bank committed $7bn to health in 2025 — 18% of all health aid, comparable to Gavi and the Global Fund combined.

2. **It intentionally has no mechanism to focus on health**. Countries choose to allocate 7% of Bank support to heath. Raising that share requires an innovation like an IDA Health Window.

3. **Bank financing for health really matters in the poorest countries**: a median 16% of government health spending in IDA countries, only 0.4% for IBRD.

4. **The Bank's model has real strengths**: G20 donors (not just G7), on-budget, through ministries of finance, blending grants and loans to stretch aid and support countries as they grow.

5. **Operational improvements** that would enable a greater role include faster project preparation, staff incentives aligned to health impact, and stronger results measurement."

Who got hit hardest by the 2025 UN staff cuts?

K Hemmerich; **https://www.reformworks.org/post/who-got-hit-hardest-by-the-2025-un-staff-cuts**

"**The UN Chief Executives Board (CEB) has started to release some of its personnel data about the number of staff in the UN system in 2025, in preparation for the next High Level Committee on Management (HLCM) meeting in late September**. The data finally allows for a **preliminary analysis of which staff were hit the hardest by last year's budget cuts."**

"… **IOM and UNHCR were by far the hardest hit, both in terms of absolute numbers of staff cuts and the proportional decline of their workforce**. The number of staff in IOM fell by 4,471 people from 2024 to 2025, reflecting a 29.5% decline. UNHCR is the only other UN entity to have decreased its staff by more than 20%, losing 2,932 staff, equivalent to a 22% decline, according to CEB data. **UNAIDs and UNICEF were the other two UN entities that cut more than 10% of their workforce**. The significantly smaller size of UNAIDS means its 19% decline translated into 118 staff, whereas UNICEF's 10.5% decline comprised 1,614 staff. …"

"With all the often contentious negotiations about cutting budgets and posts in the **UN Secretariat and WHO last year, it is perhaps surprising that they only saw a 6% and 5% reduction in their staffing respectively. ….** … both the Secretariat and WHO are funded through a combination of assessed and voluntary funding. **The 2025 staffing reductions are likely a reflection of a loss of some voluntarily funded positions and the anticipation of further cuts of assessed budget posts that became vacant and were part of the agreed cuts in their respective 2026 budgets. That also means both WHO and the Secretariat will clearly see more staff reductions by the end of 2026…."**

Devex Check-up - re US & GAVI Board

https://www.devex.com/news/devex-checkup-bad-luck-comes-in-threes-113023

"…as for the Trump administration's expectations that **the funding** (i.e. the release of the 600 million) **would allow it to regain its place on the Gavi board**, the spokesperson acknowledged that **the U.S. is now eligible to rejoin the board, but it's still "subject to further discussion within Gavi's donor Board constituency**." …"

Devex - Mark Dybul says this was never the plan for PEPFAR

https://www.devex.com/news/mark-dybul-says-this-was-never-the-plan-for-pepfar-113080

"An architect of the flagship U.S. global AIDS initiative joins Theory of Change to explain **why the next 12 to 18 months are critical for the future of global health."**

"**Mark Dybul**, who led PEPFAR from 2006 to 2009, joined the Theory of Change podcast to **deliver a blunt assessment of the legacy and current trajectory of foreign assistance**. Reflecting on the evolution of former President George W. Bush's signature global health initiative, Dybul addressed the sharp criticisms now driving a broader push for reform. **While acknowledging the lifesaving impact of past initiatives, Dybul pointed to a fundamental failure in long-term strategy: The shift toward true local ownership never fully materialized**. In Dybul's view, Musk's Department of Government Efficiency surfaced uneasy truths about how the U.S. government has worked with countries to end the AIDS epidemic — and the opportunities that were missed along the way."

"… **He also pushed back on projections that PEPFAR funding cuts could cause thousands of deaths, arguing that these underestimate governments' ability to protect health programs — as well as opportunities for greater efficiency.** As global health systems undergo a rapid overhaul, Dybul **argues that the next 12 to 18 months represent a critical window. They must either adapt to a model centered on country sovereignty, local innovation, and mutual economic partnership, or risk watching the entire architecture collapse…."**

MJGH – Network fragmenting and the 2025 funding shock: Network Fragmentation and the 2025 Funding Shock: Early Warning Signs of a Systemic Risk in Global Health Governance

A B Santos Dominguez et al ;https://mjgh.library.mcgill.ca/article/view/1926/3649

« Global health governance (GHG) has shifted from polycentric coordination to topological fragmentation. COVID-19 expanded World Health Organization (WHO) financing participation but eroded cohesion, producing dispersed connectivity. The 2025 contraction, driven by major donor withdrawal, intersected with existing fragilities. "

Objective: "… To assess whether changes in WHO's financing architecture (2016–2025) exhibit early-warning patterns of declining resilience and critical transition dynamics. …"

Some **findings:** "… **The WHO financing network exhibits patterns compatible with lower-resilience configurations approaching critical thresholds**. For **WHO leadership**, topology-based metrics may offer diagnostics of systemic vulnerability. For **donor states**, findings suggest that concentrated bilateral funding can affect multilateral resilience through network cohesion. …."

Journal of Public Administration and Social Change - Global Governance for Health: Role of India in Global Health Diplomacy

Wajiha, Poodari Rohith Goud et al https://www.jopaasc.com/JOPAASC_Jan-Jun_2026.pdf#page=96

"**This article highlights how India's COVID diplomacy during one of the most unfavourable global crises in recent decades has enabled it to emerge as a responsible and credible international player,** even as many established global powers have floundered."

Excerpt from the conclusion: "**India's approach to global health governance accordingly signals a shift from "a state that was historically a recipient of foreign aid in health to one which is becoming a key global provider of public goods and is an emerging agenda setter within the evolving architecture of global health governance**." Through its **experiment with pharmaceutical diplomacy, Vaccine Maitri, digital public infrastructure, medical assistance, South-South cooperation and AYUSH diplomacy**, India has demonstrated its ability to project power and influence by transforming domestic expertise into global advantages. Most notably, **the instrumentality of India's Digital Public Infrastructure in deepening and broadening global health cooperation** is a recent innovation along this trajectory, reflecting the **expansion of health diplomacy beyond the provision of medicines and vaccines to include areas such as digital governance models and technological expertise….."**

Bhekisisa - Aids is no longer exceptional. What happens now?

M Malan; https://bhekisisa.org/opinion/2026-08-11-aids-is-no-longer-exceptional-what-happens-now/

"**For decades, HIV attracted extraordinary political attention, billions in international funding and an activist movement that changed global health**. Now, donor funding is shrinking just as science has delivered powerful new medication that could dramatically cut new HIV infections. **Does the HIV movement need to change too — from how it funds programmes to how many Aids conferences it holds and how it reaches a new generation?"**

Plos GPH – The future of global health partnerships: Co-investment, reciprocal learning and mutual benefit

Ben Simms, Jim Campbell et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007017

After discussing the **UK Global Health Summit,** compare with the inaugural **African-Nordic Health Summit**, and the **Global Partnerships Conference with South Africa,** they conclude: "**We are therefore optimistic for the future of global health partnerships. A contemporary model for international cooperation is evolving. Three partnership events reaching similar conclusions without coordination is both a signal of a new momentum and fortuitous timing** as the future of global health debate unfolds and the **UK Government prepares to chair the G20 in 2027 and the G7 in 2028.** Having helped shape the UK Global Health Summit, and organised the Global Partnerships Conference that followed, and having already funded the kind of reciprocal partnerships its own Compact describes, **the UK Government now has the evidence, the credibility and, in its G20 and G7 presidencies, the platforms to coalesce international cooperation around a new generation of global health partnerships: an era premised on honesty and humility and with intentional priority on reciprocal learning and mutual benefit."**

Lancet Letter – Beyond the metaphor: what One Health must become

R Laxminarayn; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01303-6/fulltext

"**France's decision to anchor its 2026 G7 presidency around One Health signals a high point for this approach. Although the political energy is real, so is the risk of squandering it**. Despite years of discussion, **One Health is better at describing a vision than specifying what must change and for whom.** The 2022 One Health High-Level Expert Panel definition speaks of balancing the health of people, animals, and ecosystems as parallel goods. The Berlin Principles affirm the intrinsic value of wildlife and ecosystem health independent of human utility. These definitions share an internal inconsistency that it is impossible to optimise three variables simultaneously without acknowledging trade-offs. **If the Lyon moment is to be durable, the concept must acknowledge its internal tension and derive a sharper agenda."**

"… **Similar to universal health coverage, which began with the logic of ensuring people obtain needed services without financial hardship but has expanded to include everything desirable in health, One Health too, from its origins in zoonoses, now encompasses antimicrobial resistance,**

non-communicable diseases, climate change, biodiversity, and governance reform. A concept that justifies almost any investment justifies nothing."

"**It is important to specify what One Health predicts, what it would cost, and how its effects would be measured**. For any proposed One Health intervention—integrated zoonotic surveillance, cross-sectoral antimicrobial-resistance stewardship, or deforestation reduction linked to spillover prevention—**the relevant question is: what reduction in human disease burden, at what cost, and compared with what alternative? This also requires a recognition of trade-offs that have equity consequences.** For example, environmental protection constrains agricultural expansion but increases the price of and access to food. Animal welfare standards raise food production costs that are regressive in their distributional effects. **One Health's basic insight** that human health cannot be secured through technological tools applied to human bodies without attending to the ecology those bodies inhabit is correct and urgent. **The Lyon moment should clarify what One Health actually requires: whose health, at what cost, at whose expense, measured how, and accountable to whom."**

Bloomberg - Dangote's Heirs Back Plan to Give Third of His Wealth to Charity

https://www.bloomberg.com/news/articles/2026-07-28/dangote-s-heirs-back-plan-to-give-third-of-his-wealth-to-charity

"**Aliko Dangote plans to leave a third of his wealth to charity, according to his daughter Halima Dangote.** The **pledge is rare among Africa's wealthy and follows Islamic inheritance rules**, with Dangote's current wealth valued at $35.1 billion. **The Dangote Foundation, which was endowed with $1.25 billion, spends 70% of its funding in Nigeria and has partnered with organizations such as the Bill and Melinda Gates Foundation."**

"**The pledge by Dangote is rare among Africa's wealthy** — a continent with nearly half of the 50 most unequal countries in the world, according to Oxfam. **Based on Dangote's current wealth, valued at $35.1 billion by the Bloomberg Billionaires Index, he will leave $11.6 billion…."**

PS: "**While useful, the Giving Pledge, which was created in a US context, "is not the best measure of philanthropy in Africa,**" said Katja Schiller Nwator, founder of Philanthropy Circuit, a Lagos-based media and research institution focused on Africa. "**Across Africa, philanthropy is often expressed through families, communities, faith-based institutions, and increasingly through foundations."…."**

Devex Pro – Who are the top non-DAC donors in development?

https://www.devex.com/news/who-are-the-top-non-dac-donors-in-development-113050?utm_term=Autofeed&utm_medium=Social&utm_source=Bluesky#Echobox=1786354209

(gated) **"Official development assistance hit $177.7 billion in 2025. DAC members still lead with $165.5 billion, but non-DAC nations added $12.3 billion — and their influence is growing**. Discover who these emerging donors are."

"…. with **countries such as Turkey and the United Arab Emirates channeling the most."**

"Not all non-DAC nations have yet reported their spending last year. Those that did report **gave more than last year**, with their collective aid totaling **$12.3 billion**. **Eight non-DAC donors cut their funding last year, while four — the UAE, Qatar, Taiwan, and Monaco — increased it. Another four recognized non-DAC donors are still to report, including** a nation that's **consistently given the most** among non-DAC donors: **Saudi Arabia."**

"But here's what we do know: **Turkey, the most generous non-DAC donor of the bunch, gave $6.7 billion in official development assistance in 2025,** meaning that its aid **rivals that of several major DAC donors** such as Canada, Italy, the Netherlands, and Sweden. **Despite that, Turkey's aid has declined,** with data from the Organisation for Economic Co-operation and Development showing the **nation's aid has nearly halved since its peak in 2020."**

"**The biggest riser, on the other hand**, was **the UAE**, which picked up aid spending significantly last year after a long period of decline. **Last year, the UAE's official development assistance grant equivalent slotted in at $3.24 billion, over $1 billion more than its giving in 2024**. Qatar's spending on aid rose too, rising nearly 23% from 2024 to 2025…."

