IHP news 895 : "Global Health" restarts in September & a new quarterly column

(4 September 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,

With the summer now behind us, we start this newsletter issue with an announcement on a brand new column. **Deccan Dispatches**" will be a **quarterly column offering a practitioner's perspective from southern India on global health issues.** Each edition will take a current theme and examine it through the lens of someone embedded in local realities but with a global gaze.

Check out today's **first Dispatch** by **Prashanth NS** (*Institute of Public Health Bengaluru*) in the **Feat article** below. His work over the last decade has focused largely on health inequities and social determinants of health of people living in southern India in the biodiverse forested landscapes of the Western Ghats and large expansive Deccan plateau. Both regions face their own ecological mayhem. Prashanth: "*Being a community health practitioner at heart, a passion for the general and a scholarship that seeks as much breadth as it seeks depth fascinates me, and hence my work is much more at the intersections of biomedical, social and ecological than pursuit of core expertise in one subject."*

You find Prashanth's first column below in full – **'Global Health's great derangement'.**

Over to the news of the global health week then - 'deranged' and other news :)

In addition to the inevitable new start of the 'webinar season' and a flurry of new journal issues, September will feature among others **a new PABS negotiations' iteration in Geneva** (14-18 September) and the annual **UNGA meeting** in New York. The **UN High-level Meeting on Pandemic Prevention, Preparedness and Response** is scheduled on the **25th** of this month. In Geneva, the States Parties Committee for the Implementation of the IHR (2005) (**SPCIHR**) came together for the first time this week (31 August-2 September). And in other GHS related news, last week (27 August), **a new Global initiative to improve access to mpox vaccines** was launched. At last, I hear you say.

The **Ebola emergency** in the DRC continues to provide the **worrying backdrop** for many of these PPPR related discussions. On Ebola, I wonder whether, in addition to the many other factors playing a role in the current dire situation, maybe we also see the **impact of the "polycrisis**" (*for lack of a better word*) at work here, compared to the Ebola outbreak from the mid-2010s. These days, there are so many urgent crises needing attention from policy makers that perhaps, unlike at the time of the Ebola outbreak in West-Africa, '*all hands on deck'* is less straightforward than a decade ago, PHEIC or not? I know, it's just one factor – and by no means the most important one for why the outbreak continues to outpace the response. But it's one we'll increasingly see playing out, I'm afraid – the factor '*one among many urgent crises'*. Call it 'crisis brain fog' if you want.

Speaking of another one of these other urgent crises (and still the most important one as far as I am concerned), a **new UNEP report, '*Limiting Overshoot*'** warned this week that "Global heating will hit at least 1.8C", adding "*…the best hope for humanity to limit damage is to adopt an "**overshoot, peak and decline" pathway** that requires immediate and sustained greenhouse gas emissions cuts combined with steps to remove carbon dioxide from the atmosphere."* Given the rapidly increasing militarization in many our societies, and more in general Sapiens' top-notch shooting skills, I guess we have at least the 'overshoot' part of the pathway covered.

Obviously, the **WHO DG race** is going to be a fixture in the newsletter in the coming months (*on LinkedIn, we spotted a nice video from a jogging Kluge this week in Maputo)*, and the same is true for **global health reform** – with the **Accra Reset** and the **WHO-convened GHA reform process** as the main ones to track. While we're waiting for the Accra Reset High-Level panel recommendations, the Joint Task force on GHA reform set up its **first in-person meeting** this week (3-4 Sept) in Geneva. At the same time, BRICS countries' health cooperation is also becoming more concrete (*Next week, a BRICS leaders' summit takes place in Delhi)*. Still on global health reform, we hope that the people involved in these high-level discussions have a good look at the following IHP blog: '**Gen Z Rage** Tests Global Health's Reform Theatre'. They might not be 'Gen Z' themselves, but I bet many have Gen Z offspring.

Meanwhile, far away, in **Stellenbosch, South Africa**, the second **World Sexual Health Assembly** takes place. Every year, World Sexual Health day is celebrated on 4 September. This week was also the **Global week for action on NCDs** (31 August-4 Sept).

Among the key **reports** of this week, Devex and others flagged: "**Public Citizen and Partners In Health** found that the Trump administration is planning a 59% reduction in health spending in 18 countries by 2030 — about $2 billion." And make sure you check out the inaugural **Alcohol Tax Scoreboard**, launched just yesterday.

Finally, this week **Bhutan hosted the first Global Conscious Food Systems Summit**. If it wasn't for my carbon footprint, I would have loved to attend that one, even if I'm not exactly known for a spiritual relationship with food.

Still on food, we also came across a neat **quote** in a Devex article on Kenyan civil society providing a blueprint for civil society in the 'America First' era. The backdrop for the quote: "…*Civil society, which once had external funding from the U.S., may now have to seek partnerships with governments receiving funds directly from the U.S. That could complicate the role civil society plays as watchdogs*. " "A phrase that stood out during these meetings was someone describing it as: "***When you have food in your mouth, you don't talk."***"

Based on personal experience (*eg at lavish World Health Summit breaks*), I can relate to that :)

Enjoy your reading.

Kristof Decoster

Featured Article

Global health's great derangement

Deccan Dispatches 1

Prashanth N Srinivas *(Institute of Public Health Bengaluru). First in a quarterly column looking at global health from southern India.*

On 26 August, ice, rock and water came down the Bhote Koshi river in Nepal, and took out towns and villages on both sides of the Nepal-China border. Experts are still arguing about the exact trigger with an avalanche into a glacial lake possibly being one of the prevalent explanations. The UN was on the ground within a day. Our conceptualisation of these (likely) climate disasters is probably the primary problem: the improbable has become routine, and it seems to beat our "templates" in terms of response (I am not talking of the immediate crisis response but the more "slow" systems response here).

In *The Great Derangement*, Amitav Ghosh's 2016 book on climate change and the unthinkable, he argues that literary fiction has become resistant to climate change as a subject, because events of that scale feel too improbable for the realist novel.

> *One of the problems, he said, has to do with the history of the genre. The novel arose in Europe alongside the middle class, whose readers wanted depictions of stable, everyday life. Literature about spectacular events, like fairy tales and epics, faded from popularity.*
> *But Ghosh claimed that focusing on mundane life was unrealistic in our era of ever more frequent climate disasters, from floods and droughts to wildfires and heat waves. The type of life represented in most Western novels is currently a fantasy for everyone but a select, wealthy few—and even those few are facing more climate disruptions. Fiction, he said, should try to represent the true pace of catastrophe that the world already faces.*

Extract from Amitav Ghosh's Conversations with Stephanie Bernhard in *Orion Magazine*

The very *form* of these novels, or rather what is widely accepted or acceptable as novels - for him - seemed to fail. He calls this a crisis of culture and therefore of the imagination, and this being in his words "the great derangement".

Global health's modern novel

The grants and the wider global health financing eco-system too are their own "form" where hopefully works of global health non-fiction are being written; in this case, grant-fiction being infeasible grant or development ideas written to impress that are either unimplementable or even if implemented, not likely to address the *actual* problems even if they create a useful set of activities that leave *stakeholders* impressed.

Many funders now respond to the climate change in health with a dedicated climate-health call or have started welcoming climate framings into existing ones. This is fantastic, and there should be more of it. But if you consider the "form" that global health has nurtured across the decades, you will see an enterprise that continues to foreground "global" outcomes relegating the small and local

action to being insubstantive, not measurable or not having reasonable "scale". Yet, the measurable and visualisable macro-projects that many such funding opportunities encourage rarely build local capacity, local ownership even if the funding applications and proposals do ask for these.

The problem is with the "form" of global health funding itself and the fact that by prioritising the "global", it tends to create more bang for the buck for the funder and pushes academia and the expert world to become the primary drivers of these outcomes rather than the local actors in villages, towns and cities. And therein lies our inability to reimagine global health grants as local change agents.

Whose problem is scale anyway?

For a long time in fact, the issue of scale has bothered me. It appears to be a problem of the one with a large amount of money to be thrown onto a problem. Yes, we need powerful ideas that are feasible at scale, but it cannot be achieved by a "model". Such scale inherently requires people who seek to bring themselves and their collective energies and passion into the idea. It requires them to imagine the change together and then be those change-agents in their neighbourhoods, towns and their settings. The current *form* of trying to achieve large-scale impact through development or research consortia will not succeed, neither for climate change nor for other wicked problems of the day if it does not sufficiently look for *grounded-ness*, local embedding and self-reliance instead of scale. This recalls the imperialising logic of large global health funding which seeks a new form of *conquest* over the problems of today by allocating large sums of money and getting the right "global" experts to have at it.

On the other hand, imagine if countries, states or local governments would do so with their own resources: an entirely different set of actors would respond to such localised public monies for climate change. It would be NGOs who are not necessarily adept at dealing with large grants and monies, it would be institutions that are heavily locally invested, it would be small affected community-based organisations that have the trust of communities, it would be citizens driven by a desire for neighbourhood change who bring people together for conversations and dialogues.

Climate change as a global issue vs a local one

The ownership over the climate issue is quite variable in many southern countries that I have visited and interacted with. Contrast that with dialogues at the WHO, at the UN agencies, at northern universities, where climate change and climate health is often the talk in seminars and presentations, often by speakers from multiple southern countries far away.

In India, as the climate issue percolates to states and districts, its visibility moves to documents/strategies but evidently not (yet?) driving policy or practice. And further down at sub-districts and village local governments, it is often starkly absent - the action moving to more proximate issues of water supply, roads, sanitation, livelihoods and such: the unfinished business while “global” issues like climate change can wait. I suspect this is the case in many other countries in the African region as well from what I hear in discussions with colleagues.

Across peninsular Indian cities and towns, heat stress is serious, particularly in large cities with mushrooming of built environments that appear unfavourable to extreme heat. People feel it, daily wage and other labour-intensive works happen through it, and it drives various kinds of farm and labour losses as well. Yet, the elephant in the room is not visible in routine administrative meetings unless somebody has convened that meeting for the purpose, and that somebody is usually an NGO

or a university from a nearby or faraway city, with a project cycle and measurable outcomes to be delivered.....for someone else typically far away!

Research on climate and health have become knowledge tools and only rarely as a tool for practice, and where practice happens it is episodic, steered by whichever institution holds the grant rather than owned by the local government. Much of this recalls Seye Abimbola's uses of knowledge debates in global health.

Climate health financing

The financing numbers show the same derangement from the other end. WHO reckons that under 0.5% of multilateral climate finance reaches health, and what exists is hardest to access for the most climate-affected countries. The Belém Health Action Plan is an important attempt but was left with no committed finance. Instead, by creating greater convening power higher up, we may in fact be aggravating the problem! See for instance WHO now being accredited to the Green Climate Fund.

If the series of disasters over the last decade and their increasing frequency teaches global health anything, it is that the amount matters less than who puts up the money and at what level it is convened. A large competitive grant written in the global North cannot manufacture in-country ownership, because ownership cannot be "work-packaged" as well in the real world as wordsmithery can do in a grant application.

We need to adapt the *form* in which research and development grants support locally held and owned platforms, institutions and movements that are embedded within communities, or governments or in places which convene local actors rather than in large and far-away institutions even if it is more efficient to deliver such initiatives through these large institutions and *experts*. Ultimately, the reimagined response to climate must happen locally - not through experts and arguably not via a national or global dashboard. And our financing systems need to re-think themselves to accommodate these realities. Ghosh's point was not that writers were not trying but that the *form* itself had failed. Within public health, we too need a better form of conceptualising locally owned transformative change.

Highlights of the week

Structure of Highlights

- A few reads of the week
- Ebola Emergency DRC
- PPPR
- More on the WHO DG race
- More on Global Health reform
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- Trump 2.0, US Global Health Strategy & bilateral health agreements

- NCDs
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- Access to Medicines, Vaccines & other health technologies
- Miscellaneous

A few reads of the week

IHP – Gen Z Rage Tests Global Health's Reform Theatre

Ikenna Ebiri Okoro et al; https://www.internationalhealthpolicies.org/featured-article/gen-z-rage-tests-global-healths-reform-theatre/

Asking a few pertinent questions, starting from the Gen Z 'cockroach movement' in India.

"… In 2025, Gen Z-led protests challenging corruption, political repression, and economic hardship toppled governments in Nepal and Madagascar, and shook governments in Kenya, Togo, and Morocco. Similar anger is visible in high-income countries, where young people are confronting housing unaffordability, AI-driven precarity, and climate inheritance. ***Can this anger be channelled into the WHO-convened global health reform process and the Accra Reset? The question demands reflection and action, not performative "youth engagement"…..."***

Habib Benzian - When WHO Has to Explain Why It Exists

On Substack;

"The administrative language of survival." Among others, reflecting on **a recent viewpoint by Tedros in Nature.**

Excerpt: ""**Diseases don't stop at borders." This is how the Director-General of the World Health Organization (WHO) opens his case for why the world still needs the organization**. The statement is true. It is also so elementary that it should not need to carry the argument for an eighty-year-old institution. Yet that is where WHO now finds itself…."

"**Tedros Adhanom Ghebreyesus' article in *Nature* is titled "Why the need for the WHO has never been greater". One might expect an urgent political defence of international health cooperation**. The United States, until recently WHO's largest member-state donor, has withdrawn. The budget has contracted. Multilateral institutions are increasingly judged by immediate national return. **Instead, the article reads like an excerpt from a Director-General's annual report**. There are achievements to record, crises to enumerate and agreements to welcome. The organisation has improved lives and coordinated emergencies. Pandemics, climate change and conflict remain.

Cooperation is necessary. **Everything is correct. Much of it is important. Almost none of it feels equal to the threat. And it offers almost no vision of what WHO should now become. That mismatch is the real story…."**

Lancet Offline – How to save WHO

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01805-2/fulltext

"I am optimistic about the future for WHO. Still, despite the passionate protestations of the agency's current Director-General (DG), Tedros Adhanom Ghebreyesus—namely, that the need for a strong WHO has never been greater—**the reality is that the world's only intergovernmental health institution is at its weakest moment since the nadir of 1998….."**

Horton, quite a fan of Brundtland clearly, then **zooms in on the current four candidate**s in the WHO DG race, and **lists "some pointers to what makes a more or less successful DG".**

Ebola emergency DRC

We start this subsection with an (Africa CDC) update from yesterday, and then provide some news from earlier this week.

HPW - Ebola Outbreak 'Still Evolving' as Deaths Pass 3,000

https://healthpolicy-watch.news/ebola-outbreak-still-evolving-as-deaths-pass-3000/

(3 Sept) Coverage of **Africa CDC's weekly briefing** on Thursday. "More than 3,000 people have now died in the Democratic Republic of Congo's Ebola Bundibugyo outbreak out of 6,250 confirmed cases, **the Africa Centres for Disease Control and Prevention (Africa CDC) said Thursday,** as the virus kills nearly half of those it infects as **it outpaces efforts to contain** it." (**must-read)**

Overall analysis of the current state of affairs according to **Africa CDC officials.**

- Related: **Geneva Solutions** - Ebola epidemic in the DRC is deadliest on record, with more than 3,000 deaths (Sept 3)

" **At a briefing for UN-accredited journalists in Geneva on Wednesday, the message by World Health Organisation director general Tedros Adhanom Ghebreyesus** could not be clearer: "The current Ebola epidemic in the Democratic Republic of Congo (DRC) is the second largest ever recorded and the fastest spreading." The WHO chief confirmed the figures published by the DRC's National Institute of Public Health that this Ebola epidemic, caused by the Bundibugyo strain, is the deadliest in the continent's history, with more than 3,000 deaths and over 6,000 recorded infections…"

"… **Tedros declined to draw a link between the budget cuts the organisation had to make and the difficulties encountered in fighting the Bundibugyo virus**. "If we discover a link in the future, it will be useful for our future actions. **But for now, we have other things to do than assign blame. We are**

focusing on the fight against Ebola," he said. "The UN agency chief, meanwhile, assured that the WHO is now "stabilised" and that "there will not be a second wave of budget cuts."..."

