IHP news 894 : Catching up on the second half of August

*(**28 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,

As promised, though a bit earlier than foreseen, here's a **catch-up issue on the past two weeks in global health**. I've been spending among others some time in Basel (*family visit*), also the home of a few big pharmaceutical companies with rather flashy headquarters (*you probably know what I think of pharmaceutical companies that can afford shiny 'towers' – and no, it's not that the World Health Summit organizers should *really* invite their CEOs to the opening plenary/ceremony :)*).

This issue features updates on the **Ebola emergency**, 100 days into the outbreak (*or at least declared a PHEIC*), the **WHO DG race** (*and related staff movements – with among others Bruce Aylward still on a neverending Rolling Stones-style farewell tour :))*, the **WHO Afro regional meeting** in Addis, a bunch of **new journal articles**, and much more.

Enjoy your reading.

Kristof Decoster

Featured Article

Germany, the Last Stabiliser?

Why being global health's indispensable payer no longer buys leadership

By **Habib Benzian**

Germany may be the country the World Health Organization (WHO) can least afford to lose. That does not make it the country others are willing to follow.

The United States has withdrawn from WHO, reduced foreign assistance for health and begun recasting its global health engagement around bilateral "America First" health agreements. The resulting funding shock has made Germany an obvious stabiliser. But its rise also exposes a larger problem. Financial weight can protect institutions from immediate disruption without necessarily generating wider political authority or trust. …

- To continue the read, see IHP - Germany, the Last Stabiliser?

Highlights of the week

Structure of Highlights

- A few must-reads of the past two weeks
- WHO Afro regional meeting in Addis (24-28 August)
- Ebola emergency DRC: 100 days and counting
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- Global health reform (& post-2030 brainstorm)
- WHO DG race speeds up
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- Global Tax justice: Analysis of latest UN Framework Convention round in New York
- Trump 2.0, US Global Health Strategy & bilateral health agreements
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A few must-reads of the past few weeks

Health Politics (Perspective) - Neoliberalism: The politics of health writ large

Clare Bambra, Ted Schrecker; https://hpolitics.org/journal/view.php?doi=10.66534/hp.2026.0007

We want to draw your attention to this article in a rather **new journal** (second issue by now), **Health Politics.**

"**Drawing on our book Neoliberal Epidemics: How politics makes us sick** (2nd edition, 2025), **this article sets out how neoliberalism - the hegemonic political–economy of the last 50 years - has operated as a powerful upstream determinant of population health acting through four interlocking and mutually reinforcing pathways: widening socioeconomic inequality, chronic psychosocial stress, pervasive economic and social insecurity, and the growing power of the**

commercial determinants of health. Together, these pathways explain how political and economic choices translate into biologically embodied health outcomes over the life course. We illustrate our argument with a **case study of austerity**. Following Virchow's insight that politics is medicine "on a large scale", **we conclude that under neoliberalism, health inequalities are inevitable**. Addressing them therefore **requires public health to confront the political and economic structures that systematically generate stress, insecurity, inequality and commercial harm, rather than relying on downstream or individual-level interventions**."

- Related: some more background info on the new journal **Health Politics** - **Introducing Health Politics** (by Haejoo Chung & Carles Muntaner) (from the **first issue).**

"**With this inaugural issue, *Health Politics* opens a new scholarly home for research that explains how power, institutions, and political conflict shape health and equity.** The journal emerges at a moment when the post–World War II institutional order that has structured international cooperation, social protection, and public health governance are under sustained strain—and when political decisions made over the coming decade will shape health outcomes for generations. **We believe the field needs a dedicated platform where political science, political sociology, political economy, and public health converge on these questions with the theoretical depth and methodological rigour they demand…**

"… We begin with our **inaugural editorial, "Why Health Politics?"** (Chung & Muntaner, 2026), which sets out **the journal's intellectual foundations**. That **essay argues that politics is not the only determinant of health among many. It is the arena in which all other determinants are organized and contested.** The editorial situates the journal within the tradition of political economy of health. It also bridges that tradition with political science theory. These include historical institutionalism, power resources theory, comparative federalism, and regulatory governance. It articulates the journal's commitment to methodological pluralism with a quantitative edge. **The essay also identifies six research priority domains. These span labour and welfare states, health systems, corporate power, geopolitics, misinformation, and methods for studying power**….."

Lancet Editorial – Attacks on LGBTQ+ health are a threat to all

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01704-6/fulltext

Last week's Lancet editorial. Must-read. A few excerpts:

"**The health of LGBTQ+ people has long been an indicator of wider advances in human rights and health equity**. **Modern LGBTQ+ liberation movements have achieved substantial progress** towards the decriminalisation and depathologisation of LGBTQ+ identities. **Yet hard-won gains are easily lost, and many parts of the world see no such gains at all, with LGBTQ+ people denied even the most basic human rights…..**"

The editorial concludes: "… **Health equity for LGBTQ+ people is not a utopian vision, but it is only achievable when LGBTQ+ people are able to access services when they need them, free from discrimination, and realise their full potential towards health, happiness, and self-expression**. There are **reasons for hope:** there is progress in Asia and, in Europe, Spain ranks first for LGBTQ+ rights owing to robust legal protections against discrimination, the creation of an independent equality authority, new national LGBTQ+ inclusion strategies, and a depathologising model of transgender care that permits legal self-determination without requiring psychiatric diagnosis or

hormone therapy—despite campaigns against women's and LGBTQ+ freedoms by the far-right populist party Vox. **The rollback of LGBTQ+ rights is a warning: movements that seek to undermine LGBTQ+ people are those that seek to control all of us—our freedom of expression, our personal medical decisions, and our privacy. We must resist the othering of the LGBTQ+ community, in pursuit of health, human rights, and dignity for all."**

Habib Benzian - What Health Research Calls Curiosity

On Substack;

"The hidden hierarchy behind scientific freedom."

"**In February this year, a *Nature* editorial defended "curiosity-driven research" against governments seeking clearer alignment between public research funding and political priorities.** Its warning was reasonable: if science is required to promise immediate economic or social returns, it risks losing the freedom that makes unexpected discovery possible. **Fair enough. But the phrase "curiosity-driven research" deserves some curiosity of its own…."**

Benzian concludes: "…. That is why **the language of "curiosity-driven research" can become protective. It places certain forms of inquiry beyond the need to explain why their questions became central while others remained peripheral.** And once those hierarchies are established, defending curiosity can inadvertently become a defence of the accumulated choices that produced them. **The challenge is to widen our understanding of where intellectual seriousness resides**. Curiosity can interrogate molecules. It can also interrogate markets, institutions, professional power and inequality. It can ask how disease works inside a cell and why its consequences are distributed so predictably across society. **The future of health research is not a choice between freedom and mission. It is a question of whose questions we have decided are worthy of being called curiosity at all. And that is a question curiosity itself should be asking."**

Regional meeting WHO Afro (24-28 August, Addis)

African health ministers convene to shape region's health priorities

https://www.afro.who.int/news/african-health-ministers-convene-shape-regions-health-priorities

(25 August) - **Primer.**

"… **Key agenda items** include a **strategy to strengthen sustainable health financing**; the **Africa Health Workforce Agenda 2026–2035** to help countries educate, employ and retain more health workers; and a regional strategy to give every child the best start in life through greater investment in early childhood development. Ministers will **also consider proposals to strengthen regulation of medical products, and reinforce health security and emergency preparedness**, in a region that experiences more public health emergencies than any other globally. As the Democratic Republic of the Congo responds to its largest Ebola outbreak, **ministers will review a regional framework to strengthen national emergency medical teams** so that countries can respond more rapidly and effectively to outbreaks, disasters and other public health emergencies. They will also consider a

framework to safeguard Africa's hard-won gains against polio by preserving the surveillance systems, laboratories, skilled workforce and emergency response capacities built through decades of eradication efforts. The Committee will consider how better data can improve people's health through a **new Regional Health Data Hub**, designed to help countries detect health threats earlier, target resources more effectively and make better-informed decisions. Ministers will also consider **A New Era of Health for Africa: United Action for Vision 2035, a long-term strategic framework to guide African-led health transformation through stronger primary health care, resilient health systems, sustainable financing, digital transformation and greater country ownership**…."

Annual Report of the Regional Director - Delivering Results, Driving Reform, Securing Africa's Health Future

https://www.afro.who.int/about-us/regional-director/annual-report-2025

Check it out.

AU Chairperson Urges African Countries to Pursue Self-reliance in Health

https://www.ena.et/web/eng/w/eng_9451866

"**African Union Chairperson Mahmoud Ali Youssouf called on African countries to pursue self-reliance in health through stronger domestic financing, local production, research and innovation.**

Speaking at the 76th session of World Health Organization Regional Committee for Africa (RC76), which opened in Addis Ababa today, the Chairperson said that health remains central to Africa's priorities. **Health sovereignty on the continent is no longer optional, he emphasized…."**

WHO Afro – African countries commit to train and retain 3 million more health workers by 2035

https://www.afro.who.int/news/african-countries-commit-train-and-retain-3-million-more-health-workers-2035

"**Ministers of health from Africa today endorsed the Africa Health Workforce Agenda 2026–2035, committing to plan, educate, employ and retain 3 million additional health workers by 2035** in a landmark effort to strengthen health systems and ensure more people across the continent have access to quality health services when and where they need them."

- See also **UN News – More health workers, stronger systems: Africa's new ambitious goal**

"**Facing a projected shortage of more than six million health professionals by 2035, African countries are stepping up efforts** to strengthen their workforce, with a new decade-long plan announced on Wednesday during a meeting of health ministers in Addis Ababa, Ethiopia…."

"The new plan calls for coordinated investment to ensure countries have a skilled, motivated and adequately supported workforce capable of meeting Africa's rapidly growing health needs. **The agenda marks a shift from simply training more health workers to building sustainable, well-planned and equitably distributed health systems …**

PS: "The new programme **provides countries with a roadmap to improve workforce planning, expand quality training, create more employment opportunities and retain skilled professionals in the areas where they are most needed**."

"**WHO also highlights the economic case for investing in health workers**. **Closing Africa's workforce gap would require an additional $4 to $6 per person each year.** The potential returns, however, are substantial. **Every dollar invested in health workers could generate up to $10 in economic benefits and roughly 30 times that amount in broader social returns**, through better health, higher productivity and stronger economies."

African health ministers, partners agree to accelerate multi-disease elimination

https://www.linkedin.com/pulse/african-health-ministers-partners-agree-y1qee/

"**African health ministers, development partners, heads of African Union and regional health institutions today agreed on a renewed continental agenda to accelerate the elimination of multiple diseases in the region,** committing to ensuring that disease elimination remains a priority within broader health and development agenda. Meeting during a high-level ministerial side event held on the margins of the Seventy-sixth session of the WHO Regional Committee for Africa, **the health leaders also endorsed the Addis Ababa Call to Action on Protecting and Accelerating Multi-Disease Elimination in Africa** which aims to boost country ownership, domestic investment in health and improve resilient health systems that are capable of responding to multiple public health challenges…."

"… **The Addis Ababa Call to Action emphasized the need to move beyond disease-specific interventions towards integrated approaches** that strengthen primary health care and deliver results across multiple disease programmes…."

WHO Afro - Securing the future of health in Africa through sustainable financing

https://www.afro.who.int/news/securing-future-health-africa-through-sustainable-financing

"**Around 385 million people in the African region are pushed into or deeper into poverty each year due to out-of-pocket expenditure on health**. At the same time, governments are facing growing national financial pressures as public spending stagnates, debt burden increases and external assistance declines. **Health ministers gathering in Addis Ababa for the Seventy-sixth session of the World Health Organization (WHO) Regional Committee for Africa today endorsed a new strategy that sets out a roadmap for sustainable health financing over the next decade** to help countries build more resilient and self-reliant health systems."

"The Strategy for Financing the Future of Health in the WHO African Region (2026–2035) responds to one of the Region's most pressing challenges: ensuring that everyone can continue to access quality health services without financial hardship, even as countries navigate changing economic realities. **The strategy promotes stronger domestic resource mobilization, more efficient use of available resources and financing systems that are better prepared to withstand future shocks**."

"… **The strategy outlines seven priority areas for action**, including strengthening health financing governance, increasing domestic resource mobilization, improving the pooling of health funds, making purchasing of health services more strategic, modernizing public financial management and strengthening financing for essential public health functions. Together, these reforms aim to

improve efficiency, expand financial protection and ensure that limited resources generate greater health impact."

"**By 2035, the strategy aims for 56% of Member States to demonstrate sustained increases in government spending on health, 56% to improve financial protection for their populations, and 75% to have up-to-date national health financing strategies that support effective resource mobilization and use**. It also seeks sustained regional progress in reducing the number of people pushed into poverty because of health spending…."

And some **links:**

- WHO Afro – African countries commit to giving every child the best start in life
- WHO Afro - African health ministers adopt new strategy to bolster medical regulatory systems re **The Regional Strategy on Regulation of Medical Products in the African Region** (2026–2035).
- WHO Afro - Health ministers adopt framework to safeguard Africa's polio gains

Ebola emergency DRC: 100 days and counting

After an **update on yesterday's Africa CDC briefing**, this subsection focuses on key updates related to '**100 days of the Ebola outbreak'**. Then some **more reads (including from earlier this month).**

HPW - Four DRC Health Zones Mark 42 Days With No New Ebola Infections

https://healthpolicy-watch.news/four-drc-health-zones-mark-42-days-with-no-new-ebola-infections/?feed_id=1029&_unique_id=6a905e1001142

(27 August) "Four of the 58 health zones in the Democratic Republic of Congo (DRC) affected by the Ebola Bundibugyo outbreak have had no new cases in the past 42 days, while five others have been case-free for at least three weeks. "The message is that **it is definitely possible in that environment to break the transmission,"** said Professor **Yap Boum, Africa CDC's head of Emergency Preparedness and Response, at a media briefing on Thursday…**.

"… Boum also revealed details of the village-based approach recently adopted by the DRC government and partners. It will be built from clusters of households to villages, health areas, health zones and finally, specialised teams to deal with a range of issues from dignified burials to vaccinations. This decentralised community approach "will improve the trust, the access, but more critically, the mobilisation", said Boum…."

"… **The outbreak has disrupted essential health services, particularly maternal health and immunisation services…."**

"… **Boum said that the ongoing strikes by health workers over non-payment of salaries are being addressed "health zone by health zone**". A "**major challenge" has been to ensure that all the health workers working on the outbreak are registered on the government payroll, as some had been recruited by different partners.** "Implementing that registration and payment has been quite

tedious," said Boum. "But I can confirm that, as we speak now, 2,800 of those health workers have been paid by the government and some by partners."… **Community healthcare workers are to be paid $150 per month, which Boum described as a positive development** that will "fast-track the deployment of community healthcare workers within the village-centred approach"…."

UN News - UN chief condemns "indifference" as Ebola cases mount in DR Congo

https://news.un.org/en/story/2026/08/1168217

(27 August) "The Ebola Bundibugyo outbreak in the Democratic Republic of the Congo (DRC) requires "urgent" action and funding to rein in its alarming spread**, the UN Secretary-General told reporters at UN Headquarters on Thursday."**

""Without additional funding, vital operations will run out of money at the very moment they need to ramp up," Guterres warned, calling for an additional $1.1 billion. Money, however, is only part of the problem…."

UN News - 100 days of Ebola and the race to stop the spread

https://news.un.org/en/story/2026/08/1168195

(24 August)

"**A hundred days after the Bundibugyo Ebola outbreak was declared**, the Democratic Republic of the Congo (DRC) is **facing an epidemic of an unprecedented scale and efforts must grow to contain the spread in the eastern region and across borders, UN agencies warned on Monday**."

"**The World Health Organisation (WHO) reports an average of nearly 90 confirmed cases were recorded daily in during the first three months**, a rate higher than the 2018-2020 outbreak in the DRC. The **latest figures** indicate 5,515 cases and 2,642 deaths, meaning the **mortality rate is almost 48 per cent.** The outbreak **now affects six provinces, with Ituri remaining the epicentre**, accounting for around 85 per cent of cases and 79 per cent of deaths."

- Related: HPW - Ebola at 100 Days: Lessons, Challenges and Achievements

(25 August) (recommended read)

"The Democratic Republic of Congo (DRC)'s Ebola outbreak passed the 100-day mark on Monday with over 5,515 confirmed cases and 2,642 deaths – and **health experts warn that the response needs to be accelerated to bring the world's fastest Ebola outbreak under control**.e

"While the **case fatality rate is almost 48%,** the DRC's Ministry of Health reported that 1**,200 people have been cured and that hospital stays are now between five and 10 days compared** with the 18 to 21 days earlier in the outbreak, thanks to "improvements in technical equipment and diagnostics". "**Laboratory capacity has expanded from one testing site to 19 laboratories** capable of processing more than 3,000 samples a day," according to the World Health Organization (WHO)

Africa region. Meanwhile, **over 1,300 beds are available and over 900 health facilities have received infection prevention and control support."**

"**The WHO issued a raft of new and modified recommendations on Monday** to address the outbreak, following last week's meeting of the Emergency Committee on the International Health Regulations (IHR). …."

PS: "**Dramatic scale-up needed:** "One hundred days ago the world was warned of the Ebola Bundibugyo emergency. One hundred days later **it is the fastest-growing Ebola outbreak ever recorded. Ending this emergency requires a dramatic increase in the scale and speed of the response and follow-through to put the necessary resources and tools in the hands of those on the front lines,"** said **Helen Clark, Co-Chair of The Independent Panel for Pandemic Preparedness and Response."**

WHO – Second meeting of the IHR Emergency Committee on the epidemic of Ebola Bundibugyo virus disease in the Democratic Republic of the Congo – Temporary recommendations

(24 August) WHO;

For the detail on the updated recommendations.

PS: Following its second Emergency Committee meeting on 18 Aug, **WHO kept DRC's risk assessment at 'very high'.**

Independent Panel for Pandemic Preparedness and Response – We Are Losing the Fight Against the Bundibugyo Ebola Outbreak.

https://mailchi.mp/independentpanel.org/bundibugyostatements-17465784

(25 August) "The World Must Take Urgent and Bold Action to Turn the Tide and End the Suffering."

"**One hundred days after the emergency declarations, the Bundibugyo outbreak risks becoming the deadliest Ebola outbreak in history**. The **Independent Panel for Pandemic Preparedness and Response calls for a major acceleration of effort on public health measures, including community engagement and ownership, on financing, access to outbreak tools, and coordination of effort**. With the right action now, the next hundred days could turn the tide on this catastrophic outbreak."

"This will take coordinated efforts from the Democratic Republic of the Congo (DRC) and neighbouring countries, community organisations and INGOs, UN and regional organisations including WHO, Africa CDC, and the African Union, international donors, and the medical countermeasures industries…."

- Also with a neat overview of "**At 100 Days – where do financing and outbreak countermeasures stand?"** See below (in full):

Financing: "As of 23 August, the WHO—Africa CDC finance tracker shows **pledges of US$1.3 billion and disbursements of US$333.3 million against a continental plan costed at US$518 million to the**

end of November. The tracker shows disbursement flows from financing partners to receiving governments or institutions and the geographical target for the funding. On 20 August, Africa CDC reported some US$758 million released, and it is unclear why this differs from the joint tracker. "

"The **"research, knowledge management and access to MCMs" estimated budget of US$67.7 million attracted US$213.6 million in pledges,** and as per the data on the tracker as of 23 August, US$80.2 million of that has been disbursed. **Risk communication and community engagement** require US$46.6 million and has received US$24.2 million. The IPC, WASH and Safe and Dignified Burials pillar has seen US$23.3 million disbursed against a budget of US$49.1 million. **Case Management and Clinical Care is the lowest funded pillar,** with only US$753,200 disbursed against an estimated requirement of US$66.5 million. "
"The United States has announced more than US$512 million and says publicly that it is the largest donor to this response, but that funding is not tracked on the WHO–Africa CDC platform and cannot be reconciled with published figures. As with much other donor funding, it is unclear how much is new and how much is reprogrammed, and how much is directly available for the response in the DRC."

Vaccines
"**CEPI is supporting four vaccine candidates. Two have entered first-in-human trials:** the University of Oxford's ChAdOx1 BDBV, which began in Oxford on 13 July, and Moderna's mRNA-1469, which dosed its first participant on 3 August in Canada. Two further candidates, from IAVI and Public Health Vaccines, both using the rVSV platform, remain in preclinical development.

On 31 July, WHO's technical advisory group recommended that Ervebo – the licensed Zaire ebolavirus vaccine – be included in a Phase 3 study in this outbreak on evidence of possible cross-protection. On 20 August, WHO announced the DRC would receive 70,000 Ervebo doses including 50,000 for compassionate use for front-line health workers, and 20,000 for a Phase 3 clinical trial to understand the impact of the vaccine on the Bundibugyo virus."

"Therapeutics
Two therapeutic trials are also enrolling. The PARTNERS trial, sponsored by WHO with the DRC Ministry of Public Health, ALIMA and MSF, is testing the monoclonal antibody MBP134 (Mapp Biopharmaceutical) and the antiviral remdesivir (Gilead) in confirmed patients, and had enrolled 100 people by 12 August. EBO-PEP, led by INRB Kinshasa with ANRS/Inserm and ALIMA, is testing the oral antiviral obeldesivir as post-exposure prophylaxis in contacts of confirmed cases."