Rob Reich - Democracy and a Third Wave of American Philanthropy?

https://aigovlab.substack.com/p/democracy-and-a-third-wave-of-american

"**AI generated philanthropic wealth**, and some unsolicited advice for soon-to-be-millionaires at Anthropic and OpenAI."

"I want to offer some thoughts **from the vantage point** I know best: **the political theory of philanthropy**. The argument of my 2018 book Just Giving was that philanthropy — and big philanthropy above all — is not merely private generosity that should expect to be met with civic gratitude….."

Reich discusses **4 core questions** in this post.

CGD (blog)- AI Philanthropy Should Buy the Breakthroughs Markets Won't

L R Rosenzweig; https://www.cgdev.org/blog/ai-philanthropy-should-buy-breakthroughs-markets-wont

"This sixth and final blog in the (AI philanthropy)) series ***makes the case for investing in innovations that markets wont supply on their own. "***

"This blog proposes that **the new AI philanthropy should do two things: (i) fund innovation through pay-for-success "pull" mechanisms and (ii) help build a permanent institution that can administer a series of these…."**

Among others, on **'building a home for AMCs'.**

Why Does Global Health Keep Financing Institutional Problems with Projects?

Emilie S Koum Besson ; https://www.linkedin.com/pulse/why-does-global-health-keep-financing-institutional-koum-besson-8ys0c/

Excerpts:

"We often ask whether countries have enough money to sustain health systems. We ask much less often whether countries have the policy and institutional conditions needed to spend that money well. …And yet global health still frequently tries to solve institutional problems through projects."

"… **Pandemic preparedness makes this mismatch particularly visible**. A country can invest substantially in laboratories, surveillance systems, emergency operations, supply chains and workforce capacity. But when an outbreak occurs, someone still needs the authority to act. Money needs to be released and moved quickly. Emergency procurement arrangements need to function. Responsibilities across institutions and levels of government need to be clear. Workers may need to be mobilised. Data must move between institutions. Much of this cannot be invented during an emergency. **Preparedness is therefore not only about having money available when a crisis arrives. It is about having built the domestic policy architecture that allows that money to become a response.** Without that architecture, even the largest emergency financing account may struggle to produce impact at the moment it is most needed."

"Technical assistance can help. Training can help. Investment can help. But if the institutional constraint remains unchanged, a project may meet its input- or output-based objectives while leaving the underlying problem intact. Which raises a question: **Why are we trying to solve institutional problems using project financing without systematically linking that financing to the policy changes required to solve the institutional problem?..."**

"This is where policy-based lending becomes interesting for global health…."

However, she admits: **"… Policy lending is not politically neutral — and history matters**. None of this is historically neutral. Policy-based lending has an important lineage in structural adjustment and programme lending, where access to financing was tied to packages of macroeconomic and structural reforms. **That history matters enormously, particularly in health and particularly in Africa…." "….** It **would therefore be both historically inaccurate and politically unwise to rediscover policy-based financing for global health without confronting that legacy. But the lesson should not necessarily be that financing and policy reform must remain separate.** Perhaps the more important lesson is that who defines the problem and who determines the reform matters as much as the financing instrument itself…."

"From country ownership to epistemic sovereignty: … Instead of beginning with the amount of money available and deciding what it can finance, **we begin with the function that needs to work, identify the constraint preventing it from working sustainably, and then consider the combination of financing and reform capable of addressing that constraint**. Sometimes the answer will still be a project. Sometimes it will be additional domestic financing. Sometimes it will be investment combined with technical assistance. And sometimes it may be financing linked explicitly to policy and institutional reform…. **Global health should remain concerned about financing gaps. But the next era of health financing requires paying equal attention to policy gaps."**

- And via **Devex Check-up**:

"Tedros announced last week that **Dr. Sylvie Briand will serve as acting ADG on health systems, access, and data "until further notice," on top of her chief scientist duties…."**

Ebola emergency DRC

First with **some key messages from WHO, WHO Afro & Africa CDC** of the past week (only to some extent chronologically).

Then a **few more reads & analyses.**

UN News - Ebola tracing improves in DR Congo – but the virus is still winning the race

https://news.un.org/en/story/2026/08/1168137

(13 August) Latest update from yesterday**. "Health authorities in the Democratic Republic of the Congo (DRC) are tracking a growing share of people exposed to Ebola, but the epidemic in the country's restive east continues to outpace their ability to find and isolate the sick, the World Health Organization (WHO) has warned."**

"In its latest update, published Thursday**, WHO said hidden chains of transmission are being fuelled by patients who reach advanced stages of the disease without ever receiving care.** Deaths are still occurring outside health facilities and known transmission chains, while several treatment centres are now overwhelmed. **"Transmission is occurring faster than case detection and isolation, while contact tracing capacities are increasingly strained," WHO said…."**

"One indicator is improving: the contact-tracing rate has passed 85 per cent nationally for the first time. But the average masks sharp regional gaps – in Haut-Uélé, the rate is only around 58 per cent, which WHO attributed partly to incomplete reporting…."

"**The challenge is now twofold: finding the transmission chains still evading surveillance, while urgently expanding capacity to treat those who are found**. Until case detection and isolation outpace transmission, better tracing alone will not be enough to turn the epidemic around."

UN News – Ebola deaths top 2,000 as scientists race to develop vaccine

https://news.un.org/en/story/2026/08/1168117

(11 August) "**Local officials in the DR Congo (DRC) reported on Tuesday that deaths from the Ebola virus disease have surpassed 2,000, with half of that number in the last 20 days.**

"With more than 4,000 confirmed cases, **it is both the second-largest and the fastest-growing on record.** …"

HPW - With Over 2000 Dead, Priority is to 'Break the Chains' of Ebola Transmission

https://healthpolicy-watch.news/with-over-2000-dead-priority-is-to-break-the-chains-of-ebola-transmission/

(12 August) Some WHO messages from a media briefing on Wednesday.

"**Over 2000 people have died so far in the Ebola Bundibugyo outbreak in the Democratic Republic of Congo (DRC), and the only way to break the chains of transmission is via scaled-up local surveillance, according to the World Health Organization (WHO).** "Most concerningly, we see a high proportion of deaths in communities instead of treatment units, outside of known contact lists," **WHO Director-General Dr Tedros Adhanom Ghebreyesus told a media briefing on Wednesday."** "That tells us there are chains of transmission we don't know about, and until we know about and break every chain of transmission, we will not stop the outbreak," he said."

""Surveillance is our priority operational challenge. With partners, we're mapping and pooling resources to strengthen community-based surveillance to bring every suspected case into care and reach the **95% contact tracing target needed to interrupt transmission."…"**

"… **Yet the response is only around 50% funded, with $264 million of the $518 million pledged having been disbursed…" "** WHO DRC representative Dr Anne Ancia said that the **DRC Government's latest estimate to address the outbreak was $940 million.** She added that most of the money raised so far had gone to partners rather than the DRC government. The DRC government, which has invested $50 million, aims to cover health workers' salaries with domestic funds eventually, but it was not yet possible given the massive need for additional posts…."

"… **Meanwhile, the speed of the outbreak was more likely the result of the difficult conditions, including armed conflict, rather than viral mutation**, WHO Chief Scientist **Dr Sylvie Briand** told the briefing….. "Currently,
we have not seen any mutation in this virus, and probably the course of the outbreak is currently mu ch more explained by the context in which the virus is circulating, which is an area of conflict with a l ot of population mobility," said Briand."

Bloomberg - Ebola Case Count Set to Increase as Congo Officials Expand Hunt for Hidden Infections

Bloomberg;

(10 August) "**The Ebola outbreak in Democratic Republic of Congo may appear to worsen in the coming weeks as health officials dramatically expand their search for infections that have gone undetected**."

" Africa Centres for Disease Control and Prevention and its partners are **shifting from conventional contact tracing toward door-to-door case finding in the hardest-hit areas**, where widespread community transmission means almost anyone could have been exposed. **The intensified search is expected to increase the number of suspected cases reported each day as thousands of community health workers uncover illnesses the existing surveillance system has missed, Wessam Mankoula, Africa CDC's head of emergency preparedness and response, told reporters last week.**

"With this level of community transmission in some of the zones, everyone is becoming a potential contact," Mankoula said. "**The time for incremental action is over."…"**

"… **An outbreak this large might be expected to generate 160,000 to 200,000 contacts based on previous responses, compared with roughly 17,000 currently listed, Africa CDC Director General Jean Kaseya said.** "This contact list is not accurate," Kaseya said. "It's not giving the real figure of this outbreak in DRC." "

"**Africa CDC and its partners ultimately aim to mobilize 25,000 to 30,000 community health workers for case finding, contact tracing and community engagement. About 2,000 are being trained and deployed, with another 4,000 planned in coming weeks**, Mankoula said…."

Africa CDC supports the immediate implementation of the DRC Government's decisions to control the 2026 Bundibugyo Ebola emergency

https://africacdc.org/news-item/africa-cdc-supports-the-immediate-implementation-of-the-drc-governments-decisions-to-control-the-2026-bundibugyo-ebola-emergency/

(10 August) "**From presidential direction to operational delivery.** At the meeting on 5 August 2026, the Government of the DRC, under the leadership of President Tshisekedi, took courageous political decisions to control the outbreak. These are summarized in **the concept** "**One Response, six mutually reinforcing interventions**":….

"A village-centered response led by trusted community health workers (CHWs) and Digitally Transformed…..
Protocol-governed expanded use of licensed Ervebo vaccine. ….
Free access to essential health services and a reliably paid workforce. …
Providing Treatment and post-exposure prophylaxis under approved protocols …
Management of humanitarian issues, including the safe reopening of schools. ….
Strong coordination and end-to-end financial accountability. …."

Re the final aspect: "President Tshisekedi called for stronger coordination, greater financial transparency, and more effective use of available resources to accelerate control of the outbreak. Each partner must disclose amount received and allocation made. **At the DRC Government's request, Africa CDC is working with WHO to establish a unified financial tracking to ensure that resources are aligned with national priorities and reach frontline operations rapidly**. Solidarity of African member states and partners has been unprecedented, with **more than US$450 million already mobilized for the Ebola response** (in addition to funds for the humanitarian response). …"

UN News - DR Congo: Ebola is killing people before they ever reach a doctor

https://news.un.org/en/story/2026/08/1168105

(10 August) View from WHO Afro. "**More than 1,900 people have died in the Democratic Republic of the Congo's Ebola outbreak – and most of them never made it to a treatment centre. Between 60 and 70 per cent of deaths are happening in communities far from care, a gap that is now central to the World Health Organization's response.** "The **Bundibugyo virus continues to outpace us," said Dr. Mohamed Janabi, WHO Regional Director for Africa,** speaking from Bunia, the epicentre of

the outbreak in eastern DRC – referring to a particularly lethal Ebola strain for which there is still no approved vaccine. "

"**Three months into the outbreak, the UN health agency intends – along with Congolese authorities and their partners – to "urgently intensify" the response** because behind the heavy human toll lies a **problem that has become central: too many patients are receiving treatment too late. "**

"**Discussions with representatives of the local transport association highlighted shortcomings in the patient transport system**. According to WHO, half of the deaths observed among transported individuals are linked to the conditions of their care. "We asked ourselves why people are dying in Bunia? But talking to these leaders, we understood two things," said Dr. Janabi.
"Village centres outside of Bunia, they don't have these services. As a result, everyone comes to Bunia. Unfortunately, they come late." **The concentration of healthcare capacity in the city thus transforms distance into a factor in mortality.** As patients lack suitable facilities near their homes, they must travel long distances before receiving care, and sometimes when their health is already severely compromised. The journey itself can also fuel the epidemic. Patients taken to Bunia are not always sent directly to an Ebola treatment centre. Some are first taken home. When they die, their bodies may be taken back to their villages, thus multiplying contacts and the risk of further infections. "

"WHO wants to break this chain by bringing healthcare facilities closer to communities, better informing the public and transport providers, and promptly referring suspected cases to appropriate centres. …The **objective is twofold**: to treat patients earlier and to prevent the provincial capital from becoming a hub for both patients and increased risk of transmission. "
"… **After three months of the epidemic, WHO is therefore counting on a change of scale but above all, of method: less concentration of the response in Bunia and earlier intervention closer to transmission hotspots.** Dr. Janabi believes that this approach could produce results in the next two or three months. …."