Ps: Tedros is damned right.

AP – Congo begins Ebola vaccinations to fight country's worst outbreak in history, health minister says

AP;

(27 August) From late last week. "**Congo on Thursday began vaccinating people against Ebola as** health authorities work to slow the country's deadliest outbreak of the disease on record**. The vaccination campaign was officially launched in Kisangani, the capital of Tshopo province, in the country's east,** Health Minister Roger Kamba said."

"**Health workers and other people working on the front lines of the Ebola response are among the first to receive the vaccine.** "We have decided to use **the Ervebo vaccine** to protect first those who are on the front line, therefore our health care providers, but also people who have been in contact with patients," Kamba said…."

UN News - Response must outpace spread of Ebola: UN relief chief

https://news.un.org/en/story/2026/09/1168240

(2 Sept) "**The world must move faster to contain an Ebola outbreak in the Democratic Republic of the Congo (DRC) that is growing exponentially**, the **UN's Emergency Relief Coordinator** (Tom Fletcher) warned on Tuesday."

"**Although the UN and its partners have scaled up their response, a $1.1 billion funding gap remains** as the DRC grapples with the fastest-growing Ebola outbreak on record…."

Cidrap News - Ebola kills 3,000 in DR Congo as control efforts aren't measuring up

https://www.cidrap.umn.edu/ebola/ebola-kills-3000-dr-congo-control-efforts-aren-t-measuring

(2 Sept) "**The Ebola outbreak in the Democratic Republic of Congo (DRC) has now killed 3,007 people out of 6,186 confirmed cases, according to the country's ministry of health. Instead of slowing down, transmission has picked up in the past two weeks**, with the virus further spreading in North Kivu province. A total of six provinces in the DRC now have confirmed cases of the Bundibugyo strain of the virus. "

"**Scientists from the Centers for Disease Control and Prevention (CDC), in a new paper in *Morbidity and Mortality Weekly Report*, said the DRC's efforts to control the virus "remained below established response targets."** On all **five critical public health response indicators** (case detection alerts, contact tracing, lab testing, isolation of infected people, and safe and dignified burials) the DRC is falling behind, the CDC said…."

"… **WHO issues emergency vaccine guidance : Yesterday** the World Health Organization (WHO) published **new emergency guidance on the use of the licensed Ebola vaccine (Ervebo) during**

Bundibugyo virus disease outbreaks, recommending a ring-vaccination trial to start as soon as possible in the DRC…."

Reuters – As schools re-open, Congo drops remote learning plan in Ebola red zone

Reuters

"More than 3,000 dead in Congo's worst Ebola outbreak, data shows; Authorities had planned 'distance learning' in some areas; Plan dropped over fears students would fall behind.

- See also AP - **Schools reopen in Congo's Ebola epicenter** despite concerns from parents and teachers

The Conversation – DRC's Ebola epidemic could be the worst in history: 4 things that could help end it

Yap Boum et al ; https://theconversation.com/drcs-ebola-epidemic-could-be-the-worst-in-history-4-things-that-could-help-end-it-290187

"… **As public health experts with expertise in Ebola who have been at the forefront of containing the latest outbreak in DRC, it is our view that more is required**. What's required is **informed by the four factors that have made this epidemic difficult to control:** the DRC's difficult geographical and humanitarian environment; highly mobile populations; low trust and poor community engagement; the incomplete scientific arsenal against the Bundibugyo virus…."

And a few links:

- Reuters - **Health officials turn to mobile-phone data** to track Ebola spread in Congo
- Bloomberg **- Congo Keeps Struggling to Pay the People Fighting Its Ebola Outbreaks** (3 Sept)
  "Six Ebola checkpoints in northeastern Democratic Republic of Congo stopped reporting last month because the people staffing them hadn't been paid. **The government is trying to purge fictitious workers from payment lists using biometric registration and centralized payments, after officials found payrolls padded with people who may not actually be working…. "**
- Plos GPH - Ensuring children's inclusion in the Bundibugyo Ebola response: Striving to do better this time (by M K Eliasz et al)

"Experience from previous epidemics demonstrates **how children are not only disproportionately affected by the indirect impacts of public health emergencies but are also late to benefit from access to medical countermeasures such as vaccines and therapeutics. …"**

PPPR

Lancet Comment - Closing the preparedness gap: moving beyond emergency response to sustain the medical countermeasure ecosystem

V Dzau, J Kaseya, J-A Rottingen et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01768-X/abstract

Vital read ahead of the **UN HL meeting on PPPR.**

(must-read) "The ongoing Ebola virus disease outbreak caused by Bundibugyo virus (*Orthoebolavirus bundibugyoense*; BDBV) in the Democratic Republic of the Congo, during which there has been cross-border transmission into Uganda, has brought together governments, regional and multilateral organisations, manufacturers, research institutions, and financing partners. These actors are accelerating the development, evaluation, and deployment of medical countermeasures (MCMs), including diagnostics, vaccines, therapeutics, and personal protective equipment (PPE). However, disbursements have been slow, and pledges to date have relied largely on emergency mobilisation. **The outbreak has underscored the broader lack of routine financing for MCMs across regions and pathogens and long-standing needs for sustainable financing and routine systems to surge, procure, manufacture, stockpile, and access MCMs when and where they are needed most…."**

" … As governments prepare for the September, 2026 UN High-Level Meeting (UNHLM) on Pandemic Prevention, Preparedness and Response (PPPR), decision makers must close these gaps with predictable financing that controls the current Ebola outbreak and ensures future epidemic and pandemic threats are detected early and stopped quickly. In 2025, the **G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (HLIP)** recommended a **set of specific, practical actions to close these and other health security financing gaps in advance of this year's UNHLM (panel)**…."

"…The current BDBV outbreak has exposed gaps across the MCM ecosystem, including diagnostics and PPE. … …**Building on these findings, the HLIP has identified immediate opportunities to fill these gaps for high-consequence threats** that recur in Africa. These **recommendations respond to three interconnected failures the BDBV outbreak has exposed: the historical absence of designated regional mechanisms to procure, stockpile, and sustain access to many MCMs for Ebola and Marburg virus disease; the absence of predictable markets for zero-market products; and insufficient financing to maintain manufacturing and response capacity between outbreaks**…."

Check out what they suggest.

Devex Pro - 5 years in, Ebola puts WHO's pandemic hub to the test

https://www.devex.com/news/5-years-in-ebola-puts-who-s-pandemic-hub-to-the-test-113195

(gated) "**Launched five years ago, the World Health Organization Hub for Pandemic and Epidemic Intelligence has guided global efforts to detect and respond to outbreaks. Now it wants to get response time down to 24 hours**."

"**Five years ago, the World Health Organization launched its Hub for Pandemic and Epidemic Intelligence with an ambitious goal: to help the world spot emerging health threats earlier and act faster**. Ahead of the Berlin launch and against the backdrop of the ongoing COVID-19 pandemic, Michael Ryan, then the head of WHO's health emergency program, predicted it would become an institution that would "protect the world from such crises in the future."…

- See also Devex Check-up :

"Experts suspect that the Ebola outbreak in the Democratic Republic of Congo was circulating for months before authorities confirmed it and WHO declared it a public health emergency of international concern in May. But **could it have been caught much earlier?...**

Oliver Morgan, the head of the World Health Organization's Hub for Pandemic and Epidemic Intelligence in Berlin — which was established to serve as an early warning system for epidemic and pandemic risks after COVID-19 — tells my colleague Andrew Green that **they did "detect kind of signals of something happening in the DRC a couple of months before the outbreak was definitively verified."** The problem? Those signals **didn't set off alarm bells that an epidemic might be brewing…."**

"**That prompted the hub to do a retrospective evaluation of what happened, and make "tweaks" to its own systems so it can pick up such types of outbreaks earlier in the future**, says **Catherine Smallwood**, the head of public health surveillance at the hub." "But spotting outbreaks early is only part of the equation. **Laboratory diagnostics linked to surveillance systems are also crucial**, allowing clinicians to quickly confirm pathogen samples that they suspect could lead to epidemics such as Ebola. In the DRC, clinicians were not immediately able to confirm the outbreak caused by the Bundibugyo Ebola virus species, as the initial tests used were only able to detect the Zaire species. It's a stark illustration of the **gaps that remain in the world's outbreak early warning systems** — and the investments still needed to close them. … "

"Which brings us, inevitably, to money. Germany — the hub's biggest benefactor — **halved its funding this year, from €30 million to €15 million,** another illustration of the precarious state of global health funding. **Morgan says the hub has diversified its funding sources and now draws support from several donors, including the Gates Foundation and the European Commission**."

TWN – WHO: Draft ToR of IHR Implementation Committee Risks Compromising States Parties' Oversight

Nithin Ramakrishnan and K M Gopakumar;
https://www.twn.my/title2/health.info/2026/hi260803.htm

"**The draft terms of reference for the implementation entities of the International Health Regulations (IHR) risk compromising the role of the States Parties in the oversight of the IHR implementation**. "

"**Three draft terms of reference (ToR) for the States Parties Committee for the Implementation of the International Health Regulations (SPCIHR), its Subcommittee and the Coordinating Financial Mechanism have been circulated for the consideration and the adoption at the first meeting of the SPCIHR.** This [will take] place at the **Word Health Organization (WHO) Headquarters in Geneva from 31 August to 2 September 2026…..** The three draft documents for consideration are: (i) draft ToR for the States Parties Committee for the Implementation of the IHR (SPCIHR/1/2), (ii) draft ToR

for its Subcommittee (SPCIHR/1/3) and (iii) draft ToR for the Coordinating Financial Mechanism (SPCIHR/1/4)."

PS**: "The SPCIHR was established through the 2024 amendments to IHR 2005, to improve the States Parties role in the IHR implementation through a separate institutional structure.** The **proposed draft ToRs however risk weakening State Parties oversight over IHR implementation and accountability of the WHO Secretariat.** This is because contrary to the intentions of the 2024 amendments, the **proposed governance architecture in the draft ToR undermines the effective participation of States Parties and their oversight of the IHR Implementation…."**

Devex - Japan-based health tech fund broadens portfolio to include pandemics

https://www.devex.com/news/japan-based-health-tech-fund-broadens-portfolio-to-include-pandemics-113204

"Dr. Osamu Kunii, CEO of GHIT Fund, says he saw an opportunity to invest in pandemic-related innovations post-COVID-19, in particular diagnostics and antivirals."

"The Global Health Innovative Technology Fund, or GHIT Fund, the Japan-based public-private partnership known for its work on neglected diseases, **is expanding its investments to include pandemic-related research and development."**

"The **latest example of that is GHIT Fund's investments in the development of several rapid diagnostic tests for the current Ebola outbreak in the Democratic Republic of Congo, caused by the Bundibugyo species** — including a portable one being developed by the Osaka Metropolitan University, Japanese company K.K. DNAFORM, and the National Institute for Biomedical Research in the DRC…."

Telegraph – China clamped down on exotic wildlife farms – now they've moved to Southeast Asia

https://www.telegraph.co.uk/global-health/science-and-disease/wildlife-farms-move-to-south-east-asia-as-china-clamps-down/

"There's been an '**explosion' of breeding facilities in Thailand and Laos, raising biosecurity concerns."**

HPW – US Proposal to Eliminate PAHO Funding Raises Alarm Over Health Security in Western Hemisphere

https://healthpolicy-watch.news/us-proposal-to-eliminate-paho-funding-raises-alarm-over-hemispheric-health-security/?feed_id=1042&_unique_id=6a99a59487752

(3 Sept) **"A group of senior national security and health officials voiced their concern that cutting funding to the regional health organization cripples the Western Hemisphere's ability to defend itself against disease threats.** Reductions in staff and other cost-saving measures are likely, the organization says."

Pandemic Fund - Call for Experts: Third Cohort of the Pandemic Fund Technical Advisory Panel

https://www.thepandemicfund.org/news/announcement/call-experts-third-cohort-pandemic-fund-technical-advisory-panel

"The Pandemic Fund is seeking experts to serve on its Technical Advisory Panel (TAP) for the 2027–2028 term. TAP experts provide independent, evidence-based advice to the Governing Board on pandemic prevention, preparedness, and response (PPR), including by reviewing funding proposals, identifying critical gaps and priorities, and helping ensure investments strengthen resilient systems in low- and middle-income countries."

Deadline: **18 September.**

Public Health - Multisectoral engagement in health emergency preparedness: A commentary on the WHO's universal health & preparedness review (UHPR)

N W Kannangarage et al ;

https://www.sciencedirect.com/science/article/abs/pii/S0033350626003343

"… The World Health Organization (WHO) introduced the Universal Health and Preparedness Review (UHPR) as one of its Post COVID-19 initiatives. **This commentary examines the place of UHPR in the sphere of health emergency preparedness in bringing sustained engagement between different sectors at the national level and facilitating cross-country and cross-regional peer learning at the global level."**

The Hague Centre for Strategic Studies – New snapshot: Global health data in a shifting international order – risks and implications for small and middle powers

https://hcss.nl/news/new-snapshot-global-health-data-in-a-shifting-international-order-risks-and-implications-for-small-and-middle-powers/

"…**This snapshot aims to analyse how great power competition is reshaping the political, economic and technological landscapes of health governance and what are the implications of this for Small and Middle Powers (SMPs), which are structurally dependent on the functioning of the multilateral system**s. Drawing on the cases of the Covid-19 pandemic and the more recent 2026 Ebola outbreak in the Democratic Republic of the Congo, **the paper identifies three principal categories of risks facing SMPs:** (1) Informational risks arising from diverging data ecosystems and reduced WHO credibility and capacity. (2) Technological risks steaming from digital infrastructure dependencies and Big tech's role in global health. (3) Distributional risks linked to the conditionality of vaccines, aid, and benefit sharing arrangements…."

More on the WHO DG race

Geneva Health Files – People, Process, Politics: The Election of the Director-General of The World Health Organization

P Patnaik; https://newsletter.genevahealthfiles.com/people-process-politics-the-election-of-the-director-general-of-the-world-health-organization/?ref=geneva-health-files-newsletter

Must-read on the current state of affairs.

"In today's edition we bring you an all-in-one edition covering the emerging contours of the ongoing election process at the WHO. (5,000+ words!) This story, several of a series in the run up to the elections, **discusses process, politics and candidates (so far).**"

(*Naturally, we personally liked 'Politics' the most :))*

More on Global Health Reform

Africa CDC Selected to Represent Regional Health Organizations Worldwide on Global Health Architecture Reform Task Force

https://africacdc.org/news-item/africa-cdc-selected-to-represent-regional-health-organizations-worldwide-on-global-health-architecture-reform-task-force/

"Africa CDC will bring the priorities of its 55 African Union Member States and the perspectives of regional health organizations into the global reform process."

