IHP news 891 : Catching up on the past 10 days

*(**3 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 I took a week off last week, I owe you a catch-up issue (covering the past 10 days, more or less). With plenty of focus obviously on the **2026 AIDS conference** in Rio – among others with a **Featured article by my colleague Caroline De Schacht** (who was 'on the ground' in Brazil).

Later this month (second half of August) IHP takes some more holidays. We'll follow a similar approach – stay tuned then for a catch-up issue somewhere early September. But at least till mid-August, you should get your regular update on Friday morning.

Enjoy your reading.

Kristof Decoster

Featured Article

AIDS 2026: Navigating HIV Care in a New Funding Reality

Caroline De Schacht (*Health Policy unit, ITM*)

From July 26-31st 2026, the 26th International AIDS Conference (AIDS2026), took place in Rio de Janeiro, Brazil. I was fortunate to attend one of the largest HIV-related events. This year's conference theme was "Rethink. Rebuild. Rise", referring to the huge changes in the funding landscape, the need to thoroughly rethink the HIV/AIDS battle and eventually rise again while rebuilding the programs. AIDS2026 brought more than 7000 researchers, implementers, policy makers, activists from 170 countries together to discuss successes, challenges and to share lessons learned on how to optimize HIV care and prevention in difficult times. Just back from Brazil, below you find my take on the conference, mostly focusing on some sessions and presentations I attended.

During the **opening ceremony**, Dr. Beatriz Grinsztejn, the director of the International AIDS Society mentioned persistent gaps, but also stressed that progress continues to be made, giving (some) hope. But obviously, inequality was also highlighted in the opening session, including by the executive director of UNAIDS, Winnie Byanyima. From his side, the Minister of Health of Brazil, Dr. Alexandre

Padilha, affirmed "**Innovation without access is injustice**", setting already a prominent theme for the conference.

A dire funding landscape

As mentioned above, the conference took place against the backdrop of **profound changes in the funding landscape** in 2025. Setting the scene, the new UNAIDS Special Report came out on July 27th. It indicated that we will not reach the goals of 2030 to end AIDS as public health threat, unless countries sustain financing, protect human rights, strengthen community leadership, and scale up prevention and treatment services. An accompanying report by KFF/UNAIDS showed a 25% drop in donor funding in 2025.

Recent evidence shows major disruptions in services, including loss of human resources (see AmfAR's PULSE study, released just before AIDS2026, and at the conference eg Abstract OAX110LB; Luke - Abstract OAF3502 among many others). The PULSE study showed a 51% funding cut in prevention services; 22% of PMTCT services were interrupted. Results from a study from Aidsfonds combined interviews and data from sources including PEPFAR, UNAIDS, and the Global Fund to show devastating consequences for HIV and malaria programmes. A session at the Global Village at the conference discussed the overall funding landscape, based on CHAI's (June) analysis.

Some more key themes & a few personal highlights

In the context of funding cuts, many countries are thinking about how to proceed, and **find solutions**, with a few interesting sessions including on the use of AI initiatives, and finding ways to involve communities with the current means. We have to adjust to, and reshape the 'new reality'.

Long-acting PrEP for HIV prevention was the overarching topic of the week, with the key message being the importance of choice. Study results on weekly and monthly oral PrEP and long-acting injectable PrEP are promising. However, prices remain high, with patent control by pharmaceutical companies (Pignataro, THPEF619). In their oral presentation, Cross et al showed that the new monthly oral PrEP could be produced at a price as low as 15USD per person annually (Cross, **OAE0504** and AIDS**)**. South American countries have not received authorization to manufacture generic versions, as they are considered too wealthy. This point was raised throughout, and activists were notably present to make the case that changes are needed. Where drugs are available, access remains low: in 9 sub-Saharan countries only 200,000 doses of lenacapavir have been delivered so far, while demand is much higher, with stock-ruptures being reported. Hence the key message: "**Innovation without access is not innovation; it is injustice**".

The **role of communities** was shown to be crucial, for prevention, treatment and support of HIV services. However, needless to say, this is being threatened by the funding cuts.

One of the big questions is also how countries will adapt their programs to ensure **continuity in antiretroviral treatment** for the millions of people living with HIV who have started. How do we reform, adapt and reach the UNAIDS goals after the shock of the past few years? There were some hints at AIDS2026 of how this can be done, but it's early days and clearly, a successful transformation is more likely in some than in other settings.

As the conference covers many topics, I refer to the IAS website, the AIDS2026 blog, and the AIDS2026 abstract book for a more extensive overview.

A few personal highlights nevertheless:

- Pediatric HIV care wasn't covered enough. Research on pediatric HIV care has always been difficult, and unfortunately, I do not see a lot of changes. Funding cuts have been devastating in terms of access to pediatric HIV care, with a 14% decline in children on treatment (Godbole, OAF2506LB**)**. Still, some advances in treatment were shown, for example evidence and preference of use of long-acting treatment among young adults.
- Long-acting treatment is a game changer. I worked for 20 years in Mozambique and can't wait for the moment of introduction! While daily oral drugs are being prescribed for a period of 6- or even 12 months (so that people don't need to get their drugs on a monthly base, but bi-annually or annually), adherence is not optimal, for several reasons – but that's a conference topic in its own right.
- There were some interesting sessions regarding sexually transmitted infections; while studies show a decrease in syphilis and chlamydia, there is a need for vaccine development.
- I was struck by a study in which prevalence of NCD risk factors was seen to be very high among young people perinatally infected with HIV. This sub-population clearly needs special attention, as they have been taking ARVs for a long time. Prevention and screening should be integrated in HIV care programs.
- Potential use of broadly neutralizing antibodies (bNAbs) engages the immune system directly.

ITM was in Rio with 7 people and presented amazing work around HIV prevention and care services for young women and female sex workers: great work by Prudence Tatiana, Mary Kaakyo, Willy Le Roi Togna and Anke Rotsaert!

Last but not least, I shouldn't forget to mention the **amazing activism** seen throughout the week, with protests, activities in the Global Village and even a beautiful fashion show which blended research and fashion in a very cool science communication project, "HIV Unwrapped" in São Paulo.

Way forward in difficult times

In conclusion, the conference was largely dedicated to the innovations on HIV prevention, particularly long-acting PrEP. The current inequality which blocks some countries and populations from accessing them, needs to be tackled sooner rather than later. In addition, re-visiting HIV care delivery with integration of services, community involvement and use of digital innovations can definitely help to keep the vulnerable people free from HIV, or if that fails, allow them to live healthy with HIV.

Disclaimer: This perspective is a personal viewpoint by the author and does not represent an institutional position.

Highlights of the week

Structure of Highlights

- IAS26 in Rio: key news, themes & reports
- IAS26 in Rio: some more analysis & snippets
- Global Health Reform
- WHO DG race
- More on Global Health Governance & Finance/Funding
- Trump 2.0, bilateral health agreements & US Global Health Strategy
- Ebola emergency in the DRC
- More on PPPR (incl PABS)
- AMR
- UHC & PHC
- Commercial determinants of health
- Maternal and child health
- Planetary Health
- AI & health
- Access to medicines, vaccines & other health technologies
- Miscellaneous

26th Aids conference in Rio: key news, themes & reports

This subsection will be mainly based on the valued work of colleagues of **Devex & Health Policy Watch**, present in Rio. But don't expect an exhaustive overview, and it will only be to some extent chronological. After all, last week was a holiday for me :)

UNAIDS report - Global HIV response falters as reemergence looms

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/july/20260727_PR_UNAIDS_special_report_AIDS2026

This report set the scene for IAS26***. "In 2025, 1.2 million more people became infected with HIV and 570 000 more people died of AIDS-related illnesses as the world fell short of global targets. Without urgent action to meet the 2030 goals, more than 3 million could become infected with HIV by 2030. "***

"A **special report released by UNAID**S for the 26th International AIDS Conference taking place in Rio de Janeiro, Brazil from 27 to 31 July, **shows that reductions to international funding and cuts to HIV prevention and community services are likely to lead to a resurgence of the epidemic.** "

"Why experts are worried about an HIV resurgence: International funding to combat HIV suffered a "profound shock" last year, according to a new report from UNAIDS, a United Nations effort around the virus. **The report found that disbursements from donor governments to low- and middle-income countries decreased 25% from 2024 to 2025. Overall funding to combat HIV fell 18%, to $6.2 billion…."**

- See also **UN News: High prices and funding cuts stall HIV prevention revolution**

"Why it matters:

- **1.2 million people acquired HIV and 570,000 died from AIDS-related illnesses in 2025**
- **22 per cent of people living with HIV are still not receiving treatment**
- **International HIV funding fell 18 per cent, the steepest decline in nearly 20 years**
- **Such new medicines as lenacapavir are nearly 100 per cent effective at preventing HIV infection**
- **20 million people need access to antiretroviral-based prevention to make a meaningful impact on the epidemic**
- **Generic versions of lenacapavir could cost as little as $40 per person per year, but they will remain unavailable in many countries"**

Excerpts:

"**The conference,** taking place in Rio from 27 to 31 July, **is defined by a paradox**. **By the end of this decade, more than three million people could become infected with HIV, yet the tools to stop this crisis already exist,** from groundbreaking prevention medicines to community-led interventions with a proven track record. **What is missing is sustained financing. This growing funding gap is already forcing countries to cut essential services and close community organizations,** according to the new report from UNAIDS, the agency working to end the epidemic by 2030. **Unless urgent action is taken, the agency warns, the world is on course for a resurgence of the epidemic. That contradiction defines the 26th International AIDS Conference.** On the one side stands a revolution in HIV prevention, with a new generation of medicines now offering protection against HIV comparable to that of a vaccine. On the other is a growing concern that these breakthroughs will remain out of reach for millions because they are priced too high and controlled by pharmaceutical patent holders."

PS: "**Equitable and universal access remains a distant reality for millions of people because of high prices and the exclusion of many countries from voluntary licensing agreements**," said **Variano Terto Jr., vice president of the Brazilian Interdisciplinary AIDS Association (ABIA).** He was speaking at a **conference side event** organized by the **Community of Portuguese Language Countries (CPLP).**

He added that patents on essential drugs have been "reinforcing monopolies and privatization of public knowledge". **One of the conference co-organizers, ABIA recently published a study showing that Brazil could manufacture lenacapavir domestically for approximately $75 per patient per year**. By contrast, the patented version costs more than $20,000, a price considered unsustainable for Brazil's public health system…."

PS: "**Calls for new funding model:** The current moment should be understood as "the end of the era of dependence on international aid**", the UNAIDS chief (Winnie Byanyima) said, calling for a new**

financing model, including measures such as sovereign debt restructuring, to enable governments to invest in "the future of their people"."

KFF/UNAIDS - Donor Government Funding for HIV in Low- and Middle-Income Countries in 2025

KFF/UNAIDS

(27 July) Accompanying report. "**Donor Government Funding for HIV Drops by $2.1 Billion in 2025 Due to Declines in Funding from the United States, Marking Largest Annual Decrease Since Scale-up for the HIV Response Began."**

"**Donor government funding to combat HIV in low- and middle-income countries fell by $2.1 billion in 2025, a 25% decrease from the previous year**, according to a new report by KFF and the Joint United Nations Programme on HIV/AIDS (UNAIDS). … **Total disbursements dropped to $6.2 billion in 2025, down from $8.3 billion in 2024, marking the largest single-year decline** since donor funding scale-up began and the lowest funding level since 2007, the report finds…."

"**The 2025 decrease was driven by a decline in U.S. disbursements following the U.S. administration's substantial reductions in global health funding, programs, and personnel**. Despite this decline, **the U.S. remains the largest donor to HIV in the world."**

"**Excluding the U.S., HIV funding from all other donor governments, while steady in 2025, has declined by half since 2011 — from $3.2 billion in 2011 to $1.6 billion in 2025 — primarily due to reduced bilateral support**. As a result, the U.S. share of total donor government funding for HIV has risen — from 59% in 2011 to 74% in 2025 — making available resources increasingly vulnerable to changes by the U.S., as was seen in 2025…."

PS: "… **The donor government findings are part of a broader UNAIDS analysis of HIV financing from all sources, including domestic, multilateral, and philanthropic funding**, which found that overall international assistance for HIV declined by 18% between 2024 and 2025."

- More coverage & analysis via HPW: US Drives 25% Plunge in HIV Funding in 2025

Devex CheckUp: US State Dept's unexpected opening act at world's largest HIV conference

(28 July) https://www.devex.com/news/devex-checkup-us-state-dept-s-unexpected-opening-act-at-world-s-largest-hiv-conference-112938

"**Jeffrey Graham, head of the State Department's Bureau of Global Health Security and Diplomacy**, says the public misunderstands the new U.S. bilateral health deals. …""

Full excerpt: "Here's what Graham said:

• **Not all countries that sign memorandums of understanding will receive direct government-to-government financing, and those that do will undergo** "**difficult procedures to qualify**." But some examples of those slated to get direct financing include Kenya, Rwanda, and Uganda.

• **Other countries that sign MoUs but won't — at least initially — receive direct financing will have funding funneled through implementing partners**. But this **will only sometimes include the usual suspects: international NGOs.** The State Department is looking to lean heavily on locally headquartered faith-based organizations, the private sector, and other organizations.

• Given the State Department must report to Congress on how tax dollars are used, **the U.S. has a final say on which implementing partners countries use** with American financing.

• **Not all U.S. partnerships take the form of MoUs**. Some are just multiyear bilateral arrangements — the key difference being that MoUs require countries to coinvest alongside U.S. funding.

• Implementation has yet to begin, but **there are 71 countries developing implementation plans** with the U.S., including over 50 with PEPFAR programming.

• **Thirty-four countries have signed nonbinding MoUs with the U.S**. **That number could still grow**.

• There are **other "buckets" of funding** the State Department will manage centrally. One to finance innovation, another for incentives for countries that exceed defined health targets, and to support countries hit by unexpected roadblocks beyond their control.

