IHP news 897 : Kicking off the UNGA81 High-level week

(18 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,

Officially, the **81st UNGA High-level week** (18-28 Sept) kicks off today, although the **General Debate** only starts next Tuesday. Later today, the **annual 'SDG moment'** is taking place. Doubt it'll be a festive occasion, even if I largely agree with Jonathan Glennie's take on the SDGs: they told us what matters. Sadly, though, instead of steadily getting closer to the SDGs as the deadline is approaching, mankind is increasingly **flirting with 'end times'**, it appears (*see eg Naomi Klein & Vance for some slightly different takes on these end times*). Unlike the MDG agenda, the SDG agenda turned out a 'universal one' indeed. Trouble is: we collectively botched it – even if some people are obviously far more guilty than others.

And so, instead of the sustainable development we were promised, w**e now face three existential risks (& counting):** the **climate breakdown** (& more in general planetary boundaries emergency)**; nuclear risks/weapons of mass destruction** (*back from never really having gone in the first place*); and **AI** (*the new kid on the block*). In an interview from this week, UN SG Guterres also considers '**deepening inequalities'** an existential threat, and he's not wrong. Sometimes you get the impression this newsletter isn't any longer about global health policies & governance but about existential risks - in the short or medium term. In case you wonder: it's not that I particularly like it (*in spite of an undeniable Schopenhauer streak on decaffeinated days*). Moreover, as I don't need to tell you, on all these accounts (*ànd plenty of others*), **hundreds of millions of people are currently already suffering really awful consequences and real harm** – *with 'swarms of tech billionaires' behaving like 'rogue agents' in many of these areas :)*

It's against that rather dire (and for many even increasingly nihilist) backdrop that the global health community continues to work towards a brighter future – while trying to avoid feeling too much like Don Quichote on a windy day.

With that in mind, this newsletter issue features updates on the **Global Health reform efforts**, with this week among others an important new **Nature Medicine** article by some heavy-hitters, '*Rethinking the global health system for a new international order*'. One of the co-authors, **Wellcome's J-A Røttingen**, warned the window for global health reform is closing over the next year or so. The first author, **the Alliance's Kumanan Rasanathan** reckons '*this time could be different*' (for a number of reasons): unlike in previous decades global health reform is possible now. We tend to agree. Still on global health reform, on Monday the **Accra Reset High-Level Panel** releases its - highly anticipated - **recommendations** in New York. Do read a hard-hitting Lancet Comment by Ebere Okereke et al, ahead of next week's launch, '*The Accra Reset must turn sovereignty into country power*'.

In the run-up to UNGA's High-level week, as usual a number of **high-profile reports** were also published, among others the **2026 Gates Foundation Goalkeepers report** (*this time with Bill's 'complicated' view on AI and health, plus an (uncomplicated) 1 billion investment*); a **new BMJ Collection on protecting global SRHR** in difficult times; a Rockefeller foundation global poll with some mixed messages; and the **Global Fund's annual Results report.** With no doubt more reports still to come in the coming days.

In **Hangzhou, China**, the **Global Initiative on AI for Health** (GI-AI4H) (a joint WHO/ITU/WIPO body) is holding its third meeting (16-18 Sept). Among others, to push forward global AI-in-health governance standards. They have their work cut out. Interesting setting too.

We also pay quite some attention to the **BRICS summit** from last weekend in Delhi – rather important from a public health point of view as well. And today, September 18th, the **America First Global Health Strategy** turns **one year** old. (*Nope, no cake …)*

In the **Ebola emergency** in the DRC, earlier this week media reported for the first time some '**cautious optimism'** from DRC government officials. Talk of a 'peak' is perhaps premature**,** but on Wednesday, WHO staff (including Tedros himself) also expressed some cautious optimism about the fight, while acknowledging **the battle is going to take many more months**. Which brings us not just to the **PPPR UN High-level event** in New York next week (25 Sept), but also to the resumed **PABS discussions** in Geneva (14-18 Sept). According to Geneva Health Files, "….***both sides acknowledged that the unfolding Ebola emergency had so far failed to make an impact on these talks***. *"**Each side is drawing their own lessons from Ebola, and is using the outbreak to serve their own narratives**" (a developed country diplomat told us).* …" Granted, the fact that the EU negotiator was lamenting 'ideological polarization' and a 'transactional approach' (*not from the EU, mind you* :))', as this latest round was about to start, probably didn't help much.