"The Africa Centres for Disease Control and Prevention (Africa CDC) has been selected to represent regional health organizations worldwide on the Joint Task Force on Global Health Architecture Reform. Several regional health organizations were nominated for the role, with Africa CDC ultimately selected to serve as their representative on the Task Force. **In its formal invitation, the World Health Organization invited H.E. Dr Jean Kaseya, Director General of Africa CDC, to join the Task Force as the representative of regional health organizations."**

""We receive this recognition with humility and with a clear understanding of the responsibility it carries," said Dr Kaseya. "**Our first responsibility is to bring forward the priorities and perspectives of our 55 African Union Member States.""**

".... **Africa CDC's engagement will be guided by the priorities of its 55 AU Member States and facilitated through the African High-Level Ministerial Committee on Global Health Architecture Reform (AHLMC).**

… Dr **Kaseya will represent Africa CDC at the first in-person meeting of the full Joint Task Force, scheduled to take place at WHO headquarters in Geneva, Switzerland, from 3 to 4 September 2026.** WHO has also invited Africa CDC to nominate a technical focal point to support its engagement in the process."

Reform of the Global Health Architecture (GHA) Joint Process - developments since 26 June : MS Consultation 18 August 2026

https://apps.who.int/gb/mspi/pdf_files/2026/08/Item1_18-08.pdf

Powerpoint with some updates. As mentioned, the **Joint Taskforce had its first in-person meeting this week** (3-4 Sept).

- Related (10 August): Joint Task Force on Reform of the Global Health Architecture - Synthesis of Major Reform Initiatives (6 of them)
- And a **letter from Hear CSO**: HEAR CSO Steering Committee Letter to WHO-hosted Joint Task Force on Global Health Architecture Reform – SEPTEMBER 2026 (with some recommendations – 1 Sept)

TGH – The Future of Global Health: Themes and Thorny Questions

Stephanie Psaki, Anya Hirschfeld, Annabelle Gallinek, Thomas J. Bollyky;
https://www.thinkglobalhealth.org/article/the-future-of-global-health-themes-and-thorny-questions

"An analysis of 67 reform proposals reveals a country-led and systems-focused vision for global health's next chapter, but questions remain on how to implement it."

"**To inform ongoing reform discussions, the authors conducted a rapid review of recommendations on the future of global health since 2023**. The methodological approach is described at the end of this article. **Based on this review, consensus is emerging on a future global health system in which leadership and decision-making are less concentrated in high-income countries, investments focus on building stronger national health systems instead of disease-specific programs, regions increasingly take on roles historically played by global institutions, and donor funding focuses on strengthening national and regional systems**…."

"Despite broad consensus on an emerging vision of a future global health system, **three important questions remain on how to translate that vision into an effective, sustainable system**: Should decision-making roles be tied to provision of funding? What are the consequences of shifting away from disease-specific models toward more integrated investments? What should be the role for global versus regional institutions? **Ongoing reform discussions should focus on tackling those questions…."**

And some "**Takeaways": "**In **some ways, laying out an ambitious vision is the easiest part of this reform process. The more difficult discussions about shifts in power and resources, priorities, and capacity of different institutions should come next**. As ongoing reform processes consider their recommendations, many anticipated in the next year, they should grapple with some of the difficult tensions and trade-offs that will emerge from these changes and propose a feasible path forward…"

Partnership for International Politics and Diplomacy for Health - Post Webinar: A challenging, but not an impossible job

https://www.globalhealthdiplomacy.se/post-webinar-a-challenging-but-not-an-impossible-job

"**Both the next Director-General of the WHO and the next Secretary-General of the UN will inherit challenging, but not impossible jobs**. The **DG** should focus on rebuilding trust in the institution by sharpening its mandate, addressing structural financing vulnerabilities, and finding new ways to work in a fragmented political landscape. The **SG** is faced with creating a more democratic UN and redefining the role of multilateralism, by speaking truth to power instead of defending the status quo."

"That was the sentiment that was echoed during **the webinar 'Impossible Jobs'** organised by previous fellows of the International Politics and Diplomacy for Health Executive Programme **on 26 August.** The discussion went beyond speculation or endorsement of candidates. Instead, panellists discussed capabilities and characteristics the next DG and SG will need to manage the challenges they will be faced with. "

Check out **key takeaways** – and you can also **re-watch the webinar**.

Lancet GH (Viewpoint) – Beyond monitoring misery during conflict: the political economy of global health reform

Adam P Coutts, et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00200-7/fulltext

« Global health researchers, UN agencies, and donors have become expert at documenting the deterioration of population health during conflict, yet documentation has not stopped that deterioration. **Drawing on 15 years of field research in Syria, Lebanon, Gaza, and Jordan, we argue that part of the failure of the global health architecture stems not principally from violations of international humanitarian law, but from its design as a technical enterprise detached from the political economy of power, financing, and governance. In practice, the system was structured to document harm rather than to hold anyone accountable for it**. We distinguish **humanitarian neutrality**, understood as the operational duty to assist all civilians, from **technical neutrality**, which excludes political accountability in ways that protects institutional relationships and funding. **We define a political economy of health approach, identify specific actors capable of changing the system, and acknowledge both the real, although uneven, effects of documentation and the structural constraints, namely sovereignty, donor dependence, and entrenched interests, that any reform should confront.** Finally, **we propose six concrete shifts** to move global health from monitoring harm and misery towards enabling accountability. »

"**This Viewpoint makes three linked arguments**. First, documenting harm without addressing accountability is not neutral but a political choice that protects institutional relationships and funding. Second, the field should distinguish between humanitarian neutrality and self-protective technical neutrality and reject technical neutrality when it functions to avoid accountability. Third, a political economy approach, operationalised through six concrete shifts, offers a route from monitoring harm and misery to enabling accountability…."

Devex – The urge not to merge

Devex ;

"**Organizations from nearly 150 countries are pushing against the merger of UN Women and the U.N. Population Fund** — a proposal that has been floated by the United Nations over the past year.

The goal of such a move, the U.N. secretary-general has said, would be to create a "unified voice and platform" for women's rights — but **ever since the idea was first proposed, concerns have spread about whether a merger would dilute the mandates of both U.N. agencies**."

"**The proposed merger poses significant risks, and could deepen the very challenges it is intended to address," reads a letter**, which was addressed to U.N. Secretary-General **António Guterres** and **coordinated by the Feminist Cross Coalition Working Group**, a network of women's organizations. "These include risks to donor confidence and resource mobilization, operational continuity in humanitarian and development settings, and most importantly, the erosion of hard-won mandates for both agencies.""

"**U.N. member states are slated to decide on the merger during this month's General Assembly in New York. Approval is expected to face significant hurdles, with countries such as Canada, Brazil, and Belgium requesting alternatives to the merger."**

Global Health Governance & Finance/Funding

Think BRICS - BRICS Moves From Diplomacy to Infrastructure in the Fight for Health Sovereignty

https://thinkbrics.substack.com/p/brics-moves-from-diplomacy-to-infrastructure

(9 August) (must-read) "**Once confined to summit rhetoric, BRICS health cooperation has become concrete: new institutes, surveillance systems, and financing built** to give the Global South control over its own health future."

Coming back on the Chandigarh meeting (23-24 July)**.** "For most of its history, BRICS health cooperation meant communiqués: warm language about solidarity, thin on follow-through. That changed this month in Chandigarh, where **health ministers from the bloc's eleven members closed their 16th meeting having done something rarer than a declaration — they built machinery…."**

Excerpt: "The most consequential shift may be conceptual. Ministers formally adopted the Operational Framework for Fighting Diseases Driven by Social Determinants of Health, a policy largely shaped by Brazil during its 2025 chairship. It argues that tuberculosis, HIV and malaria are driven less by gaps in medicine than by poverty, food insecurity, poor housing and inadequate water and sanitation — and that treating those conditions is itself a health intervention**. That argument is now backed by a body, the SDH Action Council, tasked with pushing a "whole-of-government, whole-of-society" approach across member states. It's a deliberate break from a security-first framing of global health that has dominated Western policy since COVID-19, and it doubles as an implicit critique: if BRICS countries can move health outcomes through social policy rather than pharmaceutical firepower, it undercuts the premise that Western-style biomedical response is the only credible model…."**

PS: next week, the **18th BRICS leaders summit** takes place in Delhi.

BMJ Editorial - Will China be global health's new donor?

Kun Tang et al; https://www.bmj.com/content/394/bmj-2026-100676

New article in the **BMJ series on Geopolitics of Global Health.**

"**China's most valuable contribution may be to strengthen country led systems and shared capabilities, not to replace retreating donors."**

HPW - Who Should Lead the Global Fund? Let the Candidates Make Their Case

J Rativosian; https://healthpolicy-watch.news/who-should-lead-the-global-fund-let-the-candidates-make-their-case/

No brainer indeed. And long overdue in my opinion.

Unlike WHO, "… **The Global Fund, also in search of a new leader, has taken a very different approach.** Rather than having candidates make their interest known publicly, the process will produce a pre-vetted shortlist of "four or five candidates" that is expected to reach its board in late September, just a month before it **votes on 28-30 October.** That **one-month timetable leaves little room for the broader global health community to hear directly from the candidates or assess competing visions for the institution at a particularly consequential moment…."**

"…**As we wait for the Fund to announce the candidates, there is still an opportunity to open the process further**. Doing so would not require reopening the search or delaying the board's decision. … …**One way to do that is to hold a public candidate forum in October, with both in-person and virtual participation**. It should be moderated by someone who understands the Fund and the different constituencies that make up its partnership. **A forum would give more stakeholders with a vested interest in the Fund a substantive role before the board makes its decision. A forum would also force candidates to address the questions the Fund will face over the next decade.** How should it approach new forms of financing? What role should artificial intelligence play? How should it support greater country ownership in the era of the Accra Reset? And what reforms will be needed as the global health landscape changes?..."

PS: "… Once the final shortlist is submitted in late September, candidates will attend a board retreat and then meet with board constituencies before the vote on 28-30 October. …"

CGD - The IDA Health Window Is Gaining Traction: Four Responses to the Proposal

Pete Baker; https://www.cgdev.org/blog/ida-health-window-four-responses

"I **recently proposed an IDA Health Window as the future of multilateral global health financing. The proposal is beginning to gain traction.** It has received interest (mostly positive, but always with good, constructive challenges) from colleagues associated with the Accra Reset; Africa CDC and the African High-Level Ministerial Committee on Global Health Architecture Reform; low- and middle-income country health and finance officials; key high-income donors including the UK, France,

Germany, and Norway; the World Bank and the Asian Development Bank; the World Health Organization, Wellcome, and civil society."

"To stimulate further discussion on the proposal, **below we publish four commentaries from: Gerald Manthalu,** Head of Division for Public Financial Management and the Lusaka Agenda at the Africa Centres for Disease Control and Prevention; **Kalipso Chalkidou**, Director of Performance, Financing and Delivery at the World Health Organization; **John-Arne Røttingen, CEO of Wellcome;** Agnès Soucat, **Direct**or of Health and Social Protection at Agence Française de Développement…"

"There are two key challenges they raise about the proposal that I think require more detailed consideration: (1) **The proposal doesn't fully cover the financing of global public goods (GPGs).** I agree that the proposed Health Commons Trust Fund is only a partial solution. A non-official development assistance stream of financing for GPGs, and how it relates to the IDA Health Window, needs further consideration. (2) **There needs to be a clearer role for regional and wider public development banks.** I agree that they are major financiers, and the proposal currently notes they could have a role through the Global Collaborative Co-financing Platform, but leaves the exact mechanism of co-financing between the wider banks and the IDA Health Window open. The World Bank remains the key player though: it has a larger capital base to leverage for providing loans, it is better at securing G20 support than regional banks, and it has excellent coverage—IDA already provides health system financing to 90 percent of IDA-eligible countries…."

World Bank (Report) - Raising Revenue Right

https://www.worldbank.org/en/publication/raising-revenue-right

"**Governments across emerging markets and developing economies (EMDEs) face a growing fiscal challenge**: how to finance essential public services at a time of rising debt burdens, higher interest costs, and uncertain external assistance. **Yet the challenge is not simply about how much revenue countries collect. Tax systems in most EMDEs are also inefficient and inequitable**, leading to costly economic distortions while failing to adequately support vulnerable households."

"Raising Revenue Right: A Roadmap for Domestic Resource Mobilization examines how countries can raise the revenue they need in ways that are more efficient, fair, and supportive of inclusive growth. The **report introduces** the concept of the **fiscal frontier**: the best possible combination of efficiency and fairness that a country can achieve for a given level of revenue and its underlying structural constraints. Its **central finding is that many EMDEs operate well below this frontier—and that reforms can improve efficiency, equity, and revenue performance at the same time.** "

"The report offers a practical roadmap for domestic resource mobilization, showing how advances in **technology, transparency, and trust**—the **3Ts**—can help countries move toward the fiscal frontier…."

Independent - UK commits more than £100m from aid budget to cutting-edge health research

https://www.the-independent.com/news/health/uk-aid-health-malaria-climate-budget-b3041099.html

"The UK is to continue backing world-leading research into vaccines, medicines and other tools to tackle global health challenges, **with a significant portion of the aid budget being ringfenced for such work** despite the UK's programme of aid cuts."

"Research into diseases and health threats including malaria, dengue, HIV, TB and pre-eclampsia is collectively receiving more than £100m in UK support… …In all, some £137.5m is being **invested in 10 key product development partnerships between 2024/25 and 2027/28, including with King's College London, the Drugs for Neglected Diseases initiative, and the TB Alliance."**

Guardian – Sweden ends aid to Liberia in a hammer blow to women's rights and healthcare

https://www.theguardian.com/global-development/2026/aug/31/sweden-ends-aid-liberia-hammer-blow-womens-healthcare

On **31 August.**

"**Sexual and reproductive services face an uncertain future as the country's second-largest donor halts support worth hundreds of millions of pounds…** "…Since it **established a development partnership in 2008 in the aftermath of Liberia's civil war,** Sweden has donated more than SEK5.77bn (£445m) in aid, supporting infrastructure, democratic institutions, humanitarian projects, resource management and more. **It was an influential supporter of the country's postwar recovery and the 2014-2016 Ebola crisis response, becoming Liberia's second-largest donor, after the US, and the biggest champion of gender equality and sexual and reproductive health and rights (SRHR).** In 2025, more than a quarter of its aid went towards women's rights, family planning, HIV care and programmes to end discrimination against women and gender-based violence…."

"**The Swedish government says it will continue to contribute via the EU and multilateral organisations, such as UN women and the UN population fund (UNFPA).** But, coming on the heels of the dismantling of USAID, which has left Liberia's clinics without contraceptives, the withdrawal of such a significant backer is a hammer blow…."

Devex Pro –Is the WHO Foundation running out of money?

https://www.devex.com/news/is-the-who-foundation-running-out-of-money-113106

(gated) **"Over the years, the foundation has increasingly relied on one major donor, the Hans Wilsdorf Foundation. But the funder tells Devex its support runs through 2026."**

"**The WHO Foundation**, which was created to raise additional funding for the World Health Organization, **could be at risk of running out of money itself**. The foundation has ramped up its fundraising over the past two years and is expected to transfer over $100 million to the U.N. agency from 2026-2030 with over $42 million slated for 2026. But donor funding for its own operations, has not seen similar growth."