Diagnostics
"On 2 July, **the first Bundibugyo-specific diagnostic received WHO Emergency Use Listing**.
A platform to validate the performance of laboratory-based, near-point-of-care and antigen rapid diagnostic tests now exists, led by WHO and Africa CDC, with PATH, FIND and CHAI and support from Unitaid."

"Published access commitments
Moderna has committed to 500,000 vaccine doses for low- and middle-income countries at access pricing, and Oxford has committed to "affordable supply". Gavi has committed up to US$50 million, with US$10 million for outbreak response and protection of routine immunisation and US$40 million for accelerating access to investigational doses and any future approved vaccines. An additional US$7 million has been committed for the Ervebo vaccines. **Unitaid** has also announced US$3.4 million to support rapid access to diagnostics and therapeutics."

IPPS (International Pandemic Preparedness Secretariat) tracker - Ebola (Bundibugyo) Day 100 – Tracking Progress on Medical Countermeasures

https://ippsecretariat.org/news/ebola-bundibugyo-day-100-tracking-progress-on-medical-countermeasures/

"Today marks **Day 100 since WHO declared the Ebola outbreak caused by Bundibugyo virus (BDBV) in the Democratic Republic of Congo and Uganda a public health emergency of international concern (PHEIC) on 17 May 2026**. Africa CDC declared a Public Health Emergency of Continental Security (PHECS) the following day. **This update provides a review of progress achieved in diagnostic, therapeutic, and vaccine (DTV) availability over the past 100 days."**

"**This analysis supports ongoing work by 100 Days Mission partners** and has been developed in consultation with implementing organisations. …"

Devex – CEPI faces huge Ebola vaccine funding shortfall

https://www.devex.com/news/cepi-faces-huge-ebola-vaccine-funding-shortfall-113176

"**CEPI's Dr. Richard Hatchett says the organization already borrowed $100 million from its existing programs to advance the research and development of several potential Ebola vaccine candidates. But they are still short of cash."**

"… He said **CEPI will need somewhere between $350 million and $500 million, but it only has around $200 million at the moment**, and it can no longer borrow funding from its other programs.

"The $100 million is actually funds that we have in the bank that are allocated to uses within existing projects and programs, but that won't be needed until 2028 … so we actually are going to have holes in existing projects and programs unless that funding is restored," he said. **He's hoping global funders, sovereign donors and philanthropic institutions would recognize the urgency of the situation and step up their funding** …"

HPW - Ebola Outbreak May be Three Times the Officially Reported Size

https://healthpolicy-watch.news/ebola-outbreak-may-be-three-times-the-official-size/

(21 August) **Update from earlier this month. (**based on **Africa CDC media briefing)**

"Over 5,000 people have been infected with the Ebola Bundibugyo virus in the Democratic Republic of Congo (DRC), but **the outbreak may be three times the officially reported size, warned the Africa Centre for Disease Control and Prevention** has said. Speaking at a **press briefing, Africa CDC's Prof Yap Boum** said the estimation of various experts and academics, is that "**only 30-40% of cases" are in fact being detected and reported."**

"… Boum also noted that the **vast majority of deaths – 97% in the past week – were still taking place in the "community" –** although he clarified that the definition includes health facilities that were not Ebola treatment centres. **Once again, the Africa CDC highlighted the weakness in contact tracing, with only around 16% of contacts with confirmed Ebola cases having been traced…."**

PS: "**Spread to DRC regions near Central African Republic an emerging concern:** Boum also sounded the alarm about new cases detected in the DRC provinces of Haut-Uélé and Bas-Uélé, which border the Central African Republic (CAR). Two cases have now been detected in the Bas-Uélé capital of Buta, about 200km from the CAR border…."

PS: "… **Ervebo vaccines to be trialled in DRC against Bundibugyo virus strain:** Meanwhile, the DRC and international partners as preparing to conduct a clinical trial testing the efficacy of the Ervebo vaccine against the Zaire ebolavirus strain against Bundibugyo in amongst groups of health workers deemed to be at highest risk, WHO said on Thursday. **This followed an agreement with the International Coordinating Group on Vaccine Provision (ICG) to send 70,000 doses of Ervebo vaccines to the DRC,** at the government's. The ICG manages the vaccine stockpile in partnership with WHO, the International Federation of the Red Cross and Red Crescent, Médecins Sans Frontières and UNICEF. **Gavi, the Vaccine Alliance, provides funding for the stockpile…."**

Devex (Opinion) - Africa is leading the Ebola response. Financing must keep up

By **Dr. Jean Kaseya, Évariste Ndayishimiye, Félix Antoine Tshisekedi Tshilombo, Faustin-Archange Touadéra, Yoweri Kaguta Museveni;** https://www.devex.com/news/sponsored/africa-is-leading-the-ebola-response-financing-must-keep-up-113162

"Africa's Ebola response needs financing that moves at outbreak speed. **Country leadership, regional coordination, and transparent disbursement are essential** to turning pledges into protection." (*ps: especially the **World Bank** seems to get some good marks*)

- Related: **Guardian op-ed (by J Kaseya & Tedros)** After 100 days of the deadliest Ebola outbreak, it can be stopped. Here's how

FT - Ebola outbreak becomes DR Congo's deadliest

https://www.ft.com/content/9472e6dd-7b51-48e9-91fa-1f59412e0093?syn-25a6b1a6=1

(17 August) "**World Health Organization warns country has entered 'intense transmission' phase of the virus."**

"The DR Congo National Institute of Public Health on Sunday confirmed the total fatalities from the outbreak, which started about six months ago, at 2,325. That is still far short of the epidemic from 2014 to 2016 in west Africa which killed 11,310 people. **The number of reported cases and deaths hit a record during the most recent reporting week, according to the WHO**. "The broader geographic spread and continued high mortality demonstrate the rapidly changing scope of this public health emergency," it said. … …. **London health analytics company Airfinity estimates infections during this outbreak to be five times above the officially reported figures**. "The 2014-16 west Africa outbreak remains the only meaningful comparator for where this could go if the trajectory is not reversed within weeks," Airfinity said on Monday."

- See also **Cidrap News - Ebola outbreak now deadliest ever in DR Congo** as death rate reaches 46% ((17 August))

Reuters - WHO says Congo Ebola outbreak can still be brought under control within three months

Reuters;

(18 August). Maybe a bit optimistic, this.

"WHO has raised about 60% of $115 million sought for Ebola response; … WHO Emergency Committee to meet on Ebola on Tuesday."

"A **World Health Organization official said on Tuesday it was still possible to bring under control an Ebola outbreak that is outpacing containment efforts** and has become the second-deadliest on record. … … "**About the next plan for the three months, yes, if you have the necessary resources, I think it will be possible to do that," Thierno Balde, WHO incident manager**, told reporters in Geneva from Bunia, in the Democratic Republic of Congo…."

Lancet - Communities and civil society as essential partners in Ebola response

Umberto Pellecchia et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01606-5/fulltext

"**A persistent challenge is that many community engagement activities continue to be conceived as instruments for increasing the cultural acceptability of biomedical interventions, rather than as processes through which affected populations can meaningfully shape the response itself**. Social science research has consistently shown that effective outbreak response requires moving beyond a purely cultural framing of engagement. Community attitudes and responses to public health interventions during outbreaks are shaped not only by cultural norms and values but by histories of marginalisation, political exclusion, unequal access to care, and relationships with state authorities and humanitarian actors. Interpreting resistance or challenges to response primarily through a cultural lens can overlook the wider social and political factors that influence trust, participation, and acceptance of public health interventions, while potentially reinforcing existing power inequalities. **Previous Ebola epidemics clearly showed that outbreak control depends not only on biomedical interventions but also on meaningful collaboration with affected populations.**
…. … **Although community engagement is far more prominent in contemporary outbreak responses than in previous epidemics, the need remains to move beyond approaches centred on the acceptability of biomedical interventions towards more meaningful forms of collaboration with affected communities.** Several **actions could help** to shift outbreak response from an approach that works for communities to one that works with them…."

They conclude: "The **persistence of community resistance across successive Ebola outbreaks is not evidence that lessons have failed to identify the right priorities. Rather, it suggests that these lessons have not been fully translated into operational practice**. The most important lesson from Ebola is not simply that communities matter; it is that **sustainable outbreak control depends on citizens and civil society being recognised as legitimate partners in the production of health security**. As Ebola outbreaks continue to emerge, **institutionalising this principle could prove as important as any biomedical or technological innovation."**

Lancet Infectious Diseases (Newsdesk) – The Global Fund supports malaria response in DR Congo

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00477-9/abstract

"**In July, The Global Fund granted DR Congo US$4·6 million in emergency malaria funding**—support expected to also bolster its Ebola outbreak response. Manjulika Das reports."

Lancet Letter - Redefining the end of Uganda's Ebola virus crisis

Serge Tonen-Wolyec et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01614-4/fulltext

"**The declaration on July 28, 2026, that the Bundibugyo virus outbreak in Uganda had ended marks a crucial milestone in outbreak control**. WHO considers an Ebola outbreak resolved 42 consecutive days after the second negative PCR test result of the last patient, or their safe burial. **Although this threshold effectively captures the interruption of transmission, it remains strictly epidemiological. In reality, the true end of an epidemic is not a singular event but a complex clinical, health system, and social transition that extends far beyond the final detected case….**"

"… **current outbreak metrics capture only one dimension of epidemic recovery; we therefore propose a four-stage framework to define the complete recovery from an Ebola epidemic**. The **epidemiological end** of an outbreak corresponds to interruption of transmission according to established surveillance criteria. **The clinical end** is associated with clinical stabilisation of survivors, resolution of post-epidemic excess mortality, and structured management of long-term sequelae. **The health system end** is characterised by the restoration of routine health care, the resumption of essential services, and the enhancement of public health capacity. Finally, **the footprint end** is achieved through substantial resolution of indirect systemic consequences, including therapeutic distortions, antimicrobial resistance, behavioural shifts, psychosocial trauma, and economic strain. Because epidemics reshape therapeutic practices and health behaviours long after transmission ceases, recovery should also encompass the resolution of these indirect effects.
Future outbreak declarations should therefore distinguish between the end of transmission and the end of epidemic recovery. Adopting a comprehensive framework that integrates epidemiological, clinical, health system, and societal recovery will align outbreak metrics with the lived realities of survivors, health systems, and affected communities."

- Related: **WHO AFRO - Uganda ends Ebola outbreak following completion of 42-day countdown (27 August)**

Lancet GH (Comment) - Operational bottlenecks in the response to Bundibugyo virus disease outbreak in the Democratic Republic of the Congo: a call to action

Justin J Devine et al;
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00228-7/fulltext

« **The current outbreak has exposed a crucial gap: despite the availability of scientific tools, major barriers to implementing outbreak research findings are now predominantly operational rather than scientific.** Here, **we define operational preparedness** as **the regulatory, logistics, commercial, and governance systems required to translate scientific advances into effective outbreak research and public health interventions.** The BVD outbreak illustrates a **widening gap between scientific preparedness and operational readiness….**"

"… We argue that **alongside surveillance, diagnostics, clinical research, and medical countermeasures development, operational preparedness should be recognised as a core pillar of epidemic preparedness…."**

Nature Medicine - Overcrowded Ebola treatment centers are fueling transmission in the Democratic Republic of the Congo

https://www.nature.com/articles/s41591-026-04649-3

By J Kambale Kahingi et al.

Nature Medicine - Beyond Ebola: armed conflict and humanitarian funding cuts threaten control of malaria, TB and HIV in eastern DRC

Roland Muhindo Muyisa et al; https://www.nature.com/articles/s41591-026-04592-3

"The ongoing Ebola virus outbreak in the eastern part of the Democratic Republic of the Congo (DRC), declared a Public Health Emergency by the World Health Organization (WHO) on 17 May 2026, is **set against a broader humanitarian crisis. Armed conflict, mass displacement and reduced humanitarian funding are undermining disease surveillance, prevention and treatment not only for Ebola but also for malaria, tuberculosis (TB) and HIV, creating a syndemic** that threatens years of progress in disease control….."

"... **the current Ebola outbreak should be viewed as part of a larger syndemic driven by conflict and humanitarian retrenchment**. Effective epidemic preparedness in eastern DRC requires integrated strategies to strengthen health-system resilience while maintaining critical programs for malaria, TB and HIV. Without sustained investment, the vulnerabilities of one of the world's most fragile health systems will remain exposed and exacerbated…."

HPW - Violence Against Ebola Responders Mounts in DRC as Red Cross Condemns Attacks

https://healthpolicy-watch.news/violence-against-ebola-health-workers-mounts-in-drc-as-red-cross-condemns-attacks/

(24 August) "**Twelve Red Cross volunteers have been injured and an ambulance set on fire in 11 violent incidents during the 100 days** since the Democratic Republic of Congo (DRC) declared its Ebola outbreak, the International Red Cross and Red Crescent Movement said Monday…."

And some links:

- (14 August) - Africa CDC Welcomes Emergency Consultative Group Recommendations on Ebola Bundibugyo Response

"Africa CDC welcomes the recommendations of the Emergency Consultative Group (ECG), which will guide the organisation in providing the best possible scientific advice to the Democratic Republic of the Congo and other African countries as they respond to the Ebola Bundibugyo outbreak. …" "We extend our profound appreciation to the members of the ECG, our distinguished African scientists, many of whom serve in leading African and global scientific and advisory bodies for making their expertise, independence and experience available to our continent. …"

- UN News - Ebola: **Motorbike riders** carrying the sick may hold key to response boost

(18 August) " From the frontlines of the deadliest-ever Ebola outbreak in Democratic Republic of the Congo (DRC), the **UN World Health Organization (WHO) shared details on Tuesday of a massive push for community engagement**, a day after yet another ambulance attack."

"Ambulance attack highlights dangers facing responders; **Motorbike riders are key to tracking infections;** Surveillance and treatment capacity reinforced."

Mpox outbreak in Guinea

Guardian – Mpox is back – and in new countries. How can this outbreak be contained?

https://www.theguardian.com/global-development/2026/aug/26/global-health-mpox-outbreak-explainer-children

"**The public health emergencies in 2022 and 2024 saw the virus reported in 145 countries, but in the new cases children appear particularly affected…."**

" **A fresh outbreak of mpox in Guinea Bissau** – the country's first – means **the virus formerly known as monkey pox is back in the headlines**. So what has changed?..."

"… Cases had not been reported in Guinea Bissau before this outbreak. **Unicef said it was concerned that of 46 suspected cases, 23 were children aged under 15 and most of those were aged under four**. "The concern about children is that they are at the highest risk of severe disease and death from mpox," said **Dr Aula Abbara, a senior lecturer at Imperial College London and adviser to Médecins Sans Frontières UK**. "Young children can become much sicker than healthy adults." …… **However, she cautioned that the apparent over-representation of children in the outbreak data should be interpreted carefully**. She said: "There may also be some bias in the data. Families are often more likely to seek healthcare for a sick child than for an adult, particularly in a resource-constrained setting with a fragile health system, such as Guinea-Bissau." …"

"… **Are there vaccines and treatments?** The **WHO recommends two vaccines**, which can be given to people at high risk or offered to people who have been in contact with a known case to prevent further spread. **The question is where they are available**…."

"Marks said: "The **major challenge remains that supplies of vaccines are best in high-income countries but worst in low-income settings, where the need and conditions for mpox transmission are highest."**

"A new global stockpile is due to be launched within weeks, which should mean vaccines can be deployed more rapidly to quell outbreaks. Officials also hope it will allow manufacturers to plan ahead and produce more of the jabs by providing a clear, concrete demand….."

AMR

Cidrap News – Study highlights 'substantial' burden of drug-resistant hospital infections in Asia

https://www.cidrap.umn.edu/antimicrobial-stewardship/study-highlights-substantial-burden-drug-resistant-hospital-infections

"A large multinational study suggests the burden of drug-resistant hospital infections in Asia is "substantial and likely underestimated," particularly in the region's low- and middle-income countries (LMICs)."

"The **study, published late last week in *The Lancet Infectious Diseases***, found that deaths from ventilator-associated pneumonia and bloodstream infections, which are two of the most severe types of healthcare-associated infection (HAI), are significantly higher than previously reported—roughly twice as high as previous estimates…."

"For the prospective study, a team led by researchers with the National University of Singapore analyzed data on nearly 10,000 patients treated for ventilator-associated pneumonia and hospital-acquired bloodstream infections at **41 hospitals in 19 Asian countries and regions**. Their aim was to characterize resistance profiles, clinical outcomes, and mortality attributable to antimicrobial resistance (AMR). …"

- The study in the **Lancet Infectious Diseases** - Severe health-care-associated infections and antimicrobial resistance in an Asian Surveillance Network (ACORN-HAI): a multicentre, prospective cohort study

More on PPPR

HPW – Political Declaration on Pandemics is Modified Ahead of UN Meeting

https://healthpolicy-watch.news/political-declaration-on-pandemics-is-modified-ahead-of-un-meeting/

(19 August) "**The Political Declaration to be adopted at the United Nations High-Level Meeting on Pandemic Prevention, Preparedness and Response (PPPR) on 25 September has been modified since being placed under the "silence procedure" in late July**. This is according to those close to the

process, who told *Health Policy Watch* that **most changes are relatively minor – bar the removal of reference to tuberculosis as one of the world's leading infectious diseases.** A **welcome addition is a timeline change, with progress on pandemic preparedness to be reviewed in three years instead of five.** The **reference to "sexual and reproductive health" has so far survived**, opening the door for the United States and allies to contest this on the day, as has become their custom….

"**Armenia and Rwanda, the co-facilitators of the declaration negotiations**, put the "final" text of the declaration for the High-Level Meeting (HLM) on PPPR in September under the silence procedure on 28 July…."

Statement from Friends of the PPPR High-Level Meeting - UN Member States: Commit to a political declaration that upholds the promise of 'never again'

https://theindependentpanel.org/news/un-member-states-commit-to-a-political-declaration-that-upholds-the-promise-of-never-again/

(17 August) Neat **summary via Arush Lal** (on LinkedIn):

"As UN Member States consider next drafts of the Pandemic Political Declaration, they must ask themselves: **will the text make the pledge of 'never again' a reality? Is it upholding the principles of multilateralism, solidarity and equity?"** Rt. Hon. **Helen Clark, on behalf of the Friends of the UN High-Level Meeting on Pandemic Prevention, Preparedness, and Response.**
…
Over the past year, the Friends of the UN High-Level Meeting on PPPR has worked to turn these questions into political action -- building a coalition of unified voices to secure strong commitments during September's UN General Assembly High-Level Week, including for the 2026 Political Declaration on Pandemics.

As Member States enter the final stretch of negotiations, we are urging them to:

- Uphold past pledges -- including the G20's 2021 Rome Declaration commitments to collective action on global health security

- Deliver on financing -- including strengthening domestic investments and securing a sustained $15 billion annual increase in international PPR funding

- Expand equitable access -- including protecting TRIPS flexibilities and strengthening local and regional manufacturing capacity for vaccines, diagnostics, and therapeutics

- Hold the line on existing commitments on multilateralism, solidarity, and equity in the 2026 Political Declaration on PPPR…"

Lancet Letter - Pandemic prevention: UN must link spillover and human rights

A Phelan, L Gostin et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01476-5/fulltext

"In September, 2026, UN member states are expected to adopt a Political Declaration at the UN General Assembly's second High-Level Meeting on pandemic prevention, preparedness, and response. This is a vital opportunity to bolster commitments and resources to address the upstream drivers of spillovers of the next epidemic or pandemic. To advance these goals and solidify its own standing, **the declaration must affirm recent legal milestones connecting human rights with spillover and pandemic prevention….."**

Lancet Editorial – Biosecurity in a rapidly changing world

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01758-7/fulltext

Today's Lancet editorial.

"….backward-looking focus on COVID-19 conspiracy theories has made it difficult to have balanced, evidence-led discussions about post-COVID-19 biosecurity and biosafety. **In fact, there is an urgent need to direct political attention instead towards rapid scientific advances in AI, synthetic biology, biotechnology, and research that are reshaping global biosecurity risks."**

The editorial lists **five** of these.