• **New awards will be issued for work in Nigeria, Mozambique, Uganda, Malawi, Côte d'Ivoire, and Cameroon under the State Department's annual program statement** — an opportunity for organizations **to receive U.S. funding outside of the bilateral deals**.

Graham also **pushed back on several criticisms surrounding the new agreements**, disputing claims the MoUs include critical minerals provisions, saying the U.S. isn't forcing countries into rapid transitions of country ownership, and arguing that the data-sharing requirements are in line with previous arrangements….."

- see also **Jirair Ratevosian** - 15 things the State Department said about the future of PEPFAR and global health

"At AIDS 2026, **U.S. officials offered their clearest account yet of how the new bilateral health agreements will work."**

Devex@the 26th IAC – Left out

Andrew Green; Devex;

(29 July) "…. **At the start of this year's IAC, U.S. government officials offered some long-awaited insights into their plans for ongoing funding of the HIV response** …. At the center of those efforts are the **bilateral health deals** that partner countries have struck with governments to maintain some support for HIV programs and other health services. We've only had patchy insight into those deals through memoranda of understanding that have leaked or been released. …" " But this week, I've spoken to **officials from partner governments** who told me that **implementation of those agreements is set to begin on Oct. 1 in many places.** And they say **efforts are being guided by**

implementation plans that were drafted — or are still being drafted — in a collaborative process between U.S. and domestic officials. Not in the room? **Representatives from civil society or community groups."**

HPW - Amid Row Over Exclusion, US Concedes that HIV Approach Needs to Include 'All People at Risk'

https://healthpolicy-watch.news/us-concedes-that-hiv-approach-needs-to-include-all-people-at-risk/

(26 July) "**The United States has conceded that the HIV epidemic cannot be stopped "unless we have services for all people at risk"** at a major event on the eve of the International AIDS Conference. **Dr Rebecca Bunnell, deputy head of implementing the US President's Emergency Plan for AIDS Relief (PEPFAR), made the remark at a US government event to explain the new "America First Global Health Strategy"…."**

"…**the US government session had been interrupted by HIV activists** blowing whistles and chanting: "You lie, people die. Restore PEPFAR now.""

- See also **All Africa – Africa: U.S. Defends New HIV Funding Model As Activists Challenge PEPFAR Reforms**

HPW - New HIV Frontier: The Fight to Access Long-Acting Prevention Drugs

https://healthpolicy-watch.news/brazil-pushes-for-inclusion-in-pharma-deals/

(29 July) "**News that an antiretroviral drug injected twice a year had prevented almost all HIV infection in trials electrified the HIV sector two years ago – but access to Gilead's lenacapavir has been slow, particularly for countries in Latin America**."

"**Brazil, which faces significant HIV transmission in certain groups, has been routinely excluded from HIV voluntary licensing deals offered by pharmaceutical companies** – particularly for long-acting pre-exposure prophylaxis (PrEP) – as it is deemed an upper-middle-income country. **Brazilian Health Minister Dr Alexandre Padilha told the International AIDS Conference (AIDS 2026) being hosted in his country that negotiations with Gilead had run aground as the company wanted a price 10 times higher than that being paid by Indonesia and Thailand.** Brazil offers PrEP as part of its free universal health coverage, and Padilha said he was not prepared to bankrupt the health system by paying a high price for lenacapavir. **"Innovation without access is injustice," said Padilha at the conference opening on Monday night."**

PS: "**Instead of pursuing lenacapavir, his country has opted to use ViiV's cabotegravir, injected every second month, to bolster its PrEP programme** as the company has offered Brazil "an acceptable price", Padilha added. **ViiV and the Medicines Patent Pool (MPP) signed a voluntary licensing agreement to enable generic manufacturers to make generic versions of long-acting cabotegravir for PrEP for 90 countries – but this excludes most Latin American countries…."**

Science - Activists and leaders at global HIV meeting decry price of prevention drug

K Kupferschmidt; Science;

(28 July) "**Gilead is criticized for lack of affordable access to lenacapavir in Latin America."**

" "**Activists briefly interrupted the opening ceremony of the 26th annual International AIDS Conference here last night to protest the lack of access in Latin America to lenacapavir**, a new long-lasting drug that prevents HIV infection. **Brazilian officials, too, criticized the drug's manufacturer, Gilead Sciences, for not making the drug available at an affordable price in the region, as did World Health Organization Director-General Tedros Adhanom Ghebreyesus and Winnie Byanyima**, executive director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)."…"

"… **The drug costs $14,000 per dose in the United States, but Gilead is offering lenacapavir for an HIV-prevention strategy known as pre-exposure prophylaxis (LEN PrEP) at no profit to 120 low- and middle-income countries**. (It has not revealed the exact price, but reportedly charges $60 per dose.) **But Gilead says Latin American countries can pay more than that and has been negotiating with governments in the region**. Byanyima said Brazil has negotiated with Gilead for more than a year and failed to reach a deal. The country "should not now be forced to stand in the back of the queue," she said….."

"… **Even in countries that get LEN PrEP at a discount, there aren't enough doses to meet the demand. As Science reported last week, fewer than 250,000 people in developing countries had begun to use it by the start of this month**. **Byanyima said she would like to see 20 million people get the injections in the next 3 years,** noting that the world vaccinated 4.5 billion people against COVID-19 in 1 year. "This is not beyond the world's capacity," she said. "So I ask my friends at Gilead again, help us to change this."…"

NYT - With Hopes High for New H.I.V. Prevention Pill, Merck Takes Steps to Ensure Access

https://www.nytimes.com/2026/07/24/us/politics/merck-hiv-pill.html?unlocked_article_code=1.0FA.0N8d.ldOClV4GjaOd&smid=url-share

(24 July) Some good news as the conference was about to kick off. "**Companies in Africa and India will make generic versions of the pill that could cost as little as $5 per person per year. But access to the drug and other new products in much of Latin America remains uncertain."**

"**The pharmaceutical company Merck said on Friday that it would license seven generic drugmakers to produce a low-cost version of a new monthly H.I.V. prevention pill** that has generated significant optimism about the role it could play in ending the H.I.V. epidemic. **The decision is intended to make stockpiles of the drug immediately available in developing countries if clinical trial results next year live up to expectations for the pill."**

"**The company's announcement on Friday comes as a major international AIDS conference begins in Rio de Janeiro,** against a backdrop of disappointment with limited progress on cutting H.I.V. infection rates. …. **The new drug, alimatravir, is a pill taken once a month for what is called pre-**

exposure prophylaxis, or PrEP. It is being tested in a late-stage trial involving young women in three sub-Saharan African countries, and in a separate trial in countries across Latin America, Asia, Europe and Africa that involves transgender people and men who have sex with men….”

“ … **Merck’s deal will allow generics to be produced for 129 low- and middle-income countries**. The company said it would also manufacture a bridge supply to be sold to those countries at a no-profit price, before the generic product comes to market and gets regulatory approval. The company would not disclose the price…. … **Merck will give a royalty-free license to four generic companies in India, and to three in sub-Saharan Africa — drugmakers in Uganda, Kenya and South Africa — in a boost for regional manufacturing efforts. That has been an African Union priority** since the continent was largely shut out of access to Covid vaccines until a year after the rest of the world…..”

“Because production of alimatravir uses a small quantity of its active pharmaceutical ingredient, and because it is a standard oral formulation, **companies could produce it profitably at scale and sell it to national health systems for as little as $5 per person per year….”**

PS: “**The timing of Merck’s announcement, coming well ahead of final clinical trial results, is unusual, and appears to be an effort to avoid problems that have dogged the introduction of other PrEP products. …** … Alimatravir, at just 12 pills a year, would be much easier to deliver than an injectable, and could be distributed outside clinics, and in venues such as hair salons and high schools, Mr. Mwehonge said….”

- Related: **Africa CDC** - Africa Advances a New Model for Global Health Innovation

“**The Africa Centres for Disease Control and Prevention (Africa CDC) welcomes MSD’s voluntary licensing agreements with three African pharmaceutical manufacturers** for an investigational once-monthly oral HIV pre-exposure prophylaxis candidate known as MK-8527. **The announcement resonates with Africa CDC’s Health Security and Sovereignty Agenda** by advancing innovation along Africa’s pharmaceutical manufacturing value chain. The public-private collaboration links Africa’s robust clinical research ecosystem with regionalized manufacturing to secure equitable access of high quality, novel health innovations for Africa. “

“The **agreements are established with three African pharmaceutical manufacturers: Aspen Pharmacare in South Africa, Quality Chemicals Industries Limited in Uganda and Universal Corporation Limited in Kenya. …”**

AVAC: (update as of July 30)

https://mailchi.mp/avac/ias2025-2108470?e=f66302bb8e

“As the AIDS 2026 conference enters its second half, **one message has emerged above all others: the barriers to ending HIV are no longer primarily scientific; they are political**. In one of the “most spectacular plenaries”, Raphy Landovitz argued that **the field now faces "a challenge of political will" and "moral decision-making,"** asking whether the world will choose to deliver lifesaving innovations with "speed, scale and equity" or allow them to remain out of reach. …”

UNAIDS - Failing to tackle inequality puts countries in pandemic danger, new research shows

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/july/20260730_PR_NEJM

On a vital new report. "**Analysis in the *New England Journal of Medicine* – co-authored by experts including Nobel laureate Joseph Stiglitz, leading epidemiologist Professor Sir Michael Marmot, and Chairperson of the One Economy Foundation and former First Lady of Namibia Monica Geingos – finds economic inequality, not conventional preparedness, has been the clearest predictor of how countries fared against pandemics, upending traditional assumptions about what actions governments need to take for health security**. The new **research from the Global Council on Inequality, AIDS and Pandemics** finds that while technical capacity remains necessary, it is not sufficient. To respond to and prepare for pandemics effectively, **governments need to include efforts to address inequality. …"**

They call for "**Inequality-Informed Pandemic Preparedness and Response".**

And list **"four ways governments can break the cycle":**

"The research sets out proven, practical and affordable policies to address the inequalities driving pandemic risk, so that countries can respond more effectively to HIV, tuberculosis, Ebola and other pandemics. The actions governments need to take include:

- **Protecting people during outbreaks:** surge social protection such as paid sick leave, cash transfers and unemployment support, so no one has to choose between following health advice and feeding their family – alongside long-term investment in housing, education and secure work to build resilience before the next crisis.

- **Governing across society, not health alone:** multi-sectoral planning that brings in finance, labour and education ministries, and embeds community-led organisations in the response, drawing on hard-won lessons from the AIDS pandemic.

- **Fixing the global financial rules:** a debt-standstill mechanism for countries facing emergencies, the automatic release of emergency international financing when a pandemic is declared, and expanded pandemic lending so that every country has the means to respond.

- **Sharing life-saving science:** open licensing of publicly funded research, a global prize fund that rewards innovators while allowing medicines and vaccines to be produced anywhere, and expanded regional manufacturing of the treatments and vaccines needed to stop today's and tomorrow's pandemics."

For more, see the **article in NEJM**: The Inequality–Pandemic Cycle — Rethinking Preparedness (by M M Kavanagh et al) "Increasing pandemic frequency and increasing economic inequality are creating a self-reinforcing cycle. What's needed is therefore a **new, inequality-informed approach to pandemic preparedness."**

WHO – Integration, innovation and community leadership key to ending HIV, hepatitis and STIs

https://www.who.int/news/item/27-07-2026-who--integration--innovation-and-community-leadership-key-to-ending-hiv--hepatitis-and-stis

(27 July) **"**The **World Health Organization (WHO) today launched a new report assessing progress in implementing the Global Health Sector Strategies (GHSS) on HIV, viral hepatitis and sexually transmitted infections (STIs) for 2022–2030**. Released during the 26th International AIDS Conference (AIDS 2026) and ahead of World Hepatitis Day (28 July), **the report highlights significant achievements and persistent challenges in the global response to these epidemics…."**

"…. **This report tells two stories. It demonstrates what is possible when countries invest in health, communities and science. But it also shows how quickly progress can be undone with funding disruptions, humanitarian emergencies and persistent inequalities," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General**. "Over the next five years, we must build integrated, resilient health systems that reach those furthest behind."

PS: "**The report identifies integration as one of the greatest opportunities to accelerate progress.** Countries reporting the strongest results are increasingly delivering services for HIV, viral hepatitis and STIs through primary health care, together with services for tuberculosis, sexual and reproductive health, maternal and child health and noncommunicable diseases…."

"… **To support countries in strengthening responses, WHO has released its first consolidated HIV service delivery guidelines** bringing together the latest evidence-based recommendations to help countries organize HIV prevention, testing, treatment and long-term care. **WHO has also published HIV surveillance guidance,** designed to improve routine HIV surveillance systems and enhance the use of national health data for public health action…."

- See also UN News – HIV, hepatitis, STI gains at risk as funding falls, WHO warns

Johns Hopkins - Lancet Report Recommends Paradigm Shift in Care for Older Adults with HIV

https://publichealth.jhu.edu/2026/lancet-report-recommends-paradigm-shift-in-care-for-older-adults-with-hiv

"**Expanding care beyond essential antiviral therapy will help support growing older population with HIV expected to reach 20.2 million worldwide by 2040."**

"**A new report by a group of HIV researchers in the journal *Lancet HIV*** recommends that **health systems caring for older individuals with HIV should move beyond the standard antiretroviral therapy to a more comprehensive, healthy-aging approach.** The report was led by researchers at the Johns Hopkins Bloomberg School of Public Health and Yale School of Medicine, with colleagues at more than 40 institutions and nine persons living with HIV. "

"While most new HIV cases are among young people, **the number of individuals living with HIV worldwide is increasing and getting older: nearly a third of people with HIV were over 50 in 2025, and**

half will be over 50 by the year 2040. In their report, commissioned by the editors of the journal *Lancet HIV*, **the authors recommend a broad set of health-system changes to manage the distinct challenges involved in HIV prevention and screening, treatment, and long-term care in this older population.** Recommendations include monitoring physiological age and functional declines, minimizing the multi-pharmaceutical use common among older adults, and promoting mental health and a healthy lifestyle—all while maintaining adherence to antiretroviral therapy…"

- For more, see **The Lancet HIV Commission on ageing and HIV**

"As the number of people living with HIV aged 50 years and older continues to increase, prevention, treatment, and health systems must adapt to support lifelong health and wellbeing. Supporting healthy ageing requires more than sustained viral suppression; it requires care that is informed by what matters most to the individual, with attention to maintaining physical and mental function, minimising healthcare complexity, and addressing multimorbidity, polypharmacy, stigma, and social determinants of health. Bringing together clinical evidence, modelling, policy perspectives, and community voices, this Commission outlines the changes needed to ensure that the millions of people living with HIV can age well."