"The WHO Foundation is not funded by WHO, and instead fundraises for its own operations. It also collects a percentage of the grants it receives for programs…."

- See also Devex Check-up:

"A spokesperson at Hans Wilsdorf tells Jenny they are currently evaluating the situation at the WHO Foundation and their engagement with it. This has apparently prompted conversations about **whether the foundation might be able to turn to WHO** — the very agency it was created to support — for help keeping the lights on. **That appears to be a nonstarter, though, according to one source, for the simple fact that WHO "is broke." It would also probably raise concerns among member states."**

"Naturally, this has caused some scrutiny about what exactly the foundation is spending its money on. And outside experts have questioned how the WHO Foundation separates what it is spending on projects and services and what goes toward fundraising and administrative expenses."

IJHPM - The WHO Foundation Needs Stronger Safeguards Against Health-Harming Industries

June Yue Yan Leung & Sally Casswell; https://www.ijhpm.com/article_4918.html

"**We write to raise our concerns about the acceptance by the World Health Organization Foundation (WHOF) of a donation from an alcohol and tobacco retailer…."**

"…**Reviewing WHOF's published lists of contributions, we found that in 2022, WHOF accepted a donation of US $100 000 from Duty Free Shoppers (DFS) Group**. This company has a global network of stores that sell duty-free goods, with its United States website showing "wines and spirits" and "tobacco" as two of the retailer's main product categories. DFS is also a subsidiary of LVMH Moët Hennessy – Louis Vuitton, one of the world's largest transnational alcohol companies…."

"…**Upon publication of our paper about United Nations (UN) partnerships with the alcohol industry in this journal, we received a response from WHOF** confirming the donation but disputing the characterisation of DFS Group as part of the alcohol industry, **describing DFS as a "global travel retail company that sells a wide range of products that are not limited to alcohol products**." In addition, WHOF stated that "**engagement with entities with partial or indirect involvement with such certain sectors and industries are carefully assessed as part of WHO Foundation's due diligence and gift acceptance framework**." **WHOF's response calls into question the robustness of its processes to protect WHO from influence by health-harming industries…"**

HP&P- Are global health commitments relevant in low-income countries? Considering discussions at Davos 2026

M Mchenga; https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag108/8776482?searchresult=1

"At the **2026 World Economic Forum (WEF) Annual Meeting** in Davos, health was positioned as central to economic resilience, productivity, and geopolitical stability. **Four themes dominated the global health agenda: artificial intelligence (AI)-enabled health systems, investible health system resilience, women's health as an economic investment opportunity, and mental health as a macroeconomic priority.** While these agendas reflect important global concerns, they are being advanced during a period characterised by shrinking development assistance, fiscal stress, debt

pressures, and uneven institutional capacity across many low-income countries (LICs). **This commentary argues that the central question is not only whether these agendas can be implemented in LICs, but also whether they represent relevant and efficient priorities within resource-constrained health systems**. Drawing on literature from health policy and systems research, health financing, implementation science, and political economy, **the paper examines how current global health agendas frequently assume levels of data readiness, financing stability, administrative capability, workforce availability, and governance capacity that are not consistently present in constrained settings.**

"… Durable progress in LICs will depend on strengthening countries' capacity not only to implement reforms, but also to determine which reforms warrant priority, allocate resources efficiently, and sustain foundational health system functions, including public financing, workforce development, information systems, regulatory capability, and accountable governance. **The commentary concludes by calling for a context-sensitive and system-wide approach to global health agenda-setting."**

The End of Business as Usual? Africa's Push for Health Sovereignty Meets a World in Transition.

L Engelbert Bain; **https://www.linkedin.com/pulse/end-business-usual-africas-push-health-sovereignty-engelbert-bain-uopne/**

"**For decades, global health has operated through a familiar model**: donor financing, external expertise and globally designed solutions flowing towards countries expected primarily to implement them. **Developments emerging from the 76th Session of the WHO Regional Committee for Africa suggest that this model is being challenged. "**

"**Across debates** about financing, workforce planning, epidemic preparedness and health-system resilience, **one theme is increasingly visible: Africa is seeking not merely better health outcomes, but greater control over how health priorities are financed, governed, researched and sustained…."**

Project Syndicate – How Britain Can Help Build a Fairer Global Economy

Danny Sriskandarajah (CEO New Economics Foundation); https://www.project-syndicate.org/commentary/andy-burnham-g7-g20-presidencies-opportunity-to-reshape-global-economy-by-danny-sriskandarajah-2026-08

"**With the United Kingdom poised to preside over both the G20 and the G7, Prime Minister Andy Burnham has a unique opportunity to usher in a new internationalism grounded not in military posturing, but in the pursuit of a fairer global economy**. But he must abandon his predecessor's defensive approach."

Excerpts:

"…Britain, for its part, could urge concrete action on the debt crises that are strangling dozens of countries, crack down on illicit financial flows, or introduce a minimum tax on billionaires. Leading

by example on any of these issues would signal that it wants to shape the future rather than merely salvage remnants of the past. **A prime minister who promised to "build a new economy" that delivers fairer outcomes for his constituents in Makerfield should embrace the same goal for people struggling to get by in Maputo or Mumbai…."**

"… A **good place to start is with the "coalitions of the willing" that are already bringing together small groups of states (often odd bedfellows) to advance a shared agenda**. For example, Barbados, France, and Kenya are co-chairing a **Global Solidarity Levies Task Force** to develop new international fees on aviation, premium flyers, shipping, fossil-fuel extraction, and financial transactions to generate revenues for climate and development finance. **Similarly, Colombia and the Netherlands have led an effort to drive progress on the transition away from fossil fuels, and other groupings are working on debt relief, central-bank swap lines, and wealth taxes. …"**

"By joining, funding, or simply giving airtime to these initiatives at the G7 or the G20, the UK would send a strong signal that it is not relying only on existing international mechanisms to pursue global goals. It would also help convince countries across the Global South that their voices and leadership are valued. **Though building global consensus seems impossible nowadays, these ongoing efforts should give us hope that progress is still possible. The building blocks of a new 21st century internationalism are already being assembled**. In some cases, like the proposal to tax polluting activities through solidarity levies, new initiatives allow a small group of countries to test and study novel approaches without having to achieve a global consensus or overcome vetoes from powerful countries. In other cases, such as the International Panel on Inequality, the goal will be to establish new norms and principles for international cooperation. **The more successful these emerging initiatives are, the greater the number of countries that will join them, and the greater the likelihood that new, universal rules and practices will emerge."**

CGD (blog) – The Development Assistance Committee Sinks to the Occasion?

C Kenny; https://www.cgdev.org/blog/development-assistance-committee-sinks-occasion

"Today, aid is back in the firing line, seeing cuts of a similar scale to the 1990s. **So, what is the DAC doing to respond this time? The most recent effort involves trying to weaken graduation requirements to allow high-income countries to qualify as ODA recipients…"**

"…**The graduation proposals are the latest step in a years-long DAC effort to weaken the ODA standard,** following on from the inclusion of domestic refugee costs, profitable investments, vaccine dumping and ineffective climate mitigation projects as 'development assistance.'…"

(*insightful blog, to read while listening to Climie Fisher's very cheesy 80s classic, 'Rise to the Occasion'*)

Global Tax Justice

Eurodad - UN Tax Convention negotiations: State of Play and joint civil society inputs

https://www.eurodad.org/un_tax_convention_negotiations_state_of_play_and_joint_civil_society_inputs?utm_campaign=newsletter_03_09_2026&utm_medium=email&utm_source=eurodad

(3 Sept) "With **one year to go before its formal deadline**, the UN Tax Convention process is on track and moving forwards quickly. In line with the mandate – or "Terms of Reference" – from the UN General Assembly, the **co-leads of the process have now published formal negotiating drafts for no less than three legally binding agreements – one Framework Convention on International Tax Cooperation; one Protocol on Cross-Border Services; and one Protocol on Prevention and Resolution of Tax Disputes…."**

CESR - UN Tax Convention must put human rights into action

https://www.cesr.org/un-tax-convention-must-put-human-rights-into-action/

"**The UN Tax Convention is a historic opportunity to rewrite international tax rules so they serve people and remedy an historical legacy of colonial extraction. But recognizing human rights on paper will mean little unless those rights shape concrete, enforceable commitments."**

"**CESR has submitted recommendations to the Co-Leads of Workstream I on the Zero Draft of the UN Framework Convention on International Tax Cooperation**. Our submission argues that the **draft's commitment to human rights must translate into action**: enabling States to mobilize the maximum available resources to fulfil rights, tackle inequality and cooperate internationally…."

"**We call for a stronger Convention that explicitly links sustainable development to the full realization of human rights**; moves from merely "exploring" approaches to effectively taxing high-net-worth individuals to actually adopting them; and embeds gender equality throughout the Convention. Where the wealthiest remain undertaxed, the burden of financing essential public services falls on those least able to bear it."

"Crucially, the negotiations themselves must also live up to human rights principles. CESR is calling for meaningful, timely and equitable participation by civil society and affected communities, alongside greater transparency and public accountability."

UHC & PHC

WHO – Women's Health in mixed health systems

David Clarke et al ; https://iris.who.int/server/api/core/bitstreams/0e94e0a1-9675-4122-96be-e460ee32e9b7/content

Review.

« …. Advancing the agenda for women's health requires a unified effort across public and private sectors, leveraging each other's strengths and resources to overcome challenges and improve healthcare delivery. **This research aims to explore if and how public-private collaboration can enhance the quality, equity, and affordability of women's healthcare, while also identifying and addressing governance challenges inherent in such partnerships**. This review is **framed within existing global commitments on women's health and gender equality, notably the 1995 Beijing Platform for Action and subsequent reviews of its implementatio**n. These frameworks conceptualise women's health as encompassing both women-specific health issues linked to biological sex differences, and health conditions that affect women differently or disproportionately due to gender norms, behaviours and power relations across the life course. **The review does not seek to redefine women's health, but examines how the literature on private sector engagement reflects, and in some cases mirrors, gaps long identified within these global commitments. It complements the forthcoming WHO policy brief on women's health,** which provides the normative and policy framing grounded in the Beijing Platform for Action, and uses reviews of country reporting and strategies to empirically illustrate wider gaps and challenges identified in these global commitments."

Trump 2.0, US Global Health Strategy & bilateral health agreements

HPW – By 2030, US to Cut Health Funding to 18 Countries by 59%

https://healthpolicy-watch.news/by-2030-us-to-cut-health-funding-to-18-countries-by-59/

"The United States plans to cut its health funding to 18 countries by 59% of pre-2025 levels by 2030, according to a Public Citizen analysis of the bilateral agreements the US has signed with these countries."

"**The reduction amounts to a cut of some $2 billion to US aid dispensed before 2025**, according to Public Citizen, which analysed the MOUs – some of which it initially obtained via a Freedom of Information Act (FOIA) lawsuit against the Trump administration."

"**Countries facing the steepest cuts** are Rwanda (97% reduction), Liberia (84%), Burundi (78%), Madagascar (77%), and Sierra Leone (71%)…."

"**All MOUs require countries to make substantial co-financing commitments**. These are for activities identified as priorities by the US, and do not necessarily align with the countries' priorities. For example, the US wants all countries to improve their ability to identify disease outbreaks, so it requires substantial investment in epidemiologists and data capturers. But many recipient countries may prefer to prioritise employing health workers. **In 11 out of the 18 countries, the co-financing commitments fail to cover the US cuts over five years compared to pre-2025 government funding.** …."

"… **Co-financing 'punishment':** The US government also reserves the right to reduce or cease funding if countries don't meet their co-financing commitments. In addition, the MOUs stipulate that

the co-investments "may not include funding from other donors or multilateral organizations, but must be funds 'raised directly' by the country", says Public Citizen. "**There is no transparent logic guiding the application of penalties across countries**," it notes. **If Ethiopia, Kenya, Mozambique, Cameroon, and Malawi fail to meet co-financing commitments, the US will reduce its funding by $1 for every $1 shortfall. Uganda and Côte d'Ivoire face a 2:1 reduction. However, no penalties are specified in the MOUs with Rwanda, Liberia, Lesotho, Eswatini, Sierra Leone, Madagascar, Burundi, Botswana, and South Sudan…"**

"…In addition to **funding, co-financing penalties, and performance incentives**, agreements vary across several other domains, including **plans for sustaining health workforce capacity**…."

PS: "**… The one piece of good news is that the MOUs reduce the duration of controversial data-sharing and pathogen specimen-sharing agreements, which were initially for up to 25 years** – despite the MOUs only lasting up to five years. But, says Public Citizen, "these agreements stand apart from the MOU itself, and most are not available in wider circulation, making a full assessment of final terms impossible in most cases". …

- See also **Devex – Trump admin to 'radically' cut health aid in 18 countries, report says**

PS: " **Public Citizen and Partners In Health characterized the plan as "radically" reducing health funding in these low-income countries — despite congressional directives to keep global health spending relatively steady**. In **response to the report, a State Department spokesperson** told Devex it **plans to spend all congressionally appropriated health foreign assistance**…. … The spokesperson added that **while bilateral health memorandums of understanding represent the bulk of congressionally appropriated global health funds — they don't encompass all of them**. The department has also announced deals such as with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and American companies, including Gilead for its HIV prevention drug Lenacapavir and SC Johnson for its malaria preventive spatial emanator Guardian, as well as $1.4 billion in global health partnerships with faith-based and community organizations…. **Additionally, the spokesperson said congressionally appropriated funds are also supporting global health security, including the current Ebola response in Central Africa** — having announced over $512 million in direct assistance for the outbreak….

- For more detail, see the **report by Public Citizen & Partners in Health:** Trump's Bilateral Agreements Reshape Global Health Funding (30 August)

Devex Pro - Andrew Veprek takes the helm of State Department's foreign aid bureau

https://www.devex.com/news/andrew-veprek-takes-the-helm-of-state-department-s-foreign-aid-bureau-113238

"**Veprek became the head of the State Department's foreign assistance, humanitarian affairs and religious freedom bureau on Aug. 28, following the departure of Jeremy Lewin** earlier this month. Andrew Veprek has quietly taken the helm of the State Department's foreign assistance bureau, slotting an **immigration hard-liner — and close ally to White House Deputy Chief of Staff Stephen Miller — into the driver's seat of U.S. foreign aid…."**

J Ratevosian - How the State Department Is Spending on Global Health—and What It Still Needs to Explain

On Substack;

"Jeremy Lewin leaves behind billions in global health announcements—and plenty of questions about how much has actually been spent."

"**Lewin's departure is a good moment to examine the ledger. Under his watch, State announced billions through country health agreements, awards, procurement vehicles, and public-private partnerships. But announcements are not obligations, and obligations are not disbursements….**

"**I reviewed the available announcements** and tried to organize them into **three buckets.** First, the country agreements… Second, the new funding pipeline… Third, the other big-ticket announcements…"

Ratevosian concludes: " The **America First Global Health Strategy made clear that State wanted to move much more U.S. assistance directly through partner governments**. Some of that shift is motion. The country agreements put governments in the lead, require more domestic spending, and set out plans for them to take on staff, commodities, and services. **But follow the announcements and the picture is more complicated**. State is still routing large sums through the Global Fund, contractors, companies, faith-based networks, and other outside organizations. **The system taking shape looks more hybrid than purely government-to-government**. So that means a government may own the plan without necessarily controlling all the money behind it. It also means countries are taking on more risk. Some will be ready to absorb salaries, medicines, laboratories, and data systems as U.S. support declines. Others will not. **It is still too early to know who will benefit most from this new model**. So far, State appears to be making fewer, larger awards to major organizations and companies. That may move money faster, but it could leave local groups working under large prime recipients rather than controlling programs themselves…."