- See also **Cidrap News: WHO: Ebola outbreak began in February, deaths near 2,000**

"Today the **World Health Organization (WHO) regional director for Africa** told the press that genomic sequencing of the Bundibugyo strain of Ebola virus currently causing an outbreak in the Democratic Republic of the Congo (DRC) shows **the virus has been circulating since mid-February, and not mid-May,** which was when officials began to suspect an Ebola outbreak in Bunia, DRC. "So we are chasing the virus, the virus is ahead of us," Mohamed Yakub **Janabi, MD, PhD, said**, explaining that **initial testing did not pick up the Bundibugyo strain, and many cases were likely misdiagnosed as malaria or typhoid fever. …."**

Science Insider – 'Mismatched' vaccine being rolled out against Ebola outbreak

https://www.science.org/content/article/mismatched-vaccine-being-rolled-out-against-ebola-outbreak

(must-read) **"Amid ethical questions, DRC proceeds with shot that may offer some protection against the Bundibugyo virus."** Excerpts:

"… **the evidence has changed dramatically. Studies in test tubes and animals have convinced scientists Ervebo is worth testing in a large study in the DRC, and WHO "is working with partners to start this trial as soon as possible," the agency's director-general, Tedros Adhanom**

Ghebreyesus, wrote on Bluesky on 7 August. Three days later, the Africa Centres for Disease Control and Prevention (Africa CDC) and the DRC government went much further, announcing their support for the "immediate launch" of a much broader rollout of Ervebo—a move that could undercut WHO's trial. Complicating matters is the fact that two Bundibugyo-specific vaccine candidates have just started phase 1 safety trials in Canada and the United Kingdom. If those studies are successful, researchers plan to rush the vaccines to the DRC for efficacy trials as well, perhaps as early as next month….."

"**One reason for the change of heart about Ervebo is the sheer scale and speed of the outbreak, which has already caused more than 4200 cases and almost 2000 deaths. Many scientists feel an option has to be tried to slow or stop the spread of the virus**. But more important, **several lines of evidence, presented to the WHO expert panel on 31 July, bolster the case that Ervebo will offer at least some protection against Bundibugyo…."**

"… **In its 10 August announcement, (Africa CDC) said the vaccine would be given to many groups at risk, including contacts of Ebola patients and their contacts, health care workers, staff at labs and treatment centers, ambulance and taxi drivers, and members of burial teams**. Such broad distribution might discourage people from joining the WHO trial and running the risk of getting a placebo. …"

Stat - Talks on launch of clinical trial of Ebola vaccine in DRC advance, WHO says

https://www.statnews.com/2026/08/12/ebola-who-drc-ebola-vaccine-trial/

(12 August) "*The first candidate for study would be Merck's Ervebo."*

"**Talks are underway between authorities in the Democratic Republic of the Congo and the World Health Organization to expedite the start of a multi-armed Phase 3 clinical trial of vaccines geared toward helping to contain the spread of the Bundibugyo virus in the northeast of the country, which the director-general of the global health agency warned Wednesday is on track to become the largest Ebola outbreak on record."**

"**The first vaccine to be pushed into the field for study will be Merck's Ervebo, a vaccine that targets a different species of the virus**, Ebola Zaire. An expert panel that advises the WHO was initially reluctant to recommend its use, but **an increasing number of studies in animals and in people have persuaded it that the vaccine could offer some cross-protection against Bundibugyo, and should be tested to see if it could help. …."**

"… **The trial is not using the ring vaccination approach employed in the Ebola Ça Suffit trial** — French for "Ebola, that's enough" — that proved Ervebo's effectiveness and was conducted in Guinea during the West African outbreak. In that trial, rings of contacts of cases, as well as contacts of the contacts, were randomized to either get the vaccine immediately or on a delayed basis. Field studies have later estimated Ervebo's effectiveness against Ebola Zaire at about 84%. **Moorthy said the results of multiple Ebola trials conducted in the intervening years led officials to conclude that randomizing contacts individually, rather than as part of a ring of contacts of an infected person, would be a better approach. "It is more efficient to individually randomize," he said…."**

PS: "**The WHO officials did not address — nor were they asked to address — a report this week in which DRC authorities announced they want to roll out Ervebo for general use outside of a clinical trial. The approach has received the support of the Africa Centres for Disease Control and Prevention.** It is unclear whether the DRC could access the number of vaccine doses that would be

needed to put such a plan into action. There is a roughly 500,000-dose stockpile of Ervebo, but it is controlled by the International Coordinating Group on Vaccine Provision, which is run by the International Federation of Red Cross and Red Crescent Societies, Doctors Without Borders (MSF), the United Nations Children's Fund (UNICEF), and the WHO. …."

"**Several Bundibugyo-specific vaccines could join the trial in the early autumn**, Moorthy suggested."

- Related: **Cidrap News – DR Congo Ebola outbreak on track to be largest in history**

(12 August) " Today during general remarks, **Director-General Tedros Adhanom Ghebreyesus, PhD, of the World Health Organization (WHO) said the ongoing Ebola outbreak in the Democratic Republic of Congo is on track to become the world's largest**, outpacing the West African outbreak of 2014 to 2016, which saw more than 11,000 people die. … "**The outbreak had a big head start, it is still way ahead of us, and we are playing catch-up,"** Tedros said. "

"…. "With partners, we are mapping and pooling resources to strengthen community-based surveillance, to bring **every suspected case into care and reach the 95% contact-tracing target needed to interrupt transmission—today we are at around 80%,"** Tedros said. He also said the **WHO was working to train and place more healthcare workers in the area, as Ebola patients need providers at a 3:1 ratio**. "

UN News - Ebola in DR Congo: Childhood deaths rise; hopes raised over new vaccine

https://news.un.org/en/story/2026/08/1168100

(7 August) From late last week. **"More than 300 children have died in the Ebola outbreak in the eastern Democratic Republic of the Congo (DRC), the UN said on Friday**, as health experts urged trials of the only vaccine against the disease to halt further spread of the rare Bundibugyo species."

"Children and women continue to bear a disproportionate share of the outbreak in Ituri, the most affected province, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA). The outbreak emerged in mid-May and since then, more than 300 children have succumbed to the virus, the **UN Children's Fund (UNICEF)** said. Moreover, **children make up nearly a quarter of confirmed cases, but almost a third of all deaths**, the agency added. **Earlier this week, the UN reported that the outbreak is also severely disrupting essential healthcare…."**

Third meeting of the WHO Technical Advisory Group on candidate vaccine prioritization (TAG-CVP) for Bundibugyo virus disease outbreak response: meeting report, 31 July 2026

https://www.who.int/publications/i/item/B09865

Also from late last week. "**On 7 August 2026, the WHO Technical Advisory Group on candidate vaccine prioritization (TAG-CVP) for Bundibugyo virus disease (BDBV) outbreak response released a new report regarding possible candidate vaccines for Bundibugyo virus disease**. The **members**

recommended Ervebo, the only vaccine licensed Ebola vaccine, be prioritized for inclusion in a randomized clinical trial in the context of the ongoing outbreak…."

Stat Opinion – We prepared for Ebola — but not this Ebola

K Kuppali & P Mbala; Stat;
"Preparation for the next Ebola outbreak focused on the wrong species, showing a global health blind spot."

"…**for much of the past decade, global preparedness efforts have largely focused on a single species: Zaire ebolavirus (EBOV).** Bundibugyo ebolavirus, first identified in Uganda in 2007, is genetically distinct. Although it belongs to the same virus family, **we cannot assume that diagnostics, vaccines, or therapeutics developed for one Ebola virus species will perform equally well against another.** The current outbreak has demonstrated exactly why that assumption is dangerous."

"The first warning came from diagnostics. …"

… **Vaccines provide perhaps the clearest illustration of both the strengths and the limitations of current Ebola preparedness**. The licensed rVSV-ZEBOV vaccine **(Ervebo)** transformed the response to outbreaks caused by EBOV and remains one of the greatest achievements in infectious disease research. **Because it was designed to target the glycoprotein of EBOV, however, its effectiveness against Bundibugyo virus has long been uncertain. Recognizing this uncertainty, the World Health Organization appropriately recommended in May that the Ervebo vaccine not be used routinely during the Bundibugyo outbreak outside of research settings, citing insufficient evidence to support its effectiveness against this Ebola virus species. Since then, however, the scientific landscape has evolved.** Emerging laboratory studies, immunologic data, and ancillary analyses from the current outbreak suggest that Ervebo may induce immune responses capable of providing at least partial cross-protection against Bundibugyo virus. Although these findings remain preliminary and are not yet sufficient to establish meaningful clinical effectiveness, they raise important scientific questions about whether the role of the Ervebo vaccine should be reconsidered as additional evidence accumulates…." "… **The broader lesson is that these questions should have been asked and answered before a crisis** — not in the midst of one of the largest Ebola outbreaks ever recorded. **Preparedness cannot depend on assumptions about cross-protection between related viruses. It requires generating the evidence needed to guide vaccine policy before the next outbreak begins and not while lives hang in the balance.**

"… **Therapeutics tell a similar story.** Rather than relying solely on treatments developed for EBOV, investigators are now generating evidence specifically for Bundibugyo virus disease…."

The authors conclude: …" **Preparedness** cannot mean optimizing every investment for yesterday's epidemic**. It must anticipate viral diversity, biological uncertainty, and the reality that the next outbreak will almost certainly differ from the last. That means investing in pan-filovirus diagnostics capable of detecting every pathogenic Ebola virus species. It means developing broadly protective and multivalent vaccines before outbreaks occur rather than during them. It means evaluating therapeutics with activity across multiple filoviruses, strengthening adaptable clinical trial networks that can rapidly evaluate countermeasures against emerging pathogens, and building manufacturing systems flexible enough to pivot when a different virus emerges."**

Nature Medicine - Emergence of a Bundibugyo virus variant in the 2026 outbreak in the Democratic Republic of the Congo and Uganda

A Amuri-Aziza et al https://www.nature.com/articles/s41591-026-04628-8

"A phylogenetic analysis of 22 genomes from the recent Bundibugyo virus outbreak in the Democratic Republic of the Congo and Uganda **suggests the outbreak was caused by a new zoonotic spillover event."**

Geneva Solutions - The race to develop a vaccine for world's fastest spreading Ebola

https://genevasolutions.news/global-health/the-race-to-develop-a-vaccine-for-world-s-fastest-spreading-ebola

"Efforts to develop a vaccine to help stem the Ebola outbreak in DR Congo are intensifying as it becomes the world's second-largest on record and the fastest-spreading. **Aurélia Nguyen, deputy CEO of Cepi, one of the non-profits leading the push, appears nonetheless optimistic."**

Some excerpts from this interview with CEPI's Nguyen:

"**The Ebola outbreak has quickly become a live test case of the 100 days mission**, a Cepi-led initiative endorsed by the WHO and the G7 that aims to rapidly deliver vaccines, diagnostics and therapeutics when a new pathogen emerges. **Hitting that ambitious target this time appears unlikely, but Nguyen argues there is progress.** "Every time we have an outbreak, we get better and faster. Even looking at how quickly Oxford and Serum were able to produce a vaccine and get into the clinical trials, we have surpassed the Covid-19 timelines."…"

"**Cepi's new strategy** focuses on understanding critical scientific and logistical bottlenecks to speed up vaccine delivery but also building a response that can adapt to any threat – whether from an accidental leak from a lab or a deliberate manipulation of pathogens with the help of AI…."