And concludes: "**Advances in biotechnology offer huge opportunities for early disease detection and therapy and vaccine development. At the same time, inadvertent or deliberate misuse carries catastrophic health risks. How do we balance the two? Scientists must have a central role in governance discussions** because many of the key questions are highly technical and require scientific expertise to interpret accurately. **But effective governance must also find a way to involve broader societal engagement.** Public trust in scientists has eroded through anti-science movements pursued by populist governments, the politicisation of science, and misinformation. **Safely navigating this latest era of biosecurity requires a new social contract to be forged. The public cannot be passive subjects in this new world; they must be active partners."**

Lancet GH - Energy chokepoints and diagnostic resilience in global health

Xiang Li; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00194-4/fulltext

"**Geopolitical tensions that expose the fragility of maritime energy corridors should concern global health not only because of fuel prices, but also because of diagnostic capacity**. The Strait of Hormuz carries around a quarter of global seaborne oil trade and substantial liquefied natural gas flows. **For health systems, disruption of such a chokepoint could affect care through both visible and less visible pathways.** Modern health care depends on petroleum-derived supply chains, including those for plastics, syringes, catheters, infusion systems, pharmaceutical packaging, and cold-chain logistics. A second, under-recognised dependency is helium…"

"… **Critical-resource dependency should, therefore, be incorporated into health-system resilience planning. Ministries of health and hospital systems** should map essential diagnostics to upstream commodities, transport routes, and maintenance requirements; prioritise helium stewardship and recovery; diversify supply and service contracts; consider low-helium or helium-free MRI technologies wherever feasible; and develop imaging triage plans for shortage periods**. International**

procurement programmes should also account for lifetime consumables, service continuity, and geopolitical exposure, rather than focusing only on equipment acquisition…."
"Energy transition will not eliminate all critical-resource dependencies. **Global health preparedness needs to recognise that chokepoints in trade, energy, and rare-resource supply are also chokepoints in care.** For disadvantaged health systems, the difference between resilient and disrupted supply chains might become the **difference between timely diagnosis and no diagnosis at all."**

FT - Spend more on vet services to curb pandemic threat, says animal health body

https://www.ft.com/content/4deb626f-df26-4ea3-a654-540855fef0b0?syn-25a6b1a6=1

"Head of global organisation says billions of dollars needed to curb risks of mass culls. "

"**Countries need to spend billions of dollars more on veterinary and other animal health services to curb the threat of catastrophes such as mass livestock culls or even a human pandemic, the head of the World Organisation for Animal Health (Woah) has recommended.** Public and private sectors need to raise investment, while governments should beware the false economy of cutting animal health spending to divert resources to security budgets, **Emmanuelle Soubeyran** said in an interview…."

"… **Woah estimates that spending on public animal health systems needs to rise by an estimated $2.3bn a year to improve surveillance and meet international standards**. The money is needed for vets, workforce capacity, laboratory systems, surveillance, medicines, regulatory and inspection functions, and service delivery to farmers, it says. **International development assistance for veterinary services is at present less than $1bn a year, Woah estimates**, pointing out that this shows the scale of the investment gap…."

"… While it was "understandable" governments were reallocating money towards security and defence, it would be a mistake to cut animal health funding to help achieve this, Soubeyran warned. **Diseases of animal origin could be spread deliberately and used as bioweapons**, she added. "**Strengthening veterinary services is also a part of strengthening global and national security," she said. "It really has an impact on food security, on public health, on the economy, on livelihood, trade — and also biodiversity.""**

"**Animals are estimated by Woah to account for only 0.6 per cent of global health spending, even though the majority of established and emerging human infectious diseases have animal origins**. A fifth or more of global livestock production is lost to preventable diseases each year, the organisation says….."

Project Syndicate - Ebola is Back-and the IMF's Relief Fund Is Empty

Marina Zucker-Marques (*Global Economic Governance Initiative, Boston University Global Development Policy Center & Commissioner for the Jubilee Report on Addressing the Debt and Development Crises.)*; https://www.project-syndicate.org/commentary/imf-needs-resources-for-poor-countries-in-crisis-by-marina-zucker-marques-2026-08

"**Once again, the International Monetary Fund finds itself begging for resources to support poor countries facing a public-health emergency. It is an old problem*, but one for which there is a remarkably simple solution*.**"**

"**In November 2014**, then-US Treasury Secretary Jack Lew called on the IMF to cancel approximately $100 million in debt owed by the three Ebola-stricken countries, and then-Managing Director Christine Lagarde proposed an additional financing package to the G20 heads of state. Within three months, the **PCDR Trust was transformed.** A **new public-health window was added to its mandate**, and existing resources were combined with leftover funds from the earlier Multilateral Debt Relief Initiative, **resulting in the Catastrophe Containment and Relief Trust, a dedicated mechanism allowing the poorest countries to redirect fiscal resources from debt repayment to protecting lives**. The **global fiscal strain of the COVID-19 pandemic, however, nearly exhausted the CCRT's resources, leaving the trust running dry just as another Ebola crisis has erupted.** …"

"…**The DRC** was among the countries that borrowed heavily from the IMF during the COVID-19 pandemic to support its economy. It now carries more than $3 billion in outstanding IMF debt. **While the country has not yet maxed out its borrowing capacity at the Fund, it will likely require additional financing as it confronts a combination of oil-price shocks, slowing growth, and now Ebola. It will need not just liquidity, but also relief from existing obligations. The CCRT exists precisely for this purpose. Yet its available resources total only $120 million, whereas the DRC alone must pay the IMF almost $300 million in debt service in 2027.** The Fund's primary instrument for disaster relief does not have sufficient funds to cover even one country facing a disaster, let alone the 30 others that could potentially apply for assistance…."

" Every time a major health crisis erupts, the IMF must again ask its shareholders to replenish an instrument specifically designed to respond to recurring shocks, causing political delays in delivering what should be an automatic, rapid stabilizer. **There is a better way…"**

"… **The proposal is straightforward: sell a small portion of IMF gold, say 10%, and place the proceeds in a permanent endowment account. At a modest 3% annual return, consistent with the yield assumptions underpinning other IMF instruments, a $35.8 billion endowment would generate over $1 billion per year in perpetuity**. That would be **sufficient not only to fund the CCRT fully but also to subsidize the IMF's entire concessional lending architecture—the Poverty Reduction and Growth Trust, the Resilience and Sustainability Trust, and any successor instruments**—without ever again requiring the institution to solicit donor contributions…."

- And finally, via **RANI's** newsletter, re the **upcoming new PABS iteration (14-18 Sept) & timeline**:

"Dates to watch: Ahead of IGWG 8, two informal sessions will address the (1) scope of pandemic-potential pathogens and (2) the two conceptual models running 3–4 Sept. IGWG 8 will run 14–18 Sept., followed by IGWG 9 on 2–13 Nov., with informal meetings in October and additional time on 30 Nov. – 4 Dec., if needed. **A possible two-day World Health Assembly Special Session is pencilled in for the week of 14 Dec., contingent on Member States calling it by 10 Nov**. See the full timeline."

Global Health Reform (& post-2030 brainstorm)

Nature Health - Solidarity is essential in a more transactional global health era

C Atuire et al; https://www.nature.com/articles/s44360-026-00191-1

« As geopolitical interests increasingly shape global health funding and partnerships, **there is a growing need to build solidarity in guiding how resources are shared, decisions are made and health equity is advanced. »**

"…Recent empirical work from the Global Health Solidarity Project, which draws on research and engagement across five continents, **has sought to address this gap by articulating solidarity as a set of relational and institutional commitments**. Focusing on the **global-health funding ecosystem, the project has articulated a nine-article framework ('3–3–3') for embedding solidarity in global health (Fig. 1).** The framework is a practical starting point to embed solidarity in funding decisions. … They characterize what solidarity is, how it is enacted and the ends towards which genuine solidaristic practices in global health aspire: the achievement of health equity, fairness and justice. **At its core, solidarity is expressed through action:** standing with and for others in ways that carry cost and are oriented towards measurable improvements in health and reductions in inequity. It is embodied and enacted, and not merely proclaimed…."

HPW – The next global health architecture must deliver more than reform

David Reddy (IFPMA); https://healthpolicy-watch.news/the-next-global-health-architecture-must-deliver-more-than-reform/

"As governments consider the future of the global health architecture, **three principles should guide reform….":** ***(IFPMA view****, so you know what to expect…):*

Foster an environment where innovation can thrive; Strengthen health systems so innovations reach those who need them; Forge partnerships to advance health globally (including with 'industry').

Lancet Comment - Advancing women's, children's, and adolescents' health in the post-2030 era

P Allotey, H Fogstadt, J Bunting, R Khosla et al ;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01607-7/fulltext

"The health and wellbeing of women, newborns, children, and adolescents are a fundamental human right and a cornerstone of global socioeconomic development. The 2030 Sustainable Development Goal (SDG) era is approaching its conclusion, with progress towards several targets still elusive and the geopolitical landscape highly fragmented. Against this background, **we, as three UN agencies with a primary focus on health, together with the Partnership for Maternal, Newborn and Child Health, are beginning to review the evidence on what it will take to protect and advance sexual, reproductive, maternal, newborn, child, and adolescent health and wellbeing beyond 2030**. This groundwork aims to synthesise global evidence and emerging megatrends. It is **intended to help ensure that a post-2030 agenda is anchored in robust data, and that the health of women, newborns, children, and adolescents remains a global priority…."**

"…**Over the next 2 years, our organisations with many partners will undertake evidence reviews to assess post-2030 challenges and opportunities in promoting women's, children's, and adolescents' health and wellbeing.** This process is exploratory and analytical and intended to support future discussions led by member states and existing intergovernmental processes. It does not aim to draft, negotiate, or endorse any future strategies or approaches for advancing women's, children's, and adolescents' health in the post-2030 era…."

"… **A first concrete step is an open call for suggestions on priority topics and for contributors to the background analyses.** We welcome proposals across women's, children's, and adolescents' health and wellbeing, including sexual, reproductive, maternal, newborn, child, and adolescent health and stillbirths. We also welcome attention to their social, economic, environmental, nutritional, legal, political, and commercial determinants, and to cross-cutting life-course perspectives. Contributors are invited to propose priority topics, identify potential lead authors or institutions, and outline the rationale and indicative scope of proposed analyses. Suggestions can be submitted and further information can be found on the websites for WHO, UNICEF, the UN Population Fund, and the Partnership for Maternal, Newborn and Child Health…."

SSM Health Systems –Towards global health governance in the post SDG world

Gerald Bloom & Kalypso Chalkidou;
https://www.sciencedirect.com/science/article/pii/S2949856226001364

"**We are approaching a turning point in global health due to reductions in development assistance, rapid technological change and the growing influence of countries in the global south, several of which have become important producers of drugs and diagnostic equipment**. The global health system faces a period of rapid change in **a context of geopolitical contestation** that is affecting the governance of every sector. Since there is agreement on key global health objectives, health could be an arena in which to build more inclusive global governance. **Governments and other stakeholders in the global north and south will need to participate in building a consensus, which includes a variety of initiatives to address priority problems. The WHO can play an important role in supporting change by providing a platform for evidence-based consultations on specific issues, exchanges about how different ways to address a challenge have worked and ensuring that all affected groups have a voice.** The focus should be on **convening, supporting evidence-based learning and building consensus**, rather than prescribing."

Lancet GH – Global health and its crises: laugh, but then what?

Pablo Villalobos Dintrans et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00210-X/fulltext

A **Latin-American view**. One of a number of letters in response to a hard-hitting **Comment by Afifah Rahman-Shepherd and colleagues** from May. (see also below)

"We **recently attended a meeting set to discuss the current problems of the global health architecture. …** Surprisingly, we found that the global health debate was both replicating the same problems that were meant to be solved and reinforcing the current framework of global health as global aid. **We had the epiphany that we—coming from Latin America—were outside this debate that, by nature, occurs between donors and recipients (with a natural hierarchy between participants). Thus, we were not only trying to play a game to which we were not invited but also**

trying to change its rules. Honestly, the resultant feeling of despair and disappointment is strong, and laughter appears a reasonable response. But then what?...”

“**The solution comes from realising the existence of not just one but several global health crises.** As much as global health has been defined in the last decades by multilateralism and development assistance for health, these are not the only issues in global health. Key discussions need to be held, for which a more inclusive participation in the definition of problems and solutions is required. Discussions such as those about climate change risks, the use of evidence-based information for decision making, preparedness for global emergencies, or regulations regarding artificial intelligence in health would benefit from a different approach. **Changing the dynamics of the debate**, including increasing participation (*vs* restricting actors in discussions), empowerment of countries (instead of the emergence of power groups), and building coalitions (as opposed to imposing decisions based on hierarchies) **is fundamental for a new global health debate**. This **new global health does not represent just a different field, but instead, a different game—**one that we are all required to play.”

Lancet GH - Structural silencing and the elephant in the room in global health

Wei-Hsiang Liao; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00211-1/fulltext

“**The recent Comment by Afifah Rahman-Shepherd and colleagues** (May 2, 2026) **incisively unmasks performative inclusivity at global health conferences. However, this tokenism on conference panels reflects a more profound, institutionalised contradiction: the substantive geopolitical exclusion and structural silencing of entire populations from international health governance**.”

“If omitting marginalised voices from an academic panel constitutes an ethical failure, **systematically silencing a population of 23 million in Taiwan represents a severe form of global epistemic injustice and testimonial domination**, ensuring that valuable experiential knowledge is continuously excluded from the global hermeneutical resource….”

Lancet GH (Letter) How to find panellists for a global health conference

Madeleine Ballard et al;
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00212-3/fulltext

“In **their Comment, Afifah Rahman-Shepherd and colleagues (May 2, 2026) describe the exclusion and tokenism that has existed on global health panels** most of us have sat through (or more uncomfortably, helped stage). **We want to share how the community health field has made avoiding such issues easier for organisers.”**

“**Community Health Impact Coalition members who are not themselves community health workers (CHWs) have made a pledge: nothing about CHWs without CHWs**. We do not sit on panels, join convenings, or hold meetings on community health where CHW leaders are not in the room. Moreover, **we have built a mechanism that lets any organiser hold the same line: the CHW Speaker Bureau…**..

WHO DG race speeds up

More or less chronologically – since mid-August.

Devex CheckUp: Changing of the guard

https://www.devex.com/news/devex-checkup-changing-of-the-guard-113104

(18 August)

"**There have been some shake-ups in global health leadership.** I recently wrote about Dr. Yukiko Nakatani, assistant director-general for health systems, leaving the World Health Organization. Now there's another impending departure at the agency. **Dr. Jeremy Farrar**, who first joined WHO as chief scientist and now serves as assistant director-general for health promotion and disease prevention and control**, is leaving by the end of September.** There have been reports he resigned, although WHO Director-General **Tedros Adhanom Ghebreyesus** stated in an internal announcement that **he is retiring**."

"Dr. Bruce Aylward, who was previously on Tedros' senior leadership team before the 2025 restructuring, **will take over Farrar's job…."**

"**WHO has also published the first two candidates in the running to replace the agency's leadership**: WHO's **Dr. Hanan Balkhy** and **Dr. Hanan Mohamed Al Kuwari** from Qatar — the two "Hanans" as health insiders often tell me…."

- Related: **Devex - Dr. Jeremy Farrar to leave WHO**

HPW – High-Profile Departures Shake Up WHO Leadership, Tedros 'Confidant' Returns

https://healthpolicy-watch.news/high-profile-departures-who-leadership/?feed_id=1010&_unique_id=6a848938a7635

(18 August) Great analysis (*and a bit of spin*) :)

*"A major leadership shake-up is rocking the WHO, with **two assistant directors-general, Dr Jeremy Farrar and Dr Yukiko Nakatani, leaving the organisation in quick succession."*** (recommended read)

"…For now, **Dr Bruce Aylward will take over Farrar's role while Dr Sylvie Briand will step in for Nakatani.** Moreover, **following allegations of corruption against Saima Wazed, the regional director for South-East Asia, Dr Nilesh Buddha has taken over as Officer-in-Charge**…

"… While the internal email from Tedros announced Farrar's departure as a retirement, insiders **and media reports** characterised the sudden exit as a resignation. When asked by *Health Policy Watch* about the circumstances of Farrar's departure at a press briefing on Tuesday, the WHO described it as a usual proceeding. "**Dr Farrar is reaching WHO retirement age at the end of next**

month. So that's why he is retiring at the end of September," a WHO spokesperson said. However, experts maintain that there has been flexibility regarding the retirement of ADGs in the past. "Retirement age as the reason makes no sense," said one source on the condition of anonymity. "The reasons could also be political."…"

"… Insiders attribute the departures of Farrar and Nakatani to deep **frustration over Tedros's leadership**. According to these sources, both had recently voiced sharp internal criticism of the WHO's technical work and data policy….."

- Related: **Lancet World Report - Jeremy Farrar to leave WHO**

"The unexpected departure of the Assistant Director-General of Health Promotion, Disease Prevention and Care has prompted concerns over leadership at WHO. Faith McLellan reports."

With a number of reactions (to his departure) by observers.

Devex – Another WHO official joins the director-general race

https://www.devex.com/news/another-who-official-joins-the-director-general-race-113157

(20 August) **"Dr. Hans Kluge, the World Health Organization's regional director for Europe**, is taking leave from his WHO functions effective this Friday, Aug. 21."

Kluge already published **a manifesto - Rebuilding the World Health Organisation together**

PS: on a side note, Kluge is from my own province in Belgium, West-Vlaanderen (*and has some lovely English) :)*

HPW - Indonesian Health Minister Budi Sadikin Becomes Fourth Candidate to Run for WHO Director-General

https://healthpolicy-watch.news/indonesian-health-minister-budi-sadikin/

"**Indonesia has officially nominated its Health Minister, Budi Gunadi Sadikin, for the WHO Director-General election** – in what is also an **unconventional candidacy for the global health agency that has traditionally been led by medical or public health professionals**. Sadikin was posted as an **official nominee on the WHO election website over the weekend**."

"A **nuclear physicist and banker by training**, Sadikin took over the Indonesian Ministry of Health in December 2020, leading the country through the COVID-19 pandemic without any formal medical or public health background. … **Sadikin's lack of medical or public health training is seen as a disadvantage by some observers.** By contrast, all previous Director-Generals – with the sole exception of Dr Tedros Adhanom Ghebreyesus – were qualified medical doctors. Tedros holds an MSc in infectious diseases from the University of London. **However, Sadikin's strong background in finance could arguably be a decisive advantage in the current climate. …** As a key diplomatic credential, he is **also one of the architects of the World Bank-hosted Pandemic Fund, launched in Bali in 2022…."**

PS: "While Tedros has not openly endorsed any DG candidate, he posted a **flattering thanks to Sadikin on LinkedIn** last month after Indonesia contributed some $30 million to WHO in voluntary funding to help close the outstanding funding gap in the agency's 2026-27 $4.2 billion base programme budget…."

"… **The declared candidates so far, also are informally regarded as the current "frontrunners" in the election, scheduled for May 2027 in Geneva. Just one month remains for new contenders or dark horses to emerge before nominations close on 24 September. "**

Geneva Health Files – In & Out At the WHO: Nominations for the Next Director-General; Departure of Two Top Officials

https://newsletter.genevahealthfiles.com/in-out-at-the-who-nominations-for-the-next-director-general-departure-of-two-top-officials/?ref=geneva-health-files-newsletter

(25 August) "This edition has two parts. **First, we discuss recent announcements about departures at the WHO and what this means. Second, we present a few early nominations for the next Director-General of the organization. I**n this edition, we try to contextualize these developments….."

Quote: "Apart from the news of these two departures, **observers raised broader questions on on how Assistant Directors-General are appointed. "There is so much scrutiny, interest and accountability in the process of the election of the Director-General. And nearly none of that applies to the way ADGs are appointed,"** an insider long at the institution said. …. The appointments of ADGs is often seen as quid pro quo during an election process, and this might sometimes result in honoring political commitments instead of getting the best person suited for the function in question, the insider added….."

- And via **Devex Check-up (25 August) : A detour to Addis**

"One of the high-profile names expected at (the AVPN conference in Delhi) is Indonesia's health minister, **Budi Gunadi Sadikin** — who you should all know by now h**as officially entered the race to become the next director-general** of the World Health Organization. … But a WHO DG candidate's diary can get rather busy. What I'm hearing? **Sadikin has been "diverted" to Addis Ababa today,** where the 76th session of the WHO Regional Committee for Africa is underway. And **it's not just Sadikin. Other WHO DG candidates are there too. The gathering gives candidates vying for the DG job an opportunity to make their case to WHO's African member states — seven of which have seats on the agency's executive board…."**

More on Global Health Governance & Financing/Funding

Science Insider – Worldwide study of diseases gets historic funding influx

https://www.science.org/content/article/worldwide-study-diseases-gets-historic-funding-influx

See also a previous IHP newsletter issue. "**Gates Foundation pledges $540 million to a project (i.e. IHME) often criticized for its opacity."** Must-read.

Neat & nuanced analysis, with **views from Lincoln Chen, Tim Evans, Prabat Jha, Lucia D'Ambruoso.**

CEPI Board appoints Ibrahim Abubakar as new Chief Executive Officer

https://cepi.net/cepi-board-appoints-ibrahim-abubakar-new-chief-executive-officer

(14 August) "**The Board of CEPI has appointed Professor Ibrahim Abubakar as its next Chief Executive Officer.** Professor Abubakar, currently Vice-Provost (Health) and Professor of Infectious Disease Epidemiology at University College London (UCL), **will take up the role in April 2027."**

"The Board of CEPI, the Coalition for Epidemic Preparedness Innovations, has appointed Professor Ibrahim Abubakar as the organisation's next Chief Executive Officer following a rigorous open recruitment process. **Professor Abubakar will join CEPI in March 2027 and Dr Richard Hatchett, who has led CEPI since its founding in 2017, will remain as CEO until the end of his full term in April 2027, ensuring a smooth transition."**

HPW - Germany to Further Slash Global Health Funding in 2027, But Policymakers Push Back on Draft Budget

https://healthpolicy-watch.news/germany-slash-global-health-funding/

Recommended. *"Under Germany's tightly constrained draft budget proposal for 2027, the government is set to reduce global health funding substantially.* ***While mandatory assessed contributions to the World Health Organization (WHO) will rise slightly, flexible budgets for pandemic preparedness are planned to be cut by 15.3%.*** *Leading global health policymakers warn of the risks."*

Devex – Does aid pay off at home? A new study claims more aid means more exports

https://www.devex.com/news/does-aid-pay-off-at-home-a-new-study-claims-more-aid-means-more-exports-113175

"A bank-backed study linking every €1 of German development aid to €2.50 in donor export returns gives politicians a convenient budget defense — but critics warn it treats partner countries' growth as an afterthought."