AIDS conference Rio: some more analysis & snippets

Guardian – A quarter of young Africans believe USAID cuts could be positive, survey finds

https://www.theguardian.com/global-development/2026/jul/30/a-quarter-of-young-africans-believe-usaid-cuts-could-be-positive-survey-finds

"**Losing funds should force leaders to confront their own challenges, they said, while many voiced concerns over increasing foreign influence**." Based on **the African Youth Survey**, which interviewed almost 5,000 people across 16 of the continent's 54 recognised countries.

Emily Bass - The US State Department Redraws the Map of Africa at the AIDS2026 Conference

Emily Bass;

I doubt you missed this (even if on holidays), but just in case. "**And rewrites history, too. All before the official opening."**

"**A senior US State Department official displayed a map of Africa that was completely wrong before high-level officials from African nations, including some whose countries had been mislabelled**. The **map mishap occurred during a presentation at "Transforming health assistance: Implementing U.S. government MOUs for sustainable HIV programs**," a **pre-conference event** at the largest AIDS conference in the world, held this year in Rio de Janeiro. The map mis-identified the locations of Cote d'Ivoire, Mozambique, Nigeria by enormous margins—making Nigeria landlocked, Mozambique an east African nation and Cote d'Ivoire a southern African state. The map put Uganda and Malawi in the right vicinity, but with the wrong borders. And it nope'd out altogether for

Cameroon, which doesn't have a line connecting the name to a country at all. (There is also a country without a name Alas, they are not a match.)…."

J Ratevosian: Beyond the State Department's Bad Map: What Mattered at Global AIDS Conference

On Substack

(Recommended analysis) "Now let's focus on the map that matters: the one on which HIV finally disappears."

"…. I was also disappointed that this (map) mistake became one of the conference's biggest media stories. Because **AIDS 2026 produced important science, serious policy analysis and real progress on issues ranging from PrEP delivery to global aid transitions.** Rather than add to the gotcha coverage, I **will highlight the six stories I think that matter more….":**

1. **The HIV prevention revolution is here; 2. We need to make PrEP much, much easier to get; 3. Communities built the HIV response. They came with receipts. 4. AI is already part of the HIV response. Now we must make it work at scale. 5. The tension we cannot ignore: Countries are finding solutions, but funding cuts are causing real harm. 6. We need to be more honest about "resilience"**

The Insider - The unwelcome spectres at this year's International AIDS Conference

The Insider;

Via **ONE Data**. "**Elephant meets room."**

"**Two spectres plagued this year's International AIDS Conference, which took place in Brazil this week.** 1**. The major decline in global funding to combat HIV/AIDS; 2. The uneven access to new, transformative drugs…"**

"International HIV financing dropped by 18%---more than $1.5 billion—between 2024 and 2025. That's the lowest level in nearly two decades. At the same time, multiple drugs that are highly effective at preventing the transmission of HIV have already—or are expected to soon—come onto the market. One of those is lenacapavir, a twice-yearly injectable drug that is nearly 100% effective at preventing HIV transmission. While licensing deals have brought down the high cost of lenacapavir for many low- and middle-income countries, some countries have been excluded from low-cost deals. Without a deal, they (and their citizens) will pay full price—which for many countries is several times their per capita GDP, as we highlight below. **So at the very moment in which game-changing drugs offer the possibility to win the decades-long fight against HIV/AIDS, money—the lack of it and the lust for it—could slow progress…."**

Listing **three things to know**: "1. For the first time, the fight against HIV/AIDS appears winnable. 2. Getting the drugs to those who need them is critical. 3. More than two dozen middle-income countries have been excluded from low cost deals."

Science – A rocky rollout

Jon Cohen; https://www.science.org/content/article/drug-could-help-end-hiv-epidemic-its-rollout-has-hit-speed-bumps

(24 July) Science analysis as IAS26 was about to start. "A **powerful new prevention drug** could help end the HIV epidemic—but **supply is falling far short."**

Excerpt to provide you with a flavour: "… **Adding LEN PrEP to the arsenal presents a new opportunity to slow, or even stop, the spread of HIV.** The stakes are enormous. **In an "optimistic" introduction scenario**—in which about half of South Africa's adolescent girls and young women, men who have sex with men (MSM), and sex workers would be on LEN PrEP by 2030—**the country could effectively end its epidemic by 2039, according to a model by biostatistician Lise Jamieson and health economist Gesine Meyer-Rath of the University of the Witwatersrand**. The model, posted on medXriv on 7 January, suggests the effort would increase the county's HIV/AIDS expenditures by only 9% …"

"**A similar scenario could play out in other parts of Africa, though it would require a massive rollout of the drug**. A model constructed by epidemiologist Nora Rosenberg from the University of North Carolina at Chapel Hill and colleagues found that if 25 million women in 15 countries in sub-Saharan Africa received some form of PrEP and adhered to it, new infections in that population would drop by two-thirds…."

"But **as *Science* saw during visits in June to South Africa and Zambia, a poorer country where the rollout started on 1 December 2025, there are major obstacles. One is that far too little LEN PrEP is available—a problem sure to take center stage at the international AIDS conference taking place next week in Rio de Janeiro…."**

"… **The rollout of lenacapavir (LEN) PrEP in Africa, which started in December 2025, initially targeted nine countries where HIV prevalence—the percentage of the population living with the virus—is among the highest in the world. But as of July, Africa's main supplier, the Global Fund to Fight AIDS, Tuberculosis and Malaria, had delivered only 225,000 doses to those countries**, and most had few initiations—people who started on the drug…. … The **reasons for the slow delivery remain murky**, says Mulenga, who until recently headed the HIV response for Zambia's Health Ministry. "When you speak to either Gilead or to the Global Fund, or even to the U.S. government, we get different answers," Mulenga says. "It's very frustrating, and the community, they blame government."…"

"**Gilead** won't reveal production figures but tells *Science* it has not hit its manufacturing capacity. **Representatives from the Global Fund** say other than a "hiccup" or two—including the Iran war, which halted flights—orders have arrived on schedule. "Yeah, there is more demand than we're able to supply," says Martin Auton, who heads planning and procurement for the Global Fund. "But somebody would have to pay [to meet] that additional demand, and at the moment we don't have money for more."… …. **The shortages could ease if the six generic companies begin to sell LEN PrEP next year…"**

HHR (Viewpoint) - Key Populations Under Threat: A Central Theme at AIDS 2026

J J Amon; https://www.hhrjournal.org/2026/08/03/key-populations-under-threat-a-central-theme-at-aids-2026/

"Woven throughout the presentations and poster sessions at AIDS 2026 was an inescapable theme of continuing, and escalating, **threats facing key populations, including criminalization, anti-LGBTQ+ legislation, and funding disruptions.** The result: decades of HIV progress undermined and imperiled…."

Global Health Reform

BMJ – Reforming global health architecture requires confronting its political economy

https://www.bmj.com/content/394/bmj-2026-100315

"Daniel Bernal-Serrano and colleagues argue that the preventable deaths caused by global health inequity are **structural outcomes of a capitalist world economy, which organisational reform alone cannot reverse."**

"…We argue that architectural redesign alone cannot resolve a problem with foundations in political economy: the dynamics of a capitalist world economy. **We draw on Engels's concept of "social murder,"** the knowingly caused, avoidable death of those deprived of the material conditions for life **and on Wallerstein's world systems theory**, which describes how a capitalist world economy concentrates wealth, technology, and productive capacity in "core" states, while "peripheral" states supply labour, raw materials, and markets on terms that reinforce their disadvantage. **These frameworks resonate with traditions familiar to health audiences—Paul Farmer's theory of structural violence and WHO's Commission on Social Determinants of Health—but go further: where structural violence and social determinants of health describe structural conditions, Wallerstein explains their reproduction in the world economy, and the social murder concept assigns responsibility for sustaining them."**

Key messages:

- "… The preventable deaths caused by the global health order are not mere governance failures but **structural outcomes of monopoly intellectual property, sovereign debt, and the commodification of health under a capitalist world economy**
- **Reform processes** such as the Lusaka Agenda, the Accra Reset, and the WHO Pandemic Agreement represent **genuine diplomatic progress on governance architecture, but leave these structural foundations in place**
- **Transformation requires three simultaneous changes—making publicly funded innovation a public good, restructuring the debt architecture around reparative finance, and delinking essential health functions from profit—each with identifiable actors accountable for enacting it**
- Such change will come not from political will alone but from organised pressure that makes the cost of inaction greater than the cost of change."

Global Policy - The Accra Reset: Reimagining Global Health Governance in an Era of Fragmentation

https://www.globalpolicyjournal.com/blog/03/08/2026/accra-reset-reimagining-global-health-governance-era-fragmentation

"The Accra Reset has been widely understood as a call for African health sovereignty and greater strategic autonomy. **Nelson Aghogho Evaborhene** contends that its broader significance lies in reframing how global health governance should be organised, placing regional institutions at the centre of a more coherent and resilient governance architecture."

Lancet (Letter) - An eleventh lesson: escaping the scarcity equilibrium

Keith Cloete & Mickey Chopra; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01364-4/fulltext

"**Richard Horton's Offline on the ten lessons for reproductive, maternal, newborn, child, and adolescent health is well judged, but misses the political economy trap that chronic resource scarcity itself creates and sustains…."**

"**Scarcity does not simply constrain what health systems can do; it actively reshapes who benefits from the status quo and who is responsible for the cost of change. Under conditions of persistent fiscal stress, the political economy of health systems aligns closely with short-termism, fragmentation, and centralised control, not by accident, but because these configurations serve identifiable interests.** Earmarked and fragmented financing streams—whether donor-driven or domestically generated—create constituencies with a direct material stake in preserving programmatic boundaries. **Together, these arrangements become self-reinforcing**: fragmented financing narrows the coalition for reform; centralisation forecloses the spaces where reallocation might be negotiated; and short budget cycles make the political cost of any visible loss prohibitive. The result is a **scarcity equilibrium—constraint produces the institutional arrangements that entrench the constraint."**

"…Hence, the lessons prove difficult in practice. Mutually supporting partnerships are structurally undermined when vertical funding streams make integration a material threat to programme budgets and organisational survival. Independent accountability is resisted as the actors being held accountable have strong institutional incentives to defend existing arrangements. **The post-2030 agenda will remain gestural unless it is designed explicitly to disrupt the financing architectures and decision-rights structures in which scarcity equilibria reproduce themselves."**

"…**The eleventh lesson is clear: without confronting the political economy of the scarcity equilibrium—who benefits from fragmentation, who controls allocation of funding, and whose interests centralisation protects—the ten lessons Horton offers will remain a testament to what was understood but not yet structurally enabled."**

WHO DG race

HPW - EXCLUSIVE: WHO Regional Directors Running for Director-General Must Take Leave for Campaign

https://healthpolicy-watch.news/who-regional-director-loophole/

*"**In a first, WHO Regional Directors must take a leave of absence to run for the top job, the World Health Organization (WHO) confirmed to Health Policy Watch on Monday.** This sweeping election reform **closes a crucial loophole** in the ongoing Director-General election process, aiming to curb shadow campaigns just as the first candidates officially enter the race. **Meanwhile, Dr Jarbas Barbosa, WHO Regional Director for the Americas / Pan American Health Organization, who had been reported as a possible contender, told Health Policy Watch he is not running."***

PS: "**WHO Regional Director Dr Hanan Balkhy reportedly entered the race**. The reform arrives as the formal succession race begins, with Saudi Arabia and Qatar reportedly circulating the first diplomatic notes to nominate **Dr Hanan Balkhy**, the current Regional Director for the Eastern Mediterranean, and former public health minister **Dr Hanan Mohammed Al Kuwari**, respectively….

"… One rumoured contender who will not be impacted by the new mandatory leave directive is the **Director of the Pan American Health Organization (PAHO**), **Dr Jarbas Barbosa**. "I am not running for WHO DG," said Barbosa, responding to a query by *Health Policy Watch*…."

More on Global Health Governance & Financing/Funding

HPW - African Union Pushes for Greater Domestic Spending on Health Amid Reports of Huge Disruptions to HIV and TB Services

https://healthpolicy-watch.news/african-union-pushes-for-greater-domestic-spending-on-health/

(24 July) Coming back on the extraordinary AU summit on health from last week. **"The African Union held a special health summit this week, primarily aimed at mobilising high-level political support for more domestic health spending – particularly on HIV, tuberculosis and maternal health**."

"The **summit coincided with the release of two new studies reporting on the huge disruptions to HIV and tuberculosis treatment** throughout the world following the Trump administration's changes to the US President's Emergency Plan for AIDS Relief (PEPFAR)…."

"… leaders who addressed the AU summit urged African states to implement the Abuja Declaration decision, adopted 25 years ago, to allocate at least 15% of national budgets to health."