Re the PABS negotiations: "… **Cepi's own funding agreements require manufacturers to guarantee vaccine access for low-income countries, typically through capped prices** – an experience she hopes will help negotiators reach a minimum framework that sets standards and "helps all boats rise with the tide"…."

"**Global health has also been struggling from aid cuts. Cepi's own funding, largely from western donors like Germany, the United Kingdom and Norway but also philanthropic powerhouses like the Gates Foundation, has held steady**. Even the US Congress has fought back against the Trump administration's budget cuts for the organisation. **Still, Nguyen worries about the wider sector**. "The chances of another pandemic in our lifetimes are more than not. So at some point, money will need to be spent in response to an epidemic or pandemic – whether you spend it now in preparedness or multiple times later in the response," she says, citing a study from the International Monetary Fund's economic review journal that put the annual cost of pandemic risk at over $700 billion going forward. "That's annualised, but when an epidemic or pandemic happens, it's all in one go. The Covid pandemic was $14 trillion just in direct costs…"

Lancet Regional Health Africa - Bundibugyo ebolavirus re-emergence in Africa: an opportunity to catalyse the transition from reactive outbreak response to genomic epidemic intelligence

Jean de Dieu Harelimana, C Happi et al;
https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00114-8/fulltext

"**The re-emergence of Bundibugyo ebolavirus (BDBV) in eastern Democratic Republic of the Congo (DRC), with subsequent cross-border transmission into Uganda, should be a catalyst for rethinking epidemic intelligence in Africa**. Despite substantial investment in epidemic preparedness following previous Ebola epidemics in West Africa, **the current BDBV outbreak highlights the need to strengthen pathogen surveillance systems to enable timely outbreak detection and characterisation of transmission dynamics."**

"**The ongoing BDBV outbreak illustrates that epidemic surveillance remains predominantly reactive in Africa, often detecting epidemics only after sustained community transmission has occurred.** Modelling studies suggest that the outbreak in Ituri Province, DRC, was detected approximately six weeks after the probable index case, underscoring the limitations of existing epidemic intelligence. **Although clinical and epidemiological surveillance remain essential, they are increasingly insufficient in the context of intensified population mobility, ecological disruption, and expanding human-wildlife interfaces that facilitate repeated zoonotic spillover. Preventing future filovirus epidemics will require moving beyond conventional surveillance by integrating genomic and epidemiological data into predictive, actionable intelligence systems…."**

"…Africa has made considerable progress in strengthening genomic surveillance through initiatives led by the Africa Centres for Disease Control and Prevention and the World Health Organization. Nevertheless, genomic capacity remains unevenly distributed, with many countries relying on external sequencing facilities that delay analysis and limit public health interventions. During the current BDBV outbreak, samples from Ituri were transported to the Institut National de Recherche Biomédicale in Kinshasa for sequencing, highlighting the need to invest in decentralised genomic capacity development, particularly in epidemiologically high-risk regions. **In Africa, capacity building in genomics is still frequently equated with investment in diagnostic sequencing infrastructure alone. However, sustainable genomic epidemic intelligence requires investment in the entire ecosystem, including specimen referral networks, bioinformatics capacity, workforce development, quality assurance, interoperable data governance systems, and mechanisms for translating genomic data into public health decisions."**

Authors conclude: "**The re-emergence of BDBV in DRC should represent a pivotal inflection point for epidemic preparedness in Africa. Future investment should prioritise resilient, context-specific genomic ecosystems, and institutionalise genomic epidemic intelligence within national and regional public health system**s. This will strengthen anticipatory surveillance, enable timely evidence-based responses, and enhance Africa's capacity to mitigate emerging infectious disease threats."

More on PPPR & GHS

Health Economics, Policy and law - An investment too good to be true?: Reassessing the World Health Organization and World Bank return-on-investment estimates for pandemic preparedness

G W Brown et al ; Health Economics, Policy and Law;

"The World Health Organization, World Bank, G20 and related health agencies have requested annual investments of US$31.1 billion in pandemic prevention, preparedness and response. To justify these unprecedented costs, **they rely on a return-on-investment case developed by WHO and World Bank.** Any investment in one area of public health will have knock-on effects on others, through diversion of funds and human resources. Intended outcomes must outweigh alternate investments and be likely to achieve the results on which such comparisons are predicated. **This perspective examines the assumptions underlying the WHO and World Bank return-on-investment estimates and outlines implications for equitable and evidence-based global health financing**. The examination **reveals several problematic assumptions and crude baselines used for comparison** – inflating return-on-investment estimates and undermining its use for policymaking. The case is based on improbable assumptions of 100% mitigation of pandemic economic impacts, including rapid vaccine development completely blocking transmission. WHO/World Bank do not disaggregate direct and indirect costs, while the economic impact of comparator diseases appears significantly undervalued. **Thus, the return-on-investment case underpinning the current pandemic agenda appears under-evidenced and unreliable, and the apparent over-valuation of pandemic interventions over existing investment in high-burden infectious diseases raises equity concerns, suggesting a reassessment is needed."**

WHO's Alliance for HPSR -No one-size-fits-all: webinar shares new evidence on the governance and structure of national public health agencies

https://ahpsr.who.int/newsroom/news/item/11-08-2026-no-one-size-fits-all-webinar-shares-new-evidence-on-the-governance-and-structure-of-national-public-health-agencies

"What makes a national public health agency able to act quickly and credibly when an outbreak strikes? **In mid-July, more than 1000 participants – joining from Argentina to Armenia to the Philippines – attended a WHO Health Emergencies (EPI-WIN) webinar presenting the results of a three-year learning initiative on the governance of national public health agencies (NPHAs), convened by the Alliance for Health Policy and Systems Research and the WHO Health Emergencies Programme with research teams in countries across all regions and income levels."**

"The initiative grew out of a WHO meeting in March 2023 with representatives from NPHAs from 14 Member States on their experiences during the COVID-19 pandemic. As after previous pandemics, many countries have since reformed existing institutions or created new ones. Yet, as Dr Kumanan Rasanathan, Executive Director of the Alliance, noted in his framing remarks, "**there is no one-size-fits-all model" for how countries structure these functions – and there was a deficit of knowledge on how best to govern them. Three years on, he said, "countries in our learning network have together built an evidence base to support other countries rethinking the governance of their public health functions."…"**

Re **What the study found**; and some **views from countries & partners**.

Impact aid cuts & journey towards more health sovereignty

Devex – Aid cuts compel Malawi lawmakers to 'think outside the box'

https://www.devex.com/news/aid-cuts-compel-malawi-lawmakers-to-think-outside-the-box-113066

"Members of Malawi's parliament told Devex they're **looking at tax reforms and cutting costs, but also pushing for fiscal prudence and in rooting out corruption."**

From the recent **UNITE Global Summit in Manila** that brought together parliamentarians from different parts of the world.

Decolonize Global Health

Abir's Substack – Africa Is Not Developing. It Is Recovering.

https://abiribrahim.substack.com/p/africa-is-not-developing-it-is-recovering?utm_source=multiple-personal-recommendations-email&utm_medium=email&triedRedirect=true

"**The word we use to describe the continent's trajectory is not a matter of semantics**. It is priced into the cost of capital."

JGPOH - Broadening the decolonisation of global health beyond identity-based approaches toward structural transformation

Jens Holst; https://jgpoh.com/wp-content/uploads/2026/07/Jens-Holst-JGPOH-2026-1.pdf

Review.

"**The examination of the socio-political and economic dimensions of the colonial legacy points to several critical gaps in the current decolonisation discourse, particularly with regard to the relative marginalisation of perspectives from Latin America. Beyond rather technical challenges, three gaps emerge as essential for decolonising global health**. **Firstly,** contemporary decolonisation efforts frequently reflect a Eurocentric perspective predominantly shaped by scholars from the Anglophone Global North, **often neglecting the dynamics and implications of internal colonialism**. While aiming to dismantle historical injustices and power imbalances, these approaches insufficiently address the role of domestic elites in sustaining neocolonial dependencies. **Secondly**, the decolonisation discourse in global health remains heavily Anglo-Saxon in orientation, marginalising diverse geographic regions, epistemologies, and ethnic perspectives. **Thirdl**y, an examination of the intersection of race, capitalism and colonialism reveals **insufficient attention being paid in the decolonisation debate and practice to the framework conditions. These are increasingly set by the neoliberal, increasingly feudalist global economic order and its role in reproducing and perpetuating health inequalities."**

"**This review calls for a critical reassessment of dominant paradigms in global health decolonisation, emphasising the need for systemic transformation that takes account of the historical, geographic, ethnic and socio-political complexities. Greater attention to internal colonialism** is imperative for decolonising global health, **alongside the inclusion of marginalised voices and perspectives.** Promoting a more equitable and comprehensive landscape requires a transformative approach that addresses the structural drivers of global health, including the economic and commercial determination of health, and challenges the broader conditions that sustain inherited inequality."

BMJ GH – Where are the non-sovereign islands in health policy and systems research?

R Borst; https://gh.bmj.com/content/11/8/e025304

"Global health policy and systems research largely ignores small non-sovereign islands, despite these islands facing significant and unique challenges. Existing frameworks generally exclude islands or compress them into a single narrative with metropolitan political economies."

"Health system challenges on non-sovereign islands stem from political relationships with metropolitan states, not smallness alone. **Decolonising global health requires research that treats islandness as an analytic category by itself.** A decolonial research agenda for non-sovereign islands must be rooted in island priorities."

Trump 2.0, US Global Health strategy & bilateral health agreements

Devex Pro - US announces nearly $2B in 'historic' faith-based partnerships

https://www.devex.com/news/us-announces-nearly-2b-in-historic-faith-based-partnerships-113074

(gated) "**It's the largest allocation of global health aid to faith-based organizations in over two decades."** (see also last week's IHP news)

"**The department said the funding will be provided to an "extensive network" of international and local faith-based partners — including World Vision, Compassion International, and Samaritan's Purse,** which are all American-based, internationally operating Christian humanitarian organizations. "

"**The funding is broken into three major baskets**: providing health services through faith and community-based hospitals and clinics; health funding included in government-to-government bilateral deals; and humanitarian aid awards…."

Check out the case studies.

Devex – Local African Christian groups await clarity on role in US funding

https://www.devex.com/news/local-african-christian-groups-await-clarity-on-role-in-us-funding-113102

"How will funding trickle down to locally based faith-based organizations under the "America First" Global Health Strategy?"

Emily Bass - US State Dept Causes Closure of CDC Zimbabwe

On Substack;

"**And we're all a little less safe because of it.**"

"**The US Centers for Disease Control and Prevention program in Zimbabwe will completely close down by the end of the year as a result of actions taken by the Department of State**. ……. CDC Zimbabwe is **the first CDC global health program to be fully closed as a result of the Trump Administration's approach to transferring funds from State to CDC**…."