But let's hope for some '**recursive self-improvement'** among negotiators in the coming round(s) (*if necessary, with a little help from Claude*)!

Enjoy your reading.

Kristof Decoster

Featured Article

Who gets surgery under prolonged occupation and in war? The unequal path to surgery in Palestine

Duha Shellah

Armed conflict disrupts health systems in ways that extend far beyond the destruction of hospitals or shortages of medical supplies. The ability of patients to access care depends on whether health systems can sustain referral pathways, coordinate services across different levels of care, and

maintain continuity despite insecurity, displacement, and fragmented governance. Yet these dimensions of health-system performance remain poorly captured by conventional humanitarian indicators.

Surgical access under prolonged occupation, war, and fragmented health governance offers a particularly revealing lens. In Palestine, movement restrictions, referral governance, territorial fragmentation, place of residence, and the availability of functioning health facilities shape who reaches care, when they reach it, and whether care can continue. Research from the West Bank has documented the relationship between checkpoints, road closures and other movement restrictions and reduced access to healthcare. These barriers matter particularly for patients whose care requires movement between facilities or jurisdictions. And of course, the war in Gaza sadly demonstrated in the past few years what happens when disruption of surgical pathways becomes systemic rather than episodic. …

- To continue the full read, see IHP: Who gets surgery under prolonged occupation and in war? The unequal path to surgery in Palestine

Highlights of the week

Structure of Highlights

- PABS negotiations: a new round (14-18 Sept)
- Run-up to the UN HL meeting on PPPR
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- The Future of Development Cooperation
- Trump 2.0, US Global Health strategy & bilateral health agreements
- More on the impact of US aid cuts
- Decolonize Global Health
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- 2026 Goalkeepers report (& more on AI & health)
- Access to Medicines, Vaccines & other health technologies
- Some more reports
- Miscellaneous

PABS negotiations: a new round (14-18 Sept, Geneva)

With below some coverage & analysis of the opening day (and additional analysis).

- WHO - Eighth meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement

HPW – As Pandemic Talks Resume, EU Diplomat Sharply Criticises 'Ideological Polarisation'

https://healthpolicy-watch.news/as-pandemic-talks-resume-eu-diplomat-sharply-criticises-ideological-polarisation/

(11 Sept) State of affairs (from a European point of view at least) ahead of this new round.

"EU negotiator Americo Zampetti warns that ideological polarisation over pathogen access threatens to derail the WHO Pandemic Agreement."

"On **the eve of the eighth round of talks on an annex to the Pandemic Agreement, the European Union's (EU) chief negotiator has warned that "ideology" is blocking consensus**. Negotiators meet at the Intergovernmental Working Group (IGWG) at the World Health Organization (WHO) headquarters in Geneva from 14-18 September to thrash out the pathogen access and benefit sharing (PABS) system. …"

"…. **The deadlock is between two camps represented by the EU on the one hand, and an alliance of the African region and Group of Equity countries on the other….."**

"We are in a world which is very polarised across this particular issue," **Americo Zampetti, Minister Counsellor for Global Health at the EU Delegation to the United Nations,** told a recent **European Parliament subcommittee briefing this week** (7 September). "The whole agreement, let's say the mother agreement, is kept hostage by this annex which is very, for lack of a better word, ideologically driven," Zampetti added…."

"**Other negotiation observers, including Knowledge Ecology International (KEI) and global health academics, have also urged parties to find a more pragmatic solution to the standoff**…."

"… **'Transactional approach': ….** These nations (*i.e. cfr the federated model*) want manufacturers to pay a subscription to be part of a PABS system, alongside mandatory technology transfers and non-exclusive licences for pandemic-related vaccines, treatments and diagnostics. "**This transactional approach seems to us very unsuited to get to good results," said Zampetti. "We need to have common sense prevail."…"**

PS: "**Despite the friction, both competing models share a common technical foundation, based on a WHO Coordinated Laboratory Network for physical samples, WHO-recognised sequence databases, and Unique Persistent Identifiers to ensure end-to-end traceability of pathogen resources…."**

PS: "**Meanwhile, academics writing in a recent commentary in The Lancet warn that the delay in reaching agreement is enabling the bilateral agreements to "bypass multilateral systems operationally but also reduce reliance on collectively negotiated multilateral frameworks, such as the Pandemic Agreement".** This **could weaken the collective bargaining power of low-income and middle-income countries**, they warn…."