"**Deliberations focused on** HIV, tuberculosis, malaria, maternal and newborn health, viral hepatitis, neglected tropical diseases (NTDs), and non-communicable diseases (NCDs)." "**The summit also discussed how to advance the AU Roadmap to 2030 and Beyond, which envisions ending HIV as a public health threat and sets out how to control TB, malaria, NTDs and NCDs…."**

"**AU Commission Chairperson Mahmoud Ali Youssouf called on countries to make a "decisive shift from commitments to implementation".** "Future generations will remember this Summit not for our speeches, but for whether we changed the trajectory of health in Africa," said Youssouf."

"Speaking at the close of the two-day summit, **AU Health Commissioner Amma A. Twum-Amoah urged countries to "translate the AU Roadmap and the Accra Declaration into concrete national action.** "This means strengthening primary health care, integrating services, increasing domestic investment, advancing the local production of medicines, vaccines and diagnostics, investing in the health workforce and reinforcing surveillance, laboratory and digital health systems," she said…."

HPW - Markets Offer Costly Cures while Courts Ensnare Prevention; meanwhile Ebola Response Stumbles

Mukesh Kapila; https://healthpolicy-watch.news/markets-offer-costly-cures-while-courts-ensnare-prevention-meanwhile-ebola-response-stumbles/

Kapila's take on the week in global health governance. *"**A trillion-dollar food industry sues to keep prevention at bay while governments spend billions subsidising the drugs** that treat what bad diets do. **Meanwhile, Ebola outruns a hollowed-out WHO, and its Director-General's legacy hangs on whether he can get a grip**."*

On the former issues: "…Set that against the direction health policy is travelling – with 2026 crowned as **"the year of obesity pills."** WHO issued its **first global guideline** on GLP-1 medicines for obesity. The US launched a Medicare **GLP-1 Bridge,** offering beneficiaries a month of weight-loss drugs for $50, and European health systems have opened **conditional access**. The real story is around 'money'. **The global processed-food industry is valued at an annual $2.2 trillion, rising toward $3.4 trillion by 2035. The GLP-1 market stood at $79 billion in 2025 and is forecast to reach $190 billion by then. The antidote, in other words, is around one-twenty-eighth the size of the products creating the problem – a downstream market spun off from an upstream one. Both are dwarfed by the costs of the diseases caused by unhealthy diets**. Overweight and obesity will **cost the world more than $4 trillion** a year by 2035, over 3 percent of global GDP, comparable to the Covid-19 shock in 2020. So, **the public purse is asked to subsidise the cure at the very moment efforts to mitigate the cause are litigated into paralysis**. "

Mukesh concludes: "… **A world that finds billions to medicate while it will not spend political capital to prevent disease in the first place is making a choice. It is not a neutral one, let alone sensible, from the socio-economic perspective."**

But do check out also why he reckons Tedros' legacy hangs on at least partly on whether WHO gets a grip on the ongoing Ebola emergency.

HPW – New Unitaid Head Gets High Marks – but Can He Save the Organization?

https://healthpolicy-watch.news/new-unitaid-head-gets-high-marks-but-can-he-save-the-organization/

(Analysis) "**Luis Pizarro, Unitaid's newly-appointed Executive Director comes to the organization with sizeable depth and breadth of experience – as the leader of Geneva's Drugs for Neglected**

Diseases Initiative (DNDi) and before that, leadership of ventures in Africa, Asia and the Americas. **However, his main challenge at Unitaid will be steadying the financially troubled organization, which has raised less than half of the funds needed to sustain its annual investment budget of $300 million for 2026.** And it faces a shortfall of more than $800 million in the current five-year $1.5 billion budget cycle (2023-2027). …"

"**The crisis follows the loss of support for Unitaid's innovative financing model, built upon the world's first solidarity fund taxing airline tickets and certain financial transactions**. The model was pioneered two decades ago by France, Unitaid's leading donor, in the birthing of the organization in 2006. **But the Solidarity Fund for Development was abolished last year in the wake of French legislation redirecting the airline tax revenues and fees to the general budget**. That leaves Unitaid heavily exposed to the vagaries of donor whims in annual fund-raising cycles. **Meanwhile, Unitaid's longtime director, Philippe Duneton, who was instrumental in the foundation of the agency in 2006, is stepping down. …"**

PS: "…. **In a sense this is the first piece of the puzzle in terms of finding new leadership for Geneva institutions," added Thiru Balasubramanian,** Geneva representative of Knowledge Ecology International (KEI), a US-based NGO focused on equitable access to medicines and vaccines. "The Global Fund and WHO are still in the hunt of course, and now, DNDi. "And perhaps Gavi will be as well," he said, referring to as-yet-unconfirmed reports that Gavi's Executive Director, Sania Nishtar, might leave her current post to compete in the race for Director General of WHO…."

- Related - **DNDi leadership to change in 2027**

"**After four years, Dr Luis Pizarro will be stepping down from his role as DNDi's Executive Director to take on a new position as Executive Director at Unitaid at the end of 2026. Since 2022, Dr Pizarro has guided DNDi through a period of scientific accomplishment and institutional maturation**. Most recently, DNDi delivered acoziborole – the first single-dose oral treatment for sleeping sickness – a milestone that puts elimination of the disease within reach for the first time. DNDi's global network now counts more than 230 staff and over 200 partner institutions across five continents, and the organization is a leading voice for needs-driven, collaborative, and equitable medical research and development. … **'Luis has been a defining force in DNDi's evolution into a globally recognized institution,' said Dr Marie-Paule Kieny, Chair of Ndi's Board of Directors.** …"

HPW - Africa's New Medicines Regulator Wants to be More than Another Approval Channel

Paul Adepoju; https://healthpolicy-watch.news/african-medicines-agency-regulator-chief-mimi-darko-interview/

"When the **African Medicines Agency became operational in Kigali in October 2025**, it inherited one of the continent's most difficult health-policy problems: **how to make medicines regulation faster, more trusted and less fragmented across 55 African Union member states.** For years, African countries have relied on a patchwork of national regulators, regional harmonisation initiatives, WHO prequalification, collaborative registration procedures and external pathways such as Swissmedic's Marketing Authorisation for Global Health Products. Those systems have helped accelerate access to some products, but they have not removed the deeper problem of fragmentation."

"**For Dr Delese Mimi Darko, the inaugural Director General of the African Medicines Agency (AMA), the issue is not that Africa lacks regulatory expertise. It is that the expertise is unevenly distributed and poorly coordinated**. "AMA is not there to replace any national agency," Darko explains. "It is there to coordinate them to ensure that their impact or their strengths are magnified as a body."…"

"In an **interview** with *Health Policy Watch* in London on the sidelines of the Global Vaccine Manufacturing Summit, **Darko discussed whether the agency is already operating, what it can offer beyond existing reliance pathways, how it is being built institutionally, whether it can function as a single continental regulatory channel, why ratification still matters, and how it is being drawn into the response to the Bundibugyo Ebola outbreak**…."

WHO - Health financing under pressure as civil society calls for urgent action

https://www.who.int/news/item/28-07-2026-health-financing-under-pressure-as-civil-society-calls-for-urgent-action

With global health financing under increasing strain, driven by declining donor funding and tightening national budgets, **civil society organizations are warning that urgent action is needed to sustain essential health services and protect progress toward universal health coverage**."

"**On 10 December 2025, the WHO Civil Society Commission, in partnership with Save the Children, convened the first in a series of global dialogues on health financing**, bringing together a diverse group of stakeholders from across regions to help shape priorities ahead of the Seventy-ninth World Health Assembly (WHA79)…."

- On the **second global dialogue**, see WHO - Civil society pushes for action on health financing

As global health financing pressures intensify, **the focus is shifting from commitments to delivery. There is growing concern that existing pledges are not translating into tangible improvements in health systems.** Civil society organizations are calling for concrete action to ensure financing results in stronger systems and better access to care. **On 15 April 2026, more than 130 participants joined the second global dialogue** convened by the WHO Civil Society Commission and Save the Children to advance priorities in the lead-up to the Seventy-ninth World Health Assembly."

"**Ravi Ram, Co-Chair of the WHO Civil Society Commission**, emphasized that **the dialogue series focuses on ensuring that civil society perspectives translate into implementation**, with a clear objective of influencing decisions at the Health Assembly. …" Do read on.

Devex: Promises vs. progress

Devex

Reporting on a new Global Policy Forum Europe assessment of the Sevilla Commitment from a year ago.

"… A **year after governments signed the Sevilla Commitment at the Fourth International Conference on Financing for Development, or FfD4, the verdict is in: plenty of promises, far less delivery."**

"A new assessment from Global Policy Forum Europe finds that **of the 43 commitments it examined, only nine have been fully implemented. Another 17 have made some progress, while progress has stalled completely on nine and gone into reverse on four** — including commitments on official development assistance, climate finance, aid for trade, and support for domestic resource mobilization. Two more need clarification, and the final two were deemed unable to be assessed."

"The bright spots have largely come from the U.N. system, including the launch of negotiations for a U.N. tax convention, a new Borrowers' Platform, a debt support service for small island states, recurring ECOSOC meetings on credit ratings, and work on a "beyond GDP" framework…." **Elsewhere, the picture is far less encouraging**, my colleague Jesse Chase-Lubitz tells me. **The report finds no progress on IMF governance reform, rechanneling Special Drawing Rights, the African Financing Stability Mechanism, or a U.N.-led effort to overhaul the global debt architecture**.

"**The authors argue that many of Sevilla's commitments were so loosely drafted that they lacked clear owners, deadlines, or ways to measure success — making accountability difficult from the outset.** As they put it: "**Our monitoring shows very different levels of compliance among different groups of actors." The U.N., they conclude, has "mostly done their homework**." **The IMF and other international financial institutions? Not so much."**

- See GPF - Tracking the Sevilla financing for development commitments: Where do we stand one year on? (by Bodo Ellmers)

ICTD (report) – Taxing smarter: Advancing Reform Through Research and Partnership

ICTD;

"**The road to revenue is not in taxing harder, but smarter."**

"In this newly launched report, we reflect on lessons from 15 years of research collaboration with partners. It argues that the road to revenue lies not in taxing harder, but smarter, highlighting how politics, institutions, trust, and administrative capacity shape the success of tax reform.

These lessons come at a critical moment. A new phase in global development has begun: aid is retreating, debt servicing costs are rising, and governments face growing demands to invest in everything from climate adaptation and infrastructure to health, education, and social protection. **In this context, taxation will play an increasingly central role in financing development**. Looking ahead, the report identifies some of the questions that will define the next decade of tax and development, from inclusive growth and rising debt pressures to the opportunities and risks presented by digitalisation and AI…."

Habib Benzian - Why Dentistry Thinks It Is Different

Habib Benzian; on Substack;

“And why health systems were happy to agree.”

Excerpt: “…. This is **the unresolved tension at the heart of modern dentistry**. **Dentistry wants the authority of healthcare and the autonomy of a trade. It speaks the language of prevention, but still earns heavily through intervention. It presents itself as essential while tolerating systems that price essential care out of reach. It wants to be part of health while defending arrangements that keep it apart.** The result is a profession that can move between identities depending on the room. When seeking recognition, it is healthcare. When resisting integration, it is different. When arguing for public support, oral disease is serious. When defending private payment, dental care becomes personal responsibility. When claiming status, dentistry is medicine. When protecting autonomy, it becomes something else entirely. **This flexibility has served the profession well politically. Ethically, the bargain is harder to defend…..”**

Trump 2.0, bilateral health agreements & US Global Health Strategy

Some important updates on the bilateral health agreements & US Global Health Strategy you already found in the **IAS26 subsection**.

Here some more news, including other Trump 2.0 & “global health’ updates.

NYT - With a Series of Big Donations, State Department Restores Some Global Health Aid

https://www.nytimes.com/2026/08/02/health/trump-health-aid-state-department.html

“The amount is still far below what the U.S. spent previously on humanitarian and health aid, but resumes the flow of money for key efforts to fight malnutrition and disease.”

“**Over the past two months, the United States has made financial commitments that hint at a limited return to global health and humanitarian assistance partnerships**, after the abrupt severing of many of those relationships a year and a half ago. **Last week, the State Department notified Congress that it would send $600 million to Gavi,** the organization that helps low-income countries buy essential childhood immunizations, a year after Health Secretary Robert F. Kennedy Jr. withdrew American support. **It was the latest in a series of financial commitments from the U.S. government to international organizations, working on issues such as hunger and tuberculosis, totaling nearly $2 billion.”**

“**In most cases, these payments move money that had been appropriated by Congress but which had been stuck since the Trump administration took office in January 2025** and instituted a freeze on foreign aid. **It was not yet clear whether the disbursements represented a lasting shift, or how close any further commitments would bring the total to what the United States used to spend on aid and global health.** “

"People who have been part of talks with the State Department about this funding said that **there were at least two motivations behind the money flowing to resumed partnerships.** First, **recent health threats including, most notably, the ballooning Ebola outbreak in the Democratic Republic of Congo, reinforced the need for funding multilateral agencies that work on global health security.** Second, with the Trump administration's dismantling of the United States Agency for International Development and absorption of a skeleton crew of its staff into the State Department, **there was no longer the infrastructure or staff for the United States to move humanitarian assistance on this scale by itself, making these large international agencies necessary partners**…."

"… In addition to the money for Gavi, **recent major funding announcements from the State Department include:**

$800 million for the World Food Program to fight malnutrition in countries including Ethiopia, Myanmar and Ukraine

$218 million for Unicef to work improving child health through nutrition, water and sanitation projects

… $50 million to the Coalition for Epidemic Preparedness Innovations for the development of new Ebola vaccines

$203 million to the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies for disaster response and humanitarian assistance

$220 million for the Ebola response in the Democratic Republic of Congo and $350 million in new humanitarian funding to the affected region, as of June 12

$661 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria, a payment against what was owed from prior year appropriations…"

Politico - State Department will dispense $600M for vaccines RFK Jr. held up, Collins says

https://www.politico.com/news/2026/07/28/vaccines-rfk-collins-gavi-rubio-01013690

"**The State Department will dispense the $600 million Congress appropriated to an international partnership helping developing countries buy and distribute vaccines** (i.e. **GAVI), Susan Collins (R-Maine), the chair of the Senate Appropriations Committee said Tuesday.** Health Secretary Robert F. Kennedy Jr., a longtime vaccine safety skeptic, has held up the funding for months because he believes the partnership, Gavi, uses outdated and dangerous shots…."