Very cool analysis, this Devex article (of pros, cons & caveats). With also the view of **Bodo Ellmers.**

WHO – WHO appoints 21 leading scientists to Science Council to help shape future health breakthroughs

https://www.who.int/news/item/27-08-2026-who-appoints-21-leading-scientists-to-science-council-to-help-shape-future-health-breakthroughs

"The World Health Organization (WHO) has renewed its Science Council with new members as part of its regular process for renewing the advisory body's membership. The renewed Council brings together 21 leading scientists and experts from across disciplines, regions and generations, including specialists in public health, epidemiology, biomedical research, health systems, ageing, engineering, precision medicine and emerging technologies. The Council includes representation from all WHO regions, as well as two youth members…."

- For more, see https://www.who.int/groups/science-council (*for the **members**, scroll to the bottom)*

Devex Check-up - Following Asia's health money

https://www.devex.com/news/devex-checkup-following-asia-s-health-money-113158

An account from **AVPN's global conference in Delhi** – AVPN is Asia's largest platform for social impact.

"There are several health and finance announcements on the agenda this week. One is **Nexa Lighthouse**, the **next iteration of a climate and health solutions fund previously launched by AVPN, with Grand Challenges Canada now coming on board as a partner**. Another is **a new global mental health consortium**, which **Dhun Davar**, deputy CEO at AVPN, told me is intended to unlock — and attract — more money for mental health programs and services…."

"… **Diaspora dirhams: ….** Batra also said **AVPN has a new program with the Gates Foundation focused on diaspora giving.** Many wealthy members of the **Asian diaspora** are looking for ways to give back to their countries of origin, and the program aims to tap into that, she said. This isn't strictly a health initiative. But bear with me, because some of that money could eventually find its way into health too. **The program is still in its infancy, launching only a couple of months ago, and is initially looking at how the Indian diaspora in Singapore and the United Arab Emirates gives. …. .** And Asia isn't the only place where there's potential for diaspora giving. For example the **Gates Foundation is also looking at Africa…."**

Devex Check-up: ADB's health push

https://www.devex.com/news/devex-checkup-changing-of-the-guard-113104

…. Speaking of new resources, **an evolution of sorts is underway at the Asian Development Bank, aimed at unlocking more support for health.** The **multilateral bank played a major role in supporting its member countries during the COVID-19 pandemic. The bank's health spending shot up in the range of 14% to 32%,** as it helped countries respond to the health emergency, including in purchasing vaccines — a significant jump from its pre-pandemic health spending of about 2-4%. **But after the pandemic**, **health spending went back down to 5% in 2024."**

"Does that mean ADB will go back to seeing health on the margins? That's not the plan, **Dr. Eduardo Banzon**, **the bank's health director**, tells me. In fact, the opposite. "**I want us to become the go-to guy [in] Asia for health," he says.** Banzon's ambition is to **raise ADB's health spending to at least 10% of the overall bank portfolio by 2030**, which **could amount to $3.6 billion a year** if ADB's annual financing grows to $36 billion by 2034…."

"Where will the money go? **The team is** working on a new health strategy **that aims to "level up" universal health coverage in Asia, drive investments in regional public goods, and help countries go digital on health….."**

Coefficient Giving's Largest Grant Ever: $276 Million, Co-Funded With GiveWell, to the Against Malaria Foundation

https://coefficientgiving.org/research/coefficient-givings-largest-grant-ever-276-million-co-funded-with-givewell-to-the-against-malaria-foundation/

(24 August) "The **combined $276 million grant — $212 million from Coefficient Giving and $64 million from GiveWell** — will **pay for bed nets in the Democratic Republic of the Congo**, where malaria remains one of the leading causes of death for young children."

(San Francisco) "… **Coefficient Giving announced its largest grant ever: $276 million, co-funded with GiveWell, to support the Against Malaria Foundation's (AMF) net campaigns in the Democratic Republic of the Congo.** Coefficient Giving is providing $212 million, funded by **Good Ventures,** the foundation of Cari Tuna and Dustin Moskovitz. GiveWell, which researched and recommended the grant, is contributing the remaining $64 million."

"**A portion of this grant draws from Coefficient Giving's 2026 allocation to GiveWell's recommendations, which it recently raised from $175 million to $1 billion — nearly double what it has directed to GiveWell's recommendations over the previous decade combined.** Coefficient Giving described the increase as a "one-off surge rather than a new steady state, driven most notably by our growing expectations of future giving from Good Ventures and other funders."

HP&P - What is success in global health diplomacy? A qualitative analysis of gendered and global perspectives on success and failure

Victoria Haldane, A Nordström, C Wenham et al; https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag097/8766084?searchresult=1

"Global health diplomacy is central to shaping the international response to health challenges, yet what counts as "success" or "failure" remains contested. **This study explores how gender and geopolitical identity influence perceptions of success and failure among global health diplomacy practitioners.** Drawing on qualitative analysis of free-text responses from 136 professionals worldwide, **we identify distinct narrative patterns. Women and Global South respondents emphasized normative goals: equity, justice, and structural reform, framing success in terms of inclusion, voice, and redistribution. In contrast, men and Global North respondents often framed success through processes: institutional innovation, efficiency, and procedural legitimacy. Failures were similarly divergent, seen as systemic exclusion and dependency by some, and as governance breakdowns or missed diplomatic opportunities by others**. Our findings highlight the plurality of diplomatic worldviews and call for a more reflexive, inclusive approach to evaluating and practicing global health diplomacy that recognizes diverse epistemologies and power dynamics shaping the field."

BBC - 'Ghana was the crime scene': The country leading the demand for slavery reparations

BBC;

(16 August) **“This year has seen a dramatic change in tone in the global conversation about the transatlantic slave trade.** The **demand for formal apologies, debt relief and financial compensation from nations and institutions that benefited from slavery has become increasingly forceful.** In March, a **resolution was passed at the United Nations recognising slavery as "the greatest crime against humanity"** - though the United States voted against the resolution and every European nation abstained from the vote.”

“The UK, which alongside Portugal dominated the transatlantic slave trade, has consistently rejected the idea of paying reparations, which is perhaps unsurprising given estimates of what Britain "owes" in damages to nations affected run into many trillions of pounds. **This resistance has not deterred the country that has become the leading voice on reparations: Ghana. … … The foreign minister has called for a system of reparatory justice that funds educational grants, venture capital for young African entrepreneurs and research into enduring health issues** that some argue may trace their roots back to the severe malnutrition and inhumane conditions of enslavement. And though he insists that this is not about direct financial gain for African leaders, **one of the demands laid out at the recent summit on reparations clearly talked of debt relief and debt cancellation…..”**

Devex - Why Unitaid’s incoming chief says global health must keep innovating

https://www.devex.com/news/why-unitaid-s-incoming-chief-says-global-health-must-keep-innovating-113095

“Drugs and diagnostics may exist for the likes of HIV, malaria, and tuberculosis, but that doesn’t mean innovation needs to stop, Dr. Luis Pizarro says.”

“As global health funding shifts and new health challenges emerge, **incoming Unitaid Executive Director Dr. Luis Pizarro says the agency must continue to support the creation of the next generation of health technologies, not just expand access to existing ones.** “Sometimes people think all the innovation is already there… I think we have shown that's not true,” he said, referencing recent developments from his current organization, nonprofit drug R & D organization Drugs for Neglected Diseases Initiative, or DNDi, of which he is Executive Director….”

PS: “**One opportunity for further success for both DNDi and Unitaid is to capitalize on the political interest in pandemic preparedness and create synergies between it and other disease areas.”**

“…Sitting down with Devex on the sidelines of the 26th International AIDS Conference in Rio de Janeiro, **Pizarro outlined his vision for Unitaid at a time of profound change for global health financing, shared the lessons he’ll be taking from his four years at DNDi, and explained why now isn’t necessarily a time for pessimism….”**

Nature Medicine (News) - Can traditional medicines go mainstream?

https://www.nature.com/articles/s41591-026-04588-z

"Traditional medicine is already used by billions worldwide. **Researchers, regulators and the World Health Organization (WHO) are now working to generate acceptable evidence, win regulatory acceptance, and integrate traditional medicines into modern clinical care."**

Guardian - Around the world, people are rejecting divisive and dangerous politics. We can – and must – build on that

Gordon Brown; https://www.devex.com/news/why-unitaid-s-incoming-chief-says-global-health-must-keep-innovating-113095

"The vast majority of the global public wants international cooperation on human rights, climate and AI. Like-minded countries must stand together to deliver."

"… what should give us a measure of hope, is that **people's rising fears of conflict are now matched by a clear demand that the world come together to counter this collapse into chaos**. This has been revealed in a **survey covering more than 36,000 people in 34 countries, conducted for my new book by Focaldata, on behalf of the Rockefeller Foundation** (for whom I am a trustee).

"We asked a most demanding question: **whether people would support "international cooperation", even if it meant some compromise of their "country's national interest**".
The **55% who said yes, with only 20% saying no**, were clearly signalling their rejection of the "America first", "Russia first", "China first", "my country first" dogmas that view life as no more than an endless struggle between an "us" and a "them". **Clear majorities in every continent oppose those populist nationalist leaders**, who would pull up the drawbridge and see geopolitics as a zero-sum game in which their country can only do well if other countries do badly."

"**Indeed, more than 70% of the global public want their governments to uphold human rights and the rule of law, take action on the climate crisis, AI and cyber security and fund humanitarian aid.** Follow-up research shows that **an even larger group – 80% worldwide – now believe there should be a global system to ensure the existence of policies that not only engender peace and stability but also promote the dignity of all, requiring action against poverty, disease, hunger and illiteracy**…."

Global Tax Justice: Analysis of latest UN Framework Convention round in New York

Devex: Tax talks gather steam

Devex

(19 August) "**Negotiators wrapped the fifth round of talks on a U.N. Framework Convention on International Tax Cooperation in New York** last week, capping 10 days that pushed forward **one of the most ambitious efforts yet to rewrite global tax rules**. The **negotiations, launched by the Africa group and backed by other low- and middle-income countries**, aim to replace a fragmented patchwork of bilateral tax treaties with a unified framework, potentially unlocking hundreds of billions in revenue for development, climate, and public services."

"The **first week** centered on a newly released **zero draft of the framework convention**, while the **second focused on two early protocols** — one on taxing cross-border digital services, the other on preventing and resolving tax disputes."

"**Civil society groups tracking the process** said the discussions **showed genuine momentum on long-stuck issues** such as how countries share taxing rights over multinationals and how to tax wealthy individuals more effectively. … "Countries are pushing us towards a more fair and equitable international tax system," said **Dereje Alemayehu**, executive coordinator of the Global Alliance for Tax Justice, at the close of the fifth session. However, he also noted that **global south countries drove most of the ambition while many global north delegations held back** — despite what could be a beneficial deal for them."

"Talks now move to a written-comments phase, with governments and stakeholders submitting feedback on the draft texts before an **updated version is released ahead of the next negotiating session set for Nov. 30-Dec. 11 in Nairobi. The full process is expected to run through mid-2027."**

CESR – From principles to plumbing: what the fifth session of the UN tax negotiations revealed

Juan Auz (Fiscal Justice Lead);
https://www.cesr.org/from-principles-to-plumbing-what-the-fifth-session-of-the-un-tax-negotiations-revealed/
With **takeaways from week 1 and 2.**

PS: "… **If we look at other multilateral negotiation processes for comparison**, the binding treaty on business and human rights has held 11 sessions since 2015 without an agreed text, largely because the home states of the corporations concerned disengaged. The plastics negotiations have collapsed twice over the consensus rule, prompting researchers to call in Nature for majority-fallback voting when a minority blocks broad support, precisely the question raised by Article 13. **The tax process has so far avoided both fates: it has a General Assembly mandate, Terms of Reference adopted by vote and a fixed 2027 deadline, and it has proceeded despite the United States' withdrawal from the talks. Its risk is not collapse but attrition and lack of ambition. …"**

Africa Brief - UN Tax Talks Advance Push for Fairer Global Taxation

https://africabrief.substack.com/p/un-tax-talks-advance-push-for-fairer

"The conclusion of the New York session marks a **shift from broad conceptual discussions towards detailed negotiations over the rules** that could eventually govern international tax cooperation."

Global Alliance for Tax Justice - Global Tax Treaty Negotiations Take Major Step Forward During Discussions on Draft Text

https://globaltaxjustice.org/news/global-tax-treaty-negotiations-take-major-step-forward-during-discussions-on-draft-text/

"The **first week of the session** covered the **newly released zero draft Framework Convention,** marking an important step towards addressing the core issues of the international tax system. The **second week of negotiations** covered the first and second early protocols, on taxation of digital services and dispute prevention and resolution, respectively. "

And a link:

- **Greenpeace International** - UN tax talks: Global South push for fairer rules as rich nations drag their feet on properly taxing wealthiest polluters

"Key takeaways from INC-5 include……" (nice short overview)

Trump 2.0, US Global Health Strategy & bilateral health agreements

Science – NIH lifts ban on funding research in South Africa

https://www.science.org/content/article/nih-lifts-ban-funding-research-south-africa

(18 August) Great news. "**Researchers who study HIV, tuberculosis, and other infectious disease in the country welcome policy change."**

"**In a major policy shift, the U.S. National Institutes of Health (NIH) has ended a far-reaching ban imposed last year on funding new research projects in South Africa**. …
In an **internal staff memo sent yesterday and obtained by *Science*, NIH Director Jay Bhattacharya explained that the agency decided it was exempt from a February 2025 executive order issued by President Donald Trump that halted "foreign aid or assistance" to South Africa because of supposed "egregious actions" its government had taken against white farmers and Israel**. NIH grants, Bhattacharya wrote, "are distinguished from 'foreign aid or assistance.'" He cited the Public Health Service Act that dates back to 1944 and intends to "foster global scientific exchange," and noted that the Foreign Assistance Act of 1961 does not govern NIH funding…."

PS: " **The new availability of funding is limited to what Bhattacharya described as "meritorious research projects located in South Africa," and any proposal is subject to Department of State review.** In accordance with new requirements for all NIH-funded international collaborations announced in August 2025, the research must also "have a clear scientific rationale to be conducted in a foreign country rather than in the United States and should have direct potential to generate knowledge applicable to understanding, improving, or protecting the health of Americans."
The memo has some bad news for South African scientists, too: As of 5 December, they no longer will be able to receive training grants designed for scientists in poor nations from NIH's Fogarty International Center, because the country is upper middle-income and part of the G20, Bhattacharya wrote…."

Devex - Money Matters: Who can tap the US State Department's new global health funding?

https://www.devex.com/news/money-matters-who-can-tap-the-us-state-department-s-new-global-health-funding-113160

(24 August) "The **U.S. State Department is turning on the taps for global health, with a new channel of funding** set to award $4.5 billion over the next five years. That money will come in the form of up to 100 grants, all of which will be **awarded through a new umbrella platform** the State Department is referring to as **the Annual Program Statement, or APS.** We took a look at the pipeline so far…."

"… **Opening the floodgates:** The **Trump administration's America First Global Health Strategy, which was unveiled last September, focuses mostly on bilateral health deals** between the U.S. and partner nations. But **alongside that,** there's **another pot of funding — the Annual Program Statement**, which is meant to supplement those agreements…." " The APS **matters for aid organizations seeking funds, because unlike most Trump administration money, it's open to competitive bids.** In theory, awards can be **anything from $500,000 to $250 million each**. APS awards are highly variable and country-specific. **The State Department has indicated that its preference would be for new partners — faith-based organizations, local NGOs, and the private sector — rather than INGOs**. It has also indicated that it wants to avoid creating parallel systems to those already in place in the global south. However, it remains to be seen whether it will play out this way in practice. …"

"**To date, about $1.4 billion of the total APS funding is open for applications or is already in the final stages of being awarded. …** Today, there is up to $5.4 million available for projects in Cameroon, $50 million reserved for Côte d'Ivoire, and $180 million slated for Mozambique. There is also another $80 million reserved for population-based surveys and disease surveillance, and $115 million for nutrition programs across a dozen African nations, among other funding opportunities…."

- Related: Devex – The competition heats up for billions in US foreign aid

"Roughly $1.4 billion of U.S. health funding is **currently either open for applications or in the final stages of being awarded. "**

- And see also a very **neat overview graph via Devex Check-up - Details on the $1.4 billion U.S. health funding**

PS: "The award calls that have already been issued so far offer some insights into exactly what Washington is looking to fund and how INGOs — and others — might need to position themselves if they want to compete for the money that is available. Cameroon's open call includes a focus on stopping the spillover of pathogens from animals to humans; in Côte d'Ivoire there is a call to help build the health sector capacity of faith-based groups; and Mozambique is looking to improve digital health…."

Devex – Scoop: UNICEF lays out plans for $218 million State Department award

https://www.devex.com/news/scoop-unicef-lays-out-plans-for-218-million-state-department-award-113135

(20 August) "**In an unsigned planning document, UNICEF's vision for its recent U.S. government-funded "macro award" begins to come into focus.**"

"**UNICEF has laid out a proposed plan for its $218 million humanitarian grant from the U.S. State Department, shedding the first light on one of several so-called macro awar**ds the Trump administration has **given to large aid agencies this year.** In early internal documents shared with Devex, **the United Nations agency splits its award into four separate pillars: rapid response to natural disasters, complex emergency response, rapid response within complex emergencies, and integrated nutrition response for women and children**…."

"… "In **partnership with the United States Government and the State Department's Bureau of Disaster and Humanitarian Response (DHR), UNICEF aims to save lives and protect the wellbeing of crisis-affected children, women, and families**," reads the document, which is dated June 2026. "This will be achieved by enabling rapid deployment of assistance within 72–96 hours." **This echoes the approach the State Department has prioritized through a string of what it calls macro awards — large, uncontested grants for humanitarian activity, which have so far been granted to Catholic Relief Services, UNICEF, the World Food Programme, and Operation End Starvation**, a new public-private partnership dedicated to ending child malnutrition…."

Emily Bass - Parallel Systems, CDC Office Closures, and New Offers to Fund Work Others Are Already Doing

on Substack;

(15 August) "**Parallel Systems 2.0": How the America First Global Health Strategy is developing the duplicative, disparate reporting systems it claims to hate.""**

"**Groups funded under the America First Global Health Strategy will collect data on metrics different from those in the Memoranda of Understanding and report that data separately from country governments in order to get paid**—creating exactly the kind of incoherent**, duplicative reporting environment** the strategy's architects say they set out to destroy….

"**Two More CDC Global Offices To Shut Down by the End of September: Angola and South Sudan join Zimbabwe** in closing without consideration of global health security risks due to State Budgetary Control…"

J Ratevosian - The post-PEPFAR playbook is already being written

J Ratevosian; On Substack;

"What **Sierra Leone, Malawi, Cambodia, Zimbabwe and Zambia** reveal about the future of the HIV response."

With **4 themes:** Integration as a sequence; efficiency & its risks; the prevention warning; data should govern the transition.

Geneva Solutions - Trump aid creeps back, setting the sector to a new tune

https://genevasolutions.news/peace-humanitarian/trump-aid-creeps-back-setting-the-sector-to-a-new-tune

"**After steep aid cuts in 2025, the US has resumed funding to the UN and other organisations responding to mounting humanitarian crises**. But conditions attached reveal a **selective approach, and there is concern that other donors are not filling the gaps."**

Analysis with **focus on humanitarian aid.**

Stat - New CDC director tells staff she is prepared to speak 'truth to power'

https://www.statnews.com/2026/08/19/cdc-director-erica-schwartz-staff-meeting-truth-to-power/

(19 August) "In an all-hands meeting, **Erica Schwartz confronted concerns about her independence."**

" **Erica Schwartz, the new director of the Centers for Disease Control and Prevention, told agency staff on Wednesday that she was prepared to disagree with administration leaders and sought to empower others to do the same,** according to a recording of the meeting obtained by STAT. During her first all-hands address on Wednesday, **Schwartz identified three priorities: preserving trust through radical transparency and scientific rigor; strengthening the CDC's ability to respond to disease threats; and building up the agency's relationship with state and local partners**."