CGD blog – Designing Direct Assistance: Exploring Options for the State Department's New Approach to Global Health

J Estes; https://www.cgdev.org/blog/designing-direct-assistance-exploring-options-state-departments-new-approach-global-health

« **In recent decades, the United States has allocated only a modest share of its aid directly to governments for health and development outcomes, but there's an important opportunity to learn from past experience—including that of other donors**— providing direct assistance to governments to advance health outcomes. **New case studies from Phillip Palmer and Deborah Cook Kaliel—formerly of USAID, each with years of experience in G2G programming—spotlight important lessons for the Department of State as it works to operationalize its new global health agreements.** Each of the **three case studies** examines an **arrangement involving direct, performance-based assistance for health, across nine areas**: goals and objectives; design; risk management; indicators and disbursement; flow of funds; data monitoring, reporting, and verification; sustainability and co-financing; staffing, management, and technical assistance; results.

- Using its **Program-for-Results instrument, the World Bank provided a financing package to Ethiopia,** supporting maternal and child health services under the Ethiopian government's national plan. This model operated through a pooled donor fund, linked disbursements to a narrow set of indicators, and used many of the government's existing systems instead of creating parallel structures.
- **The Global Fund shifted its portfolio in Rwanda toward a performance-based approach** that disbursed funds linked to performance indicators on a sliding scale, aimed at facilitating accountability and flexibility. Given Rwanda's strong governance and data systems, the program has relied on Rwanda's Auditor General and national health information management system, allowing for a small donor staffing footprint.
- **USAID provided direct assistance to the government of Jordan in support to the Jordan Health Fund for Refugees**, a pooled donor fund, and incentivized policy reform while

strengthening systems and facilitating country contributions to refugee health programming."…"

Mike's Substack - Why Is Implementation Science So Damn Slow?

Mike Reid; On Substack

"HIV programs need evidence now. Academic incentives are optimized for publishing papers long after they are relevant."

"… In a world of real time analytics and shrinking budgets, **a lot of HIV implementation science (at least US-funded, I cant speak to elsewhere) is in danger of rendering itself obsolete if it continues to move so slowly**. With PEPFAR programs rapidly transitioning to partner governments, HIV programs need evidence now now, not on 3 years time…."

Stat - Trump returns to controversial vaccine policy with order questioning childhood schedule

https://www.statnews.com/2026/08/10/trump-return-to-vaccine-policy-executive-order/

"'Gloves are off' once again, top adviser says."

"**The Trump administration, which in recent months had avoided public discussions of vaccine policy because of concern around the political repercussions, is changing course.** Speaking from the Oval Office, **President Trump on Monday unveiled a new executive order as he and his top health officials presented a new, skeptical government approach to vaccines**, making extraordinary claims without evidence to support the remade federal agenda…."

"…**The executive order lists vaccines to be recommended for all children, those at high risk of infection, or just in consultation with a clinician — a stark change from the usually public, scientist-led process of determining the federal government's approach to immunization issues**. The new "Gold Standard Childhood Vaccine Recommendations" were instead made in consultation with the president's advisers and relied on comparing the U.S. system to those in other countries. …. The order recommends all children get 11 vaccines instead of the 18 previously recommended by the federal government — and would spread out the doses over a longer time, the president said. **The administration did not provide immunological evidence for the changed schedule…."**

"…**The order also calls for the MMR vaccine, which protects against measles, mumps, and rubella, to be broken up into three vaccines**. That wouldn't be possible, experts say, without years of work and investment to make a change not supported by evidence. Still, the president said without evidence that the vaccine could be "quite lethal" in its combined form, despite the shot being repeatedly proven safe through large-scale studies…"

- See also the Guardian – Trump signs order attempting to override CDC vaccine schedule and break up MMR shots

"**President and RFK Jr, the health secretary, repeatedly referred to autism during signing**, though studies show no link between it and vaccines."

- Related: **Stat – WHO says Trump's latest vaccine policy order is misguided**

"**Breaking up combined vaccines would leave children vulnerable, say Tedros and other leaders."**

"Senior officials of the World Health Organization, including Director-General Tedros Adhanom Ghebreyesus, criticized the Trump administration's newest attempt to trigger an overhaul of U.S. vaccination policy on Wednesday, **calling it politically motivated and contradictory to the best available science….."**

- And a related **BMJ Opinion - US policies are making a resurgence of vaccine-preventable diseases inevitable**

" The US administration's vaccine scepticism is weakening vaccine confidence, write **Tiago Correia, Martin McKee, and Gregg Gonsalves."**

Mental Health

Lancet Comment – Towards a joint classification of neurological and psychiatric disorders

P White et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01498-4/fulltext

"**Psychiatry has been called the other half of medicine, reflecting the separation of mental health services from the rest of health care**. Patients with a mental illness are treated in different clinics and hospitals to those with physical illnesses. **Advances in neuroscience and medicine have gradually eroded the justification for this divide**, but the compelling evidence for the interdependence of brain and mind is easily neglected within our siloed specialties and services. **We believe this separation causes harm to patients with disorders on either side of the line and propose that a joint classification of neurological and psychiatric disorders is theoretically justified, practically feasible, and would benefit psychiatry, neurology, and medicine more broadly."**

"…A **potential solution to the problems created by the nosological separation of neurological and psychiatric conditions is to merge the ICD's neurological and psychiatric chapters into one chapter about the nervous system** (or of nerve, brain, and mind). We suggest that the evidence in favour of such a merger is now so overwhelming that **it should occur in the next (12th) version of the ICD, for which a date is not yet set…."**

The conclude: "… We call for detailed discussion of such a merger, not only between and within the disciplines of psychiatry and neurology, but also among key clinical disciplines, from psychology to neurosurgery and, crucially, among patients with these conditions. **We encourage WHO to address this proposal and to draft a merged chapter of the nervous system as the 12th version of the ICD is developed**. A joint classification of psychiatric and neurological disorders would improve the understanding of these disorders by health-care professionals and the wider public, encouraging integrated holistic care for conditions that make up a large proportion of the global burden of disease."

Nature Comment – Why environmental treaties must also address mental health

M Kumar et al ; https://www.nature.com/articles/d41586-026-02450-3

"**Global conventions have mainly overlooked the psychological and social impacts of climate change, biodiversity loss and pollution**. Here's how to change that."

"**Here, we argue that environmental treaties such as the United Nations Framework Convention on Climate Change should be recognized as upstream policy instruments that shape mental health and psychosocial well-being before clinical intervention is needed**. The UN high-level political declaration recognizing the widespread burden of non-communicable diseases, including mental-health conditions, can become a basis for further action. **To show the interconnected pathways, we propose, as a first step, a tiered policy framework that differentiates between environmental conventions according to their relevance for mental health and their readiness for indicator-based evaluation…"**

More on NCDs

Lancet Editorial – Skin diseases: beyond the visible

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01644-2/fulltext

This week's Lancet Editorial on vitiligo & new trends in dermatology.

"… **A deeper understanding of vitiligo's pathophysiology—the immune-mediated loss of pigment-producing melanocytes—has enabled the development of new targeted therapeutics**. In this week's issue of *The Lancet*, Thierry Passeron and colleagues report the **first phase 3 trials (Viti-Up) of an oral systemic therapy**—the JAK inhibitor upadacitinib—for non-segmental vitiligo in adults and adolescents. **Similar developments have been occurring across dermatology. The boom in trials of targeted therapies, including for chronic hand eczema and plaque psoriasis, is reshaping the treatment of skin conditions long dealt with only superficially with topical therapies. The field deserves to be taken much more seriously**. Skin diseases affect billions of people worldwide and rank among the leading causes of years lived with disability; vitiligo alone affects tens of millions. **In 2025, WHO recognised skin disease as a global public health priority. Advances in research are just the first step. Viti-Up highlights key clinical questions that need to be addressed if this new phase in dermatology is to have meaningful global impact.…**

The editorial concludes: "**Skin diseases have for too long been judged only by what is visible. But their health effects, and the value of any treatment, often lie beyond what the eye can see, in whether the patients can live unashamed, unshunned, and accepted**. To translate scientific progress into clinical benefit, **dermatology must do more—to enrol the patients who reflect the full range of those affected and to measure what has often gone unmeasured: stigma, comorbidity, and quality of life, alongside the long-term risks and financial toll for patients across their lifetime."**

Commercial & social determinants of health

International Journal for Equity in Health - From knowledge accumulation to transformative action: research to catalyze progress on social determinants of health equity

J Berenson, R Marten, Kumanan Rasanathan et al ;
https://link.springer.com/article/10.1186/s12939-026-02900-4

"**Despite three decades of expanding scholarship on social determinants of health (SDH), progress in reducing health inequities has remained limited. While the SDH framework has reshaped global health discourse and informed policy rhetoric, the translation of knowledge into transformative action has been insufficient**. The gap between evidence and impact is not explained by political constraints alone but is also contributed to by the orientation, methods, and practices of SDH research itself. **We identify key limitations in what is studied, how research is conducted, and who leads knowledge production…."**

"**We propose a reorientation of SDH research toward agency and action with greater focus on solutions and implementation pathways, methodological pluralism, multisectoral and participatory knowledge production, improved communication and policy engagement, and reforms to research incentives, funding and governance**. By **repositioning SDH research as an active contributor to political and institutional change**, researchers can more effectively support equitable and sustainable health outcomes in a global context increasingly inhospitable for attention to health equity…."

Habib Benzian - Let's Take a Walk

On Substack;

"On streets, systems, and the quiet normalisation of inequality."

Excerpt: **"… This logic has a name. For decades, it has been described as putting health into all policies.** On paper, the concept of *Health in All Policies* is hard to disagree with. **In practice, it often stops at awareness rather than authority. Health is acknowledged, consulted, assessed, and then traded off…."**

"… The street then becomes more than a diagnostic. It is **also a test of what we are willing to treat as non-negotiable…."**

"What it suggests is something more demanding than another framework, and something different from importing middle-class consumption into poorer neighbourhoods. It points **instead** to **a rethink of what we treat as a boundary condition**. **As long as health remains something to be balanced rather than something that sets limits, inequality will continue to assemble itself quietly, storefront by storefront…."**

Digital health & AI/health

Nature Medicine - Reinventing health communication for the digital era

https://www.nature.com/articles/s41591-026-04556-7

"The commissioners behind the Nature Medicine Quality Health Information for All Commission explain why improving access to accurate, timely and evidence-based information is now essential to global health."

Global Public Health - The case for near-term artificial intelligence risks to be considered a public health problem

Richard C. Armitage; https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2716984

"**AI is being rapidly integrated across nearly all sectors, including within healthcare and health systems. The prevailing dominant narrative frames AI's impact on health as overwhelmingly positive and destined to improve further. However, this benefit-focused discourse overlooks a growing set of serious risks to human health arising from AI systems already in use or clearly on a path to deployment—termed as near-term AI risks to health.** The **most prominent near-term AI risks to health are outlined**, including algorithmic bias, erroneous clinical diagnoses and recommendations, AI-enabled health disinformation, harms to mental health, AI-driven mass unemployment, lethal autonomous weapons systems, AI-enabled chemical and biological weapons and AI as both a vulnerability and an enabler of cyberattacks on health systems. **Each risk is already causing harm, or could plausibly do so soon, to the health of substantial proportions of populations, thereby collectively satisfying the criteria for a public health problem**. Recognising near-term AI risks to health as a public health problem rebalances the benefit-centric narrative. **The article addresses counterarguments and briefly outlines potential risk management responses: mandatory AI health impact assessments for high-risk systems, public health-oriented surveillance of AI-related harms and systematic embedding of public health expertise within AI governance structures."**

Lancet - AI for science: decoding complexity for planetary health

E Chen, I Kickbusch et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01368-1/fulltext

"The planetary health system is extraordinarily complex, encompassing human communities, wildlife species, natural ecosystems, and diverse societal factors. Planetary health is constrained by boundaries and finite resources shared across generations.Without artificial intelligence (AI), fully tracking and simulating humanity's collective environmental footprint against planetary limits was an insurmountable challenge."