PS: "… **Collins's announcement comes after months of delay in disbursing the funding, appropriated for the 2025 and 2026 fiscal years, to Gavi**, which the U.S. co-founded a quarter century ago. The $600 million expires on Sept 30…."

- Related: Al Jazeera – **Trump cuts WHO off from Gavi vaccine alliance funding**

"The United States has announced the release of $600m for Gavi, as it cut off the World Health Organization (WHO) from the global vaccine alliance, in a major financial blow to the United Nations group. In a joint statement, the US Department of State and the Department of Health and Human Services said: "**The United States also reaffirms that it will not provide US Government funding to the World Health Organization through Gavi.""**

- And for more analysis, see **HPW – Gavi Welcomes Restoration of US Funding – But No Clarity on How Agency will Phase out Thimerosal**

*"**The United States has unlocked frozen Gavi funding, resolving a bitter political impasse in Washington while doubling down against the WHO**. But can the alliance eliminate **thimerosal**, a mercury-containing preservative, from its stockpiles without leaving millions of vulnerable children unprotected?"*

"The United States will immediately release $600 million for fiscal years 2025–2026 in frozen Gavi funding, ending a tense congressional stand-off that threatened global immunisation plans, **the US announced in a joint media note by the State Department and Department of Health and Human Services (HHS).** The decision **follows a bipartisan campaign** led by Senate Appropriations Committee Chair Susan Collins and Vice Chair Patty Murray, who urged Secretary of State Marco Rubio to restore the funds. **However, the US money comes with a strict caveat, demanding Gavi work towards transitioning away from vaccines that use thimerosal as a preservative…"**

"… In **a press release on Thursday, Gavi welcomed the US decision.** "This investment will help us to strengthen global defences against outbreaks and pandemics and protect more children from preventable diseases," Gavi Chief Executive Officer Sania Nishtar said. **The breakthrough strengthens Gavi's recalibrated $10.2 billion strategic budget, keeping the alliance on track to meet its 2026–2030 mobilisation goals.** According to recent Gavi board projections, the partnership has already secured $9.3 billion in qualifying resources, including $2.7 billion formally signed in donor agreements….."

"Gavi insists science guides portfolio decisions: The State Department said Gavi committed to work towards transitioning away from using thimerosal as a vaccine preservative to unlock the funding. Responding to a query by *Health Policy Watch*, Gavi noted that transitions were already underway but had previously stalled due to financial constraints. The alliance "began supporting adoption of the hexavalent and multivalent meningococcal conjugate vaccines (MMCV) in 2023," highlighting these newer vaccine options. However, Gavi explained that "progress has been held back due to funding challenges". **The alliance also insisted that its medical portfolio remains anchored strictly in global science. "Gavi always has and always will be guided by the global scientific consensus…"**

NYT - Former Officials Protest U.S. Plan to Defund Pan American Health Organization

https://www.nytimes.com/2026/07/30/health/paho-us-pan-american-health-organization-withdrawal.html

"The **group of former health and national security officials** warned that Americans will be more vulnerable to infectious disease threats."

"**The Trump administration's plan to stop funding the Pan American Health Organization**, which coordinates public health efforts across dozens of countries including the United States, **will leave Americans more vulnerable to infectious disease threats, more than 100 U.S. leaders in health and national security warned in an open letter [to be] released on Thursday. …"**

"… **Founded in 1902, the organization is supported by contributions from its 35 member countries. The United States, a founding member, owes nearly $135 million in overdue fees since late 2024.** On his first day in office, President Trump withdrew the United States from the World Health Organization and ended all U.S. funding for the agency. **The administration's proposed budget for next year now eliminates funding for P.A.H.O., which serves as a regional offshoot of the W.H.O.** That decision makes little sense given the rising threat of infectious diseases like dengue, bird flu and screwworm, the letter's signatories argued…."

PS: "… **Officials from some other countries worry the Trump administration's abandonment of P.A.H.O. will endanger more than just Americans**…." "The administration's "denialist stance" will threaten people in the entire region, said Dr**. Alexandre Padilha, Brazil's health minister**. "Leaving W.H.O., leaving P.A.H.O., weakening these multilateral institutions is a mistake for global health, and also it will impact the U.S.," he said. "

"**The United States' contribution to P.A.H.O. represents just 0.001 percent of total federal spending, the letter noted, but it makes up roughly 20 percent of the organization's budget**. P.A.H.O. has **received some additional money from Spain**, an observing member of the organization**, and other countries, but those contributions do not make up for the loss of support from the United States**, Dr. Barbosa said…."

HPW - Adjusting to a Post-PEPFAR World

https://healthpolicy-watch.news/adjusting-to-a-post-pepfar-world/

(30 July) "**Zambia is hopeful that it can reach an agreement with the United States to salvage funds for its HIV programme, but South Africa remains frozen out of any new US funding for its HIV programme,** government officials told journalists at a media briefing at the International AIDS Conference on Wednesday…."

Emily Bass - Three mistakes that matter more than the State Department's messed-up Africa map.

On Substack

"1) Rubbishing a report of "near universal" disruption of HIV services—instead of taking responsibility and action

2) Ignoring evidence that children with HIV are dying painful preventable deaths because of US government funding transitions.

3) **Concealing the details of future America First Global Health Strategy plans and investments from the people in the countries with the clearest picture of what's going on**…."

Think Global Health – Making Aid Transition Work: Seven Lessons From the Private Sector

Chris Collins et al Think Global Health;

"As global health financing shifts toward country self-reliance, emphasis on principles like measurement and accountability can guide implementation."

"**Chris Collins**, president and CEO of Friends of the Global Fight Against AIDS, Tuberculosis and Malaria; **Jirair Ratevosian**, former chief of staff for the President's Emergency Plan for AIDS Relief; and **Jeffrey L. Sturchio**, former chairman and CEO of Rabin Martin, describe how the AFGHS can maintain progress against those diseases **by applying certain private-sector principles—such as accountability and metrics—to the aid transition.** …"

Nature (Spotlight) – How does Make America Healthy Again hold up against scientific scrutiny?

Nature ;

"MAHA health claims under the microscope: US **health secretary Robert F. Kennedy Jr's Make America Healthy Again (MAHA) programme contains some solid recommendations, mixed with a big dose of others that are based on weak or insufficient evidence, say health researchers. At worst, the MAHA platform includes policies that are harmful —** for example, by reducing the slate of routine vaccines for children."

Stat - Key Senate panel backs Trump's picks for CDC, pandemic preparedness

Stat

"Nominees now move to a full Senate vote, and **they are likely to be confirmed."**

"**The Senate health committee approved two nominees for key health roles Thursday, including the director of the Centers for Disease Control and Prevention and a pandemic preparedness leader**, after Chair Bill Cassidy (R-La.) once again set aside his reservations to support Trump administration leadership picks. The vote on **Erica Schwartz for CDC director** was approved by all Republicans and by Tim Kaine (D-Va.), with other Democrats opposed. **Sean Kaufman won support from all Republicans to be assistant secretary for preparedness and response (ASPR), and** all Democrats were opposed…."

Ebola emergency in the DRC

HPW – Fear and Fatigue Grip Congo's Health Workers as Ebola Response Crumbles

https://healthpolicy-watch.news/fear-and-fatigue-grip-congos-health-workers-as-ebola-response-crumbles/

(31 July) Update, also on **Africa CDC's media briefing of last Thursday**. Some excerpts:

"**In mid-July, the severely underfunded frontline response was thrown deeper into chaos**. Dozens of medical workers at Rwampara General Hospital in Ituri, a northeastern province on the border with Uganda where the first case was detected, **on strike to protest unpaid wages**. … Health workers from epidemiologists to health investigators and gravediggers leading the strike said they had not received pay since the epidemic began. The strike included everyone from epidemiologists and health investigators to gravediggers. … **It has been a stop-cycle of strikes since protests began**. Health staff walk out, receive new promises of payment, return to work, then resume strikes when the promised money doesn't materialise…." " **Visits from top country officials have done little to quell the frustration. …."**

…. **The DRC's current outbreak – its 17th Ebola epidemic since 1976 – is spreading faster than any on record globally**… and is on pace to become the largest in the history of the continent…." "**Africa Centre for Disease Control (Africa CDC) director Dr Jean Kaseya said at a press briefing on Thursday that the current outbreak has recorded seven times more cases than at the same stage of the 2014-2016 West Africa Ebola outbreak…** The critical threshold of 1,000 cases, which signals that an epidemic is spiralling out of control, was crossed in just 40 days, a pace the Africa CDC described as the "fastest-growing" epidemic ever recorded. The 2,000-day threshold was crossed in only 20 days. it took 235 days to reach 1000 cases during the 2018 North Kivu epidemic, which until recently, was at the time was the DRC's worst outbreak on record…."

"**The country has recorded 3,442 confirmed cases and 1,521 deaths – a case fatality rate of 44% – as of July 28,** according to the DRC Ministry of Communications and Media. Nearly 800 patients remain in isolation or hospitals. **The toll includes 112 infected health workers** – 35 of whom have died – across five provinces in eastern DRC: Haut-Uele, Ituri, North Kivu, South Kivu, and Tshopo."

"… **Over 80% of new cases in Ituri, the epicentre of the outbreak, are not linked to known cases, according to Africa CDC. Over 60% of deaths are linked to communities instead of treatment centres**, showing authorities still have major ground to cover to catch up with the speed of the outbreak. **Struggles in contact tracing are compounded by the lack of medical countermeasures**…."

"… The early weeks of the Ebola response were difficult and unbalanced, delaying the construction of Ebola treatment centres and proper patient care. Since then, funding has poured in, though not always fast enough to keep pace with the outbreak. … **In June, Africa CDC and the WHO launched a joint response plan costing $518 million for the period June-November 2026. Since then, the DRC government has already injected more than $50 million into the response**. Paid in two instalments ($20 million then $30 million) by the public treasury, the funding pales in comparison to the overall national response plan budgeted at $319 million, and the continental Africa CDC/WHO plan of $518 million for June-November 2026…. …. **In total, nations and international organisations have**

pledged around $1 billion to the response. Some 472$ million of that total has been distributed so far, according to Africa CDC. The agency estimates $1.4 billion will be required to fully quell the outbreak. Among the **main donors: the United States ($270 million), the United Kingdom (£20 million), the EU (€15 million), and the World Bank ($243 million). The WHO Foundation is running a campaign to raise $115 million, but so far has received less than half of that amount.** While international mobilisation remains visible, execution on the ground has struggled. … … Some donor countries are channelling funds directly through NGOs, which are involved in awareness campaigns and the construction of treatment centres. But in some cases, including funds allocated by the United States, questions have also arisen around the opacity of fund recipients and how they have been used. … **Criticisms have also arisen that the WHO-Africa CDC coordination effort may have diffused, rather than sharpened accountability over the management of the crisis**….."

Reuters - Merck, Wellcome partner with global health group to make Ebola vaccine for clinical trials

Reuters;

"**Hilleman Laboratories, a Singapore-based joint venture between Merck and the global charity Wellcome, is gearing up to manufacture doses of a promising experimental vaccine** against the rare Bundibugyo strain of Ebola responsible for a fast-spreading outbreak in the Democratic Republic of Congo. **The effort is backed by up to $8.5 million in funding from the global partnership Coalition for Epidemic Preparedness Innovations, or CEPI,** those involved in the effort said on Thursday…."

"**Hilleman aims to make finished doses for early-stage trials using IAVI starting material Partners would transfer technology to a large-scale manufacturer if early trials succeed;** Other vaccine candidates also being funded."

Via **Stat**: "The vaccine will use the same platform employed for Merck's Ebola Zaire vaccine. It's expected that it will take roughly 6½ months to make the doses, though doses needed to start clinical trials should be available sooner. "

Nature Q&A – First volunteer gets Ebola vaccine — three months after the outbreak began

Nature ;

"**The University of Oxford has already vaccinated its first clinical-trial participant**. The study's lead scientist, Teresa Lambe, tells Nature how the team was able to move so fast."

"**The first trial to test an experimental vaccine for the Bundibugyo species of Ebola is underway, two months after the current outbreak in the Democratic Republic of the Congo and Uganda was declared an international public-health emergency**. The trial aims to assess the safety of the vaccine and the immune response it generates before larger trials are rolled out in Uganda later this year. "**We actually had in the freezer the right type of genetic sequence to let us make the Bundibugyo virus-specific vaccine really quickly," immunologist Teresa Lambe, who's leading the trial, tells Nature**. "It looks like we're going to need as many different tools as we have to combat this outbreak.""

KFF - Analysis Compares the U.S. Response to the Current Ebola Outbreak to Past Ones

KFF;

"A **new KFF analysis compares the Trump administration's response to the ongoing Ebola outbreak in the Democratic Republic of Congo – the most significant international infectious disease outbreak of its second term – to earlier outbreaks during the Obama administration and first Trump administration."**

Some of the **findings**: "… While the current administration significantly altered the structure of the U.S. global health response, the analysis shows that the speed of the response is on par with the prior two outbreaks. In addition, the U.S. pledge of $375 million during the first two months of the current outbreak already exceeds funding levels during the prior outbreaks. At the same time, there are still many unknowns about the U.S. response and there are distinctions from the past, including lack of formal coordination with the World Health Organization, significant changes in U.S. global health efforts, including funding reductions, and a more restrictive domestic border protection approach…."