- Related **Lancet World Report** - New CDC Director promises to protect vaccines and support the agency's "exhausted" scientists

Devex - Scoop: $7.5B in US funding for international affairs at risk of expiring

https://www.devex.com/news/scoop-7-5b-in-us-funding-for-international-affairs-at-risk-of-expiring-113185

(26 August) (gated) "In a letter signed by over 100 American lawmakers, Democratic senators and representatives warn that **billions of dollars in foreign aid are slated for expiry by the end of next month — including more $3 billion in global health assistance."**

Devex – Jeremy Lewin departs the State Department's foreign aid bureau

https://www.devex.com/news/jeremy-lewin-departs-the-state-department-s-foreign-aid-bureau-113188

(26 August) **"The former Department of Government Efficiency staffer is now serving as the State Department's director of policy planning, where he is a special adviser and operator for Rubio on "key foreign policy matters." "**

"**Jeremy Lewin has officially left the helm of the State Department's foreign assistance bureau**, shifting to a new role under Secretary of State Marco Rubio that began Aug. 24. Lewin — who was once a staffer at Elon Musk's budget-slashing Department of Government Efficiency — **now holds**

two hats: director of policy planning at the State Department, where he serves as a special adviser and operator for Rubio on "key foreign policy matters;" and overseer of the Bureau of Economic, Energy and Business Affairs, according to his newly minted State Department biography. Lewin is **also the U.S. "development minister" for the Group of Seven and Group of 20 development tracks**, the forums where members of both groups coordinate policies on foreign assistance…."

- And via AVAC's newsletter:

"**Lewin's departure is yet another leadership transition for US foreign assistanc**e. This happens as the State Department works to implement a redesigned aid and global health system, while being unable to obligate billions in congressionally- appropriated funding. **The big question for global health now is who will lead implementation of the new foreign assistance architecture that Lewin helped design, including the bilateral agreements intended to reshape PEPFAR and other US global health programs. …"**

Global Policy - Rethinking U.S.- Africa Development Cooperation in an Era of African Health Sovereignty

Nelson Aghogho Evaborhene
https://www.globalpolicyjournal.com/blog/26/08/2026/rethinking-us-africa-development-cooperation-era-african-health-sovereignty

(must-read) "**The future of U.S.–Africa cooperation will be determined less by whether previous aid models are restored than by whether new partnerships support Africa's long-term development agenda. This commentary argues for a shift from aid-centred engagement towards cooperation that strengthens regional institutions, local production, and strategic autonomy."**

Excerpts: "…. **Africa itself has changed. The central question is no longer whether the United States should return to its previous development model, but whether that model remains suited to a continent whose political, economic, and institutional priorities have fundamentally evolved**. Over the past decade, African governments have progressively shifted from a development model centred on external assistance towards one focused on regional integration, local production and institutional resilience. COVID-19 accelerated this transition by exposing the risks dependence on external financing, manufacturing, and supply chains."

"…**Africa's pursuit of health sovereignty has not diminished engagement with the United States. Rather than representing a contradiction, the expansion of bilateral partnerships reflects the pragmatic strategies that African governments are adopting in an increasingly fragmented geopolitical environment. As competition among major powers intensifies and development assistance declines, governments must respond to immediate financing and health security needs while continuing to invest in long-term regional capabilities**. Bilateral partnerships therefore coexist with continental institution building, not because African governments have abandoned regionalism, but because they are pursuing both immediate national interests and long-term collective resilience. **Thus, the critical policy question is not whether bilateral partnerships should exist, but whether they reinforce Africa's long-term development agenda. Recent developments suggest that the foundations of such an approach may already be emerging….**

"… **An Emerging Foundation for a New Partnership:** One indication of this shift is **the establishment of the U.S.–African Union Commission Strategic Infrastructure and Investment Working**

Group (SIWG). Launched in January 2026, the SIWG seeks to strengthen cooperation by advancing opportunities for U.S. private sector investment and engagement in areas aligned with the African Union Agenda 2063, the Programme for Infrastructure Development in Africa, AfCFTA, and African Regional Economic Communities. **The initiative has been described as a potential shift from traditional development cooperation towards investment led engagement**, with the possibility of reshaping the economic relationship between the United States and the African continent…."

Evaborhene sees "**Three Priorities for the Next Phase":**

"First, strengthen regional institutions…. Second, invest in productive capacity…. Third, institutionalise strategic dialogue. Geopolitical competition is likely to remain a defining feature of international relations, and future U.S.–Africa cooperation will inevitably reflect broader strategic interests. **Rather than allowing these interests to be pursued through fragmented bilateral initiatives alone, the SIWG should evolve into a permanent platform for dialogue on health security, regional manufacturing, regulatory cooperation, and resilient supply chains."**

SRHR

Devex: A different kind of Geneva declaration

Devex;

(14 August) "**The United States has taken over as secretariat of the controversial Geneva Consensus Declaration**, placing the **6-year-old political coalition** — which asserts there is no international right to abortion — **inside the U.S. Department of Health and Human Services.**

"**The Declaration has four main objectives:** to secure meaningful health and development gains for women; to protect life at all stages; to defend the family as the fundamental unit of society; and to work together across the UN system to realize these values**," the State Department wrote in a press release on Aug. 12. Created during the first Trump administration, the Geneva Consensus Declaration has been signed by 42 nations, half of which are from Africa**. It's **a nonbinding declaration with eight main pillars**, from reaffirming the role of the family to rejecting abortion as a method of family planning…."

"After U.S. President **Joe Biden** took office, the U.S. withdrew its sponsorship of the declaration, and Hungary took over the secretariat — but throughout Hungary's presidency, **former U.S. Special Representative for Global Women's Health Valerie Huber continued the charge through the Institute for Women's Health,** an organization based in Washington, D.C. **Now the U.S. is back center stage,** with the Trump administration stating the country will carry its work forward **"through a whole-of-government" approach** led by the Department of Health and Human Services and the State Department."

"The GCD affirms what should never have been controversial: that there is no international right to abortion, that every woman deserves the highest attainable standard of health, and that the family is the fundamental unit of society," **Huber said in a statement** on Wednesday, adding that "with 42 nations behind it, this coalition is **positioned to do more than defend those values. It is positioned to accelerate their advance."**

- See also **HPW – US Assumes Control Over Global Anti-Abortion Geneva Consensus Declaration, Affirms Religious Groups**

"The United States has assumed the secretariat of the Geneva Consensus Declaration (GCD), a global anti-abortion initiative launched by Donald Trump's administration weeks before he was voted out of office in 2020."

"Late last week, the US announced that it had taken over the secretariat again, and this is being **housed in the US Department of Health and Human Services' Office of Global Affairs (OGA). OGA director Bethany Kozma has been driving GCD since its formation and is a longstanding anti-abortion campaigner…."**

"Argentina joins despite allowing abortion: Last week, she travelled to Argentina to welcome it as the **latest signatory of the GCD,** which is now supported by 42 countries.Argentina's President Javier Milei is a key Trump ally…."

Nature Medicine - A multi-faceted hospital-based intervention for intrapartum care in sub-Saharan Africa: a stepped-wedge cluster-randomized trial

C Hanson et al; **A multi-faceted hospital-based intervention for intrapartum care in sub-Saharan Africa: a stepped-wedge cluster-randomized trial**
"A stepped-wedge cluster-randomized trial showed that **implementation of a multi-faceted ALERT intervention that promoted essential practices of intrapartum childbirth** reduced the odds of early perinatal mortality but not stillbirth **across 16 hospitals in Benin, Malawi, Tanzania and Uganda**."

Decolonize Global Health

Graduate Institute – Reshaping the Future of Global Health Governance: A Forward-Looking Exploration and Analysis of Global Health after the 2025 US ODA Cuts

Awa Suso et al; https://www.graduateinstitute.ch/sites/internet/files/2026-08/ARP10-Reshaping-Global-Health-Governance---copy-ARP-repository---Natasha-Rosenberg.pdf

"Drawing on 27 semi-structured expert interviews conducted across Switzerland, the US, and Sub-Saharan Africa, **this research triangulates institutional and country-level perspectives through a decolonial lens to ask how the withdrawal has reshaped global health governance**—financially, structurally, and politically—**and whether the adaptations underway constitute the decolonising shift the field has rhetorically promised for decades**. The **findings cut against the rhetoric of rupture**. Donor concentration, disease silos, and partnership discourse that obscures structural asymmetries had been the system's operating logic long before January 2025; the shock has ended the consensus that allowed them to persist. **The substitutes hold less than advertised**: innovative finance cannot match ODA's volume, and philanthropy faces financial, strategic, and legitimacy limits that prevent wholesale substitution. **Most critically, bilateral instruments such as the Kenya–US Cooperation Framework trade away fiscal autonomy in exchange for the knowledge systems that autonomy requires. Nevertheless, African leadership is consolidating where the architecture's**

crisis has opened space: initiatives such as Africa CDC, the Accra Reset, and the Lusaka Agenda show that the decolonising agenda is no longer purely rhetorical."

Habib Benzian - What Global Health Chooses to Cool

https://habibbenzian.substack.com/p/what-global-health-chooses-to-cool?r=ap2ly&utm_campaign=post&utm_medium=web&triedRedirect=true

"**Cold chains, exposed bodies and the politics of temperature."**

On **the politics of cooling** & much more.

More Co-Financing Does Not Necessarily Mean More Sustainability: Rethinking Co-Financing as a Sustainability Tool

E Sabine Koum-Besson; https://www.linkedin.com/pulse/more-co-financing-does-necessarily-mean-rethinking-tool-koum-besson-mfxzc/

"Co-financing should track dependencies — and aim to reduce them."

Excerpt towards the end of the LinkedIn post: "…The implication is not that we need a new category of "PHC co-financing." It is that co-financing commitments should become more specific about the dependency they are intended to reduce. **Rather than treating co-financing primarily as a question of how much government contributes alongside an external programme, we should start from the full financing architecture: what the domestic system already finances, what external financing adds, which functions remain dependent on that external financing, and what would need to change for those functions to be sustained over time…."**

"That changes the unit of analysis. **A financing gap is no longer simply the difference between programme needs and available resources. It can be located in a specific function, at a specific level of the health system, with a specific financing dependency.** A **clearer PHC financing baseline and function-level strategies** would allow us to distinguish **disease-specific financing risks from PHC sustainability risks…"**

"… **Health sovereignty** is also about whether countries can identify, govern and progressively sustain the systems through which those inputs become services. **If co-financing is intended as a sustainability tool, it should be designed to tell us whether sustainability is improving, not simply whether domestic contributions to a programme are increasing**. It should be designed around **which dependency needs to decline, which function needs to become sustainably financed, and whether the proposed domestic contribution actually changes that trajectory…." "** Otherwise, a country may finance the medicines and still depend on someone else for the system that delivers them."

"Co-financing should not only measure how much domestic financing increases. It should tell us whether the health system is becoming more sustainable. More co-financing should ultimately

mean less critical dependency. If it does not, we should be careful about calling it progress towards sustainability…..”

Plos GPH – Reciprocity in global health: How successes from the global south can inform global health interventions in Canada and the U.S

Tsitsi B Masvawure et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007208
“**Global health has traditionally functioned as a project of high-income countries (HICs) addressing health challenges in low- and middle-income countries (LMICs**). This “**outward facing” orientation** has created conceptual and operational boundaries that obscure the persistence of health inequities within HICs and perpetuates the false assumption that resource-rich nations have resolved fundamental health equity challenges in their own countries. **In this essay we argue that HICs have global health problems of their own and should be considered legitimate sites for global health intervention. We propose an approach to doing global health in the global north that is based on reciprocal learning and where solutions to global health problems can also be found outside the borders of HICs**. Complementing the extant scholarship on the need to decolonize global health, **this essay highlights LMIC-led successes that can inform global health practice in the U.S. and Canada thus positioning global health as a truly egalitarian project.”**

UHC & PHC

Devex – Will healthcare in the global south repeat the mistakes of the north?

https://www.devex.com/news/will-healthcare-in-the-global-south-repeat-the-mistakes-of-the-north-113120

“Several analyses over the years have revealed wasteful spending on health. But **health systems too have become unsustainable, reacting to diseases instead of focusing on prevention. »**

“**High-income countries are known to spend more on health, but they’re not exactly the best model for health systems. And countries in the global south may be in danger of copying the same mistakes, instead of learning from them.** That’s t**he view of Ricardo Baptista Lei**te, a medical doctor and CEO of nonprofit organization HealthAI. He served for four terms as a member of Parliament in Portugal, and was involved in both health and foreign affairs. He is also **the founder and president of the UNITE Parliamentarians Network for Global Health, which involves more than 500 policymakers from over 110 countries. The network’s recent summit in Manila, Philippines**, focused, among other things, **on helping decision makers prioritize health and address the widening gaps in access….”**

“Leite was critical of some of the ways that health systems in the global north operate. “Although they’re called health systems, in reality they are disease systems that simply react when people get sick,” he told Devex on the sidelines of the summit. “We're typically reacting when diseases are already present and many times in a late stage with much worse prognosis and typically at a higher

cost." **He was concerned that such health systems have become the blueprint in some low- and middle-income countries**, which he argued "is a mistake because we know the global north model is broken" and "should not be replicated."…"

Human Resources for Health

Lancet Public Health – Measuring the composition and availability of human resources for health by sex in 204 countries and territories, 1990–2023, and workforce gaps for universal health coverage: a systematic analysis for the Global Burden of Disease Study 2023

GBD 2023 Human Resources for Health Collaborators ;
https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00145-3/fulltext

"To **reach 80 out of 100 on the UHC index**, an additional 7·1 million (6·6–7·5) doctors, 23·9 million (21·8–26·1) nurses and midwives, 1·8 million (1·6–1·9) dentists, and 1·6 million (1·4–1·9) pharmacists **are required globally…."**

"The global health workforce has expanded substantially since 1990, largely due to women entering the formal health workforce. However, this expansion has been uneven across regions and persistent shortfalls remain in doctors, nurses and midwives, dentists, and pharmacists relative to moderate UHC attainment. Addressing these gaps will require expansion of training capacity, retention and remuneration policies for early-career workers, and gender-responsive workforce arrangements…."

"… **This study provides the first global, sex-disaggregated estimates of 20 health worker cadres across 204 countries and territories from 1990 to 2023, including the first global quantification of community health workers (CHWs) and offering the most comprehensive assessment of the global health workforce to date.** … …. These updated estimates were analysed with an improved stochastic frontier meta-analysis approach, a frontier estimation methodology used to **evaluate the minimum HRH density observed in countries attaining a given level of the universal health coverage (UHC) effective coverage index for the cadres identified in Sustainable Development Goal indicator 3.c.1.** The **use of minimum thresholds** recognises that **performance can be attained with different cadre mixes while also offering guidance on minimum health workforce needs**. These innovations produce new findings that were not possible with previously available estimates, including the quantification of sex-specific HRH growth, information on the global feminisation of health cadres, and new cadre-specific thresholds for UHC. **Overall, these findings provide new insights into gender dynamics, cadre composition, and global workforce shortages, with direct relevance for national and international health workforce planning."**

Lancet Public Health (Comment) - Beyond global counts: making health workforce estimates actionable and equitable

Mathieu Boniol et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00167-2/fulltext

The related Comment.

« **In *The Lancet Public Health,* the GBD 2023 Human Resources for Health Collaborators present an updated description of global health workforce numbers and distribution for the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2023**. The analysis of sex distribution is striking, with **female health workers representing 69% of the health workforce and contributing to around three-quarters of its growth.** The study also shows substantial differences across occupations, with 44% of medical doctors but 81% of nursing personnel being female, with wide country and regional differences. Even within a particular field such as pharmacy or dentistry, female workers tend to occupy lower-skilled positions. **With nursing representing the largest estimated shortage, the study implies that addressing shortages would require a massive employment of women in the health sector. Although this approach could create important opportunities for women, nursing education seems less attractive to young people than medical education.** Indeed, in countries in the Organisation for Economic Co-operation and Development, the 2022 Programme for International Student Assessment (PISA) survey showed that only around 2% of 15-year-olds expected to become nurses, compared with four times more expecting to become doctors. **The PISA survey also showed a decline in attractiveness of health professions since 2018—particularly nursing, for which interest decreased in half of countries. This declining interest, compounded by persistent shortages projected to 2030, particularly in the WHO African and Eastern Mediterranean regions, creates major challenges for achieving the Sustainable Development Goals….”**

“… **The study also attempted to estimate the global health workforce shortage, producing a value of 34·4 million health workers in 2023,** more than twice as high as WHO's estimate of 14·7 million because of different assumptions and thresholds….”

“… **Beyond trends and distribution, research in this area should also focus on longer-term and realistic policy implications. With a projected global shortage of 11 million health workers by 2030, increasing inequities, and difficult financial situations, how should countries respond?** Although often excluded from global shortage estimations, **high-income countries should act on their triple challenge**: an ageing workforce, population ageing, and declining interest in health occupations. They should also reduce excessive reliance on international recruitment, which exacerbates shortages in low-income countries. **Countries with the largest current shortages should strengthen their capacity to plan, train, and retain health and care workers. They also require support to alleviate existing fiscal space constraints. For all countries, the current economic environment increases the importance of optimising the current health workforce….”**

Social determinants of health

Lancet Global Health - Beyond land tenure and titling: legal recognition as a pivotal determinant of health in urban informal settlements

Alice Sverdlik et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00214-7/fulltext

“**Over 1 billion people across low-income and middle-income countries live in urban informal settlements, where these residents face severe health disparities. In this Viewpoint, we argue that the absence of legal recognition in informal settlements is a foundational cause of the causes of ill health, as the absence of recognition contributes to unsafe housing and inadequate access to**

water, sanitation, and other life-sustaining basic services. Despite the importance of legal recognition, few public health researchers have explored how legal barriers influence health outcomes in these communities. Based on the evidence identified through a systematic search, we argue that previous research focused on how tenure or titling can improve living conditions but overlooked other legal interventions that might better enhance health equity by expanding basic service access. **We propose an innovative research agenda aimed at characterising the global landscape and underlying mechanisms of a wider spectrum of legal interventions—beyond tenure or titling alone—that could improve health in informal settlements."**

Planetary Health

We start this subsection with an **update on COP 31** (via **Arthur Wyns**, on LinkedIn):

"Following a summer of climate disasters, **the Turkish COP31 Presidency has shared a 3rd letter with governments, laying out its plans for the UN climate conference this November**.

In it, Turkey has now **confirmed the ten priority themes of the COP31 Action Agenda**:
(1) Clean Energy Transition and Electrification
(2) Zero Waste and Methane Reduction
(3) Climate-Resilient Cities
(4) Green Industrialization
(5) Youth and Education
(6) Food Security
(7) Oceans and Seas
(8) **Dynamic and Resilient Health Systems**
(9) Rio Synergies
(10) Climate Implementation Bridge.

"**Each of these ten themes will bring together large coalitions of the willing** - countries and partners who are already implementing the solutions we needing accross these critical areas.
Each of the themes will also have a thematic day, focusing on key initiatives and events…."

Guardian - Spotlight on UN desertification summit as it mulls how to spend $12bn war chest

https://www.theguardian.com/environment/2026/aug/17/spotlight-on-un-cop17-desertification-summit-mongolia

(17 August) "Extreme weather has raised the significance of Cop17 talks starting this week on tackling drought and land degradation."

"The **UN's bi-annual talks on desertification have assumed much greater importance – and have started attracting more money.** Work will begin this week on **allocating more than $12bn (£8.9bn) to vulnerable countries to help them deal with drought and land degradation,** when **scores of countries gather in Mongolia for Cop17.** The **key aim** is to put pledges of billions of dollars made two years ago into action through projects in the developing world…."

"… **The UNCCD was signed in 1992, one of a trio of environmental treaties launched at the Earth summit in Rio de Janeiro**, alongside the better known UN Framework Convention on Climate Change (UNFCCC), which is parent treaty to the Paris agreement of 2015; and the Convention on Biological Diversity, which includes targets on protecting species. **Over the last three decades, the desertification treaty has been the "poor relation", garnering the least attention of the three and producing scant progress. But that is changing…"**

"… **At the core of the Cop17 talks, which will run until 28 August, will be the "operationalisation" of the Riyadh Global Drought Resilience Partnership, forged in 2024 under the leadership of Saudi Arabia.** Under this fund and related initiatives, **countries and institutions pledged $12bn over seven years to help 74 countries stricken by drought and the accompanying problem of land degradation…."**

ORF -Why Health Remains Underfunded in Global Climate Finance

R Kha Jha; https://www.orfonline.org/expert-speak/why-health-remains-underfunded-in-global-climate-finance

*"***Global climate finance directs only a small share of adaptation funding to health, reflecting a structural bias towards discrete, measurable projects** *rather than the sustained investment needed to make health systems climate-resilient".*

Lancet Letter - Health should be key to transitioning away from fossil fuels

Robbie M Parks et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01538-2/fulltext

« The first conference on Transitioning Away from Fossil Fuels (Santa Marta, Colombia; April, 2026), co-hosted by Colombia and the Netherlands, convened representatives from 57 nations to advance a just, orderly, and equitable transition. **The final report from the conference makes a powerful argument for the rapid global phase-out of fossil fuels. Regrettably, the report overlooks the extraordinary health and health–economic benefits of doing so**. Fossil fuels harm health across their full lifecycle—ie, from extraction to processing, transport, combustion, and waste—and disproportionately burden the most vulnerable communities, widening global inequities. Many low-income and middle-income countries face overlapping burdens of energy poverty, climate vulnerability, debt, and price volatility. In 2022, 2·52 million deaths were attributable to outdoor air pollution due to fossil fuels. **Phase-out offers a quintuple win: healthier populations, enhanced energy security, cleaner environments, more resilient and affordable health systems, and more effective climate mitigation.** Communicating these gains can strengthen public support for climate action. "

"We—as members of the health community—offer three recommendations, which emerged from the conference's Health Benefits Workstream and were submitted through the academic dialogue…"

Carbon Brief - Climate change exposes 580 million children to 20 extra 'heat-stress days' every year

https://www.carbonbrief.org/climate-change-exposes-580-million-children-to-20-extra-heat-stress-days-every-year

"More than 40% of children under the age of 10 globally are already experiencing at least 20 additional "heat-stress days" due to climate change."