In Development - U.S. Foreign Assistance: Not What It Was

Charles Kenny, Erin Collinson; https://indevelopmentmag.com/u-s-foreign-assistance-not-what-it-was/

"**The U.S. is now operating an aid program without an aid agency."** (*recommended read)*

"In essence, the U.S. is now operating an aid program without an aid agency. **In no small part, the future impact of U.S. foreign assistance will depend on whether, when and how that changes…."**

Devex - Exclusive: Samaritan's Purse turns down $300M from US State Department

https://www.devex.com/news/exclusive-samaritan-s-purse-turns-down-300m-from-us-state-department-113202

"The organization says they prayed on it and **would rather rely "on God, not government, for funding."** (*now here's a potential "gamechanger" for global health financing* :))

Devex – Kenya offers a blueprint for civil society in the 'America First' era

https://www.devex.com/news/kenya-offers-a-blueprint-for-civil-society-in-the-america-first-era-113091

"A **coalition of civil society health groups have been crafting a blueprint** to figure out how to better coordinate, identify what they'll prioritize, and work to increase their collective influence amid a changing funding landscape."

"… some **civil society groups are galvanizing to make sense of the shifting landscape and ensure they hold onto their place in the global health landscape…."**

"…They **plan to do a virtual launch of the blueprint in early September**…."

HPW – Namibia Rejects US Demands for Data and Pathogen-Sharing

https://healthpolicy-watch.news/namibia-rejects-us-demands-for-data-and-pathogen-sharing/

"**Namibia has rejected the United States' demands for sharing health data and pathogen information during negotiations** for renewed US support for its HIV programme, according to The Namibian newspaper…."

"The Namibian government is concerned that the data- and pathogen-sharing demands do not comply with its laws, infringing both constitutional privacy rights and national sovereignty over biological resources, according to the newspaper. The government is concerned that the US demands contravene its Access to Biological and Generic Resources and Associated Knowledge Act and its Public and Environmental Health Act."

"The talks are ongoing, but **the loss of $45 million** will affect the employment of health workers and the delivery of service…"

Lancet World Report – US–African data sharing agreements come under scrutiny

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01808-8/fulltext

"**Politicians and health experts have raised concerns about data protection in the health assistance agreements between the USA and several African countries. Paul Webster reports."**

"The **Data Sharing Agreements (DSAs)** included in recently negotiated health assistance Memorandums of Understanding (MOUs) between the USA and numerous African nations **are attracting growing scrutiny.** On Aug 11, 2026, a **group of eight US senators wrote to the US Secretary of State, Marco Rubio, seeking details around data protection and sensitive patient information within the DSAs, and whether data transfers will be consistent with US and African nations' domestic data protection laws and the African Union's Data Policy Framework**…."

The State Department then gave some **clarifications.** Not very reassuring ones.

Also with some **inputs from experts.**

Quote: "**Regarding the US MOU with Nigeria, which commits $2·1 billion in US health program support, Seye Abimbola**, a health systems professor at the University of Sydney who was formerly a researcher with Nigeria's National Primary Health Care Development Agency, **says he worries that the current US administration is heavily influenced by "Silicon Valley" and that although "the overall agreement could be very beneficial to Nigeria, of course, the data sharing elements of it are not very transparent"."**

Stat - Trump strikes nine more deals with drugmakers to lower prices

https://www.statnews.com/2026/08/31/trump-most-favored-nation-drug-pricing-new-round-price-cuts-announced/

"Many details of agreements with the companies remain unclear."

"**President Trump on Monday announced the next round of pricing deals with drugmakers, with nine new companies joining the 17 that reached agreements with the administration previously.** The new companies striking deals — Alcon, Astellas, BeOne, BridgeBio, CSL, Sun Pharma, Kyowa Kirin, Teva, and UCB — made **pledges similar to those made by larger drugmakers before them: to sell new medications to U.S. patients at prices comparable to the lowest prices in peer countries, to offer their drugs to state Medicaid programs at "most-favored nation" prices, and, in some instances, to bolster domestic manufacturing and contribute to the U.S. medical stockpiles**. In return, it's believed at least some of the companies will avoid tariffs. …"

"UCB, Sun Pharma, Teva, and Astellas will, together, **contribute 290 metric tons of active pharmaceutical ingredients to the country's strategic reserves** as part of the deals. **All of the new companies except BridgeBio are headquartered outside of the U.S…."**

Science – In autism's advisory committee's funding plan, critics see veiled antivaccine focus

https://www.science.org/content/article/autism-advisory-committee-s-funding-plan-critics-see-veiled-antivaccine-focus

NCDs

NCD Alliance - New case series explores how countries are financing NCD medicines through primary health care

https://actonncds.org/news/20260902-new-case-series-explores-how-countries-are-financing-ncd-medicines-through-primary

"As part of the **Global Week for Action on NCDs 2026** (31 August-4 Sept), NCD Alliance is launching a **new case series examining how Colombia, Nepal and Uganda are working to finance access to NCD medicines through primary health care."**

Lancet (Comment) – Acute heart failure in Africa: new causes, unchanged outcomes

Bamba Gaye et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01754-X/abstract

Comment linked to a new study. "**More than 15 years ago, the original Sub-Saharan Africa Survey of Heart Failure (THESUS-HF) provided one of the first prospective, multinational descriptions of acute heart failure in sub-Saharan Africa.** THESUS-HF found that patients with acute heart failure in sub-Saharan Africa were young, with near-equal incidence in men and women, that incidence was driven overwhelmingly by non-ischaemic disease, especially hypertensive and rheumatic heart diseases, and that short-term prognosis was poor. The study reframed heart failure in Africa as a distinct clinical entity rather than a footnote to high-income cohorts. **Since then, much of the African continent has urbanised rapidly, hypertension and cardiometabolic disease have changed, and access to therapy has widened unevenly. Whether the African acute heart failure phenotype has moved with these changes has largely remained a matter of inference. In The Lancet, Karen Sliwa and colleagues report THESUS-HF II, the largest and most geographically ambitious attempt yet to answer that question**…."

"**Viewed against the original registry, the findings from THESUS-HF II tell a story of continuity and change.** The **African acute heart failure phenotype endures**: patients remain relatively young, the sexes are near-equally affected, and de novo presentation predominates (accounting for 1007 [64·2%] of 1568 presentations), still distinct from the older, ischaemia-dominated cohorts of high-income settings. **What has changed is the aetiological balance**: hypertensive heart disease decreased from roughly 45% to 36·5%, whereas ischaemic heart disease increased from 7·7% to 23·3%. Rheumatic heart disease, the second leading cause in the original THESUS-HF study, is no longer identified as a dominant category. **This is the pattern an epidemiological transition would predict, set against three decades of increasing, poorly controlled hypertension and, in the latest Global Burden of Disease estimates, among the highest age-standardised burdens of hypertensive heart disease of any world region…."**

- The new **Lancet Study** – Aetiology, management, and outcomes of acute heart failure in 17 African countries (THESUS-HF II): a prospective, multicentre, observational cohort study (by Sliwa et al)

Interpretation of the findings: "**Compared with THESUS-HF, THESUS-HF II suggests an evolving aetiological profile of acute heart failure in Africa**, although differences in ascertainment and diagnostic capability might have contributed to the apparent aetiological shift. **High mortality in this relatively young cohort highlights the importance of heart failure prevention, access to cardiac care, guideline-directed therapy, and post-discharge follow-up. These findings suggest that short-term acute heart failure outcomes are not driven by its demographic, aetiological, and echocardiographic factors."**

Lancet Series: Cardiovascular disease and pregnancy

Lancet series

"Cardiovascular disease remains one of the leading causes of maternal mortality worldwide and a major driver of long-term morbidity. Yet, pregnancy-related cardiovascular complications are often under-recognised and variably managed across global settings. **This three-part Series examines the continuum of cardiovascular risk surrounding pregnancy—from preconception through to lifelong surveillance**. The **first paper** focuses on the existing burden of cardiovascular disease during pregnancy and related maternal and fetal complications. The **second paper** addresses hypertensive disorders of pregnancy, the most common cardiovascular complication in pregnancy. The **third paper** examines links between adverse pregnancy outcomes and future cardiovascular disease."

- You might want to start with the **Editorial: Reimagining maternal cardiovascular health**

"…**A new *Lancet* Series on cardiovascular health in pregnancy makes clear that early intervention is essential for preventing cardiovascular harm**; up to one-quarter of maternal deaths might be avoided with earlier risk identification. Too often, cardiovascular care in pregnancy focuses on responding to adverse events rather than anticipating risk and acting before complications develop. **The Series also takes a longer-term perspective, reflecting evidence that the cardiovascular implications of pregnancy extend far beyond delivery**. Pregnancy complications can provide an early signal of long-term cardiovascular risk. For example, gestational hypertension is associated with a six-times higher risk of subsequent chronic hypertension, and pre-eclampsia is associated with up to a 3·5-times increased risk of heart failure…."

The editorial concludes: "**Maternal health is still measured largely by outcomes around delivery. Although maternal death, morbidity, and birth outcomes remain crucial, this limited definition overlooks important health consequences of pregnancy and childbirth as well as missing opportunities**. It has also shaped research—studies have neglected longer-term maternal outcomes. Furthermore, pregnant and postpartum women, along with women planning pregnancy, are often excluded from pharmaceutical trials, creating evidence gaps on the safety and effectiveness of much-needed cardiometabolic treatments in these populations. It is time for this situation to change. **With more than 2 billion women of reproductive age globally, cardiovascular health should be central to maternal care."**

Guardian - New heart attack definition promises better care for women

https://www.theguardian.com/society/2026/aug/28/doctors-care-revolution-agree-first-universal-definition-heart-attack

"Leading cardiovascular health groups reclassify overlooked causes and introduce sex-specific diagnostic thresholds."

"**Doctors have agreed the world's first universal definition of a heart attack**, paving the way for millions of women to finally receive better treatment after decades of being "deprioritised". **In one of the biggest procedural shake-ups in a generation, the world's four leading cardiovascular health groups have signed off on new guidance for healthcare professionals when seeing suspected heart attack patients…."**

"**Historically, some less common forms of heart attack, which evidence shows typically affect women far more than men, have been coded as less important**, with treatment and care often worse as a result. …. … The **landmark agreement was announced in Munich on the opening day of the annual congress of the European Society of Cardiology (ESC),** the world's largest heart conference. **The new guidance will upgrade three types of attack that are up to 10 times more common in women and often caused by childbirth, exercise and emotional stress**…."

"**The most serious cases, previously known as "type 1" and now classed as "primary" heart attacks**, had **previously prioritised those caused by a clot blocking blood flow to the heart. However, the types of attacks more common in women involve reduced blood flow for other reasons**, such as a tear or tightening of arteries, and are more likely to be missed or not treated as urgently, with delays to care. … The **new guidelines will also reduce the threshold for any type of heart attack to be diagnosed in women based upon the levels of a protein called troponin in their blood.** Until now, women had been expected to reach the same threshold as men for troponin – which is released when the heart is injured and damaged – to get a diagnosis…."

"… The **three types of heart attacks that have been upgraded – and which mostly affect women – are coronary artery spasm, coronary embolism, and spontaneous coronary artery dissection** (Scad). The first involves the tightening of the artery, which can deprive the heart muscle of blood and oxygen and cause a heart attack, and can be caused by emotional stress, exercise or extreme cold. The second is where a blood clot or fatty deposit travels to a coronary artery and causes a blockage. And the third is caused by a tear in the coronary artery, which occurs in women at least 80% of the time and often happens during or soon after pregnancy…."

Commercial determinants of health

WHO - Africa tobacco growing increases despite global decline

https://www.who.int/news/item/31-08-2026-africa-tobacco-growing-increases-despite-global-decline

"New WHO analysis shows tobacco-leaf production continues to rise in Africa while global production falls, *raising concerns for health, farmer livelihoods, the environment and sustainable development. "*

"**Tobacco-leaf production is declining globally, but rising in Africa**, according to a **new analysis by the World Health Organization (WHO).** The analysis finds that while global tobacco-leaf production fell by nearly 19% between 2012 and 2024, production in Africa increased by almost 9%. Over the same period, Africa's cigarette import bill more than doubled. Africa's cigarette imports more than doubled, rising from US$ 833 million to US$ 1.77 billion. **The findings point to a troubling development pattern: African countries are producing and exporting increasing amounts of raw tobacco leaf, while also spending significantly more to import manufactured cigarettes.** …"

(Inaugural) Economics of Health Alcohol Tax Scorecard

J Drope et al ; https://www.economicsforhealth.org/research/alcohol-tax-scorecard/

Yesterday, the **inaugural Alcohol Tax Scorecard** was launched in a webinar. This **new report grades 168 countries on the design of their alcohol excise taxes across three core components** and offers the most comprehensive picture yet of how alcohol taxation policies measure up around the world.

"**The 1st edition of the Scorecard assesses the performance of beer and spirit tax policies in 162 countries**. It uses 2024 data from the WHO Global Health Observatory to **score countries on a five-point scale, thus providing policy makers with an actionable assessme**nt. There are **three scoring components used: alcohol price tax share of retail price, and tax structure used.** Each country receives a score for each component, in addition to an overall score, for both beer and spirits. The Scorecard also assesses the affordability of alcoholic beverages as a percentage of GDP, since there is insufficient data to analyze change in affordability over time in this inaugural edition. **The Scorecard findings shows that most government are not implementing best practices in alcohol tax policy, leaving significant room for improvement…."**

A few **stats** from the Executive Summary: "The Scorecard reveals that the **global overall average scores for beer and spirits using 2024 data were 1.52 and 1.72 points, respectively, where zero is the lowest possible score and five is the highest…."**

"For beer, the global average scores are 0.49 (out of five) in price, 1.17 in tax share, and 2.85 in tax structure; for spirits they are 0.44, 1.56, and 3.03, respectively. **Spirit taxes, therefore, perform slightly better than beer taxes in tax share and tax structure components**…"

PS: "In conclusion, the Alcohol Tax Scorecard demonstrates that **overall average scores are very low** with **no significant change observed between 2022 and 2024…."**

- Related: **The Economics for Health Alcohol Tax Scorecard: Key Findings and the Public Health and Fiscal Case for Alcohol Taxation (by Patricio V Marquez)**

Science Editorial – (Un)intended consequences of mass-prescribing GLP-1s

Luc Hagenaars et al; https://www.science.org/doi/10.1126/science.ael8715

"…Attempting to cut through the noise, **the World Health Organization (WHO) recently published the first-ever global guidelines recommending GLP-1s for the treatment of obesity, while committing to develop a global framework ensuring "fair access" to these medicines for the 1 billion people affected worldwide.** Going deeper, the **guidelines also advocate for "robust populationlevel policies" to address the root causes of obesity in unhealthy food environments**. However, to complicate these efforts, WHO's recommendations unfold at a time rife with competitive pressures among pharmaceutical companies, food companies vying for the GLP-1 market segment, and wellness companies promoting supplements and telemedicine programs for what is being billed as a GLP-1 lifestyle. This **commercial milieu is ripe for unintended consequences that conspire against fair access to these medicines."**

The Editorial concludes: "… **The Ozempic era could therefore have the unintended consequence of consolidating the food industry's market power, while perpetuating price inflation and unhealthy food environments**. The WHO is right to pair fair access to GLP-1 pharmacotherapies with food environment reforms. Together they form a path out of the obesity epidemic. Yet **the Ozempic era could recalibrate power and profit across the food, pharmaceutical, and wellness industries in ways that suppress access to both GLP-1s and healthier food environments**. To ensure that GLP-1s reduce rather than deepen health inequities, governments and health care leaders must erect

guardrails for commercial forces jumping on the GLP-1 bandwagon. **With fresh guidelines in place and its recent COVID-19 experience navigating tensions between public health interests and commercial interests, WHO could play a central role at this critical juncture."**

Urban health

BMJ (Analysis) - Health and the city: why urban health systems need greater authority

Kabir Sheikh et al; https://www.bmj.com/content/394/bmj-2026-100591

"Kabir Sheikh and colleagues *argue that in a rapidly urbanising world, better alignment is needed between the responsibility of cities for health and their governance and financing."*

Key messages: "Cities are increasingly central to health service delivery and the conditions that shape population health; Many urban health systems have not adapted to the scale and complexity of rapid urban growth; Urban health governance is often fragmented across levels of government and providers, leaving cities responsible for service delivery without corresponding authority over financing, workforce, planning, and oversight; Urban health reform should better align city responsibilities with the authority, resources, and capacity needed to deliver them, alongside appropriate national oversight and coordination."