Nature Africa – Why the fight against Bundibugyo Ebola depends on trust

Godfrey Musuka, **J Kaseya** et al; Nature Africa;

"**With no vaccine or cure for Bundibugyo Ebola, containment depends as much on trust as on epidemiology. Yet the work that builds that trust remains chronically underfunded."**

"Without an available vaccine or treatments for the Bundibugyo species of Ebola spreading in the Democratic Republic of the Congo (DRC), controlling the outbreak relies on identifying and isolating cases. **These measures can't succeed without public trust, but efforts to build it aren't considered a core public health intervention**, argue a group of public-health researchers. **The DRC, and other countries affected by Ebola, must plan and finance social and behavioural change programs "as a core pillar of outbreak preparedness and response, not as a communications add-on**", the group writes."

Science - Congo's Ebola epidemic started at least 4 months before it was detected

https://www.science.org/content/article/exclusive-congo-s-ebola-epidemic-started-least-4-months-it-was-detected

"A **remote mining town gripped by fear saw hundreds of suspected cases before the government declared an outbreak, report says."**

"… Mysterious deaths that extinguished entire families. A cemetery unable to cope with the flood of dead bodies. Taxi drivers who refused to go to certain parts of town. **Months before the Democratic Republic of the Congo (DRC) officially declared its latest Ebola outbreak on 15 May, the disease was already sowing fear and death in Mongbwalu, a gold mining town in Ituri province, an**

unpublished analysis by three researchers suggests. After interviewing almost 100 people in and around Mongbwalu—including nurses and doctors, community leaders, survivors, grieving family members, coffinmakers, and cemetery caretakers—**the team concluded the epidemic ignited in January, and perhaps even earlier, in Mongbwalu's outskirts**. A patient seeking care may have brought it to the city from a rural area. **By the time health authorities in the distant capital, Kinshasa, recognized the disease as Ebola, a "widespread, sprawling epidemic" was already underway, the team says in a PowerPoint presentation that is circulating in a WhatsApp group in the DRC and that *Science* obtained.** One of the researchers, anthropologist Jules Villa of the Pasteur Institute in Paris, also presented the findings to a group of researchers on a Zoom call today, and Villa said the team is also submitting a correspondence piece to *The Lancet*…."

Lancet Infectious Diseases - A review of Bundibugyo virus and the 2026 outbreak: lessons for epidemic preparedness

Krutika Kuppalli et al; https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00414-7/fulltext

"….In this **Review**, we synthesise evidence on BDBV from its discovery to the current 2026 outbreak, highlighting advances in epidemiology, clinical management, diagnostics, vaccines, therapeutics, and preparedness. **More broadly, the outbreak shows that scientific innovation alone is insufficient; its public health impact depends on integrated, species-inclusive systems capable of rapidly detecting, evaluating, and responding to outbreaks caused by any human-pathogenic Orthoebolavirus spp**."

More on PPPR (incl PABS)

As Ebola Deaths Rise, the UN Pandemic Declaration Must Deliver Measurable Commitments

https://theindependentpanel.org/news/as-ebola-deaths-rise-the-un-pandemic-declaration-must-deliver-measurable-commitments/

(30 July) **A Statement from the Co-convenors of the Friends of the High-Level Meeting on Pandemic Prevention, Preparedness and Response.**

"**Without targets, timelines or accountability, political commitment cannot become concrete action."**

"…. As currently drafted, **very few of the political commitments are linked to concrete, measurable, and time-bound actions** that will make the world safer from pandemic threats. …. The Political Declaration requires an infusion of urgency and ambition. **Examples of areas that must be strengthened include the following,** including those stressed in the Friends' key asks:…" (do check them out).

Public Citizen: Trump Pathogen Agreements and Global Equity Proposals

https://www.citizen.org/article/trump-pathogen-agreements-and-global-equity-proposals/

(30 July) "**Public Citizen reviewed the six US bilateral specimen sharing agreements (SSAs) shared publicly by the US State Department, and an additional agreement accessed independently**. These are agreements signed in conjunction with health funding agreements (memoranda of understanding, or MoUs) negotiated between the US government and partner country governments as part of the Trump administration's America First Global Health Strategy. **The US is entering these specimen agreements separate from ongoing negotiations among World Health Organization (WHO) member states for the creation of a multilateral pathogen access and benefit sharing (PABS) system**, which is the linchpin of the recently-adopted WHO Pandemic Agreement, aiming to remedy COVID-19 inequity by establishing a mechanism to ensure equitable access to health tools in future pandemics. **The Africa Group plus Egypt, Somalia and Sudan (Africa+ Group), which includes all of the countries for whom SSAs are available, and many others that have also signed MoUs, is working to negotiate a stronger PABS system. We also reviewed the Africa+ Group's PABS proposal, comparing it with the United States' template bilateral specimen sharing agreement. …"**

"… **Our analysis of seven US bilateral specimen sharing agreements finds that there are inequities within countries that signed the agreements including in terms of recognition of authorship and contribution to publications, the right, on the part of the co-signatory government, to be informed when specimen data have been shared with non-US government entities, such as private sector companies, and the number of such entities with whom specimen data can be shared**. All of the agreements **retain the majority of language from the previously-published template text, whose provisions differ from virtually every substantive aspect of the "federated model" proposed by the Africa+ Group for the PABS annex to the Pandemic Agreement**. Negotiations on the PABS annex have occurred over the past year, and the final text has yet to be reached. **The bilateral agreements signed by several countries that are also involved in the Africa+ Group underscore the need to finalize a PABS annex that establishes standardized, fair, and reciprocal terms related to access and benefit sharing for pathogens with pandemic potential. "**

AMR

Telegraph - New drug for super-gonorrhoea points to better antibiotic development

Peter Beyer (GARDP); https://www.telegraph.co.uk/global-health/science-and-disease/new-drug-for-super-gonorrhoea-points-to-better-antibiotics/

"**It is possible to break the cycle that has left much of the world waiting years for new antibiotics."**

"**For decades, the global pipeline for developing new antibiotics has worked in reverse – prioritising the countries least affected by bacterial infections, while leaving those with the greatest need waiting. That is why the licencing in Thailand of zoliflodacin – a new antibiotic for gonorrhoea – matters so much.** Coming just six months after its initial authorisation in the US, it marks a significant break from a long-entrenched tradition and is a big step forward for global health….

Thanks to GARDP, Beyer argues: "… That **model is a public-private partnership, driven by the Global Antibiotic Research & Development Partnership (GARDP), which was created to do two things: ensure that the right antibiotics are developed – those with the greatest public health need – and that countries can access them affordably and quickly.** Funded by governments, philanthropic foundations and other public-interest donors, GARDP can invest in antibiotic development based on public health priorities rather than commercial returns…."

UHC & PHC

Global Public Health - Reconceptualising Universal Health Coverage (UHC) for global distributive justice: The case of the Drugs for Neglected Diseases initiative

Markus Fraundorfer & Harriet Green;
https://www.tandfonline.com/doi/pdf/10.1080/17441692.2026.2707689

"Since its inclusion in the Sustainable Development Goals in 2015, the global health target of achieving Universal Health Coverage (UHC) has largely stalled. **This article contends that one of the reasons for this lacking progress refers to the fact that the current definition of UHC does not sufficiently account for the transnational realities of global health. This article seeks to develop a more conceptually robust understanding of what UHC is, and what is normatively required to achieve it.** In this context, the **article proposes a novel definition of UHC that is adapted to the transnational realities of global health and advances an understanding of UHC as a global distributive justice norm.** This normative theorising draws on literature in global distributive justice, which has largely been neglected in research and policy-led efforts to understand UHC. **In this reconceptualisation, the article accentuates three required discursive shifts: from 'good health' to 'fair health'; from 'assistance' to 'duty'; and from 'cost' to 'investment'.** To illustrate the conceptual and empirical validity of this reconceptualisation of UHC, **it is then empirically applied to the activities of the Drugs for Neglected Diseases initiative (DNDi) in its health system strengthening efforts on Chagas disease in Latin America."**

Commercial Determinants of health

Guardian – Ultra-processed food companies hindering health drives by suing countries, says WHO

https://www.theguardian.com/society/2026/aug/01/ultra-processed-food-companies-hindering-health-drives-by-suing-countries-says-who

"Exclusive: **Director general accuses corporations of obstructing efforts to tackle obesity crisis after investigation by Guardian and others."**

"**The world's biggest ultra-processed food corporations are hindering global efforts to tackle the obesity crisis by suing governments that try to promote healthier diets, the head of the World Health Organization has said.** Tedros Adhanom Ghebreyesus, the WHO director general, accused

global food companies of **obstructing the adoption of vital public health measures and costing countries billions of dollars in healthcare and legal costs in the process…."**

Maternal & child Health

Countries urged to strengthen breastfeeding support and health systems to give every child a healthy start in life

https://www.who.int/news/item/31-07-2026-countries-urged-to-strengthen-breastfeeding-support-and-health-systems-to-give-every-child-a-healthy-start-in-life

Joint statement by UNICEF Executive Director Catherine Russell and WHO Director-General Dr Tedros Adhanom Ghebreyesus ahead of World Breastfeeding Week.

"… **Encouragingly, breastfeeding rates around the world are going up**. Exclusive breastfeeding in the first six months rose from around 37 per cent in 2012 to over 47 per cent today. In the past five years, the prevalence of breastfeeding up to two years of age rose from 38 per cent to 50 per cent. **These gains show that sustained investments in policies and programmes for mothers and families are working. Yet progress remains uneven, with many countries lagging behind global targets.** Coverage of services supporting breastfeeding remains low, policies are inconsistently enforced, and service quality is often inadequate, especially in low-income, fragile, and humanitarian settings…."

"**The evidence is clear: cost-effective interventions include skilled breastfeeding support in health systems, community-based counselling, maternity protection policies, and protection from the exploitative marketing of commercial milk formulas."**

"**The returns are significant. Scaling up breastfeeding could prevent almost 400 000 child deaths and around 140 000 maternal deaths each year. Every US$ 1 invested in breastfeeding promotion generates an estimated US$ 59 in economic returns** through lower health-care costs, improved cognitive development, higher educational attainment, and increased lifetime earnings…."

"This **World Breastfeeding Week**, under the theme, "**Breastfeeding for a Sustainable Start in Life: Strengthen What Works,"** UNICEF and WHO are calling on countries to: strengthen health systems to provide quality breastfeeding support for mothers and newborns; expand community-based counselling and peer programmes; fully implement and enforce the International Code of Marketing of Breast-milk Substitutes; invest in paid maternity leave and supportive workplace policies. integrate breastfeeding interventions into antenatal, perinatal, and postnatal health-care services; and sustain breastfeeding support in humanitarian and fragile contexts…."

PS: "**WHO and UNICEF, through the Global Breastfeeding Collective, will launch an updated global investment case for breastfeeding**. The investment case, produced in collaboration with Nutrition International, gives policymakers, donors and advocates a current economic argument for closing the financing gap in protecting and supporting breastfeeding…."

APA - Africa CDC mobilizes to eliminate preventable maternal deaths

https://apanews.net/africa-cdc-mobilizes-to-eliminate-preventable-maternal-deaths/

(1 August)

"The Africa Centres for Disease Control and Prevention (Africa CDC) is holding a three-day regional workshop in Cotonou, Benin Republic aimed at accelerating efforts to improve maternal and child health and advance the continent's goal of achieving "zero preventable maternal deaths." "

"Organised in partnership with the African Union Commission, member states and several development partners, **the workshop brings together government officials and experts from West, Central and North Africa to validate the findings of the first continental assessment of policies, financing mechanisms, governance and service delivery related to sexual, reproductive, maternal, neonatal, child and adolescent health (SRMNCAH).** The findings of the assessment will contribute to a continental report designed to guide public policies, strengthen government accountability and accelerate progress in reducing preventable maternal and neonatal deaths….

"… **The initiative is part of the African Health Security and Sovereignty Agenda (AHSS) and supports the programme led by Tanzanian President Samia Suluhu Hassan, African Union Champion for Maternal and Child Health.** The **programme is built around three major objectives**: eliminating preventable maternal deaths, ending preventable neonatal deaths, and ensuring that no child remains unvaccinated…."

"… According to Africa CDC, **53 of the African Union's 55 member states took part in the continental assessment,** described as one of the most comprehensive ever conducted on reproductive, maternal, neonatal, child and adolescent health in Africa…."

Lancet Regional Health Africa - The Freetown Charter: strengthening accountability and digital transformation for maternal, newborn and child health in West Africa

Virgil Kuassi Lokossou et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00098-2/fulltext

« West Africa bears a disproportionately high burden of maternal, newborn, and child mortality; sub-Saharan Africa accounts for about 70% of global maternal deaths. Weak accountability, fragmented information systems, inadequate financing, and limited implementation capacity hinder progress. **Against this backdrop, the adoption of the Freetown Charter on Maternal, Newborn and Child Health Digitalisation and Accountability by Economic Community of West African States Ministers of Health in April 2026 represents an important opportunity to strengthen regional governance for maternal, newborn, and child health**. "

"**What distinguishes the Charter from previous regional commitments is its focus on implementation architecture rather than targets alone**. The Charter links maternal, newborn, and child health outcomes to **digital health infrastructure, maternal, perinatal, and child death surveillance and response, domestic financing, legislative reform, accountability mechanisms, health workforce readiness, and pandemic preparedness**. It recognizes that preventable maternal

deaths, stillbirths, newborn deaths, and under-five mortality are driven not only by resource constraints but also by weaknesses in governance, data use, and service delivery…."

« **A central feature is the institutionalization of maternal, perinatal, and child death surveillance and response as a core health-system function**. Building on maternal death surveillance and response approaches, the Charter promotes integration of maternal deaths, stillbirths, newborn deaths, and under-five mortality into a unified surveillance system linked to the Integrated Disease Surveillance and Response framework. **This approach treats preventable maternal and child deaths as sentinel events requiring systematic investigation and corrective action**…."