"This is according to **a new attribution study, published in Science Advances,** which combines climate models with demographic data to assess the age groups and regions that are exposed to the most hot, humid days. **The study finds that children up to the age of nine already face more additional heat-stress days globally as a result of climate change than any other age group.** It adds that **south Asia and west Africa are recording the greatest childhood exposure to dangerous levels of humid heat** – largely because these regions have a rapidly growing population with the highest proportion of young children. **As the climate warms, children will continue to be more exposed to heat stress than any other age group, the paper warns**…."
"The lead author of the study tells Carbon Brief that **the findings should inform discussions about climate justice, noting that children in developing countries "have contributed the least to historical greenhouse gas emissions". …"**

Environmental determinants of health

HPW - Eighty Years Strong and Still Forgetting Water: How WHO's Anniversary Story Erases a Century of Environmental Health

W Kreisel; https://healthpolicy-watch.news/eighty-years-strong-and-still-forgetting-water-how-whos-anniversary-story-erases-a-century-of-environmental-health/

*"**Twice in three years – at its 75th anniversary and again this July at the Constitution's 80th – the World Health Oganization (WHO) has told the official story of what it has achieved. Twice, water, sanitation, air, chemicals and climate have been left out**. The **former head of WHO's environmental health programme** argues this is not a curatorial slip but **institutional amnesia** – and that the organization must correct the record."*

*"…*Why do anniversary webpages matter this much? Because they are the organization telling member states, donors, young staff and itself what it believes it is for. Budgets follow stories; careers follow stories. When WHO's official self-portrait contains 70 milestones and no water, no sanitation, no air, no chemicals and no climate – and when the 80th-anniversary tribute renews the omission – every health minister weighing an environmental investment, every foundation officer drafting a strategy, and every young engineer deciding whether WHO is a place for her receives the same message: this is not what WHO considers memorable. That message is false, and it is costly. It is also economically illiterate…

"… **What the new WHO DG needs to correct :** WHO's member states will soon choose the organization's next Director-General – **a leader who will govern in the century of climate disruption, polluted air, water insecurity and chemical proliferation, when the environmental determinants of health will not be one programme among many but *the* terrain on which all health outcomes are won or lost.** Let the correction begin simply. Amend the milestones timeline publicly to include what this article has named – from the League's rural hygiene programme to the Green Climate Fund. Protect and fund the normative crown jewels – the drinking-water and air quality guidelines, and the monitoring programmes – as core functions, not discretionary extras. **Place the environmental determinants of health at the heart of the next General Programme of Work, where the Constitution's drafters put them in 1946…."**

WASH

WHO/UNICEF report highlights gaps in health facility sanitation

(18 August) https://www.who.int/news/item/18-08-2026-who-unicef-report-highlights-gaps-in-health-facility-sanitation

"**A new WHO and UNICEF report reveals significant gaps in essential water, sanitation, hygiene and environmental health services in health-care facilities worldwide**. Despite notable gains since 2015, **only four in ten facilities meet basic sanitation standards and fewer than six in ten achieve basic environmental cleaning standards** such patient rooms and wards, operating theatres, examination and treatment areas, toilets and sanitation facilities, leaving patients and health workers exposed to preventable health risks…."

"**Progress on water, sanitation, hygiene, environmental cleaning and waste management in health-care facilities 2015–2025**, published today by the World Health Organization (WHO) and UNICEF, through the Joint Monitoring Programme on for Water Supply, Sanitation and Hygiene (JMP), provides the clearest global picture yet of these essential services in health-care facilities. **For the first time, global estimates are available for all five basic service areas, including the first estimates for basic sanitation and environmental cleaning…."**

"In 2025, an estimated 85% of health-care facilities had a basic water service, 72% had basic hygiene services and 71% had basic health-care waste management services. However, only 59% met the basic standard for environmental cleaning and 40% met the requirements for a basic sanitation service…."

Devex – Special edition on World Water Week

Devex

Account from **Stockholm.** Re **"World Water Week**, the annual conference of government officials, financial institutions, businesses, researchers, and civil society **to talk about all things WASH — or water, sanitation, and hygiene — along with water security…."**

"… **Many are calling 2026 the "Year of Water" — and the sector is riding a wave of global attention.** First and foremost, there's a **race to accelerate action on Sustainable Development Goal 6 — clean water and sanitation for all — ahead of the United Nations Water Conference** to be cohosted by the United Arab Emirates and Senegal in **Abu Dhabi in December**. Stockholm this week is seen as a pivotal moment where various players can meet, compare notes, and hone their projects and pledges ahead of December."

"….Top of mind is a **groundbreaking U.N. report in January** showing that we have **entered an era of "global water bankruptcy"** in which water use in many basins and aquifers worldwide has exceeded renewable inflows and safe depletion limits — in some cases, beyond the chance for recovery. **Nearly three-quarters of the world's population lives in countries classified as water-insecure**…."

"… A report last week by UNICEF and the World Health Organization on WASH in healthcare facilities worldwide found that while there has been progress since 2015, only 4 in 10 meet basic sanitation standards, and fewer than 6 in 10 meet basic environmental cleaning standards in patient

wards, operating rooms, treatment areas, and toilets and sanitation facilities — potentially **exposing patients and health workers to health risks**….. (*see above)*

"… **A drop of hope:** There's one thing putting wind in everybody's sails: **Water Forward**, an **ambitious World Bank-led initiative that aims to improve water access for 1 billion people by 2030**. Multiple experts have described it to me as **the most promising initiative in decades** for attracting finance to the WASH sector and galvanizing political will around it. In Stockholm, it's on everybody's lips…. … … **Water Forward launched in April during the World Bank and International Monetary Fund Spring Meetings**. **It frames water as an economic asset** — not merely a social service expenditure. The bank's own goal is to reach 400 million people…."

"There's over 4 billion people who lack water security. So 400 million is just a drop," says **Sarah Nedolast**, program manager of the Global Water Security and Sanitation Partnership at the World Bank. "So the only way that we can really make a big dent, we can make real progress, is working with others." **The bank has partnered with eight other MDBs, along with three other financial institutions:** GCF, the OPEC Fund for International Development, and the International Fund for Agricultural Development…."

"**Central to the initiative are country "compacts**," in which governments analyze their own water resources and vulnerabilities, then decide their own priorities and how to allocate their capital. **The initiative launched with 14 compacts and a goal to reach around 40 by the U.N. Water Conference in December,** Nedolast says."

"**The water sector requires a cumulative investment to the tune of $6.7 trillion by 2030**. The majority of its funding comes from governments, while official development assistance, or ODA, accounts for about 6% and the private sector provides around 2%...."

Access to Medicines, vaccines & other health technologies

TGH - Trump's Executive Order on Vaccines Could Be Contagious

P Yadav; https://www.thinkglobalhealth.org/article/trumps-executive-order-on-vaccines-could-be-contagious

"The push to split the measles-mumps-rubella vaccine into separate shots could have a ripple effect on global markets."

"… **even if the recommendations never fully take hold in the United States, they could have important contagion effects on demand and supply for measles-mumps-rubella (MMR), measles-rubella (MR), and measles-only vaccines globally.** It has taken the World Health Organization (WHO), the UN Children's Fund (UNICEF), and Gavi decades to encourage countries to move from measles-only vaccines to MR and MMR vaccines. **Combination vaccines offer many benefits**: fewer injections, fewer clinic or immunization site visits, simpler schedules, and a lower cold-chain, procurement, and logistical burden. **A move toward separating MMR would run opposite to the broader overall direction of using combination vaccines in global immunization programs for uptake, cost effectiveness, and logistical efficiency."**

"**These advantages are particularly important in resource-constrained health systems, where clinician time, syringe availability, cold-chain capacity, and access to immunization services are much more limited than in the United States.** MR has been an important part of this transition to combination vaccines, allowing low-income countries to address two priority elimination diseases in a single vaccine in a cost-effective manner…."

"Exclusive use of measles-only vaccine has declined globally as more countries introduce rubella vaccines as a combination. **Some high-income countries have moved even further toward combination products. Israel, Luxembourg, and San Marino, for example, routinely use a combination of measles, mumps, rubella, and varicella (MMRV) in a single vaccine**. A move toward separating MMR would run opposite to the broader overall direction of using combination vaccines in global immunization programs for uptake, cost effectiveness, and logistical efficiency…"

HPW - New TB vaccines are moving closer. Is Africa ready?

S M Mule (Kenyan Member of Parliament and the **Vice-Chair of the Global TB Caucus**)
https://healthpolicy-watch.news/new-tb-vaccines-are-moving-closer-is-africa-ready/

"African scientists, institutions and communities are helping advance the development of new TB vaccines. **Governments must now work together to prepare national systems, secure fair pricing and ensure scientific progress leads to timely and equitable access."**

Devex – Making matches

https://www.devex.com/news/devex-checkup-washington-hasn-t-completely-cut-ngos-out-of-global-health-113172

Lenacapavir was the star of the show at the recent International AIDS Conference in Rio de Janeiro. But one of the repeated concerns I heard there about the twice-yearly form of injectable HIV prevention is that **no matter how effective it is, it's not particularly useful if it's not reaching the people who would benefit from it the most**. **In many settings, that includes members of marginalized communities, such as men who have sex with men and transgender people. They are often most at risk of acquiring HIV. But they are also increasingly criminalized and fearful of seeking out services from government facilities, even if those are the only places offering lenacapavir."**

"To help mitigate those concerns, Freddie — a telehealth platform geared to the 2SLGBTQ+ community in North America and a leading provider of HIV preexposure prophylaxis — is partnering with the Clinton Health Access Initiative to get lenacapavir to communities in Africa that need it. The plan is that **for every Freddie client who starts lenacapavir in North America, CHAI will procure and deliver a dose of generic lenacapavir to someone in sub-Saharan Africa**, up to the first 14,500 people. And **the priority is to get those doses to key populations, including LGBTQ+ communities, with rollout set to start at the beginning of 2027…"**

TWN - Expert Committee recommends local clinical trial waivers for generic lenacapavir

C Rao; https://www.twn.my/title2/health.info/2026/hi260801.htm

(22 August) "**India has moved closer to the availability of generic lenacapavir for HIV prevention** after a Subject Expert Committee (SEC) of the Central Drugs Standard Control Organisation (CDSCO) recommended the **waiver of local clinical trial for Dr. Reddy's Laboratories Limited and Emcure Pharmaceuticals Limited.** This recommendation **could accelerate access in India**, subject to final marketing authorisation and mandatory post-marketing Phase IV efficacy studies…."

Geneva Health Files - The GLP-1 Patent Split: A Contrast of How Major Markets Deal With The Loss of Exclusivity [Analysis]

Anne Jomard; Geneva Health Files*;*

"**Anne Jomard** sinks her teeth into **examining the moat of intellectual property protection for weight loss drugs in some jurisdictions."**

"**Generic semaglutide in India is now available for a fraction of the branded price, around $15 for the lowest dose, compared to over US $1,000 in the U.S**. Analysts have noted this as one of the fastest generic rollouts in recent pharmaceutical history. Jomard, a scientist who writes on health policy says, "**The divergence is not a market accident. It is the deliberate outcome of a patent system that allows the same molecule to be public property in one jurisdiction and a protected monopoly in another."** In her analysis she presents a picture of "stark contrasts in how major markets handle the loss of exclusivity", as some experts have described the situation…."

Excerpts: "…. **The countries where patent expiry has brought generic competition — India, Brazil, China — achieved access through their domestic patent law architecture, not through multilateral health governance.** For countries that lack that architecture, and lack manufacturing capacity, the multilateral system has not yet been mobilized to help….

"… **Who will pay the price? For the majority of people living with type 2 diabetes and obesity in low- and middle-income countries, GLP-1 prices are prohibitive**. The **India model demonstrates that affordable GLP-1 access is technically and economically feasible.** Indian manufacturers were ready to launch the day the patent expired; generic prices fell sharply within weeks. **What does not yet exist is the multilateral will — or the mechanism — to move that supply to the patients who need it most, in the countries where patents still hold or where no local generic industry can fill the gap.** The EML listing, the WHO guidelines, the prequalification call: these are necessary steps, but they are not sufficient ones…."

"Even with Novo Nordisk's announced US price cut, **the fracture between markets where GLP-1s cost less than $10 a month and markets where they cost several hundred remains an order of wide magnitude. …"**

FT – Big Pharma steps up fight against counterfeit weight-loss drugs

https://www.ft.com/content/094467c8-6154-4fd2-8b64-a334d83bd772?syn-25a6b1a6=1

(gated) **"Novo Nordisk and Eli Lilly use court orders and public campaigns to tackle unlicensed medicines."**

AI & health

Nature (World view) – Why we must stop talking about artificial general intelligence — and instead build 'pro-worker' AI

Daron Acemoglu; Nature ;

"Studies of the US labour market suggest that automation has played a crucial part in increasing inequality — and this dynamic is likely to intensify with the adoption of AI, argues economist Daron Acemoglu. **Acemoglu has joined thousands of economists and AI researchers in signing We Must Act Now, a statement urging policymakers and technology leaders to steer AI towards complementing, rather than replacing, human labour.** "What is at stake is not only shared prosperity, but also **our democratic system**," he writes. "**Societies cannot remain stable if large numbers of people are excluded from economic opportunity."**

- Related: **Bill Gates** (via the **Guardian) - Bill Gates calls for 'human-reserved' jobs in face of AI takeover** *(yeah, right, that's going to work)*

Conflict/War & health

UN News – An attack on healthcare every six hours, and no one held to account

https://news.un.org/en/story/2026/08/1168144

(14 August) "**Across the world, healthcare has suffered more than 10,000 attacks in the past eight years,** including during the brutal conflict in Ukraine and efforts to contain the current Ebola outbreak spreading rapidly in the eastern Democratic Republic of the Congo (DRC). That information comes from the **World Health Organization (WHO**) which on Friday **reiterated that the critical sector must not be targeted. "**

"The UN agency maintains a surveillance system for attacks on healthcare, which includes hospitals and other facilities, personnel and patients, ambulances and other transport, as well as warehouses and supplies. **Since 2018, more than 10,400 attacks have been reported across 29 countries and territories, resulting in approximately 5,700 deaths and over 8,000 injuries.** To date, no one has been held accountable. …"

- Related link: **Lancet World Report - Report says attacks on health care in Ethiopia are systematic**

HPW – Most Gaza Palestinians Living in Dangerous, Unsanitary and Unhealthy Shelters

https://healthpolicy-watch.news/94-of-gazan-palestinians-live-in-dangerous-unsanitary-and-unhealthy-shelters/

"**Nearly a year after Israel and Hamas agreed to a US-brokered cease-fire, some 94% of Gaza's 2.1 million Palestinian residents lack adequate shelters with 84% facing severe constraints in heating, cooling, cooking, lighting and hygiene and nearly 60% facing "critical" or "catastrophic" shelter needs.** This according to a **new analysis by the Global Shelter Cluster**, a coalition led by the Norwegian Refugee Council and the UN's Geneva-based International Organization for Migration (IOM)…."

"**The prolonged housing crisis means that most Gazans are being exposed to growing environmental health risks as a result of the delays in reconstruction following the two-year war.** These range from poor access to hygiene and sanitation to rodent infestations; extreme heat in the summer and wintertime flooding, unsafe conditions for food and water storage; as well as toxic exposures from burning plastics and debris for cooking, the report concludes…."

Lancet Global Health (Letter) – Life expectancy is a late signal of sanctions-related harm

Reza Majdzadeh; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00208-1/fulltext

"**Cross-national evidence reports lower life expectancy and higher mortality in countries exposed to economic sanctions**. Gutmann and colleagues reported that UN sanctions were associated, on average, with a 1·2–1·4-year reduction in life expectancy. Furthermore, in their Article in *The Lancet Global Health*, Francisco Rodríguez and colleagues estimated that unilateral sanctions were associated with more than 560 000 annual deaths. **Iran, however, complicates this picture. Iran has experienced one of the most extensive and prolonged periods of economic sanctions globally. Yet, no clear break or trend shift in national life expectancy aligned with major changes in sanctions is apparent from the life-expectancy trajectory reported by the GBD 2023 Iran Collaborators (May, 2026).** Although the study was not designed to estimate effects of sanctions directly, this observation warrants careful consideration as the current evidence does not support a large, immediate, or independent sanctions-attributable fall in Iran's national life expectancy…."

"… **Sanctions operate through intermediate pathways before becoming visible in registered causes of death and age-specific mortality. Evidence from Iran is consistent with this interpretation**. A 20-year mixed-methods study of 28 national and subnational indicators **found no clear, stable, and attributable sanctions-related signal for many major mortality outcomes but did find recurrent pressure on access, affordability, medicine availability, treatment continuity, and household coping**. The Iranian case **might therefore illustrate buffered, displaced, diluted, or pathway-specific harm rather than the absence of harm."**

"**The implication for monitoring is direct. Life expectancy and overall mortality remain important final outcomes, but they are insufficiently sensitive starting points for early detection. Sanctions-related health monitoring should move upstream** to address medicine availability, stock-outs, procurement delays, overcompliance events, health inflation, out-of-pocket payments, treatment interruptions, chronic care continuity, and vulnerable-group inequalities…"

Miscellaneous

HPW - As Taliban Rule Enters Sixth Year, Healthcare for Afghan Women Is Being Dismantled

https://healthpolicy-watch.news/as-taliban-rule-enters-sixth-year-afghan-womens-healthcare-is-being-dismantled/

"Five years after the Taliban returned to power, Afghanistan's health system is being squeezed from two directions: shrinking healthcare services and restrictions that are making it increasingly difficult for women to reach them. The consequences are particularly acute for Afghan women. Taliban-imposed restrictions on their movement, employment and education have narrowed access to healthcare, while the December 2024 ban on women training in health and medicine has prevented new female doctors, nurses and midwives…."

Bump and Beyond (Women's Health through an African lens) - Exclusion by Classification

https://xsquared.substack.com/p/exclusion-by-classification

"**Time to retire the 15-49 age grouping for women."**

"For most of global health, an African woman officially exists between her 15th and her 49th birthday. Before 15, she is a child, mostly invisible in the surveys that drive policy. After 49, she falls off the dashboard. The Demographic and Health Surveys that anchor most national women's health data only interview women aged 15 to 49. SDG indicator 3.7.1 for sexual and reproductive health uses 15 to 49, and so do most indicators on anaemia, contraception, gender-based violence, HIV in women, and maternal mortality. **The category is so deeply embedded that for many programmes, "women" simply means "women of reproductive age," and "women of reproductive age" simply means 15 to 49…."**

TGH – As Malaria Spreads, Africa Needs Data on Gene-Edited Mosquitos

F Okumu; https://www.thinkglobalhealth.org/article/as-malaria-spreads-africa-needs-data-on-gene-edited-mosquitos

"**Gene drives could be transformational for the malaria response, but countries need evidence to weigh the benefits over the risks**." (*recommended article*)

"… **Gene drives cannot be tested by their developers alone. Instead, Africa needs a trusted public-interest architecture to evaluate gene drives**. The institutions building gene-drive mosquitoes should provide mosquito strains, safety data, and labels identifying what their product is expected to achieve. But they should not also be the main sponsors, public advocates, risk communicators, and judges of the technology readiness.

Each trial should remain nationally authorized and publicly owned, with ministries of health, biosafety authorities, and other competent national bodies defining the public health question

and approving the work. The evaluations should be run by independent African-led consortia of research institutions and public health agencies, working with regulators, ethicists, and community representatives. **The foundations for this architecture already exist.** …"

"…**WHO, the WHO Africa regional office, Africa Centres for Disease Control and Prevention, UDA-NEPAD, and regional bodies** should play a more proactive role in generating badly needed data on gene drives: they should help countries prepare for and organize the trials to generate the evidence necessary for countries to decide…. …. **Developers and funders** would still have an essential role in the evaluation process, but neither should control the trial, own the evidence, or lead the public message. …"

Global health governance & Governance of Health

Devex - US rebukes UN General Assembly president's handling of election of UN chief

https://www.devex.com/news/us-rebukes-un-general-assembly-president-s-handling-of-election-of-un-chief-113145

(19 August) "**The Trump administration accuses United Nations General Assembly President Annalena Baerbock of interfering** in the U.N. Security Council's role in selecting the new U.N. secretary-general."

- For a more recent update, see **Geneva Solutions - Deep rifts and secrecy cloud race to pick next UN chief (28 August)**

"The contest to find the next UN secretary general is well underway, with no clear favourite emerging yet. The impasse has laid bare rifts within the UN Security Council, stoked concerns of closed-door horse-trading and raised the prospect of more mystery candidates entering the fray in the months ahead."