SRHR

HPW - Anti-rights Charter Faces 'Very Long Process' to Reach African Union

https://healthpolicy-watch.news/anti-rights-charter-faces-very-long-process-to-reach-african-union/

"A draft charter on "family, sovereignty and values", which would significantly undermine the rights of African women and girls, is not likely to be presented to the African Union (AU) General Assembly next February – despite a push from its conservative sponsors."

""That draft instrument has not got to the AU yet, and it is important to state categorically that it was not proposed by the African Union," said **Dr Robert Eno, Registrar of the AU's African Court on Human and Peoples' Rights.** "I've checked with my colleagues [at the AU headquarters] in Addis Ababa, and they have not received it. It is not scheduled," Eno told a **recent webinar organised by Sexual Health with Equity & Rights (SHE & Rights) on countering anti-rights efforts…."**

HPW – Clashing Convictions of Taliban and the West is Costing Afghan Lives

Mukesh Kapila; https://healthpolicy-watch.news/clashing-convictions-of-taliban-and-the-west-is-costing-afghan-lives/

"Two sets of dogmas contend in Afghanistan: those of the Taliban and the West. Neither side pays the real price for their beliefs. Ordinary Afghans do with their lives. **Some aid agencies labour quietly to bring help and hope through a dozen practical ways that bypass competing doctrines**. They deserve support."

Kapila lists all **twelve** of them.

Devex – AI promises judgment-free sexual health advice. What could go wrong?

https://www.devex.com/news/ai-promises-judgment-free-sexual-health-advice-what-could-go-wrong-113044

"Across Africa, young people are turning to AI chatbots for private answers to sensitive health questions. But **accuracy, privacy, and safeguarding remain concerns."**

"Across Africa, organizations and funders are increasingly exploring whether artificial intelligence can help overcome some of the social and institutional barriers that have long made it difficult for young people to access sexual and reproductive health information and services. But as AI moves into an area where an inaccurate answer can have serious health consequences, **the experiment is also raising questions about access, accuracy, privacy, safeguarding and accountability…."**

And a link:

- **Afya Na Haki - Transactional Global Health: Bilateralism and maternal health risk in Africa**

(by **M M Micheal, Moses Mulumba et al)** "The shift from multilateral cooperation toward transactional bilateralism is reordering global health governance by transferring financial, operational, and political risk to African health systems. Access to health financing is now contingent upon co-investment, performance metrics, and strategic alignment, rather than public health need. **This transformation subordinates' rights-based commitments to negotiated reciprocity, rendering maternal health systems, which require integrated, sustained financing uniquely vulnerable to instability."**

Child health

UN News - One in five children in 21 nations faced tech-facilitated sexual abuse: UNICEF

https://news.un.org/en/story/2026/09/1168236

"About 20 million children aged 12 to 17 – one in five across 21 countries – were sexually exploited by perpetrators using technology such as social media, according to a UN Children's Fund (UNICEF) report released on Thursday."

Planetary Health

Climate Change News – UN sets out narrow path back to 1.5C warming after inevitable overshoot

https://www.climatechangenews.com/2026/09/02/un-sets-out-narrow-path-back-to-1-5c-warming-after-inevitable-overshoot/

(gated) **"Leading scientists say warming must peak at 1.8C to be able to reverse course this century**, but current government climate policies are way off track."

"**Governments must slash emissions further and faster, and keep every climate promise they have made for the planet to be able to return to 1.5C of warming by the end of the century after an inevitable overshoot**, a group of prominent climate scientists has said. In a flagship new report sketching out a way not to lose the most ambitious Paris Agreement goal, **the scientists said that global temperatures need to peak at no higher than 1.8C above pre-industrial levels to give the world "a fighting chance" to reverse course**. They added that plans to suck carbon dioxide out of the atmosphere can only play a limited role in this effort and cannot substitute for emissions cuts. …"

- See also **UN News – 'Fight for humanity**': Avoiding a climate catastrophe means acting now

"Rapid, collective and global action is vital to cap the temperature rise at 1.5°C; **Climate action can reverse current trend by slashing methane pollution, protecting land, forest and oceans and accelerating the phaseout of fossil fuels;** Every fraction of a degree will cost lives, destroy livelihoods, deepen inequality and push ecosystems closer to irreversible damage."

- For more analysis, see also the Guardian – Global heating will hit at least 1.8C, UN warns, and there are 'no good outcomes'

"… But **scientists say the world could get back to 1.5C through deep, rapid emissions cuts and removing carbon from the atmosphere."**

"**The report by the Nairobi-based UN Environment Programme confirmed overshooting the 1.5C goal inscribed in the landmark Paris agreement of 2015 was now "unavoidable"** and, despite some progress in addressing the human-caused climate crisis driven by burning fossil fuels, likely in the next few years…."

"… **The report said the best hope for humanity to limit damage was to adopt an "overshoot, peak and decline" pathway** that required immediate and sustained greenhouse gas emissions cuts combined with steps to remove carbon dioxide from the atmosphere…."

"**Crucially, the authors of the report, titled Limiting Overshoot, said the average global temperature could be returned to 1.5C this century only if heating stayed below about 1.8C**. They warned nature's capacity to store carbon was uncertain and would shrink the more the planet heats…."

PS: "…**Prof Debra Roberts**, a report author and co-chair of the Intergovernmental Panel on Climate Change, **said a key message was that "the rules of the game are now changing".** "**Existing**

approaches are no longer fit for purpose," she said. "I think, for me, that's the clarion call. **We now have to reconfigure our climate governance around dealing with an overshoot pathway."…"**

- Related: **Global Climate & Health Alliance - Health Community Responds to UNEP Overshoot Report on Exceeding 1.5°C of Global Heating**

Guardian - 'Supersizing before our eyes': UN warns of record El Niño approaching

https://www.theguardian.com/environment/2026/sep/03/el-nino-supersizing-before-our-eyes-united-nations

"Event is likely to be largest in at least 1,000 years and will pile extra heat into a world already in a climate crisis."

"… The WMO El Niño updates are the world's most authoritative forecasts and are based on a consensus of models from climate prediction centres around the world. **The latest update, published on Thursday,** said the El Niño was firmly established and would intensify into a "very strong event" in the coming months, with "big impacts" including floods, drought and extreme heat continuing well into 2027…."

Climate Change News – Despite African walkout, fractious land COP ends without drought deal

https://www.climatechangenews.com/2026/08/28/despite-african-walkout-fractious-land-cop-ends-without-drought-agreement/

(gated) "**A strong push for a drought protocol by African countries failed in contentious talks, with negotiations postponed for another two years."**

"**The African continent's hopes for a legally binding agreement to combat drought have been dashed again, as UN land restoration talks in Mongolia passed the issue onto the next set of talks in Egypt** in two years' time. **For over a decade, Africa has pushed for a UN protocol on drought risk management that would acknowledge drought as an issue requiring a regional and global - not just a national - response**, potentially paving the way for more finance to help ensure water is available when drought hits…."

Devex - Scoop: United Kingdom expected to announce investment in forest facility

https://www.devex.com/news/scoop-united-kingdom-expected-to-announce-investment-in-forest-facility-113209

"**Despite delays driven by domestic political and economic pressures, the U.K. is reportedly set to announce an investment in tropical forests**."

"The United Kingdom is expected to announce a pledge in the Tropical Forest Forever Facility, or TFFF, an investment fund designed to reward countries that maintain or expand their tropical forest cover…."

Lancet Planetary Health (Editorial) - A new normal?

https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00103-8/fulltext

Coming back on the past summer in Europe. With focus on '**adaptation'**, and what it really might entail…

"…**Climate heating makes this situation dynamic so past occurrences become much less reliable indicators of what communities need to be adapted to.** In the case of extreme heat in Europe, conditions that could previously be treated as rare events are increasingly commonplace and therefore require adaptations to minimise their impacts. So far, such adaptation has been slow and inadequate to the task. Furthermore, these changes are not now static. The UK is not now like the Mediterranean for example. **We are all in a dynamic situation where conditions are changing and will continue to change until greenhouse gas concentrations stabilise and the earth system reaches some new climatic equilibrium. Adaptation requires learning loops that assess adaptation shortfalls, formulate and implement policy, monitor and evaluate those policies, learn from that experience and then restart another learning loop…."**

NYT – Nepal Puts Cost of Disaster at $5 Billion, Blaming Climate Change

https://www.nytimes.com/2026/08/31/climate/nepal-disaster-cost-climate.html?unlocked_article_code=1.91A.T4K7.hPZZ0hhz2aMX&smid=url-share

Re the **loss & damage fund. "The country** (i.e. Nepal) **is seeking urgent help from a special U.N. climate fund, but the program lacks money because the United States and others have been reluctant to contribute."**

"**The fund has so far received $820 million in pledges**. The United States, historically the largest emitter of greenhouse gases, pledged $17.5 million under President Biden but then exited the fund under President Trump. **The fund, which is now preparing to disperse its first payments, had already received requests from at least 119 countries totaling $2.8 billion and has acknowledged a "significant financing gap."…"**

"…He estimated that **the U.N. loss-and-damage fund could conceivably allocate $20 million to Nepal, given the demands from other nations**. "It's nothing," said Mr. Sherman, who said he had proposed that the board meet "as soon as possible" to help Nepal. Mr. Sherman also said that a country like Nepal could turn to the World Bank for loans…."

- Related: Climate Change News - Loss and damage fund urged to hold crisis meeting on Nepal

(gated) "**The new fund is coming under pressure from developing nations to respond quickly to climate disasters rather than just financing longer-term projects."**

"After last week's catastrophic flash flooding caused hundreds of deaths and an estimated $5 billion of destruction in Nepal**, some board members of the UN's new loss and damage fund board have called for an extraordinary meeting to allocate money to help the Himalayan country."**

- And via **Bloomberg –** Nepal Seeks Climate Compensation From China, US and India

"**Nepal is demanding climate compensation from the world's biggest emitters of greenhouse gases after deadly floods in the country.**"

"**Nepal's Foreign Minister Shisir Khanal said the country will raise the matter explicitly and forcefully on international platforms, including the United Nations' annual climate summit in November**. Nepal has **sought urgent relief from the UN's Fund for Responding to Loss and Damage**, saying recovery costs far exceed domestic resources."

"… **The demand comes ahead of the United Nations' annual climate summit in November, where developing nations are expected to press wealthier, high-emitting countries for more funding to cover climate-related losses and damage.** Nepal's push adds to a broader debate over who should bear the financial cost of disasters linked to a warming planet…."

AI & Health

Croakey - Regulating AI is not a spectator sport: public health expert

https://www.croakey.org/regulating-ai-is-not-a-spectator-sport-public-health-expert/

Interview with **Kent Buse.** Focus on Australia.

Excerpt:

"We recently published an in-depth examination of gaps and opportunities in the Federal Government's plans for national standards for artificial intelligence (AI), to be driven by an Office of AI established in the Department of Prime Minister and Cabinet last week….

… **In the Q&A with Croakey below, Kent Buse**, Professor of Health Policy at Monash University Malaysia, and Co-founder and Co-CEO of Global 50/50, which works for global gender justice, **stresses the importance of wide engagement with the Government's development of AI regulation. "The consultation on the legislation, and the National Cabinet process, will be dominated by industry and investors unless public health, climate, and community voices insist on a seat**," he says. **"…the fights for health, for decent work, for creative livelihoods, and for a safe climate are a single struggle over who sets the terms of a technology, not four separate ones."… "**

"**AI is fast becoming a determinant of health in its own right**: it will shape who is diagnosed and who is missed, whose work is dignified and whose is degraded, what information people receive about their bodies, and whose communities carry the environmental costs of the infrastructure."

"I **would have liked to hear that the new Australian Standards will be subject to independent health, equity, and climate impact assessment, and that the Office of AI will carry an explicit mandate for health and equity**. Standards written without a health lens will still determine health outcomes…."

Stat Opinion - The next DSM should address the algorithm's role in eating disorders

J Scheer et al; https://www.statnews.com/2026/09/02/dsm-6-eating-disorders-algorithms-social-media-influence-screening/

"Clinicians already screen for trauma and family history. Digital exposure should be part of that."

Access to Medicines, vaccines and other health technologies

WHO/GAVI/IFRC/MSF/UNICEF – Global initiative launched to improve access to mpox vaccines

https://www.gavi.org/news/media-room/global-initiative-launched-improve-access-mpox-vaccines

"**A global initiative to establish a stockpile of mpox vaccines was launched on 27 August, creating a long-term mechanism to ensure countries have access to vaccines when responding to mpox outbreaks."**

"Set to begin operations later this month, **this new global mpox vaccine stockpile that all countries can access is a resource that was approved by the Board of Gavi, the Vaccine Alliance (Gavi) in 2025, and is funded by Gavi and coordinated by the International Coordinating Group (ICG) on Vaccine Provision**. The **ICG partners** are the **International Federation of Red Cross and Red Crescent Societies (IFRC), Médecins Sans Frontières (MSF), the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO)."**

"The initiative builds on the Access and Allocation Mechanism established in 2024 during the last mpox Public Health Emergency of International Concern (PHEIC), and will ensure that countries have timely and equitable access to vaccines for outbreak response…."

- Related: GAVI - How a new global mpox vaccine stockpile could help the world respond faster to outbreaks

"A new global mpox vaccine stockpile is set to begin operations later this month, creating a long-term mechanism to help ensure that countries facing mpox outbreaks have rapid and equitable access to vaccines. Like existing global emergency stockpiles for yellow fever, meningitis, Ebola and cholera vaccines, **the mpox stockpile will be available to any country that needs it. However, because supplies are limited and must be distributed equitably, it is designed primarily for emergency outbreak response.** Countries eligible for Gavi support receive stockpiled vaccines free of charge. Wealthier countries can access the stockpile just as quickly, but these countries must subsequently reimburse the cost of the vaccines."