Planetary Health

HPW - Climate Crisis in 'Overdrive' as Fossil Fuels Fan El Niño, UN Chief Warns

https://healthpolicy-watch.news/climate-crisis-in-overdrive-as-fossil-fuels-fan-el-nino-un-chief-warns/

"As wildfires rage across continents, heatwaves claim thousands of lives and ocean temperatures shatter records, UN Secretary-General António Guterres warned on Friday that the climate crisis has entered "overdrive." "This is only a warm-up act," he said. "El Niño is strengthening, adding fuel to a planet already on fire with scorching heat domes, apocalyptic wildfires and record hot seas.""

"New forecasts from the World Meteorological Organization (WMO) show El Niño, the naturally occurring climate pattern that amplifies global temperatures and disrupts rainfall, **is developing into a strong event at unprecedented speed…."**

Lancet (Comment) – Intersectionality in climate and health equity research

Aaron Koaya, R Guinto et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01417-0/fulltext

"**Intersectionality** is increasingly used in climate justice and health equity research, and some work has begun to bring these fields together. However, **clearer guidance is still needed on how to operationalise intersectionality in climate and health equity research…."**
Therefore, **we propose a three-level framework for applying intersectionality in climate and health equity research: outcomes, processes, and systems….."**

AI & health

Lancet Digital Health (Comment) – Global health suffers when corporate AI sovereigns reign

T Caplan et al ; https://www.thelancet.com/journals/landig/article/PIIS2589-7500(26)00092-0/fulltext
Comparing with the **East India company** from centuries ago.

"Today, the world's largest technology firms are at the precipice of a similar transition: towards becoming firms that function as corporate sovereigns whose power derives from the control of indispensable digital infrastructure and the algorithms that shape the attention economy, rather than from physical territory…"

Access to medicines, vaccines & other health technologies

See also the related abovementioned info from the IAS26 debates, where access was a key issue.

South Africa: African Development Bank and Biovac sign $15 million agreement to advance Africa's first end-to-end cholera vaccine production

https://www.afdb.org/en/news-and-events/south-africa-african-development-bank-and-biovac-sign-15-million-agreement-advance-africas-first-end-end-cholera-vaccine-production-95738

"Financing will help triple Biovac's annual production capacity up to 500 million doses, create 340 jobs, and strengthen South Africa's role as a continental vaccine manufacturing hub."

Miscellaneous

Guardian – Anti-LGBTQ+ laws are on the rise across west Africa, campaigners warn

https://www.theguardian.com/world/2026/aug/02/anti-lgbtq-laws-are-on-the-rise-across-west-africa-campaigners-warn

"Activists in the region say **politicians regard LGBTQ+ people as 'the easiest scapegoats to maintain their power'."**

Reuters - As life expectancy rises, talks start on a UN treaty to protect older persons

https://www.reuters.com/world/americas/life-expectancy-rises-talks-start-un-treaty-protect-older-people-2026-07-17/

(17 July). In case you missed this.

"UN projects over-65s will double in 50 years; **New UN treaty seeks to address ageism;** Heatwaves and COVID-19 deaths added pressure for treaty."

"**A United Nations meeting this week heard calls for an end to ageism and better protection against what campaigners say are hidden abuses as negotiations began on a treaty to strengthen the rights of older persons.** The week of talks in Geneva which ended on Friday were **initiated and chaired by Argentina in efforts to combat exclusion, discrimination and neglect as life expectancy rises.** The U.N. projects that the number of people over 65 will double in the next 50 years to become a fifth of the world's population…."

"… "This goal is to build an instrument that strengthens the dignity, protection, and the rights of millions of older persons globally." Brazil, Slovenia, the Philippines and Gambia are the proposed treaty's other main backers, and Chile and South Africa were among countries that voiced support in the week-long talks. **Negotiators are set to meet again in Geneva in October and it is not clear how long negotiations might last**. It can take years for such treaties to be agreed on."

PS: "Although **there are already human rights treaties that have non-discrimination clauses based on race and gender, none exist for age**."

Global health governance & Governance of Health

Devex - Exclusive: US withholds dues to UN, again

https://www.devex.com/news/exclusive-us-withholds-dues-to-un-again-113057

"The move follows U.**S. anger over reappointment of U.N. high commissioner for human rights**."

The Conversation - Africa shaped the global 2030 development agenda. How it can influence what comes next

A G Gebrihet; https://theconversation.com/africa-shaped-the-global-2030-development-agenda-how-it-can-influence-what-comes-next-287922

"… **The UN has already begun preparing for that discussion. The Pact for the Future invites the High-level Political Forum, under the auspices of the General Assembly, to consider in September 2027 how sustainable development should be advanced by 2030 and beyond.** This gives the African Union and its member states about a year to agree on their priorities and influence the debate before its main ideas are settled. Will Africa help write it, or simply respond to it?...

"**We study Africa's leadership in global development debates. A recent study led by Hafte Gebreselassie Gebrihet examines how the Common African Position, a shared set of African priorities for the negotiations that produced the SDGs, influenced the post-2015 development agenda.** It shows that Africa has helped shape a global development framework before. In 2014, African governments adopted the common position while negotiations on the goals were still under way. It gave African negotiators a shared set of priorities before the final agreement was reached….

"…. **The Addis Ababa Declaration, adopted in April 2026 at the Africa Regional Forum on Sustainable Development, calls for active and collective African engagement in shaping the post-**

2030 framework. The declaration links the process to African priorities and the AU's Agenda 2063. It sets out initial ideas for the next framework. It also asks Mauritius to present the declaration and its main messages at the 2027 summit and other international meetings. **But the declaration is a starting point, not a new common position. Turning it into a formal continental negotiating position will require leadership from heads of state. The African Union Commission must coordinate the process. Governments must also consult widely and agree on priorities…."**

With **5 lessons.**

WHO - BRICS elevates traditional medicine with landmark declaration and new expert working group

https://www.who.int/news/item/27-07-2026-brics-elevates-traditional-medicine-with-landmark-declaration-and-new-expert-working-group

(27 July) "The **16th BRICS Health Ministers' Meeting, held in Chandigarh, India, on 23–24 July 2026, has produced the most significant political recognition of traditional medicine) in the history of BRICS health cooperation**. For the first time, the **Health Ministerial Declaration contains a dedicated section on traditional, complementary and integrative medicine (TCIM)**, endorsing a new BRICS expert working group on this topic to enhance dialogue, collaboration and exchange among Member States. …."

"… **The outcome also reinforces the growing alignment between BRICS and the WHO Global Traditional Medicine Centre, which has become a key international platform for advancing research, capacity building and international cooperation in traditional medicine**. By linking BRICS cooperation to the objectives of the WHO's Global Traditional Medicine Strategy 2025–2034, the Declaration strengthens the global architecture supporting the safe, effective and evidence-informed use of traditional medicine. …"

PS: "**The 2026 BRICS Summit will be held in New Delhi on 12–13 September under the leadership of Indian Prime Minister Narendra Modi…"**

Guardian – Ed Miliband indicates development and climate will be at heart of UK foreign policy

https://www.theguardian.com/business/2026/jul/26/ed-miliband-development-climate-crisis-uk-foreign-policy-world-bank-seat

"Exclusive: **Foreign secretary to take up World Bank seat** and **play active role in shaping changes to global lender."**

Geneva Health Files - The Achievement and Reckoning of Spain's Feminist Health Agenda

Merlin Ince; https://newsletter.genevahealthfiles.com/the-achievement-and-reckoning-of-spains-feminist-health-agenda/?ref=geneva-health-files-newsletter

Via Priti Patnaik: " thoughtful analysis of the feminist underpinnings in the Global Health Strategy laid out by Spain. This piece has been reported and written by my colleague Merlin Ince."

Excerpt: "… This is the **global health environment in which Spain's March 2026 decree can be understood.** While the Trump administration was cutting reproductive health funding and withdrawing from multilateral institutions, **Spain was writing reproductive rights into law for every person in the country regardless of status, and taking its first seat on the WHO Executive Board in more than twenty years.** Health Minister Mónica García named the moment directly. Spain's commitment to the WHO, she said, was a response to a global health architecture under strain, shaped by the United States' withdrawal and the ongoing genocide in Gaza. Her government's domestic record, she made clear, is Spain's greatest tool for equity and its most explicit statement of what the country stands for…."

Ince concludes: "**The reckoning is now arriving in Geneva. For the diplomats, policymakers, and global health professionals who shape the multilateral health system, Spain's trajectory raises questions that cannot be deferred.** Universal health coverage is under threat. Reproductive rights are being stripped from millions, as seen most recently through a draft African Charter on Family, Sovereignty and Values, endorsed by parliamentarians from twenty African countries in Ghana in June 2026. It explicitly calls for withdrawal from the Maputo Protocol on women's rights. The outgoing UN Special Rapporteur on the Right to Health described it as the first continent-wide patriarchal push to dislodge human rights frameworks in Africa. **The foundations of multilateral cooperation are under unprecedented strain. In this environment, the global health community now sits with a body of evidence that shows what feminist governance can deliver. Spain has shown what is possible…."**

Lancet Global Health (Health Policy) - From fragmentation to integration: regional health governance in southeast Asia

Jie Wang et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00176-2/fulltext

"Southeast Asia's regional health governance has evolved into a dense but weakly integrated system of overlapping institutions. **This Health Policy paper maps the regional health governance of the Association of Southeast Asian Nations (ASEAN) as an evolving health regime complex, tracing the historical origins of regional health governance to the early 20th century and examining developments from 1980 to 2024**. The study also **identifies two structural features**: **functional specialisation along with persistent fragmentation and structural asymmetry, in which external actors dominate technical and agenda-setting roles while ASEAN retains coordination authority.** Although recent reforms under the ASEAN Post-2015 Health Development Agenda have improved institutional alignment, system-wide coherence remains poor. Strengthening regional health governance will require institutional rationalisation to reduce duplication and strengthen underdeveloped functions, alongside a rebalancing of external engagement to restore regional ownership of policy priorities. **The analytical approach developed in this Health Policy paper offers a transferable framework for other regions facing institutional proliferation. Policy efforts should shift from expanding arrangements towards managing complexity through coordination, functional differentiation, and clearer authority structures."**

Global health financing

Project Syndicate - The Middle-Income Health Trap

T Achoki & W O Ochieng ; https://www.project-syndicate.org/commentary/middle-income-health-trap-too-rich-for-aid-still-too-poor-to-support-public-health-by-tom-achoki-and-walter-o-ochieng-2026-07

"Many countries that graduate from low- to middle-income status soon find themselves stuck in the position of being too rich to qualify for aid, too poor to secure reliable market-based financing, and too indebted to expand public-health spending. But it doesn't have to be this way."

Excerpts:

"… **Middle-income countries now account for over 70% of the world's poor, for most deaths from tuberculosis, and for a still-high share of deaths from HIV and non-communicable diseases. Yet they receive a shrinking share of global health assistance, which is increasingly concentrated in a small number of fragile, low-income states.** If graduation to middle-income status reliably coincided with robust tax systems, deep capital markets, and comprehensive insurance schemes, it would make sense for recent grads to fend for themselves. But **many middle-income countries face rising debt-service costs and collect less than 15% of GDP in taxes, owing to their large informal sectors**. They may be richer on paper, but their health ministries are often poorer in practice…."

"**When donor-funded programs supported by institutions such as Gavi or the Global Fund taper off, governments are expected to assume full financial responsibility for vaccines, antiretrovirals, and malaria control, often within the space of a few budget cycles**. But such costs are often large, recurrent, and have low visibility, which weakens political incentives to prioritize them over other spending…."

"… **To be sure, exit strategies are now typically accompanied by technical assistance and bridge financing, with "transition planning" becoming the latest buzzword. But the underlying logic remains unchanged: graduation is treated as an administrative event rather than a political and fiscal one**. But income per capita is a poor proxy for state capacity. **A country can grow rapidly in GDP terms while remaining unable to raise revenue, regulate markets, or sustain complex delivery systems. Health financing depends on all three capabilities."**

"… **There are alternatives.** Donor organizations should adopt pragmatic eligibility criteria that are more attuned to countries' disease burdens and fiscal capacity than to projected income status. At the same time, **global health institutions** should offer longer, more predictable transition periods to account for the recurrent costs related to health-care delivery. **Recipient countries** should advocate for debt relief to be integrated into health transitions, rather than treated as a separate macroeconomic issue. In return, they should commit to improving tax-collection systems and efficiently allocate a significant portion of those resources to proven health programs….."

World Development Perspectives – Fiscal space for HIV and health in a polycrisis era: A descriptive macro-comparative analysis of financing asymmetries

Charles Birungi et al;
https://www.sciencedirect.com/science/article/abs/pii/S2452292926000652?dgcid=author

"COVID-19 output shocks were shared, but fiscal responses were highly unequal. High-income countries spent 428 times more per capita than low-income countries. Real GDP understates fiscal pressure from import bills and depreciation. Concessional finance and special drawing rights (SDRs) cushioned but did not close fiscal gaps. HIV sustainability requires sequenced financing, not abrupt transition."

CGD - We Can Spend $50 Billion a Year Effectively

Rachel Glennerster and Leah R. Rosenzweig; https://www.cgdev.org/blog/we-can-spend-50-billion-year-effectively

"**The AI boom could see anywhere from $37 billion to $100 billion in annual philanthropic spending over the next few years. The question is, how can this money be spent effectively? A new blog series from CGD makes the case for highly cost-effective areas that philanthropists may want to consider funding.** This first blog in the series looks at **large-scale implementers, the role of intermediaries, and quick wins philanthropists may want to consider supporting."**

"On a recent trip to the Bay Area, many people we met shared the same concern: **how can we effectively spend the wave of new philanthropic funding which is about to hit?** Which organizations can absorb this amount of money? … "**Nan Ransohoff** estimates a "third wave of American philanthropy" will generate **$37 billion to $100 billion per year in intended philanthropic spending**. Not all of it will be spent on global poverty, but we think a lot of it should be because the impact per dollar is high….."