"Peking University, China, is leading an international collaborative effort to build the Planetary Health Axis System (PHAS)—an AI-driven dynamic model. PHAS maps the intricate, non-linear connections of a vast array of interconnected elements and runs century-scale projections across tens of thousands of variables, capturing interactive loops and networks that integrate social and ecological systems. **Designed to support decision making, PHAS assesses the systemic impacts of**

individual or combined policies across four interconnected axes: human health, species health, environmental health, and societal health. PHAS also reveals synergies, trade-offs, and crucial leverage points that conventional fragmented indicators fail to identify…..”

PS: “**Preliminary PHAS results from a preprint paper** have reproduced well documented associations between extreme temperature, air pollution, and mortality. Comprehensive out-of-sample validation and a **public data dashboard will be launched in late 2026**….”

Planetary Health

Devex Pro – Could COP31 be the end of negotiations?

https://www.devex.com/news/could-cop31-be-the-end-of-negotiations-112866

(gated) “**No blockbuster deal is on the table at COP31. Instead, negotiators are grappling with climate finance, implementation, and an uncomfortable question: What is COP for now?”**

Devex – Turkey bets on south-south cooperation ahead of COP31

https://www.devex.com/news/turkey-bets-on-south-south-cooperation-ahead-of-cop31-113068

“Turkey is pitching a new global south-south climate cooperation initiative ahead of COP31 as a practical way to connect developing countries with finance, technology, and implementation support.”

“**In July, the Turkish Cooperation and Coordination Agency, or TİKA, alongside the COP31 High-Level Climate Champion and the U.N. in Turkey convened a policy dialogue in Ankara** as an initial step **toward establishing a Turkey-anchored South-South and Triangular Cooperation Climate Initiative.** The initiative is meant to connect developing countries with practical solutions, expertise, technologies and financing while supporting climate resilience and the implementation of nationally determined contributions, with a particular focus on least developed countries and small island developing states. **The dialogue was framed by organizers as a way to get ahead of the implementation gap that's expected to dominate COP31 in Antalya…”**

PS: it’s just **a proposal** for the time being.

Nature (News) - A ‘super’ El Niño could transform the Amazon. Is the world’s biggest rainforest doomed?

https://www.nature.com/articles/d41586-026-02449-w

“**The Amazon rainforest might be closer to a tipping point than scientists thought**. Some fear that droughts and fire could nudge it into irreversible decline.”

Nature - Ocean temperatures set to break all-time record: what's next?

https://www.nature.com/articles/d41586-026-02496-3?utm_source=x&utm_medium=social&utm_campaign=nature&linkId=63218791

"**High sea surface temperatures are expected to weaken ocean carbon sinks and damage coral reefs."**

"The world's oceans are on the brink of setting an all-time heat record, reaching **temperatures that could roil marine ecosystems and sap the ocean's ability to take up carbon dioxide from the air.** "It just **spells trouble for the planet**," says Kristina Dahl, a climate scientist at Climate Central, a non-profit organization in Princeton, New Jersey."

One Earth- Toward actionable planetary boundary intelligence

K R Shahi, J Rockström et al ; https://www.cell.com/one-earth/abstract/S2590-3322(26)00181-8

"The Planetary Boundaries framework underpins sustainability governance, yet seven of nine boundaries are transgressed and **assessments remain too coarse and infrequent** to guide action. **A planetary boundary intelligence system leveraging Earth observation and geospatial AI could deliver validated, uncertainty-aware indicators of Earth system dynamics if built on defined needs and sustained infrastructure."**

The Conversation - As the climate breaks down, costs go up: Welcome to 'climateflation'

R M Katz-Rosene et al ; https://theconversation.com/as-the-climate-breaks-down-costs-go-up-welcome-to-climateflation-289352?utm_source=bluesky&utm_medium=bylineblueskybutton

"… **Our new research proposes a new way of thinking about rising costs in our contemporary era, through the lens of what we call "climateflation."…**" As a concept, **climateflation proposes that the causes, effects and even attempts to mitigate and adapt to climate change are conspiring to make everyday life more expensive.** As ecological political economists, we are concerned not just with how rising costs impact people's wallets, but also with how **it might have spin-off effects in areas such as social inequality, political radicalization, geopolitical instability and environmental degradation."**

"…the three main areas we outline above — **fossilflation, carbonflation and greenflation** — are the **main constituent parts of climateflation…..**

Guardian - AI's potential climate benefits outweighed by role in boosting fossil fuels, study finds

https://www.theguardian.com/technology/2026/aug/11/ai-will-do-more-to-boost-fossil-fuel-production-than-green-energy

"Modelling finds AI-driven productivity gains in coal, oil and gas enable more emissions than applications in renewables avoid."

“AI-driven productivity gains enable more planet-heating pollution from fossil fuels than they avoid from renewables, **a study** has found….”

Nature (News explainer) - Heatwaves have killed millions. Here’s how scientists tally lives lost

https://www.nature.com/articles/d41586-026-02430-7?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=63131448

“**Two very different methods are used to estimate the human toll of heatwaves** such as those now hitting parts of Asia and Europe.”

Climate Change News - “We’ve gone backwards” – new plastics treaty text dims hopes for production curbs

https://www.climatechangenews.com/2026/08/12/weve-gone-backwards-new-plastics-treaty-text-dims-hopes-for-production-curbs/

“During troubled talks, **fossil fuel-producing nations have pushed for a global pact to tackle only plastic waste rather than reducing the size of the problem.”**

“A new draft text to revive deadlocked UN plastics treaty talks does not include specific measures on managing runaway plastic production, a growing source of greenhouse gas emissions, drawing criticism from some countries and campaigners that ambition for the global pact is shrinking.”

BMJ GH - It’s time to put plastics on the health security agenda: a call to action for Indonesia and Australia

S A Saisabilla et al ; https://gh.bmj.com/content/11/8/e023316

« Indonesia has become the primary recipient of Australia’s exported plastic waste, adding to more than 7 million tonnes of domestic plastic waste generated each year. A significant proportion of this waste is openly burned or poorly managed, releasing toxic pollutants linked to respiratory disease, cardiovascular stress, adverse pregnancy outcomes and elevated cancer risk—**firmly placing plastic waste as an emerging public health threat and not just an environmental issue.”**

« ….**Recognising plastics as a regional issue and integrating plastic waste management into Comprehensive Strategic Partnerships (CSP), such as the recently signed Australia–Indonesia CSP, could enhance regional environmental security**, reduce health risks and support pan-national achievement of sustainable development objectives and health protection goals….”

BMJ (Opinion) - India’s heatwaves expose the gendered harms of the climate crisis

https://www.bmj.com/content/394/bmj-2026-100556

"Men can adapt to hot weather, whereas women are expected to cope while conforming to social expectations around modesty and housework, write **Indu Subramanian** and **Christianez Ratna Kiruba."**

Access to Medicines, Vaccines & other health technologies

Nature Medicine – Global access to different classes of diabetes medicines: a framework for targeted policy actions

F Teufel et al ; https://www.nature.com/articles/s41591-026-04579-0

"Around 530 million individuals globally have type 2 diabetes, leading to substantial health burdens, as well as economic losses estimated at US $10.2 trillion between 2020 and 2050. Yet, only one in five individuals with diabetes attain glycemic control. The largest diabetes care gaps are in low- and middle-income countries (LMICs), where limited access to medicines is a major barrier in averting diabetes complications. Policy lessons from the HIV response offer a general toolkit for increasing the availability, accessibility and affordability of chronic disease medicines, but these approaches must be adapted to the far larger scale of the diabetes epidemic. **Here, we propose a framework that categorizes diabetes medicines based on key access-related characteristics and outline corresponding health policies that could help achieve and sustain access, particularly in LMICs…."**

Lancet Regional Health Africa - Trends and inequities in childhood immunisation coverage across West Africa, 1992–2024: a pooled analysis of 81 Demographic and Health Surveys from 14 countries

G E Azumah et al ; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00105-7/fulltext

Findings: "**Pooled full immunisation coverage was 48.0%, ranging from 24.1% (Guinea) to 85.6% (Gambia) in recent rounds**. Zero-dose prevalence declined but remained 17.2% pooled. **Pro-rich inequality was confirmed in 11 of 14 countries, most severely in Nigeria (Wagstaff CI = 0.168) and Guinea (0.156). Equity reversals were detected in Ghana, Mali, and Senegal around 2012–2013**, while the regional wealth gradient narrowed over time (interaction OR = 0.962 per decade, 95% CI 0.937–0.986). Skilled birth attendance (OR = 1.84) and four or more antenatal visits (OR = 1.53) were the strongest modifiable predictors."

Interpretation of the findings: "Immunisation inequities persist across West Africa even as average coverage improves. The equity reversals in Ghana, Mali, and Senegal occurred independently of coverage gains, confirming that monitoring average coverage alone is insufficient and that equity metrics should be embedded in routine surveillance. The strongest modifiable predictors, skilled birth attendance and adequate antenatal care, identify health system contact as the primary leverage point."

Conflict/War & Health

Lancet Global Health (Comment) – Disability, conflict, and emergencies: 17 years on

A Hamid et al ; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00225-1/fulltext

« Armed conflicts and humanitarian crises are escalating worldwide, displacing record numbers of people and placing unprecedented strain on fragile health systems. **People with disabilities are disproportionately affected by conflict, which acts as both a driver and amplifier of disability globally through injury and health system disruption.** In Gaza, at least 43 000 people have sustained life-changing injuries from explosive weapons and the destruction of health facilities, likely resulting in long-term disability. The Eastern Mediterranean region is disproportionately affected, yet **evidence on access to services for people with disabilities in conflict remains scarce**. **As the international community convened in June, 2026, for the 19th Conference of States Parties to mark 20 years of the Convention on the Rights of Persons with Disabilities and review its implementation, this scarcity of evidence highlights the persistent gap between policy and practice. Despite escalating needs, disability inclusion remains an afterthought, rarely integrated into frontline responses. »**

« Nearly two decades after Kett and van Ommeren warned in The Lancet that disability remained a neglected dimension of conflict and humanitarian emergencies, **a substantial gap persists between international disability policy and field-level implementatio**n. Across these two decades, **several institutional shifts have reshaped disability inclusion in humanitarian action…".** But implementation is lacking.

Miscellaneous

Nature Editorial – The forgotten 20 million: why is the world neglecting Afghanistan's girls and women?

https://www.nature.com/articles/d41586-026-02454-z

"It is shameful that half the country's population continues to be overlooked by the international community."

- Related: New Humanitarian – Five years on, international limitations weigh on Taliban-run Afghanistan as rights concerns persist

"Aid workers say vulnerable Afghans are paying the price for declining Western assistance and limited engagement with the Islamic Emirate."

- And a **Lancet World Report - Afghan health under pressure 5 years after Taliban takeover**

“Restrictions on women and girls, deep cuts to international aid, health-facility closures, and mass returns are mounting pressure on Afghanistan's fragile health system. Sophie Cousins reports.”

BMJ (Analysis) - Pitfalls of announcing regulatory policy in medical journals

https://www.bmj.com/content/394/bmj-2026-100438

“**Sean Tu and Aaron Kesselheim** argue that **sidestepping established administrative processes** to announce major regulatory policies **undermines transparency, public participation and trust, and regulatory legitimacy.”**

Lancet World Report – The global resurgence of syphilis

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01646-6/fulltext

“WHO's efforts to eliminate the disease are way off target. Sophie Cousins reports.”

““Total global health failure.” That is the view of **Michael Marks, Professor of Medicine at the London School of Hygiene & Tropical Medicine,** on the inability to tackle syphilis and congenital syphilis. **The latest data from WHO show that between 2016 and 2022, new cases of syphilis in adults aged 15–49 years increased globally from 6 million to 8 million. The Americas and Africa together account for more than 70% of the global burden of the disease….”**

UN News - Cholera spreads across borders in West and Central Africa

https://news.un.org/en/story/2026/08/1168125

“Cholera is spreading rapidly across West and Central Africa, with active outbreaks now in six countries and millions of children at growing risk, UN children’s agency **UNICEF** has said.”