Global Policy - The future Global Development Agenda will have to be shouldered by Middle Powers

https://www.globalpolicyjournal.com/blog/25/08/2026/future-global-development-agenda-will-have-be-shouldered-middle-powers

"Niels Keijzer, Hyeyoung Woo & Jee Hee Yoon outline the potential ways middle powers may best organise to shoulder the global development agenda and the (quasi-) multilateral institutions could support them in this regard.

Re the "**…. third annual seminar** organised by the **Korea Development Institute and the German Institute of Development and Sustainability (IDOS)**, and was held on 25 June in South-Korea's administrative capital city Sejong-Si. The seminar brought together researchers from both organisations, as well as from JICA Ogata Research Institute. The **participants explored the overall topic of middle powers and global development** from various actor-specific angles and in relation to a number of specific themes. Rather than seeking to represent a comprehensive summary, **this contribution highlights a number of issues as selected and phrased by the authors of this piece.** …"

Future of Development Cooperation Coalition Newsletter #7

Future of Development Cooperation coalition;

"The Coalition is pleased to welcome its newest supporting country, Norway. And just as welcome, this **marks 20 countries now supporting the Future of Development Cooperation Coalition**. The 20 supporting countries are: Barbados, Belgium, Canada, France, Germany, Ghana, Ireland, Malawi, Mexico, Nepal, the Netherlands, Norway, the Republic of Korea, Senegal, Singapore, Somalia, South Africa, Spain, the United Kingdom, and Zambia…."

PS: "**The Coalition's second report, Driving Change: Purposes and Principles for Effective Development Cooperation is scheduled for a September release**. The report **identifies four main purposes of development cooperation and presents a targeted suite of five principles** that, taken together, underpin the enduring logic of a reimagined approach to development cooperation. (The **Coalition's third, and final, report, scheduled for release by year-end, will offer a series of actionable recommendations. "**

As a reminder**: "….** the **Coalition's first report**—*The Development Balance Sheet: Rethinking Development Cooperation from the Ground Up*—… made the case that any discussion of development cooperation must have the ambitions, capacities, and needs of low- and middle-income countries front and center. **…."**

Global Health Diplomacy role of Islamic organizations in shaping international health policy

Saeed Anwar; https://fimaweb.net/wp-content/uploads/2026/08/FIMAYearbook2025_web.pdf#page=115

"Global health diplomacy (GHD) increasingly demands ethical legitimacy, cultural credibility, and trust across political and civilizational divides. **Islamic organizations such as the Organization of Islamic Cooperation (OIC), the Federation of Islamic Medical Associations (FIMA), and allied institutions could contribute to international health policy through an ethical framework that is universal rather than aligned to geopolitical blocs.** This reflective scientific article examines how Islamic ethical universality grounded in justice, human dignity, stewardship, and collective responsibility enables engagement across diverse systems and communities. **Drawing on selected Qur'anic guidance and Prophetic traditions, the paper illustrates how health equity in Islam is framed as a shared human obligation rather than charity or mere regional aligning.** Through state-level coordination, professional diplomacy, and humanitarian engagement, **Islamic organizations can function as moral bridge-builders in global health governance."**

Nature World View – China is changing the shape of global health. The terms are still up for negotiation

Ruby Wang; https://www.nature.com/articles/d41586-026-02622-1

"**Health-care partnerships** (cfr China's approach) **can provide other nations with cheap diagnostics, medicines and more — but global institutions should help to ensure that they also strengthen local capacity and preserve sovereignty."**

"During the COVID-19 pandemic, Chinese companies supplied vaccines to Indonesia and Mexico. **Chinese firms have since begun to finance medical equipment in Kenya and Côte d'Ivoire, pharmaceutical and vaccine production in Zambia and digital-health solutions across the world.** These partnerships differ from old models of multilateral aid, budgets for which are dwindling worldwide. Other nations, notably the United States, are moving towards bilateral partnerships, but **China has been making these agreements for longer, and is doing so on a bigger scale. And because many of China's health products were developed while the country was facing pressures similar to those that LMICs contend with — shortages of specialists, regional inequality, tight budgets** — they appeal to countries that cannot copy the expensive, hospital-heavy systems of richer nations…."

"Three areas deserve particular attention…."

China Review - Embedding Traditional Chinese Medicine in the United Arab Emirates: Healthcare Landscapes, State–Market Dynamics, and Soft Power

Yuting Wang; https://muse.jhu.edu/pub/250/article/998691

"**This article examines how Traditional Chinese Medicine (TCM) has been institutionalized in the United Arab Emirates (UAE) since the 1980s by situating its development within the intersecting logics of urban branding, market-driven cosmopolitanism, and global health diplomacy**. Rather than treating TCM as a simple export of Chinese culture under the "Health Silk Road" initiative, **the article argues that TCM in the UAE, a prominent regional node in the global healthcare market, is co-produced through the interplay of Chinese state promotion, local regulatory regimes, urban development strategies, and consumer markets…"**

Project Syndicate – Is China Really a Champion of the Global South?

A Adebajo; https://www.project-syndicate.org/commentary/china-not-leader-of-global-south-wants-to-preserve-status-quo-by-adekeye-adebajo-2026-08

"The United States is an overextended hegemon, and its decline will continue slowly, as other powers like China assume more global responsibilities**. Against this backdrop, China's efforts to lead the Global South are more about consolidating its power in the current international system than creating a new one that benefits all."**

Global Policy - Book Review - Making Global Norms: Politics versus Science in International Organizations

https://www.globalpolicyjournal.com/blog/19/08/2026/book-review-making-global-norms-politics-versus-science-international-organizations

Book review of "**Making Global Norms: Politics versus Science in International Organizations"**, by **Alexandros Kentikelenis and Leonard Seabrooke.**

"**International organisations are often portrayed as either technocratic bodies guided by expertise or political arenas shaped by competing national interests. Making Global Norms: Politics versus**

Science in International Organisations demonstrates that this dichotomy is too simplistic. Alexandros Kentikelenis and Leonard Seabrooke draw on a decade of collaborative research to **show that global norm making is fundamentally a human process, driven by individuals whose dual identities, garnered through professional training and national affiliations, jointly shape how they interpret evidence, argue over policy, and ultimately influence international norms."**

"**The book makes two major contributions**. First, it develops a micro-foundational account of norm change by conceptualising how individuals' training and nationalities can, collectively, help explain norm formation and change. Second, the book provides an impressive empirical foundation for this claim through an original dataset that combines biographical information on 727 International Monetary Fund (IMF) Executive Board members between 1980 and 2009, with extensive analysis of what these individuals say across Executive Board minutes…."

"… **The book shows that IMF board members possess what the authors describe as dual loyalties: to their national constituencies and to their professional communities**. Their behaviour reflects the **interaction between these identities rather than the dominance of either one alone**. This offers a refreshing alternative to accounts that reduce IMF decision-making either to state interests or to technocratic expertise…."

Global Health Advocates - Aligning EU health innovation with public interest: insights from the new CEPS Report

https://www.ghadvocates.eu/aligning-eu-health-innovation-with-public-interest-insights-from-the-new-ceps-report/

"A common narrative in European policy circles suggests a **tension between two major priorities**: boosting Europe's industrial competitiveness on one hand, and advancing equitable global health access on the other. However, **the latest CEPS R&D Perspectives report 'Equitable and resilient R&D ecosystems for health innovation and access', authored by Dr. Luis Pizarro and Rachel Cohen**, demonstrates that this is a false dichotomy. **In reality, addressing global health challenges, improving health security, promoting scientific excellence, and fostering European competitiveness are mutually reinforcing priorities."**

"**They highlight how Product Development Partnerships (PDPs) provide strong evidence of this complementarity**. … … Rather than representing a single institutional model, their experience offers practical lessons on how EU biomedical R&D can be structured to maximise public return on public investment while preparing for future health crises. **The report outlines three key recommendations that echo GHA's long-standing advocacy for a public interest-driven European health innovation ecosystem:** 1 – Set up predictable, multi-year financing mechanism(s) for public interest-driven and geographically distributed R&D and manufacturing; 2 – Mainstream access strategies in EU-funded biomedical R&D; 3 – Invest in the enabling infrastructure for open and collaborative science…"

Global health financing

Devex - To prepare for AI philanthropy, do what we know works

C Elizabeth Orth et al; https://www.devex.com/news/to-prepare-for-ai-philanthropy-do-what-we-know-works-113131

"Given the **uncertainty about upcoming AI-wealth donations** and the precarious post-ODA reality, **this is the time for global health philanthropy to double down on key best practices**."

Honestly, who writes these things? :)

UHC & PHC

BMJ GH - Assessing the quality of care in low- and middle-income countries: a rapid review of the landscape of assessment tools

N D L Togbenon, JP Dossou, Kefi Belloh et al ; https://gh.bmj.com/content/11/8/e019738

"**This study sought to review the landscape of tools used to assess each component of quality of care—according to Donabedian's model—in low- and middle-income countries (LMICs), and to evaluate their reported validity and applicability in routine health system settings."**

"… This review highlights the need for context-appropriate, validated and cost-effective tools for assessing quality of care in LMICs. Tools should be user-friendly and embedded within routine monitoring systems to better support continuous quality improvement."

Plos GPH – Health insurance in Nigeria: Findings from the People's Voice Survey

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006948

By Kevin Croke et al.

Yale School of Public Health - Universal Health Coverage Could Save $1 Trillion and 114,000 Lives Every Year, Yale Study Projects

https://ysph.yale.edu/news-article/universal-health-coverage-could-save-one-trillion-dollars-and-114000-lives-every-year/

"**A single-payer universal health care system could cover every American, save more than 100,000 lives a year, and still cost $1 trillion less than the system it would replace, according to a new preprint study** led by researchers at the **Yale School of Public Health**."

"For the study, which has not yet been peer reviewed, **the researchers modeled what would happen if the United States adopted a national public insurance program like the one proposed in the Medicare for All Act.** Using 2024 spending, insurance coverage, and mortality data, they estimate that **the universal coverage would reduce annual health expenditures by $1.04 trillion, or nearly 20% —** even after accounting for the additional care that uninsured and underinsured people would receive…."

Pandemic preparedness & response/ Global Health Security

TWN – book: The road to IHR reform

https://mailchi.mp/twnetwork/new-book-the-road-to-ihr-reform?e=2016d72837

"How the International Health Regulations were amended to fortify the response to health emergencies. "

Journal of Global Health Law - Beyond the WHO Pandemic Agreement: mandatory pathogen sharing as the foundation for reimagining Global Health Commons

Edeze Chidimma Augustina; https://www.elgaronline.com/view/journals/jghl/aop/article-10.4337-jghl.2026.0001/article-10.4337-jghl.2026.0001.xml

"The WHO Pandemic Agreement, adopted in May 2025, is a significant step toward global pandemic preparedness but does not sufficiently address the fundamental disparities exposed during COVID-19. **This paper argues that pandemic pathogens and essential countermeasures constitute a Global Health Commons requiring mandatory sharing obligations enforced through binding international law mechanisms**. The study analyzes the Agreement's key provisions on pathogen sharing, technology transfer, and compliance mechanisms through global commons theory. The research finds that the Agreement's reliance on voluntary cooperation and deferred enforcement mechanisms maintains the same power imbalances that enabled vaccine inequity during COVID-19. **The paper proposes a mandatory pathogen-sharing framework with three core elements: automatic legal obligations triggered by Public Health Emergency declarations, binding technology transfer requirements linked to pathogen access, and graduated sanction mechanisms**."

Plos GPH - The 'Other' face of health security: Reimagining epistemic attachments in global health

Max D. López Toledano et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007105

« **The 'health security' paradigm has reshaped global health since Covid-19, framing infectious diseases as existential threats and targeting marginalised populations as risky 'others' to surveil and contain.** However, its exclusionary consequences for those 'othered' remain underexamined, particularly from the perspective of lived experience**. Drawing on ethnographic and archival case studies in Lebanon, Nepal, Serbia, and Syria (2021–2025), we examine health security's 'other' face, the systematic exclusion of migrant, rural, and displaced populations from protection,**

ranging from vaccine apartheid to medicalised border controls. We argue that these are not abstract harms but embodied burdens, and that ethnographic perspectives are essential to reveal them. Rejecting the premise that securitisation as the only available logic, **we propose five cooperative mechanisms, including demilitarised financing, a binding vaccine convention, and data sovereignty, to shift global health toward equity and care. »**

BMJ Opinion - Developments in AI designed viruses demonstrate why such research must be done in the open

https://www.bmj.com/content/394/bmj-2026-100572

"A recent breakthrough in generative biology is exciting but it raises important ethical and safety concerns, says Simon Clarke."

Planetary health

ODI Global - A fair share of climate finance

https://odi.org/en/insights/a-fair-share-of-climate-finance/

"**Every year, ODI Global reports on which developed countries are providing their 'fair share' of international climate finance, and which aren't**. Our 'fair share' work is used extensively by advocacy NGOs campaigning for more and better climate finance, and by developed country governments in setting their own climate finance targets and in their diplomatic outreach."

"…**By introducing the idea of 'fair shares' into climate finance debates, alongside an accessible and transparent method for benchmarking, ODI Global has changed the conversation**.
From Brussels to Wellington, developed countries now use the language of 'fair share' to benchmark their contributions. There is now **much greater recognition that the shortfall in the $100 billion goal is down to a handful of large economies: the US accounts for the largest gap in absolute terms, but Australia, Canada, Italy and Spain also have work to do**. There is also much greater **awareness that many developed countries have long met and exceeded their fair share of the climate finance goal, particularly Denmark, France, Germany, the Netherlands, Norway and Sweden**, enabling engagement in good faith across the developed–developing country divide…."

Nature Climate Change - Failure to track a stable AMOC state under rapid climate change

https://www.nature.com/articles/s41558-026-02730-w

via **Ian Hall** (on Bluesky):

"A striking climate-model result suggests **AMOC may have a rate-induced tipping point.** Slow CO_2 increase: AMOC stable to +5.5°C ; Faster increase: collapse around +2°C Same climate system. Very different outcome. **The rate of warming matters."**

Guardian – Extreme heat more dangerous for people 60 and over than previously thought

https://www.theguardian.com/society/2026/aug/17/extreme-heat-more-dangerous-for-people-60-and-over-than-previously-thought

"Study finds older adults could face harmful heat stress at just 1.5C of warming above preindustrial levels."

"**People aged 60 and over face dangers to their health from exposure to heat at much lower temperatures than previously thought**, research has found. Older adults will bear the brunt of increasingly frequent sustained spells of extreme heat globally as the world continues to warm up, **according to a study in The Lancet Public Health."**

"Heatwaves will leave huge and growing numbers of people worldwide of all ages suffering from **uncompensable heat stress (UHS)** – where the body loses the ability to cool itself – and thus at risk of serious damage to their health, including death…."

"… **A combination of rising global temperatures and the projected doubling in the world's population of those aged 60 and over to 2.1bn by 2050 means more people in that age bracket will suffer heat-related health problems, especially in low- and middle-income countries** such as India and Pakistan…."

Guardian - The threatening thaw: climate professor on heatwave risks to tipping point of permafrost

https://www.theguardian.com/environment/2026/aug/20/tipping-points-heatwaves-wildfires-permafrost-climate-crisis

"Prof Gustaf Hugelius warns **wildfires could accelerate release of methane and carbon as vast regions approach irreversible thresholds."**

"**Heatwaves and wildfires are not just scorching forests, they are adding to the tipping point risks in the world's vast permafrost regions, which contain three times more carbon than all the living vegetation on Earth.** This is a **major concern for Gustaf Hugelius**, a professor at the Bolin Centre of Climate Research at Stockholm University, Sweden, and a leading authority on the risks from thawing tundra and peatlands. **In this Q&A, he explains why the world should pay attention."**

Nature (Comment) - Too hot to sleep? How heatwaves at night affect our health

P Gong et al; https://www.nature.com/articles/d41586-026-02532-2

"As climate change ramps up, scientists must urgently understand how night-time heat makes it harder for our bodies to rest and recover."

Climate Change News - "Dangerous consequences" – how AI's climate framing lets Big Tech off the hook

https://www.climatechangenews.com/2026/08/17/dangerous-consequences-how-ais-climate-framing-lets-big-tech-off-the-hook/

"Former Microsoft manager Holly Alpine explains why **AI's climate danger isn't just data centres but also its unchecked use across the fossil fuel industry."**

"As tech giants race to build out AI and the sprawling infrastructure it depends on, climate concerns have tended to focus on one thing: power-hungry data centres. Their electricity use is growing so fast that by 2030, it's projected to be nearly three times more than the combined annual consumption of Pakistan, Bangladesh and Nigeria. **With the explosion in the construction of data centres driving new investment in fossil fuels, especially in the US, greenhouse gas emissions generated by data centres - now standing at less than 1% of the global total - are set to soar. But this narrow focus on electricity has let AI's supporters and the International Energy Agency (IEA) make a convenient case: that rising emissions can be more than offset by the technology's green applications, like optimising renewables or boosting efficiency. That story conceals how AI's real climate danger lies elsewhere: in the oil fields, where it's helping fossil fuel companies extract planet-heating oil and gas faster and more cheaply…."**

Lancet Planetary Health (Feature) - Indigenous Peoples' Health: Reflections from the 25th annual meeting of the UN Permanent Forum on Indigenous Issues

L Willetts; https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00093-8/fulltext

"**The UN Permanent Forum on Indigenous Issues (UNPFII)** is a unique space that works differently than other UN bodies. As **a knowledge and communication hub of Indigenous Peoples from 7 sociocultural regions of the world,** collective views arising out of UNPFII can be understood as not just geographically universal but intragenerational**. Despite its importance, UNPFII has limited visibility in and beyond the UN and in turn the application of its guidance is underappreciated in global decision making and poorly understood. This article discusses UNPFII's purpose and function, zooms in and highlights on the 2026 theme (health), and zooms out to consider UNPFII in the context of the wider UN system and planetary health governance**. This piece is a narrative woven by the words of Indigenous Peoples threaded from interventions at UNPFII25, an event that took place in New York City, April 20 - May 1, 2026."

TGH - Improving Kenya's Carbon Market to Support Health and Climate

J Chimbi; https://www.thinkglobalhealth.org/article/improving-kenyas-carbon-market-to-support-health-and-climate

"**Building on the success of projects like Mikoko Pamoja, Kenya is working to regulate its carbon market to address past controversy and secure community gains."**

"**In a bid to secure financing for climate projects and improve community health, Kenya is developing one of Africa's most robust carbon markets**, which places a price on greenhouse gas emissions by turning pollution into a cost, incentivizing emission reductions and low-carbon

investments. In such a market, one credit represents one ton of (carbon dioxide (CO_2) either prevented from entering the atmosphere or removed. **In recent years, Kenya has worked to strengthen regulation around its carbon market**, to address concerns around weak oversight and attract foreign investment. **Mikoko Pamoja, Kenya's pioneering blue carbon project**—one that captures carbon dioxide in marine environments—**proves that when properly designed, carbon-trading initiatives can have significant public health and socioeconomic benefits."**

Mpox

BMJ GH - Dynamics of global mpox epidemics, 1970–2025: a systematic review and meta-analysis of evolving transmissibility and intervention effects

Y-Chien Lin et al ; https://gh.bmj.com/content/11/8/e022252

« **Behaviour change and vaccination likely played important roles in the decline of the 2022 mpox epidemic in many studied settings**; empirical modelling studies estimated substantial case reductions, although effect sizes varied across settings according to vaccine rollout timing, coverage, and the extent of behaviour change…."

Infectious diseases & NTDs

Lancet HIV – Global, regional, and national burden of HIV/AIDS, 1990–2023, with the estimated burden attributable to intimate partner violence and forecasted impacts of funding cuts through 2030

https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(26)00147-5/fulltext

This "study aimed to quantify recent trends in the HIV burden, the magnitude of the HIV burden associated with IPV, and the potential impact of declining financial support globally…."

Check out the findings.

Lancet Regional Health Africa – The global HIV metabolome cannot be defined without Africa

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00123-9/fulltext

By Levanco K. Asia et al.

Cidrap News – New study sheds light on why tuberculosis disproportionately affects men

https://www.cidrap.umn.edu/tuberculosis/new-study-sheds-light-why-tuberculosis-disproportionately-affects-men

"**Across the globe, men develop tuberculosis (TB) at substantially higher rates than women. New research suggests that this disparity may have more to do with men's greater risk of becoming infected in the first place than with a greater likelihood of the infection progressing to disease**."

"**An estimated 10.7 million people worldwide developed TB in 2024—5.8 million men and 3.7 million women.** Researchers have long wondered about the precise mechanisms behind the higher prevalence in men: Does the disparity reflect differences in exposure to *Mycobacterium tuberculosis*, biological differences in susceptibility to disease after infection, or a combination of the two? **The findings, published last week in *eClinicalMedicine*,** are drawn from 11 prospective cohort studies conducted in sub-Saharan Africa, Europe, Asia, and South America. Together, the studies tracked more than 22,000 participants for 12 years. …"

Telegraph – Ten years after Brazil's Zika epidemic, its children are still paying the price

https://www.telegraph.co.uk/global-health/science-and-disease/brazils-zika-epidemic-ten-years-on/

"A decade on from the outbreak, **a second wave of complications is emerging in the 'Zika babies' born with severe defects."**

Telegraph - Rabies deaths are rising. What is going wrong?