PS: this new blog series didn't make the 'highlights section' – I'm sure you understand why.

Other blogs in the series so far:

- **CGD (blog)** - Use New Philanthropy for a Maximum Vaccination Strategy (C Kenny)

"This second blog in the series makes the case for a maximum vaccination strategy focused on developing and rolling out new vaccines for diseases that affect the world's poorest people."

- **CGD (blog) -** Protect Women and Newborns: Scale What Works, Fund What's Next (A Bansal)

UHC & PHC

SSM Health Systems - Strengthening empowered people and communities as a core component of the primary health care approach: A scoping review of WHO policy and operational guidance (2018–2024)

https://www.sciencedirect.com/science/article/pii/S2949856226001248

By Lama Bou-Karroum, Farraz Khalid et al.

SS&M - The political economy of universal health coverage reform in Kenya: executive dominance, elite alignment, and populist strategy (2004-2023)

Zilper Audi-Poquillon; https://www.sciencedirect.com/science/article/pii/S0277953626006337

"**Study explains why Kenya's 2023 SHI reform was enacted while a similar SHI proposal failed in 2004**. Shows how executive control and institutional bypass changed veto points, expediting enactment. Demonstrates how elite alignment - including Treasury buy-in enabled adoption. Conceptualises populist strategy as a stream-coupling mechanism."

Pandemic preparedness & response/ Global Health Security

HP&P- When should a public health emergency of international concern (PHEIC) be declared? The case of the 2018-2020 Ebola outbreak in the Democratic Republic of the Congo

B F Pagotto; https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag094/8741599?searchresult=1

"… **Criticism over the lack of transparency in the decision-making process to determine a public health emergency of international concern (PHEIC) has accompanied the mechanism since the category was first activated. For the 2018–2020 Ebola epidemic in North Kivu and Ituri, Democratic Republic of the Congo, this criticism intensified: it took four Emergency Committee (EC) meetings and nearly a year for the World Health Organization (WHO) Director-General to declare a PHEIC**. The North Kivu case is an emblematic case of the complexities surrounding such determinations, complexities that the opacity and inconsistent application of the IHR criteria across PHEIC history have made difficult to examine. What shaped the EC's assessment, and what does this reveal about how PHEIC determinations are made…"

Planetary health

Climate Change News - UN bid to keep 1.5C alive exposes deepening divisions over fossil fuels

https://www.climatechangenews.com/2026/07/29/un-bid-to-keep-1-5c-alive-exposes-deepening-divisions-over-fossil-fuels/

"Vulnerable island nations and the poorest countries want **the Belém Mission to 1.5 to drive fossil fuel phase-out**, while Arab states call for more investment in oil and gas."

"**As countries weigh in on the "Belém Mission to 1.5", a new process launched at COP30 last year to address the global shortfall in climate ambition**, submissions show that **small island nations and least developed countries (LDCs) want the initiative to help speed up a shift away from fossil fuels.** Their calls for a focus on emissions-cutting measures in the energy sector are **supported by the EU and the UK…"**

"**But the "like-minded developing countries" (LMDC) bloc - which includes China, India - and Arab states led by Saudi Arabia have warned against singling out specific energy sources or using the mission to assess how individual countries are performing on emissions cuts.** Instead, they want its scope narrowed to identifying primarily what rich countries should do to cut their own emissions and provide more climate cash to developing nations…."

Carbonbrief - Climate change is driving a 'shift' in childhood malaria risk across Africa

https://www.carbonbrief.org/climate-change-is-driving-a-shift-in-childhood-malaria-risk-across-africa

"Rising temperatures are redistributing the risk of childhood malaria in sub-Saharan Africa, resulting in areas of "new risk" in the east and south of the continent, but also "relief hotspots" in western Africa. This is according to a **new study, published in Nature**, which provides the "most comprehensive look to date at the impact of climate change on any infectious disease"…."

"The research finds that since the year 1900, climate change has resulted in one extra case of malaria for every 1,000 children in sub-Saharan Africa on average. **Over the 21st century, climate change is expected to drive down malaria rates across the continent on average, as temperatures rise above the optimum range for mosquitoes. However, the authors emphasise that continent-wide averages hide more detailed local trends**. They find that **cooler parts of Africa face an increase in malaria risk,** as rising temperatures have made the regions more suitable for malaria-carrying mosquitoes, **while warmer regions see a suppression in malaria cases."**

PS: "The lead author tells Carbon Brief that this is **the first study to use "attribution" – a field of climate science which uses models to compare conditions in a world with global warming to one without – to assess the impact of climate change on malaria. …**

"…. The study also reveals that **climate change is not the main driver of shifting malaria risk in Africa, with public health measures and government policy making a more significant impact. …** The "**most important" message** from the study, according to another expert, **is that to eliminate malaria entirely, "effective surveillance, prevention and treatment remain substantially more influential – and more actionable – than climate change alone".**

Lancet Planetary Health (June issue)

https://www.thelancet.com/issue/S2542-5196(26)X2006-X

Editorial: Biodiversity: actions lagging behind aspirations

HPW - 'Fire-Breathing Dragon Clouds': The Health Threat of Wildfire Smoke Choking Europe and the World

https://healthpolicy-watch.news/fire-breathing-dragon-clouds-health-threat-wildfire-smoke/

"Nine miles south of the picturesque French city of Bordeaux, firefighters are at war with a phenomenon straight out of an apocalyptic epic. Scientists call them **pyrocumulonimbus, or PyroCbs.** NASA calls them the "**fire-breathing dragon of clouds"**." " The port capital of Nouvelle-Aquitaine, normally bustling with tourists at peak season, is instead drowned in smog, so thick residents are forced to wear the N95 and FFP2 masks many hoped would be a thing of the past as the COVID-19 pandemic subsided…."

"A NASA satellite passing over the burning pine forests of the south-western Gironde region last Friday showed **the PyroCb driving smoke into the city's skies was visible from orbit. Until this month, these fire systems had been recorded almost exclusively in Australia and North America**…."

- Related: **UN News - Wildfire smoke poses hidden health threat**

"Wildfires are often associated with the destruction they leave behind, but **the smoke they produce can pose a serious health threat far beyond the fire zone, the World Health Organization (WHO) has warned."**

Covid

Nature – Can long COVID be prevented? Two drugs finally show promise

Nature

"**The results of rigorous clinical trials suggest that two drugs can prevent an infection with COVID-19 from developing into long COVID, a chronic condition characterized by fatigue and cognitive impairment**. The first trial reported that paxlovid, an antiviral COVID-19 treatment, reduced the risk of long COVID developing after three months by 40%. Another reports that the diabetes drug metformin reduces the risk of long COVID at six months after infection by around half. **The trial**

results have divided physicians — some think the results are promising enough to start prescribing the drugs for this purpose; others disagree."

Infectious diseases & NTDs

Nature Editorial – Polio will come roaring back if the task of eradicating it isn't finished soon

https://www.nature.com/articles/d41586-026-02308-8

"Eliminating polio is within reach — if countries see it as an essential public-health priority."

Stat (Opinion) - Ten years after WHO recognition, mycetoma remains one of the world's most neglected diseases

Stat;

"Researchers have made progress, but it's fragile and fraught."

Ten years ago, the World Health Organization added mycetoma to its official list of neglected tropical diseases. Caused by bacteria or fungi, the disease enters the body through tiny openings in the skin — even a thorn's pinprick — then slowly eats away surrounding tissue and bone. **It's endemic in Africa, Asia, Europe, and Latin America.** A new First Opinion essay argues that, despite some progress made by researchers, our understanding of the disease is still fragile and fraught. "**The next 10 years of mycetoma care will determine whether it remains a story of neglect or becomes one of collective action," writes Borna Nyaoke-Anoke**, who leads research on the disease. …"

Nature (News) - How mosquitoes are conquering the world — in four charts

Nature

"Mosquito-borne diseases are breaking records as climate change and other human influences allow the insects to expand their range."

Mental health & psycho-social wellbeing

Nature Medicine – Global economic burden of depression in 154 countries from 2025 to 2050

Z Cao et al ; https://www.nature.com/articles/s41591-026-04548-7

"A macroeconomic modeling analysis across 154 countries estimates that **depression will impose a US$12 trillion global economic burden between 2025 and 2050, equivalent to around 0.5% of the annual global GDP."**

Neonatal and child health

Plos Med – Expanding the Developmental Origins of Health and Disease beyond maternal behaviors

Alice Rhiannon Lee et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005208

« **Developmental Origins of Health and Disease (DOHaD) research** has long emphasized maternal pregnancy behaviors as key determinants of child health. **New evidence recently published in *PLOS Medicine* suggests the greatest opportunities to improve child health may lie in tackling socioeconomic disadvantage rather than maternal behavior alone. »**

Access to medicines & health technology

Plos GPH - The role of faith-based organizations in the pharmaceutical systems of low-and-middle-income countries – A scoping review

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006835

By Zana Wangari Kiragu, Veronica Wirtz et al.

Conflict & Health - Essential medicines in conflict-affected settings: a systematic review of accessibility and affordability across fragile health systems

https://link.springer.com/article/10.1186/s13031-026-00825-x

by T K Lin et al.

Human resources for health

Human Resources for Health - From task-shifting to cornerstone: the evolution of Public Health Officers Education in Ethiopia

K C Debessa; https://link.springer.com/article/10.1186/s12960-026-01089-5

Review.

Decolonize Global Health

Plos GPH - Beyond paper walls: From diagnosis to action on visa inequities in global health

Shawna Novak et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006964

"**Visa inequities in global health have moved from the margins of academic discourse to the centre of a growing reform agenda**. While recent literature has established that visa regimes function as structural determinants of global health participation, **a critical gap remains: the solution pathways proposed to date remain dispersed across commentaries, editorials and toolkits rather than consolidated into a coordinated operational framework that institutions, conference bodies and funders can act on at scale.** This Essay consolidates and builds on that emerging consensus to **propose a Global Mobility Equity Framework comprising four interdependent and scalable domains: equitable convening, inclusive participation infrastructure, institutional accountability and distributed visa support systems**. Drawing on documented cases spanning the International AIDS Conference, the World Health Summit, the Consortium of Universities for Global Health, and clinical training pathways for foreign medical graduates, we demonstrate that **visa barriers impose cascading professional, financial and institutional costs that are systemic in pattern** rather than exceptional in nature. We further show that **virtual and hybrid conferencing, while promising, does not independently resolve underlying inequities related to connectivity, time zones, language access and the networking disparities that shape career trajectories**. … Adopting this framework is a necessary condition for a more representative and effective global health system."

Migration & Health

International Journal of Health Planning & Management - Inclusion of Refugees Into National Health Systems: Enablers, Barriers and Lessons From Six Country Case Studies

Sophie Witter et al; https://onlinelibrary.wiley.com/doi/10.1002/hpm.70109

"In this article, **we analyse the inclusion of refugees in six low and middle-income country (LMIC) health systems** (Kenya, Kurdistan Region of Iraq (KRI), Mauritania, Pakistan, Peru and Zambia)…."

Papers & reports

Lancet Public Health - Advancing Health Equity for Sex Workers

https://www.thelancet.com/series-do/health-equity-for-sex-workers

A **four-paper Series** about advancing health equity for sex workers.

IJHPM - Power in Global Health: A Narrative Review, Relational Framework, and Systems-Based Analysis

M T Eshete, G Tomson et al ; https://www.ijhpm.com/article_4907.html

« This narrative review examines how power is conceptualized and operationalized in global health discourse, identifies systematic analytical gaps, and proposes a relational framework to address them. »

« In global health, power is pervasively invoked but rarely operationalized. **We organized the reviewed texts into six thematic domains: (1) power as a determinant of health; (2) structural power (class, race, gender, geopolitical hierarchies); (3) power asymmetry; (4) power and governance for health; (5) power and health securitization; and (6) power constellations and health outcomes.** Across these domains, we find that discussions of power remain largely qualitative and often stop short of clear operationalization. The **Causal Loop Diagram (CLD) translates these insights into interacting feedback loops, illustrating how specific power constellations are associated with particular patterns of policy response and health outcomes, highlighting potential leverage points for governance reform. »**

WHO Bulletin – A transdisciplinary research agenda for resilience

Anne-Sophie Jung et al ; **https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.26.295811.pdf?sfvrsn=4af60f80_5**

"…. **This article aims to set a conceptual agenda, drawing on an ongoing transdisciplinary collaboration between Fundação Oswaldo Cruz, University of Leeds, University of Toronto and Imperial College London.** Our **shared concern** is that dominant framings of resilience, built around episodic preparedness, measurement frameworks and recovery from acute crises systematically miss the more persistent forms of resilience that constitute everyday life in health and social care systems. **We argue that the conceptual centre of gravity in resilience research must shift from shock to the ordinary.** We propose that the analytical work missing from current discussions is a clearer explanation of how chronic stressors interact with system functioning, not as isolated events to be repelled, but as **accumulating pressure that demands continuous recalibration**…"

Journal of Global Health - What makes embedded implementation research work? A multicountry synthesis of UNICEF-supported initiatives in low- and middle-income countries

https://jogh.org/2026/jogh-16-04265

By ASM Shahabuddin et al.

HP&P - Beyond evidence: how actor dynamics and power shape knowledge translation for health policy in Kenya

F Hassan Guleid et al; https://academic.oup.com/heapol/article/40/8/819/8220457?login=false

“Actor roles and influence in knowledge translation (KT) is shaped by institutional mandates that affect their agency in KT-policy processes. KT is embedded in, and is constitutive of, policy-making: it reflects, maintains, or challenges institutional structures and power hierarchies. Efforts to improve KT should navigate institutional structures, enable boundary spanning roles, and shift power dynamics.”