HPW - South Africa Grapples With The Promise and Price of Injectable Lenacapavir to Prevent HIV

https://healthpolicy-watch.news/south-africa-grapples-with-the-promise-and-price-of-injectable-prevention-drug-lenacapavir/

"The antiretroviral medicine lenacapavir, delivered via injection every six months, is almost completely effective in preventing HIV. But it is expensive at present, and millions will need to be initiated on it every year to make a dent on HIV transmission in South Africa."

*"…***The country started to roll out lenacapavir in June, and it is now available at 360 health facilities to anyone who feels at risk of HIV.** South Africa's President Cyril Ramaphosa described the introduction of lenacapavir as "a major turning point in South Africa's national story. It is the triumph of science over despair and the power of innovation to save lives". **But fewer than 47,000 people have been initiated so far – mainly because the health department cannot afford a huge rollout. Yet health economists advising the government have worked out that the country needs to get at least 1.7 million people on lenacapavir every year for the next five years if it wants to break the transmission of HIV…."**

UNAIDS, SADC and China, partner to advance local pharmaceutical manufacturing and health security in Southern Africa

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/september/20260901_PR_SADC_China

"UNAIDS, the Southern African Development Community (SADC) and the Global Health Innovation Institute (GHII) have brought together the Government of South Africa, the Government of China, Chinese pharmaceutical companies and regional and global partners in a major new collaboration to strengthen pharmaceutical manufacturing across Southern Africa. "

"The partnership, developed through sustained engagement led by UNAIDS, is being advanced this week through **a SADC-China strategic exchange taking place from 31 August to 4 September 2026 in Johannesburg, Durban and Cape Town.** By applying lessons from the HIV response, it brings together governments, pharmaceutical manufacturers, research institutions, financial and development partners and health experts to explore how stronger partnerships can accelerate regional production of medicines, diagnostics and health technologies**."**

Telegraph - Collapsing child vaccination in South Africa 'a public health emergency'

https://www.telegraph.co.uk/global-health/science-and-disease/collapsing-child-vaccination-health-emergency-south-africa/

"Proportion of infants who have received no immunisation has trebled in the past decade."

Miscellaneous

The Conversation - Global justice report offers bold ideas but misses the realities of 2 billion informal workers – economists

L Alfers et al ; https://theconversation.com/global-justice-report-offers-bold-ideas-but-misses-the-realities-of-2-billion-informal-workers-economists-290449

"… **the (Global Justice) report's understanding of how labour markets operate in the global south demands scrutiny**. A programme conceived in the name of global justice must not turn the particular history and institutions of the developed world into the future prescribed for everyone else…."

"**Rather, it should start from a defining economic reality of the global south. This is that most workers earn their livelihoods in informal employment, beyond the employment relationships, labour protections and redistributive institutions on which many of the report's proposals implicitly rely….**

… **This points towards a different policy agenda. ….** What protection should look like: Macroeconomic redistribution through global taxation and fiscal transfers is essential, but it cannot stop there. It **must be matched by "pre-distribution": changing the institutions and economic relationships that determine incomes and power in the first place.** Alongside social protection and public services, this requires: infrastructure and services that support livelihoods as well as protection against arbitrary eviction and confiscation; improved access to finance, technology, markets and public procurement; regulation that encourages employment and livelihood creation, while ensuring that firms, contractors and platforms exercising employer-like power bear a fair share of the responsibilities, costs and risks associated with production; meaningful worker recognition and representation. **Different labour markets require different routes to greater freedom over time….."**

Guardian – Countries legally obliged to consider slavery reparations, says UN committee

https://www.theguardian.com/world/2026/aug/31/countries-legally-obliged-consider-slavery-reparations-un-committee

"Guidance says states must implement 'comprehensive measures' to address legacy of racial discrimination."

"**Guidance published on Monday by the committee on the elimination of racial discrimination (CERD) said the obligations arose from a legally binding 1965 convention on racial discrimination, not from the legal standards that existed when the slave trade took place.** The committee described the approach as **a "paradigm shift" away from debates over historical responsibility** that have often been used by governments to resist reparations claims."

PS: "**Some states have sought to dodge claims for justice in courtrooms by arguing that there were no international laws outlawing the slave trade at the time – the so-called intertemporality principle.** But the UN document argues that, regardless of whether slavery and the slave trade were illegal under the laws of the day, countries remain responsible under current international obligations to tackle their continuing effects…." **"Irrespective of the legal characterisation of the original historical acts, states parties remain bound by their present obligations under the convention to address structural inequalities**," the UN document says."

"Financial compensation alone is not sufficient, it adds, urging "transformative" measures including opening archives, revising public memorials and establishing independent truth commissions…."

Mosquitoes Are Becoming Europe's Problem Too: What the Frankfurt Deaths Reveal

https://www.modernghana.com/news/1523274/mosquitoes-are-becoming-europes-problem-too.html

Analysis of last week's news at Frankfurt airport, from an African view. Re 'airport malaria'.

- Related: **Telegraph - Zika virus mosquitoes breed in Britain for first time**

Global health events

IHP – The 6th Transforming Health Systems dialogue in London: Power, Politics and Fiscal Sovereignty.

C E Khanoba et al ; https://www.internationalhealthpolicies.org/featured-article/the-6th-transforming-health-systems-dialogue-in-london-power-politics-and-fiscal-sovereignty/

"… the **sixth Transforming Health Systems (THS) dialogue** convened researchers, practitioners and health systems leaders at UCL Global Business School for Health in **London on 8 June 2026** to explore the theme: "Power, Politics and Fiscal Sovereignty: What is the Way Forward for LMIC Health Systems?" …"

Global health governance & Governance of Health

Devex – Special report: The UN's identity crisis

https://www.devex.com/news/special-report-the-un-s-identity-crisis-112923

(gated) "**The world body struggles to prove its relevance in an era of dwindling international cooperation."**

- Related**: UN News - General Assembly backs creation of new UN learning institute under UN80 reforms**

"**The UN General Assembly has approved the merger of two United Nations learning and training bodies**, creating a **new institution** designed to strengthen support for both Member States and the UN system itself."

Coefficient Giving - Introducing the New Leader of Our Work on Global Health and Development Policy

https://coefficientgiving.org/research/introducing-the-new-leader-of-our-work-on-global-health-and-development-policy/

"We're excited to announce that we've **hired Amanda Glassman as Managing Director of Global Health and Development Policy.** In this role, Amanda will oversee our Global Aid Policy and Global Growth funds, as well as a growing portfolio of work on health aid transitions."

Glassman will **focus on three areas.**

"**Scaling the ambition of our established programs**: Global Aid Policy and Global Growth are established programs with experienced leads. …"

"**Expanding our work on health aid transitions**: As donor funding has contracted, governments are deciding which donor-funded services they can absorb and which they'll have to drop. In response, we've made nearly $18 million in grants for policy work and technical assistance that help governments manage the transition and get more from their current health budgets. Amanda will scale up this work and refine our theory of change. "

"**Developing a new portfolio focused on global health systems policy**: Amanda will build a new stream focused on making targeted grants that accelerate regulatory approval of cost-effective global health technologies and strengthen regulatory policy. She will also focus on grants that improve how global health institutions like the Global Fund, WHO, and development banks support governments' uptake of cost-effective priorities and verify that services reach people."

CGD (blog) - How Much is the EU's Proposed Development Budget for 2028-2034 Really Increasing?

M Gavas et al; https://www.cgdev.org/blog/how-much-eus-proposed-development-budget-2028-2034-really-increasing

"**The European Commission's proposal shows a 70 percent increase in EU development cooperation spending, but in fact, the real increase is less than half that amount—at best 44 percent and most likely less than 30 percent**. That leaves little funding to cover proliferating global challenges and crises, from Nepal's deadly recent floods to the mounting development needs of increasingly fragile countries. **Here, we set out why that 70 percent figure is misleading….."**

"The bottom line is that the proposed Global Europe Instrument is bigger than NDICI (i.e. the current instrument, the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)), **but at best case, around 44 percent bigger, and more realistically, less than 30 percent in real terms…."**

Progress in Development Studies - Effective Altruism's Blind Spot: The Systematic Underestimation of Harm

Derk-Jan Koch et al; https://journals.sagepub.com/doi/abs/10.1177/14649934261468654

"**The rapid rise of effective altruism (EA) has reshaped contemporary global health and development by promoting the allocation of resources towards interventions that maximize measurable impact.** While widely praised for its analytical rigour and commitment to evidence-based decision-making, EA has **also attracted critique** for its reliance on quantification, its technocratic orientation and its limited engagement with structural forms of inequality. **This commentary builds on these debates but advances a more specific argument: that EA systematically underestimates negative unintended effects, resulting in an asymmetrical assessment of impact. We argue that this asymmetry reflects not only methodological biases—such as the preferential treatment of measurable outcomes— but also a deeper neglect of the distributional consequences of interventions.** Framed through the guiding question, **'effective for whom?'**, the commentary **examines two prominent EA-supported interventions—cash transfers and bed net distribution—**to demonstrate how benefits for direct recipients may be accompanied by costs for non-recipients, local systems or public institutions. These costs are often diffuse, delayed or difficult to quantify, and therefore insufficiently incorporated into cost-effectiveness models. **We propose three practical shifts**:…"

Harvard Kennedy School Belferd Center - From Nonalignment to Multialignment in the Emerging Global Order: Options for Nigeria as a Middle Power

Kayode Fayemi; https://www.belfercenter.org/sites/default/files/2026-08/Nigeria_MiddlePowers-CountryReport_1.1%20%28002%29.pdf

(part of the Middle Powers project). "**Nigeria is repositioning from nonalignment to multialignment**, **using regional leadership**, **economic resources**, **and diplomacy to balance US-China rivalry**, **while domestic instability still limits its full middle power potential**."

Neat **summary via Global Health Otherwise:**

"**Nigeria stands as one of Africa's most influential nations**.
This report from Harvard's Belfer Center examines how the country can navigate today's shifting global power balance. **John Kayode Fayemi, PhD. (2026) offers a critical account of Nigeria's journey from strict nonalignment during the Cold War to a more flexible strategy called multialignment, where the country builds ties with multiple powers instead of picking sides.** The report traces Nigeria's history, its leadership in ECOWAS and the African Union, its oil wealth, and its large youthful population as sources of influence. **It shows how Nigeria balances relationships with the United States and China**, drawing investment and technology from both without depending fully on either. **Fayemi highlights Nigeria's push for UN Security Council reform, its tax justice campaigns, and its climate diplomacy** as proof of growing global weight. Still, the report stresses that **domestic problems** like insecurity, corruption, and weak institutions limit Nigeria's potential…." "It recommends Nigeria strengthen its economy, secure its territory, and lead Africa through strategic, independent partnerships rather than superpower rivalry."

Development Today – Finland joins Sweden and US in terminating support to UNRWA

Finland joins Sweden and US in terminating support to UNRWA
(gated) "**Development Minister Ville Tavio of the populist right-wing Finns Party will terminate funding from next year, breaking with a decades-old Finnish policy**. He cites as his reason that **Finland is following "its closest peer country, Sweden**." Meanwhile in Sweden, with an election two weeks away, the Social Democrats say that if they win, they will reinstate support to the agency."

Global Policy -US-China Rivalry and the Global Governance Trilemma: Three Scenarios for World Order

Matthew D. Stephen et al;
https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70209

"We examine the consequences of US-China rivalry for future world order in light of the global governance trilemma. **The trilemma captures persistent trade-offs between three dimensions of global governance: authority, breadth, and universality**. The contemporary US-China rivalry exacerbates the global governance trilemma, making these trade-offs increasingly acute…."

"…. Drawing on hegemonic order theories, we argue that the trilemma was attenuated in the post-Cold War period owing to a hegemonic alignment of power and purpose that enabled the emergence of a relatively universal, broad, and authoritative system of global governance. By putting an end to this hegemonic moment, the US-China rivalry has led to the revenge of the global governance trilemma. **Moving beyond the idea of a shift from rules to power, we use the logic of the trilemma to identify three ideal-typical scenarios** for the coming world order: **a world of clubs, a world of deals, and a world of thin governance."**

Global health financing

Globalization & Health - Bridging concessional-loan and grant-linked aid for global health: a qualitative content analysis of Korea's blended-aid model

https://link.springer.com/article/10.1186/s12992-026-01236-6
"**Integrated loan-and-grant aid models are increasingly promoted as a means of addressing fragmentation in global health**. However, empirical evidence on how these complex aid models function in the real world remains limited. **This study explored how the outcomes and structural constraints of Korea's Concessional-loan and Grant-linked Aid (CGA) model are represented within institutional evaluation processes…."**

UHC & PHC

BMJ GH (Analysis) – A new conceptual framework for evaluating healthcare quality: shifting from reactive treatment to proactive health preservation

K Kanda; https://gh.bmj.com/content/11/9/e020678

"Healthcare quality is commonly assessed using clinical outcomes and service-based metrics that begin after illness has occurred. While such measures are important, they often overlook healthcare's fundamental purpose: to preserve health, prevent disease and minimise reliance on medical intervention. Drawing from global definitions of healthcare and quality—and philosophical insights from Sunzi's Art of War—**this paper proposes a new framework that shifts evaluation from reactive treatment to proactive health preservation**…."

Annals of Global Health - Universal Health Coverage in Pakistan: Challenges, Reforms, and the Road to 2030

https://annalsofglobalhealth.org/articles/10.5334/aogh.5238

Review by **Babar Tasneem Shaikh.**

Lancet Primary Care - Metabolic dysfunction-associated steatotic liver disease in primary care: an international Delphi consensus

Gong Feng et al;
https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00101-9/fulltext
Review.

Pandemic preparedness & response/ Global Health Security

Health Research & Policy Stems - Tracking funding to inform action: mapping the award landscape for research on pandemic and epidemic intelligence

E Antonio et al; https://link.springer.com/article/10.1186/s12961-026-01532-y

"Our aim was to analyse the extent to which the current research award landscape for epidemic-prone diseases aligns with the pandemic and epidemic intelligence research priorities…."

WHO Bulletin - Establishment of a One Health workforce for pandemic prevention, preparedness and response

Ong-orn Prasarnphanich et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294954.pdf?sfvrsn=8545dbe_3

"… In this article, we highlight how essential public health functions enable cross-sectoral collaboration and we underscore the importance of systematic workforce development. We also introduce the **Workforce development for effective management of zoonotic diseases**: an operational tool of the tripartite zoonoses guide, developed to support countries to strengthen a One Health workforce, in alignment with other established frameworks…."

Nature Health - Closure strategies to mitigate future respiratory pandemics

P Doohan et al ; https://www.nature.com/articles/s44360-026-00192-0

"Spanning a wide range of intervention policies and socioeconomic scenarios, this **modelling analysis** projects **gross domestic product losses during a prospective pandemic event**, pinpointing **optimal type, timing and duration of non-pharmaceutical interventions**."

Planetary health

Science (Policy article) – Building a scalable climate coalition for heavy industry

https://www.science.org/doi/10.1126/science.aef7190

"Emissions could be reduced, with minimal impact on production, while generating billions in public revenues."