Telegraph;

"After decades of progress, infections are increasing – and **almost all cases coincide with large populations of stray dogs."**

"… the **number of rabies cases and deaths rises in hotspots like Bangladesh, India, and in parts of Africa.** In almost all cases, the **rising cases coincide with large populations of stray dogs…"**

Plos Med - Estimates of global burden of snakebite: A literature review and geostatistical modelling study

Dileepa Senajith Ediriweera et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005201

17 years after the previous estimate.

"**Snake envenoming (SE) remains an important public health problem**, disproportionately affecting impoverished rural communities in tropical and subtropical regions. Although previous attempts have been made to quantify the global burden of SE, accurate, up-to-date data remain scarce. Here **we present a comprehensive re-evaluation of the global burden of snakebite, 17 years after our initial estimate."**

"**We estimate that at least 2.1 million envenomings and 274,000 deaths occur globally each year due to snakebites, and our *high* estimates suggest up to 7 million envenomings and 513,000 deaths annually**. Low-income countries exhibit the highest incidence and mortality rates, with **sub-**

Saharan Africa accounting for 45% of global envenomings and deaths, nearly three times the incidence observed in South Asia. These estimates suggest that **previous burden estimates could substantially underestimate the scale of the problem."**

AMR

Stat Opinion – In parts of the world, antibiotic overuse isn't the problem — underuse is

P Beyer; https://www.statnews.com/2026/08/18/antibiotic-underuse-overuse-resistance-aware/

"Low- and middle-income countries are often portrayed as the worst offenders of antibiotic underuse, but a new study upends that narrative."

"Research published in the Lancet Public Health found that **overuse is actually concentrated in high-income settings**, with these countries consuming the largest volumes of antibiotics used to treat drug-resistant infections. **In contrast, many lower-income countries still lack access to these drugs, despite accounting for more than 80% of the estimated global need**…."

NCDs

Plos GPH - Health-system challenges, resilience strategies, and actionable priorities for non-communicable disease care in humanitarian crises: A scoping review

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006035

By Pirhossein Kolivand et al.

Nature Health - Global cancer burden associated with long-term exposure to ambient air pollution

G Zhang et al ; https://www.nature.com/articles/s44360-026-00180-4

"Using cancer incidence data on 109 million cases from 952 locations worldwide between 2000 and 2020, the authors report that long-term exposure to $PM_{2.5}$, ozone and nitrogen dioxide is associated with increased cancer risk and millions of attributable cancer cases globally."

Lancet Regional Health Africa – Prevalence and risk factors of CKD in sub-Saharan Africa, 2015–2024: a systematic review and critical appraisal of knowledge gaps

Nikolai Carl Hodel et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00117-3/fulltext

Among the findings: "**CKD prevalence in SSA approximates global estimates but remains uncertain because of methodological heterogeneity**, particularly inconsistent assessment of albuminuria and limited chronicity confirmation. **Reliance on single measurements may substantially overestimate CKD prevalence. Standardized, resource-adapted protocols are needed to generate reliable burden estimates and inform kidney health policy and practice…."**

Plos Med (Perspective) - Stroke risk in younger age groups is increasing and requires targeted prevention

Iain J. Marshall et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005232

« While global stroke incidence has reduced considerably in recent years**, a new study suggests that stroke risk may be increasing among younger age groups.** Worryingly, the main drivers are well-established risk factors with effective treatments, but new risks are emerging. Development of more accurate risk algorithms and novel targeted prevention programmes are needed to reduce this risk…."

Social & commercial determinants of health

Health Politics - Applying a Health Equity Lens to the Commercial Determinants of Health: A Critical Review

Courtney McNamara & Eric Crosbie;
https://hpolitics.org/journal/view.php?doi=10.66534/hp.2026.0005

"**Commercial determinants of health (CDOH) are increasingly recognised as central to health inequities, yet CDOH scholarship has not consistently engaged with established health equity theories**. As a result, CDOH research often invokes equity without clearly articulating the mechanisms through which commercial power translates into unequal health outcomes. **This review addresses this conceptual gap by examining how health equity theories can be used to interpret and organise CDOH scholarship and clarify where theoretical engagement is strongest and where key gaps remain."**

"A theory-informed interpretive review was conducted using purposive sampling of influential conceptual papers and review literature in the CDOH field. **Six established health equity explanations and theories were used as interpretive lenses: cultural-behavioural, materialist, and psychosocial perspectives; fundamental cause theory, the Diderichsen model, and life course theory…."**

Check out the findings.

Global Public Health - Maiming by design: Structural harm in oral health systems globally

Habib Benzian et al; https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2709658

"**Tooth extraction is among the most common dental interventions, particularly in underfunded health systems** where preventive, restorative, and rehabilitative dental services remain scarce. **Drawing on Jasbir Puar's concept of 'maiming' tooth extraction is reframed from technical/economic inevitability to care that results in structural harm**. Extraction-based oral healthcare reflects a transnational logic in which injury is normalised, repair withheld, and debility managed rather than resolved. **The analysis shows how tooth extraction becomes an organised response to resource constraints; absence of restoration or rehabilitation produces lasting debility; and how omission of population-level preventive strategies maintains predictable cycles of disease and loss. Stigma and narratives of personal responsibility recast this structural injury as individual failure, extending maiming into psychological dimensions that constrain civic mobilisation**. A typology of structural maiming in dental care makes these dynamics explicit. Recognising the global patterns through which oral harm is produced shifts the discourse from clinical shortcomings to systemic governance, aligning with Universal Health Coverage commitments and the right to health. **Extraction-based care persists across countries despite vast differences in wealth and infrastructure, calling for renewed scrutiny of the global political, economic, and institutional conditions that continue to render avoidable harm a global routine in dental healthcare."**

Lancet Regional Health Africa - Strengthening alcohol control policies in Kenya: an analysis of policy comprehensiveness and restrictiveness

Florence Jaguga et al ; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00126-4/fulltext

"This paper assesses the restrictiveness and comprehensiveness of Kenya's alcohol policies, identifies gaps, and offers recommendations to strengthen the policy framework…."

Sexual & Reproductive health rights

BMJ GH - Scaling pleasure-based sexual and reproductive health: an impact and economic modelling study in 99 low- and middle-income countries

B Wong et al; https://gh.bmj.com/content/11/8/e024479

Re **pleasure-based sexual and reproductive healthcare (PBSRH).**

Authors conclude: "**PBSRH is a cost-effective and high-return intervention to support global SRHR and HIV/AIDS goals for young people in LMICs."**

"… To our knowledge, this is **the first study to describe the operational activities required to integrate pleasure-based sexual and reproductive healthcare into conventional programmes**. We estimate that doing so across 99 LMICs would cost $1.6 billion over 10 years, avert over 92 000 deaths and return roughly $23 in benefits per $1 spent…."

Adolescent health

HPW – Historic Meta Settlement Mandates Safer Social Media for Youth

https://healthpolicy-watch.news/meta-safer-youth-social-media/

"**Following a landmark agreement in the United States on Wednesday, social media giant Meta agreed to pay up to $18 billion to US states.** This historic settlement, pending court approval, obliges the company to make Instagram and Facebook safer for children."

"**Scientific research – including a landmark report by an expert panel commissioned by the European Commission – shows that excessive social media use damages early childhood brain development and fuels mental health crises among young people**. Meta emphasises that the settlement is not proof of harmful health effects caused by its platforms. However, **the unprecedented sum is likely to increase global pressure on platform operators to take action…."**

It's a "**signal to regulators worldwide"…**

Lancet (Viewpoint) – Systematic reviews and the needs of the adolescent transgender health care field

D M Doyle et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)00788-9/abstract

"**Gender-affirming medical treatment for adolescents (defined as the start of puberty to age 18 years) has become an increasingly contested area of medicine in recent years. 13 reviews have been conducted since 2017** (with seven since 2023) to summarise studies on the potential effects of pubertal suppression and gender-affirming hormone therapy on psychosocial, cognitive, and physical outcomes in adolescents who are transgender, gender diverse, or non-binary. … **In this Viewpoint, we review the conclusions of these systematic reviews regarding the efficacy and safety of pubertal suppression and gender-affirming hormone therapy for adolescents, and examine how these reviews are being misused to influence treatment options and care pathways**. We affirm that the **development of clinical guidelines should be underpinned by all three facets of evidence-based medicine (ie, empirical evidence, clinical expertise, and patient values),** as evaluated by experts in the field."

Access to medicines & health technology

Stat - New treatments for common cardiovascular risk factor near the market, with billions at stake

Stat;

(gated) "**Unlike cholesterol, there is no approved therapy to lower levels of Lp(a)."**

"Many people who face a heightened likelihood of heart disease and heart attacks can take protective measures, whether by adjusting their lifestyle or starting medication. But 1 in 5 people carry a **risk factor** that isn't so easily addressed. This **gap in medicine is also a potentially massive market for drugmakers, which are advancing experimental treatments for the risk factor through late-stage trials, including front-runner Novartis…."**

WHO's Alliance for HPSR - Vaccine uptake is a systems problem: what six country teams found in Enugu

https://ahpsr.who.int/newsroom/news/item/27-08-2026-vaccine-uptake-is-a-systems-problem-what-six-country-teams-found-in-enugu

"Six country teams brought their findings to the annual learning forum of the Alliance's vaccine uptake programme. Across very different settings, they describe the same kind of problem."

BMJ Editorial – Scaling up malaria vaccines in Africa

G Turner et al ; https://www.bmj.com/content/394/bmj-2026-100502

« While vaccine development has been a success, **equitable delivery remains a barrier**. *»*

Geneva Health Files – End The Global Double Standards in Diabetes Care [Guest Essay]

O Rafferty et al ; https://newsletter.genevahealthfiles.com/end-the-global-double-standards-in-diabetes-care-guest-essay/?ref=geneva-health-files-newsletter

"**In today's edition, activists are calling for including insulin analogue pens as a first-line treatment option in the World Health Organization's forthcoming guidelines for type 1 diabetes.**

Despite insulin being indispensable, the quality of treatment people receive still depends largely on where they live and what they can afford. **They are calling for easy-to-use pens to become a part of recommended guidelines so that these treatments become the global standard of care.**

In this guest essay, **Canadian activists from Voices in Action (VIA) Diabetes, take a critical look at the "two-tier system of diabetes care** that leaves millions without the treatment options routinely available elsewhere…"

FT - Big pharma hunts for weight-loss drugs without nasty side effects

https://www.ft.com/content/ba401de2-f60d-49fc-a862-aa491ee0dfad?syn-25a6b1a6=1

"Pharma groups seek new generation of GLP-1 medicines as some patents start to expire."

"Weight-loss drugs such as Mounjaro and Wegovy have been blockbusters for the Big Pharma groups that developed them. But **while the treatments have been hailed for transforming the often**

torturous process of losing weight for millions of people, the companies behind them have noted a problem: side effects. Many patients report gastrointestinal side effects of incretin-based therapies, such as Eli Lilly's Mounjaro and Novo Nordisk's Wegovy, including nausea, constipation, diarrhoea and vomiting…."

"… **Pharma groups are now working to develop therapies that can deliver similar weight loss while addressing many of the concerns with the current market** leaders. Associated benefits for new drugs could also include improving cardiovascular and liver health of patients and muscle mass preservation. …"

"… **Yet reducing side effects is not the only reason pharma groups are trying to create the next generation of weight-loss drugs. For incumbents such as Novo and Lilly, patent expiries are looming, making it crucial for their business strategies to develop new therapies before the end of this decade.** Novo's semaglutide has already lost patent protection this year in Canada, India, China, Brazil and Turkey. Concerns over the state of the company's pipeline contributed to the ousting of Novo's chief executive last year…."

Human resources for health

Human Resources for Health - International migration of Africa-born health workers: a scoping review of drivers and policies, 2010–2024

https://link.springer.com/article/10.1186/s12960-026-01093-9

By B Wamuti, M A Pate et al.

Decolonize Global Health

Global Health: The Long Arc of Colonialism

(chapter in book – The Palgrave Handbook on Decolonizing International Affairs)

S Fukuda-Parr et al ; https://link.springer.com/chapter/10.1007/978-3-032-18958-5_27

"This chapter examines how age-old hierarchies that vest disproportionate power in the North have persisted in the field of global health, despite the mainstream narrative of promoting health equity as the principal purpose of the field. **We argue that colonial logics have perpetuated older power structures into the twenty-first century, even after formal territorial decolonization. These hegemonic forms of reasoning, undergirded by a presumptive hierarchy of people, places and ideas, have persistently animated the field and its institutions, interventions, and knowledge, even as they transformed alongside the trajectories of global capitalism from Keynesianism in the 1950s–70s to neoliberalism in the 1980s–90s to finance and monopoly capitalism in the 2000s**. The close **correlation between the contours of the global economic system on the one hand and global health policies and priorities on the other hand** has implications for an agenda of decolonization. **Decolonizing global health cannot only be about epistemic politics—it must also confront the**

structures of capitalism that intertwine hierarchies of knowledge within a broader political economy to determine the conditions for who has power and agency."

Economy & Society - 'Sticky knowledge': The political economy of global health science in Uganda

J P Allen; https://www.tandfonline.com/doi/full/10.1080/03085147.2026.2704348

"**How are inequalities in scientific knowledge production in global public health and development (re)produced? Drawing on multiscalar and multisited ethnographic research in Uganda, this paper elucidates the political economies of blind spots in global health science**. It shows how the establishment of research infrastructures in particular places, focusing on particular pathogens and populations, has led to gaps in knowledge that contradict global health's commitment to reducing inequalities. These are compounded by a funding system that blinds the field to its own blind spots. This reveals what I term **'stickiness'**: path dependencies that shape the production of knowledge which emerge due to systemic difficulties in departing from existing technical arrangements, material and human infrastructures, funding rationalities, and political and scientific consensuses. I thus demonstrate how global health science repeatedly reinscribes its own priorities through the production of knowledge due to the systemic difficulty in departing from the status quo in method, location, topic or population."

SS&M - DIY Global Health: Informality, Privilege and Ideologies that Drive Short-Term Medical Missions

Nicole S. Berry; https://www.sciencedirect.com/science/article/pii/S0277953626008476

"Defines DIY global health as distinct practices that combine informality and privilege. DIY global health presents useful framework to understand STMMs (Short-Term Medical Missions). **Three ideologies sustain STMMs despite lack of evidence of positive impacts/outcomes.** Addressing deficits in DIY global health model is an ideological, not technical issue."

Development Today – Shifting power to NGOs in the Global South is easier said than done

A D Usher; **Shifting power to NGOs in the Global South is easier said than done**
(gated) "**Efforts in Sweden and Norway to "shift power" and funding to civil society organisations in the Global South are proving difficult to put into practice**. Sida's chaotic selection process drags into its third year, and Norad's proposal to provide direct grants to organisations in developing countries has been put on hold by the Foreign Ministry in Oslo until 2028."

Lancet Regional Health Africa - Mentorship initiatives supporting grant acquisition and research capacity among early-career African scientists: systematic review and meta-synthesis

Olanrewaju Oladimeji et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00125-2/fulltext
"Mentorship is increasingly recognised as a key mechanism for supporting grant acquisition, research productivity, and career development. **This systematic review and meta-synthesis**

examined mentorship initiatives designed to enhance grant success among early-career African researchers."

Some of the findings: "… **Five themes emerged**: (1) structured mentorship, (2) competency development, (3) institutional support, (4) collaborative networks, and (5) research outcomes. Mentorship was associated with improved grant-writing skills, confidence in navigating funding opportunities, research productivity, and career progression. Most studies reported intermediate outcomes, including proposal development, networking, and skills acquisition, with limited direct evidence of successful grant awards. "

Conflict/War & Health

SSM Health Systems - Building resilient health systems through learning sites in fragile and shock-prone settings: Insights from Lebanon, Nepal and Sierra Leone

https://www.sciencedirect.com/science/article/pii/S2949856226001327

By S Regmi, S Witter et al.

Lancet World Report – Cuba's health crisis deepens

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01706-X/fulltext

"Serious shortages of fuel and medical supplies have plunged the health system into chaos. Joe Parkin Daniels reports."

UN News - Aid workers under fire as drones reshape warfare

https://news.un.org/en/story/2026/08/1168153

"The UN is warning that aid workers face a deadly and evolving threat, with armed drones reshaping battlefields worldwide – putting humanitarian teams increasingly in the line of fire."

"In a stark new assessment, **the UN aid coordination office (OCHA) marked World Humanitarian Day on Wednesday warning that 907 aid workers were victims of violence** last year simply going about their lifesaving work in the face of increasing danger in conflict zones.
Fatalities fell in 2025 but remained historically high, with 350 humanitarian staff killed – the second-highest toll ever recorded…."

Health System & Reform - A Pragmatic Call to Integrate and Regulate Non-State Actors in Fragile Health Systems

Augustus Osborne et al; https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2708910
"In fragile states, healthcare delivery relies on non-state actors like NGOs and private providers. Short-term donor funding has created fragmented services and weak state capacity. However, donor-driven fragmentation is not only a technical coordination problem; it is also a political

economy problem shaped by earmarking, attribution pressures, fiduciary risk aversion, donor-controlled contracts, and upward accountability to funders. **We propose shifting from state-as-provider to state-as-steward, not as a choice between two mutually exclusive roles, but as a move toward pluralistic health-system stewardship in which the state may continue to provide some services while stewarding a mixed delivery system.** This means **integrating the "shadow health system" of non-state services into national health systems** through licensing, contracting, and monitoring providers, while unified standards support coordination. Pooled or jointly governed financing, independent verification, shared reporting metrics, and community accountability are needed to align donor incentives with national priorities. **Evidence from Afghanistan, Cambodia, Liberia, and other fragile settings demonstrates that contracting and regulation can improve access and oversight**. Where governments lack legitimacy, territorial control, or impartiality, stewardship should be adapted through subnational, regional, hybrid, or independently verified mechanisms…"

Miscellaneous

Nature Africa - Building a systems science network for Africa

https://www.nature.com/articles/d44148-026-00234-5

"Researchers are redesigning a southern African systems analysis network to help tackle challenges that cross borders, from water security and food systems to climate change and conflict."

" …. governments and development agencies often rely on planning models that assume complex problems can be solved with linear solutions. Those **challenges brought together scientific leaders from seven South African institutions to the International Institute for Applied Systems Analysis in Laxenburg, Austria, in June. Their task was to reimagine the Southern African Systems Analysis Centre (SASAC) as a broader network** connecting researchers and policymakers across sub-Saharan Africa, **with the aim of bringing research and systems analysis more directly into decision-making**…."

IISD – World Bank Issues Sustainable Development Bonds Worth Billions

https://sdg.iisd.org/news/world-bank-issues-sustainable-development-bonds-worth-billions/

"A USD 4 billion benchmark bond matures in August 2033, and a EUR 3 billion benchmark bond matures in September 2036. **The World Bank's sustainable development bonds support the financing of sustainable development projects and programs that aim to end extreme poverty and boost shared prosperity on a livable planet, accelerate the SDGs, and enable positive social and environmental outcomes in countries."**

Papers & reports

HP&P - The health policy processes section: scope and future

S Ramani et al ; https://academic.oup.com/heapol/article/41/7/1045/8762991?searchresult=1

"Health Policy and Planning (HPP) is one of the few journals in the field of public and global health that has a dedicated Section on health policy processes in low-and middle-income countries (LMICs). **In this editorial, we explain the rationale behind this Section, highlight the value it brings to scholarship in this field, and point to the kind of papers we will welcome henceforth…."**

Lancet Comment - Women's health is precision medicine's unfinished business—reframing for global impact

Basmah Safdara (**Women's Health Research at Yale**);
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01416-9/fulltext

"…**Reframing women's health through a precision-health lens promises improved patient outcomes and more efficient health-care delivery globally**. The World Economic Forum posits women's health research to be a trillion-dollar global economic opportunity by 2040, with every dollar invested returning three economically. **However, despite women comprising 51% of the population, the US National Institutes of Health directs less than 10% of its budget towards women's health research, and research entities in other countries typically invest even less**. Globally, venture capitalists and private industry are investing in women's health more than before, but this push primarily focuses on female technology, reproductive health, and so-called wellness products. **Research investment remains inadequate for women's health in relation to high-burden conditions, especially in disease areas such as cardiovascular disease, oncology, autoimmune disorders, and brain health**… …. **Collectively, these challenges underscore the need for a fundamental reframing of women's health across sectors…."**

The Milbank Quarterly - Why Evidence Is Not Enough: Power, Politics, and a Strategy Shift for Public Health

J C Heller; https://www.milbank.org/quarterly/articles/why-evidence-is-not-enough-power-politics-and-a-strategy-shift-for-public-health/

"Public health has lost political influence because of a mismatch between the forms of power primarily deployed in this field—knowledge and moral authority—and the forms of power that currently shape societal rules and health outcomes—economic, political, ideological, and physical. **Rebuilding the influence of public health requires a strategy shift that returns the field to its roots**: building people power through partnerships with labor and community organizing groups; strengthening ideological power through the development of narrative infrastructure; and in moments of institutional breakdown, deploying nonviolent disruptive power to protect population health."