Global health events

Africa CDC (press statement) – Africa is Ready to Lead: CPHIA 2026 Opens the Next Chapter of African Public Health

https://africacdc.org/news-item/africa-is-ready-to-lead-cphia-2026-opens-the-next-chapter-of-african-public-health/

“Africa CDC invites scientists and public health experts to submit their work and help shape the scientific programme as the continent moves from health dependency to ownership, resilience and sovereignty.”

“Africa’s public health story is entering a new chapter, shaped by stronger African institutions, African science, local capability and a growing determination to set the continent’s own health agenda. That ambition will be at the centre of the **5th International Conference on Public Health in**

Africa (CPHIA 2026), convened by Africa Centres for Disease Control and Prevention (Africa CDC) from **23 to 27 November 2026**."

"… Under the theme **"Africa's Health Security and Sovereignty: Transformation from Health Dependency and Vulnerability to Ownership and Resilience,"** CPHIA 2026 comes at a consequential moment for the continent…."

2027: A decisive year to consolidate Spain's commitment to global health

J M Rubio et al ; https://www.global-health-edctp3.europa.eu/news-and-events/news/2027-decisive-year-consolidate-spains-commitment-global-health-2026-07-09_en

"**Madrid, Zaragoza and Barcelona will bring together international experts to discuss strategies for addressing health challenges in a globalised world."**

"**In 2027, Madrid, Zaragoza and Barcelona will host three of the leading international forums on research, prevention and the fight against infectious diseases**. The 13th EDCTP Forum on infectious diseases (April, Madrid)…; the 8th Global Forum on TB vaccines (April, Zaragoza); and the 15th European Congress on Tropical Medicine and International Health (ECTMIH 2027) (October, Barcelona).

Global health governance & Governance of Health

Guardian – Costa Rican diplomat emerges as strong contender to be first female head of UN

https://www.theguardian.com/world/2026/aug/09/costa-rican-diplomat-rebeca-grynspan-contender-first-female-head-of-un

"Rebeca Grynspan seen as continuity candidate with tacit support from current secretary general, António Guterres."

Related:

- **WPR Briefing - How the Next U.N. Secretary-General Will Shape the World Order to Come (M Wählish)**

"…. While much of the media coverage has focused on the contenders' ideological leanings and their palatability to the veto-wielding permanent members of the Security Council, **the choice of the next secretary-general will reveal less about the candidates themselves than about the major powers charged with selecting them. Their decision will show what kind of U.N. they are still prepared to tolerate, and how much room they are willing to leave for independent multilateral diplomacy**."

Wählish concludes: "**In an era of growing confrontation, an effective secretary-general is not a luxury for the international system, but a strategic asset**. The next secretary-general will not determine the future of world order. But the choice will reveal something important about the order

we already inhabit: **whether the major powers still see value in an independent diplomatic voice that can mediate between them, warn them and, when necessary, tell them things they would rather not hear. In an age of renewed confrontation, preserving that space is no small responsibility**."

Global Governance: A review of Multilateralism and International Organizations - Global South Redux: The Making of a Geopolitical Concept

R Kaur; https://brill.com/view/journals/gg/32/2/article-p207_4.xml

"**The idea of the Global South has been re-surging since the onset of the Ukraine War. Yet its renewed form is not a re-run of its twentieth century original. It draws from multiple bloodlines of anti-imperialist struggles, bureaucratic regimes of development, and the promise of capitalist markets**. Once a name for the global 'other', **the concept has been reconfigured as self-identification of an emerging geopolitical force by a coalition of postcolonial nations**. It simultaneously captures the dreams of multipolarity as well as contradictions of great political and economic shifts rearranging the postcolony. What makes the Global South a durable sign that can be repurposed time and again, is its **flexibility**: the capacity to not only encompass multiple lineages sometimes at odds with each other but also continuously absorb contradictions and new meanings. **This introductory essay to the special forum traces the historical conditions within which the Global South redux emerged, and its manifold futures that lay ahead…."**

- Check out the **other papers** in this Special Forum **Global South Redux**

Foreign Aid and What Comes Next

B M Hunter et al ; https://scga.scot/2026/08/11/foreign-aid-and-what-comes-next/

A review paper from Scotland. Includes a review of **the prospects for three aspects** of the proposed post-aid settlement: **private & blended finance; domestic resource mobilization; reparations.**

Carnegie - How Populist Middle Powers Are—and Are Not—Reshaping Global Politics

C S Chivvis et al ; https://carnegieendowment.org/research/2026/08/how-populist-middle-powers-areand-are-notreshaping-global-politics

"There is a transnational far-right populist movement that links middle powers in a global movement that extends well beyond Trump." *" Focusing on middle powers, the series explores how populist leaders reshape foreign policy, build transnational networks, and advance shared agendas across borders…. "*

ODI - Is the Shanghai Cooperation Organisation the future of multilateralism? India may be the test

V Cable; https://odi.org/en/insights/india-sco-and-the-future-of-multilateralism/

"India's continued engagement with the Shanghai Cooperation Organisation reveals how major powers are learning to cooperate without alignment."

"The Shanghai Cooperation Organisation (SCO) Heads of Government meeting at the end of August involves countries which account for 42% of the world's population and 36% of world GDP, measured at purchasing power parity. Comparable metrics for the G7 are 10% and 28%. Yet **the G7 meeting in France in June attracted global attention** while the SCO meeting will likely attract very little. **That may be a mistake. In an increasingly fragmented world, the SCO raises an important question: can countries with very different interests and political systems still build meaningful forms of multilateral cooperation? India's membership brings that question into particularly sharp focus…."**

"India frames its membership of the SCO as being part of its overall diplomatic strategy of 'multi-alignment'. Multi-alignment is not the same as non-alignment…"

UHC & PHC

Lancet Primary Care – July issue

https://www.thelancet.com/issue/S3050-5143(26)X2007-6

Including the **Editorial: One year of The Lancet Primary Care**

"July, 2026, marks 1 year of *The Lancet Primary Care*. **The addition of this title to the growing portfolio of The Lancet Group signalled a clear commitment to advocate for primary health care globally, with public health services, primary care, and community engagement as the foundation for comprehensive care for complex health need**s. Our mission to provide an independent voice for the community and champion the value of primary health care worldwide, with the ultimate goal of strengthening health systems as essential institutions, has been our guiding principle during this first year….."

Pandemic preparedness & response/ Global Health Security

WHO and Tsinghua University launch collaboration to strengthen global health emergency preparedness

https://www.who.int/news/item/06-08-2026-who-and-tsinghua-university-launch-collaboration-to-strengthen-global-health-emergency-preparedness

"**The World Health Organization (WHO) and the Vanke School of Public Health (VSPH) at Tsinghua University, People's Republic of China, have launched a two-year collaboration to strengthen global health emergency preparedness** through research, capacity-building and the application of frontier technologies, including artificial intelligence (AI)…."

Planetary health

Guardian – World's seas have hit hottest temperature on record for July, say scientists

https://www.theguardian.com/environment/2026/aug/10/global-seas-hottest-temperature-july-scientists?utm_source=dlvr.it&utm_medium=bluesky&CMP=bsky_gu

"Average sea surface temperature outside polar regions was highest on record for July, beating previous high in 2023."

Siberian methane emissions have doubled in a decade, study co-led by UK scientists finds

https://www.eurekalert.org/news-releases/1139031

"Methane emissions from Siberia have more than doubled over the past decade, according to new research co-led by scientists at the University of Edinburgh's National Centre for Earth Observation (NCEO)…"

Nature News - Ancient rise in CO2 was catastrophic for forests: what that means for today's plants

https://www.nature.com/articles/d41586-026-02544-y

"A widespread dieback of forests due to climate change 56 million years ago has parallels with today."

Re a new **Science study.** "…This **sudden warming event, called the Paleocene–Eocene Thermal Maximum (PETM)**, was one of the most notable climatic upheavals in Earth's history. The volume of CO2 released during that period is thought to be roughly equivalent to total human emissions that would be released by the end of the twenty-first century under a pessimistic scenario. The ancient surge of CO2 raised global average temperatures by between 5 and 9 °C, changing the climate for more than 150,000 years…."

Guardian - India fuels worldwide jump in planned coal production

https://www.theguardian.com/environment/2026/aug/13/india-planned-coal-production-new-mine

"Rise in new mine proposals, mainly in states of Odisha and Jharkhand, comes despite plateau in global demand."

"**Enough new coalmining projects were proposed last year to increase global supplies by 2.5bn tonnes a year, an increase of 11% from the year before, even as demand for coal plateaus, according to a new report.**

"**Global Energy Monitor, an NGO**, found that India ignited a rise in new coalmine proposals in 2025 despite a global slowdown in the number of mine openings because of falling demand for the fossil fuel. The **increase was driven almost entirely by the states of Jharkhand and Odisha**, which doubled their proposals for new coalmines **in line with an ambitious plan from India's ministry of coal to increase the country's output.** India plans to increase its coal production by nearly 100m tonnes to 1.15bn tonnes in the 2025-26 fiscal year to help meet the country's rising demand for electricity to support economic growth and contend with heatwaves, which have become more severe and more frequent because of the climate crisis. **The planned increases come despite signs that the world is beginning to turn its back on coal in favour of renewable electricity, Global Energy Monitor said….."**

Inside Climate News - Wildfire Smoke Is Now a Bigger Prenatal Threat Than Human Sources of Air Pollution

https://insideclimatenews.org/news/07082026/wildfire-smoke-pollution-prenatal-threat/

"As regulations have reduced prenatal exposure to harmful emissions from vehicles and industry in recent years, **smoke from climate-fueled wildfires is erasing air quality gains."**

Nature Sustainability- On the relevance of post-growth in China

M Li, J Hickel et al ; https://www.nature.com/articles/s41893-026-01889-6

« **This Perspective discusses China's position in a possible global post-growth transition and explores convergence and difference between post-growth principles and development priorities in China.** We consider how **China's concepts of 'high-quality development' and 'ecological civilization'** could integrate post-growth principles, and vice versa. Understanding China's context is crucial for a collaborative, effective approach to sustainability and global equity. »

Infectious diseases & NTDs

Lancet Comment – Once-weekly oral antiretroviral therapy for HIV

https://www.thelancet.com/journals/lancet/onlinefirst

Comment related to a **new Lancet study** – Switch to once-weekly, single-tablet islatravir–lenacapavir from daily standard of care for HIV-1 (ISLEND-2): a multicentre, randomised, open-label, active-controlled, phase 3 non-inferiority trial (by A E Colson et al)

From the study: "**Once-weekly islatravir–lenacapavir showed non-inferior efficacy to the standard of care and was generally well tolerated**. Longer-term safety data will provide further valuable insights beyond the week 48 data presented here. **Islatravir–lenacapavir has potential to be the first once-weekly complete oral single-tablet regimen for HIV-1 treatment."**

Science – A boost for chemical vaccination against malaria

https://www.science.org/doi/10.1126/science.aek0196

"Chemical inhibition of Plasmodium plasmepsin proteins offers a new path for drug-based malaria vaccination."

- Related: **Science - Chemovaccination with a late-liver-stage antimalarial induces durable immunity against malaria**

PS: **"In chemovaccination,** exposure to live parasites is accompanied by the administration of antimalarial drugs that arrest the parasite life cycle, preventing illness and allowing the immune system to respond to the attenuated parasite….."

Plos GPH - Resilience of health systems in Africa to infectious disease shocks: A qualitative evidence synthesis

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006938

By Denis Okethwangu et al.