"**We propose a coalition that initially targets four emissions-intensive industries—iron and steel, aluminum, cement, and nitrogen fertilizers (hereafter, fertilizers)—**which together account for roughly 20% of global greenhouse gas (GHG) emissions…"

Journal of Law, Medicine & Ethics - Planetary Health: A Framework for Expanding the Boundaries of Global Health Law

Marlies Hesselma, G L Burci et al ; Journal of Law, Medicine and Ethics;

"**This article examines how the emerging framework of "Planetary Health" challenges us to reconsider the role and boundaries of global health law, for example by engaging with systems thinking, eco-centric perspectives, Indigenous knowledge, and newly emerging human rights**. How does planetary health inspire novel thinking or new approaches around the conceptualization, design, implementation and/or interpretation of global health law and health-related rights, aiming to protect vital ecological foundations or determinants of health?"

Guardian – Almost half of world's farmers poisoned by pesticides every year, experts find

https://www.theguardian.com/environment/2026/sep/02/50-per-cent-world-farmers-poisoned-pesticides-every-year-experts

"**Study reveals that pesticide poisoning kills 11,000 people each year, with India accounting for nearly 60% of fatalities."**

"**Almost half of the world's farmers are poisoned by pesticides every single year**, a study has found. Using publicly available data from 2006-2023, the **study, which was commissioned by Pesticide Action Network,** found there to be **an estimated 402-433m cases of unintentional acute pesticide poisoning of farmers and farm workers every year.** Based on a worldwide farming population of 934 million, **this means approximately 46% of farmers are being poisoned every** year. The greatest estimated number of poisonings was in **southern Asia, followed by south-east Asia and east Africa…."**

Nature Communications Earth & Environment - Long-term monitoring of active layer thickness confirms global permafrost degradation

https://www.nature.com/articles/s43247-026-03824-1

Via **Ian Hall** on Bluesky:

"**Permafrost is thawing deeper and it's happening worldwide**. A new study of 156 monitoring sites found that the active layer, the soil that thaws each summer, increased significantly at many sites from 2000–2024."

Nature Health – Eight urban action domains for improved climate-health outcomes

F Creutzig et al; Nature Health ;

"Well-designed urban climate policies could prevent millions of premature deaths each year through cleaner air, healthier diets, safer housing and more climate-resilient infrastructure."

HPW - India's Flagship Air Pollution Programme Is Failing

https://healthpolicy-watch.news/indias-flagship-air-pollution-programme-is-failing/

"India's flagship air pollution action plan, the National Clean Air Programme (NCAP), has mostly failed to deliver, according to research presented at the eighth India Clean Air Summit. Officials, scientists, and other experts highlighted the 2019 program's severe shortcomings and red-flagged critical gaps. **An "NCAP 2.0' has been widely expected, but the central government has yet to announce a launch timeline…."**

WHO Bulletin - Epistemic injustice in climate health research

Verina Wild et al; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294374.pdf?sfvrsn=b8aab39f_3

"**Our main claim** is that climate health research, particularly with its ongoing engagement with Indigenous scholarship, contributes to rectifying historic epistemic injustices while increasing cognitive diversity. Health researchers and bioethicists ought to contribute collectively to interrogating and ultimately overcoming epistemic injustices…."

The **authors conclude**: "To develop a normative concept of health that is beneficial and just for all, addressing structural and epistemic injustices in knowledge production is essential. **Climate health research is at risk of repeating the exclusion of historically marginalized voices, resulting in moral harms for all life on the planet. Yet, especially in collaborative responses to epistemic injustices, climate health research has the potential to transform normative understandings of health towards more interdependent approaches** and thus to renew health research, policy and practice."

Covid

Stat - Paxlovid did not help long Covid, study finds

https://www.statnews.com/2026/09/01/health-news-paxlovid-did-not-help-long-covid-study-finds/

"**Results from an ongoing study looking for ways to treat the symptoms of long Covid suggest that Pfizer's Paxlovid is not an answer**. The **study, led by researchers at Boston's Mass General Brigham health system**, showed the drug, which is used to treat acute Covid-19 symptoms, did not work better than a placebo when given to people with long Covid….

"Paxlovid — a combination of the drugs nirmatrelvir and ritonavir — works by stopping the virus that causes Covid from multiplying. The researchers wanted to see whether it could help long Covid sufferers by potentially doing the same to viruses that might be lingering in their bodies. The three-armed trial studied the full drug, and each of the component parts against a placebo, with treatment ranging from 15 to 25 days. (Paxlovid for acute Covid is taken for five days.) "Unfortunately treating viral persistence with this antiviral medication did not show evidence of clinical benefit," said co-principal investigator Lindsey Baden…."

"The study, funded by the National Institutes of Health, was **published in the journal Lancet Infectious Diseases. "**

Nature (News) - When do infections lead to long COVID? Scientists close in on triggers and treatments for post-viral syndromes

https://www.nature.com/articles/d41586-026-02683-2

"Hundreds of millions of people have long-term conditions as a result of an infection. Researchers are working out how to help them."

"**… Among the many mechanisms that could drive pathology, some are seen as stronger candidates than others**. Researchers are focusing in particular on **immune dysfunction — including autoantibodies — and viral persistence**. "The spotlight is on those two areas…"

"… **The field is approaching a tipping point**, says Putrino. "We're really starting to understand what's going on," he says. And researchers are "bringing industry into the space, which always accelerates things". **But frustrations persist. The main bottleneck is a lack of biomarkers**. To get definitive answers, researchers need reliable biological measures to recruit the right participants into the right trials. "We don't have that, so we have to start there," Iwasaki says…."

AMR

WHO - Integration of equity into national action plans on antimicrobial resistance: guidance to complement the people-centred approach

https://www.who.int/publications/i/item/9789240123892//

"Antimicrobial resistance (AMR) poses a major threat to global health and development, yet equity remains insufficiently addressed in AMR policy and practice. **This publication complements WHO's people-centred approach to addressing AMR in the human health sector by synthesizing evidence and expert opinion on equity and providing practical recommendations for integrating equity into national action plans (NAPs) on AMR**. It focuses on **three scenarios addressing critical AMR interventions: water, sanitation and hygiene (WASH); access to health services and essential antibiotics; and surveillance of and response to AMR and antimicrobial use**. These scenarios illustrate how inequity can influence the emergence, spread and impact of AMR and can undermine or be exacerbated by AMR interventions."

"**The publication provides 20 recommendations to strengthen knowledge and action on inequity across the 13 core interventions of the WHO people-centred approach…."**

Plos Med –Antimicrobial stewardship in low- and middle-income countries: Access versus adherence

Kiarah Shchepanik et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005218

"Can improving access to antimicrobial guidelines improve prescriber adherence? In a recent study published in *PLOS Medicine* (the LAMPA trial), a smartphone app did not improve adherence despite enhanced access to guidelines, highlighting that prescriber behavior is complex, and effective antimicrobial stewardship interventions need to be multifaceted and sustained."

NCDs

Guardian - Sweetener used in chewing gum and jam linked to strokes and heart attacks

https://www.theguardian.com/society/2026/aug/28/sweetener-xylitol-used-in-chewing-gum-and-jam-linked-to-strokes-and-heart-attacks-study

"High blood levels of **xylitol** associated with higher risk of major cardiovascular events, in **largest study of its kind."**

Guardian – 'People should not feel guilty': weekend lie-in may be good for you, experts say

https://www.theguardian.com/lifeandstyle/2026/aug/30/sleeping-in-weekend-may-be-good-for-you-study

"Previous advice stressed risks of sleeping in but about 90 minutes extra could prevent high blood pressure."

"Now analysis has produced a heartening caveat to that advice: **if you do not overdo it, weekend lie-ins may be good for you, with an ideal benchmark of 1hr 27min extra in bed to protect against high blood pressure. ….** …The **research was presented in Munich at the annual congress of the European Society of Cardiology, the world's largest heart conference…."**

Guardian – Statins can reduce dementia risk by up to 15%, long-term study suggests

https://www.theguardian.com/society/2026/aug/30/statins-reduce-dementia-alzheimers-risk-study

"The cholesterol-busting drugs are more effective the earlier in life they are taken, 15-year research project indicates."

"Statins can lower the risk of dementia by 15%, and the earlier in life they are taken the higher the chances of avoiding the disease, a 15-year study suggests. … Now **research presented in Munich at the world's largest heart conference** suggests that the cholesterol-busting drugs could dramatically reduce the risk of people developing dementia…."

"… The findings were presented on Sunday at the annual congress of the European Society of Cardiology (ESC), and **simultaneously published in the Lancet Regional Health Europe journal**…."

BMJ GH - Projections of human papillomavirus (HPV) vaccination impact on non-cervical cancer outcomes among women in 117 low- and middle-income countries: a modelling study

https://gh.bmj.com/content/11/8/e021127

by A Tuli et al.

Social & commercial determinants of health

The Milbank Quarterly - Stigma as a Social Determinant of Health: A Policy Classification Framework and Call to Action

https://www.milbank.org/quarterly/articles/stigma-as-a-social-determinant-of-health-a-policy-classification-framework-and-call-to-action/

by L Carter-Bawa.

Plos GPH – Power and entitlement: Addressing the structural drivers of food insecurity and malnutrition

H Walls & M McKee;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007192

"**Drawing on Amartya Sen's entitlement framework** and adapting it by making the conditions governing conversion analytically explicit, we explain food access in terms of people's endowments and the exchange, production, and transfer entitlements through which food is acquired. **We examine two analytically distinct but mutually reinforcing forces: corporate power and wealth inequality**. **Corporate concentration** can reshape production, supply chains, food environments and public policy, while **wealth inequality** limits access to productive assets, purchasing power and social protection. We argue that durable progress requires policies that rebuild household endowments, constrain excessive corporate and political power, strengthen conversion factors, and widen exchange, production and transfer entitlements. **Priority measures include progressive taxation of income and particularly taxation of extreme wealth, social protection, competition and governance reform, secure land tenure and support for smallholders, regulation of food marketing, and investment in enabling infrastructure."**

Sexual & Reproductive health rights

Sexual and Reproductive Health Matters - "A beautiful chaos¨: a qualitative study on exploring the role of international communities of practice in knowledge translation for sexual and reproductive health and rights

https://www.tandfonline.com/doi/full/10.1080/26410397.2026.2714691

By Noa E.M. Kolpa et al.

Plos GPH -Family planning self-care: From global frameworks to local meaning, perceptions, experiences and opportunities in Niger

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006341

by Jean Christophe Fotso.

Neonatal and child health

Lancet World Report – How will the Meta settlement affect child health?

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01807-6/fulltext

"The social media giant will make changes across its platforms, which health experts have welcomed as a step in the right direction. Talha Burki reports."

Access to medicines & health technology

TWN – Indonesia's Constitutional Court Restores Safeguards Against Pharmaceutical Patent Evergreening

https://www.twn.my/title2/health.info/2026/hi260804.htm

"In a **landmark decision delivered on 28 August 2026**, Indonesia's Constitutional Court reinstated the anti-patent-evergreening provision in Article 4(f) of the 2016 Patent Law. The Court also clarified that civil society organisations and other public interest actors qualify as "interested party" entitled to challenge the grant of patents under Article 70(1) of the Patent Law. **This historic decision (No. 255/PUU-XXIII/2025) is the result of a case brought by ten petitioners to the Constitutional Court of the Republic of Indonesia** challenging Law No. 65 of 2024 on the Third Amendment to Law No. 13 of 2016 on Patents, which deleted Article 4(f) of the patent law, an important safeguard against pharmaceutical patent evergreening. …"

Plos GPH - A novel framework for quantifying the clinical impact of substandard and falsified antimicrobials: Application to typhoid fever

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007207

By Sean Cavany et al.

Plos GPH - Nearly one in five essential medicines fail quality standards in Africa: A systematic review and meta-analysis of MNCH medicines and antimalarials

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006326

By Jean Christophe Rusatira et al.

Lancet GH (Comment) – Economic case for universal hepatitis B birth dose vaccination in South Africa

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00180-4/fulltext

Comment related to a new Lancet GH study – Cost-effectiveness of the hepatitis B birth-dose vaccine in South Africa: a mathematical modelling analysis

Human resources for health

Nature Africa - Africa's doctors should have more opportunities to study within Africa

K Topp et al; https://www.nature.com/articles/d44148-026-00264-z

"**Our journeys from Senegal and Rwanda to medical school in Morocco** show how greater mobility within Africa could expand opportunities for students, and help skills circulate across the continent."

Decolonize Global Health

Development & Change (Debate) Just Economies? Some Critical Supplements to Decolonial Development Debates

Kiran Asher; https://onlinelibrary.wiley.com/doi/10.1111/dech.70083

"Decolonial approaches are becoming established and institutionalized in development scholarship and curricula. Among their important contributions to critical development thinking are the reminders to strive for epistemic justice and to foreground the heretofore marginalized knowledge of Indigenous and Black people, the 'feminine', non-Western people and other Others. However, scholars who take decolonial politics seriously must engage with **prior anti-colonial work in development studies and past critiques of political economy**. **This article provides an overview of the long trajectory of this critical work and discusses earlier and current critical works that offer analytically sharper and politically more astute ways of thinking about colonialism, race, gender and power than many current decolonial approaches."**

Miscellaneous

Nature (News) – Anxious or outgoing? Huge study links 'Big Five' personality traits to genetic variants

https://www.nature.com/articles/d41586-026-02761-5

"Researchers identify more than 1,200 personality-linked genetic variants, with effects largely independent of family background."

"… The researchers found that **common genetic variants account for a small percentage of variation in the 'Big Five' personality traits** — extroversion, agreeableness, conscientiousness, neuroticism and openness to experience — **within a population….** Although the genetic links to personality are small, the study found that they are more robust to confounding factors such as

family background than are gene associations with education level, income and some other socio-behavioural traits. **Using these genetic correlations, the researchers connected personality traits to a slew of health and lifestyle factors**, including whether a person is likely to take up smoking (linked to how conscientious they are), COVID-19 infection risk (linked to extroversion) and even participation in research studies (linked to a person's agreeableness and openness to experience)…."

Papers & reports

WHO Bulletin – September issue

https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+9%5BIssue%5D

- Including among others this **editorial - Ways to address health financing pressures and donor transition, Kenya (by C Wesonga et al)**

"In the editorial section, Colette SA Wesonga and Benard W Kulohoma debate ways to address health financing pressures and donor transition in Kenya…."

"The simultaneous dwindling of international funding in the coming years requires strategic alignment. To safeguard public health gains and ensure uninterrupted service delivery, we suggest that policy-makers and health authorities **should prioritize four actions…"**

Lancet Global Health – September issue

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

Editorial: Small island developing states on the frontline

"The constant warming of the planet is a human-made problem which could be substantially addressed with enough political will. **Small island developing states (SIDS) are among the countries most heavily affected by anthropogenic climate change, but with little sway in global politics and producing less than 1% of global emissions, they find themselves at the mercy of larger and more powerful geographical territories and corporations**. In this month's issue, our 2025 SIDS report of the *Lancet* Countdown on health and climate change emphasises that people living in SIDS are subject to existential health hazards such as sea-level rise, droughts, and floods, the effects of which are exacerbated by the states' remoteness and small economies. This is to say nothing of the increased heat, which presents immediate health risks…"

Global Public Health - Public health, public protest: The role of health burdens and healthcare access in protest mobilisation

Ryan Essex, V Sriram et al; https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2725379

« This study examined whether population health burdens were associated with protest incidence and whether healthcare access modified these associations…."

Check out the findings.

Global Public Health - Education as a mediating interface in global health: A conceptual synthesis of antimicrobial resistance education

https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2725374#abstract

By Martin Mickelsson et al.