NCDs

NEJM - Evidence-Based Tobacco-Cessation Strategies for Low- and Middle-Income Countries

D Shelley et al;
https://www.nejm.org/doi/full/10.1056/NEJMra2507061?query=featured_secondary_home

« This review summarizes tobacco-cessation strategies in low- and middle-income countries, with emphasis on population-level interventions, subsidized pharmacotherapy, and systemwide integration to expand access to treatment. »

Nature Medicine - Sleep as therapy

https://www.nature.com/articles/s41591-026-04582-5

"**Once seen as a symptom, disrupted sleep is emerging as a modifiable driver of chronic illness**. Drugmakers are targeting sleep pathways to reshape chronic disease biology, from pain to depression."

Nature Medicine - Type 2 diabetes prevention across the life course

Y Wang et al; https://www.nature.com/articles/s41591-026-04550-z

"**Rather than intervening when dysglycemia is established, prevention efforts should focus on prediabetes remission and restoration of normoglycemia**. Here the authors call for a new agenda informed by mechanistic heterogeneity, a life-course risk architecture and scalable precision tools."

Plos GPH – A content analysis of global and national policies, plans, and guidelines to integrate NCDs with HIV care in LMICs

Reet Kapur et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007072

" Global organizations have called for integrating NCD management into existing HIV care systems, but it is unclear what actions countries are taking to accomplish this goal. To bridge this knowledge gap, **we conducted a quantitative content analysis of HIV policy documents from the World Health Organization (WHO), the US President's Emergency Plan for AIDS Relief (PEPFAR) and 22 PEPFAR-sponsored LMICs to analyze mentions of**: 1) screening and treatment of selected NCDs (hypertension, diabetes, cervical cancer, and depression) and/or two NCD risk factors (alcohol and tobacco use), and 2) health system-strengthening strategies when mentioned in relation to the selected NCDs and risk factors. **We used the WHO's Building Blocks framework to identify these strategies…"**

Social & commercial determinants of health

Unseen Women, Invisible Struggle: Zika and the Gendered Burden of Care in Brazil

C Batista et al; https://academic.oup.com/edited-volume/62988/chapter-abstract/570427671?login=false&redirectedFrom=fulltext

« **The Zika epidemic in Brazil can be understood not only as an arboviral outbreak with severe congenital consequences but also as a socially patterned public health crisis that exposed how infection, reproductive risk, and the long-term consequences of care were unequally distributed across gender, race, class, and territory.** First identified in Brazil in 2015, the infection in pregnant women was later associated with a steep increase in microcephaly and other severe congenital abnormalities, later described as congenital Zika syndrome. The epidemic unfolded through pre-existing structural inequalities and disproportionately affected poor Black and brown women in the Northeast, in some of the country's least developed territories. **This article examines the Zika epidemic in Brazil through four lenses: intersectionality, structural inequality and the social determinants of health, reproductive politics, and the gendered burden of care. It shows how precarious housing, inadequate access to sanitation and piped water, food insecurity, low education levels, weak reproductive protection, and unequal access to health care and social support shaped exposure to infection, limited women's ability to avoid contact with mosquitos, constrained women's reproductive autonomy, and transferred the long-term work of care to mothers and families.** A decade after the crisis gained global visibility, **the burden of Zika persists in certain impoverished regions of Latin America and the Caribbean**, posing potential threats for future reemergence. As the virus followed the contours of race, vulnerability, and deprivation, an **unfinished agenda remains with regard to integrating the social determinants of health, long-term caregiving, and reproductive justice as part of global health preparedness**. »

Sexual & Reproductive health rights

Lancet GH - Drivers of adolescent pregnancy decline in five adolescent sexual and reproductive health and rights exemplar countries: a quantitative decomposition analysis

C B Aerenson et al ; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00196-8/fulltext

"In 2023, there were 9·9 million births among adolescents aged 15–19 years in low-income and middle-income countries, with an estimated half of those births unintended. **Cameroon, Ghana, Malawi, Nepal, and Rwanda stand out as exemplar countries experiencing some of the largest declines in adolescent fertility** (ie, the demographic concept of livebirths per woman) **globally between 2000 and 2023 relative to countries with similar socioeconomic change during this period**. We aimed to examine how these five countries reduced adolescent pregnancy by decomposing declines into key determinants…."

Lancet Regional Health Africa – Breastfeeding in Africa: mothers need enabling environments beyond education

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00101-X/fulltext

Editorial of the new August issue .

Related to **World Breastfeeding week.**

Neonatal and child health

Lancet Global Health (Comment) – Beyond survival: malaria-associated acute kidney injury

M A Alao et al ; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00169-5/fulltext

"**In this issue of *The Lancet Global Health*, Kagan A Mellencamp and colleagues report that children who survive severe malaria complicated by acute kidney injury (AKI) have three times the risk of major adverse kidney events, four times the risk for mortality 2 years after discharge, and an elevated likelihood of subsequent chronic kidney disease (CKD). Their findings shift attention from the immediate question of survival to the longer term question of kidney health after survival**. This reframing is timely. Malaria caused an estimated 263 million cases and 597 000 deaths globally in 2023, with the WHO African region accounting for 94% of malaria-related deaths; children younger than 5 years accounted for more than three-fourths of these deaths…."

"**For decades, the paediatric severe-malaria agenda has appropriately prioritised a single urgent outcome: survival through acute illness. That priority remains unquestionable. However, the new findings presented by Mellencamp and colleagues challenge the assumption that malaria-**

associated AKI is typically transient after fever resolves and serum creatinine levels improve. This distinction is important because AKI in severe malaria is common, frequently community acquired, and often under-recognised, particularly when non-standard definitions, isolated creatinine measurements, or inadequate urine-output monitoring are used…"

- The **new study in the Lancet GH:** Long-term mortality and risk of chronic kidney disease in children following severe malaria complicated by acute kidney injury: a prospective observational study

Access to medicines & health technology

- Via People's Health Dispatch: "**An India–US trade deal could come with a hidden price tag: more expensive medicines**. At the heart of the discussion lies **the contentious issue of Data Exclusivity (DE) –** a provision that could delay generic competition, extend monopolies, and ultimately put life-saving drugs out of reach for millions…."

Lancet Regional Health - Invisible fungal disease, visible consequences: diagnostic capacity and antimicrobial resistance in Africa

Samar R. Abdullahi et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00108-2/fulltext

« **Severe invasive fungal diseases (IFD) cause about 6.5 million infections and 3.8 million deaths every year, a burden similar to tuberculosis and malaria. However, IFD are largely missing from national health records and global disease estimates.** The **problem is especially clear in Africa**, where high rates of HIV and tuberculosis drive cryptococcal disease, invasive aspergillosis, and histoplasmosis. Yet, these are often the same places where fungal testing and disease tracking are hardest to access…."

"…**Poor access to fungal testing also affects antimicrobial resistance**. When IFD cannot be confirmed, patients often receive long courses of antibacterial treatment while the real IFD goes untreated. Patients with chronic lung aspergillosis may receive repeated antibiotics or extra tuberculosis treatment, while patients with bloodstream yeast infections or cryptococcal meningitis may be treated as bacterial infections simply because the right tests are not available. Resistance in fungi is equally invisible: without culture and susceptibility testing, resistant isolates are never identified and never counted. **Antimicrobial resistance strategies have rightly focused on antibiotic stewardship and surveillance, but diagnostic stewardship, making sure the right test happens before treatment, has received far less attention**. **Expanding access to essential fungal tests should be seen as a core part of antimicrobial stewardship, not a separate goal…."**

Nature Africa – Nanophotonics offers new hope for early malaria diagnosis

https://www.nature.com/articles/d44148-026-00226-5

"**Tanzanian physicist Amos Kiyumbi** is developing affordable malaria diagnostics for low-resource settings by harnessing the power of light and nanotechnology."

Lancet Infectious Diseases (Newsdesk) – Merck's alimatravir licensing deal receives mixed response

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00439-1/abstract

"In July 2026, Merck announced licensing agreements with seven manufacturers for generic production of its HIV drug alimatravir, though access and equity concerns remain. Ed Holt reports."

Human resources for health

Human Resources for Health -Critical unemployment or shortage of the health workforce in West Africa? Unravelling the health labour market puzzle in Guinea, 2024

Delphin Kollié et al; https://link.springer.com/article/10.1186/s12960-026-01087-7

"The 2016 global strategy on health human resources highlights the health workforce as a cornerstone of sustainable and resilient health systems. **Over the last decade, Guinea has launched great reforms to tackle critical health workforce challenge**s, including shortages and geographical imbalances. **We undertook this study to understand the implications of these reforms on the availability, distribution, gender composition, and employment of the workforce in rural areas…."**

SSM Health Systems - To leave or stay towards Universal Health Coverage: qualitative analysis of factors influencing poor retention of primary healthcare workers in deprived districts of Ghana

https://www.sciencedirect.com/science/article/pii/S2949856226001303

By S Amon et al.

HP&P – The political economy of novel food taxes and subsidies in India: insights from stakeholder interviews and a scoping review

https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag093/8739469?login=false

by A Summan et al.

Decolonize Global Health

Plos GPH – The precarious state of community engagement in African clinical trials: A systematic review of funding, workforce gaps, and the path to institutionalization

L Engelbert Bain et al.

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006484

"…. **Analysis revealed a dependency trap with approximately 90% of clinical trials in sub-Saharan Africa estimated to be funded by external international donors, creating a sustainability gap where essential trial components, such as community engagement and laboratory infrastructure, often dissolve upon the conclusion of a specific grant**. We identified **three primary typologies**: instrumental (recruitment-focused), ethical (compliance-focused), and collaborative (partnership-focused). Findings show that while robust CE correlates with improved recruitment and social value, the reliance on uncompensated community labor and indirect funding models threatens the long-term viability of the African trial ecosystem. **Transitioning from extractive CE to institutionalized CE is critical for Africa's vaccine sovereignty, requiring funding models to shift toward direct, ring-fenced budgets to ensure pandemic preparedness and ethical integrity."**

Migration & Health

UN News – Migrant deaths climb sharply in 2026, new UN data shows

https://news.un.org/en/story/2026/08/1168127

"**Severe weather, war, economic pressure and shifting policies reshaped migration journeys across multiple regions in the first four months of 2026, driving a surge in deaths**, according to new data released on Wednesday by the **International Organization for Migration (IOM)."**

Think Global Health - Japan's Immigration Push Calls for Health System Reform

H M Abeywickrama; https://www.thinkglobalhealth.org/article/japans-immigration-push-calls-for-health-system-reform

"As Japan seeks to attract foreign workers, the government should address its health system's language barriers, cultural misunderstandings, and structural challenges."

Papers & reports

HP&P - Examining evidence use in vaccine policymaking in Kenya: A qualitative case study

D Waithaka, et al; https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag100/8758085?searchresult=1

“Although evidence-informed health policymaking is widely promoted, evidence use in vaccine policymaking and the institutional and actor dynamics shaping it remain poorly understood. **This study investigates what types of evidence were used and how they were used in vaccine policymaking in Kenya.** Using a qualitative case study design, **we focused on the introduction and roll-out of HPV and malaria vaccines. “**

“… **Framework analysis was used to analyse the data, guided by two analytical frameworks**: (1) a spectrum approach for categorizing evidence along two dimensions - scientific to tacit and global to local - and (2) Weiss’s models of research use, which interpret patterns of evidence utilization in policymaking. **The findings show that international actors, through their financial and technical authority, substantially influenced national policymakers’ adoption of global guidance and scientific evidence. Local programmatic expertise played a crucial role in validation and contextualization of global guidance and scientific evidence to fit local contexts**. The **dominance of medical and public health professionals in decision-making spaces** led to the prioritisation of evidence on vaccines’ public health benefits over socio-political considerations. **Local civil society’s influence in vaccine policymaking was limited,** with their community-based experiential knowledge primarily informing advocacy, communication, and social mobilization, rather than vaccine prioritisation and policy decisions. **We conclude that strengthening evidence-informed policymaking requires more inclusive approaches that value diverse evidence types.”**