HPW – Developing Countries Unite Over Need for Binding Contracts with Pharma at Pandemic Talks

https://healthpolicy-watch.news/developing-countries-unite-over-need-for-binding-contracts-with-pharma-at-pandemic-talks/

(14 Sept) **Must-read coverage of the opening day.**

"Contracts, contracts, contracts. **Virtually all the regional blocs that addressed the start of the eighth round of the pandemic agreement talks on Monday stressed that any pathogen access and benefit-sharing (PABS) system needs to include standard contracts with pharmaceutical manufacturers.** These would set out the terms of accessing dangerous pathogens, as well as how to share any "benefits" – vaccines, therapeutics and diagnostics – that were developed from this knowledge. **However, the powerful European Union (EU), which did not address the opening session, opposes such contracts and what its chief negotiator, Ambassador Americo Zampetti, has described as a "transactional approach" to the PABS negotiations**."

"…**The World Health Organization's (WHO) African Region, Group of Equity, Eastern Mediterranean Region (EMRO), and South East Asia Region (SEARO)** all spoke of the **need for "legal certainty" that such contracts will ensure…."**

PS: "**Arguing for the "federated" approach**, Namibia told the opening of the Intergovernmental Working Group (IGWG) that **Europe's Genomic Data Infrastructure (GDI) project was based on countries retaining sovereignty over pathogen information.** Some €40 million has been invested in the GDI over the past four years, uniting 70 institutes across 24 European countries. "This is the design of a federated model, where the data is held at national level," said Namibia's Taime Sylvester. "Its aggregated and non-sensitive information is openly discoverable through a federated query system, with controlled access guaranteed to approved users in both public and the private sectors," said Sylvester. "**We are not asking to build something new. We are asking that this meeting of IGWG8 begins from what already exists." "**

"… **Algeria repeated Africa's proposal, describing it as a "federated model as the architecture for the [PABS] system as a whole**: sovereign national nodes, common rules for all, a shared index, access on agreed terms, and obligations that travel with the material and the information". "**We did not conceive this architecture in isolation. Federated systems are today the operating choice of several public genomic and health data infrastructures. What we propose is therefore not a regional approach, but a common solution applicable to all parties on the same terms, in which international cooperation strengthens the sovereign rights of states."…"**

"… **However, several non-state observers of the talks support a more pragmatic approach, involving more open access to pathogen information with strings attached to any commercial products developed as a result when they are ready for sale.** Championing this approach is **Knowledge Ecology International (KEI),** which proposes that manufacturers obtain contracts with

the WHO, "not as a condition of having access to PABS materials and digital sequences, but as a condition of registering and selling products" to address pandemics or public health emergencies of international concern (PHEIC). **Supporting KEI's position was Medicines Law and Policy's Ellen 't Hoen,** who asked the IGWG opening whether member states would engage with the proposal – with co-chair Ambassador Tovar Nunes Da Silva assuring her that they would…."

Also with the **view of CEPI.**

And, surprise, surprise: "… **Industry rejects 'contractual requirements': The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)** urged negotiators to "focus on practical, open, and workable mechanisms that strengthen preparedness and accelerate scientific collaboration between public and private researchers". It called for a PABS system that preserves "open, de-linked access, interoperability with existing databases and laboratory networks, and multiple pathways for accessing pathogens and sequence information". "Contractual requirements, restrictive access conditions, or burdensome compliance measures introduced as a precondition for research risk creating delays precisely when speed matters most," the **IFPMA's Grega Kumer** told IGWG 8.

PS: "**Top leadership present: Several countries sent their top diplomats to the opening of the Geneva talks, signalling their seriousness**. This included new ambassadors to the UN in Geneva, Ireland's Laurence Simms and South Africa's Zaheer Laher, as well as the EU's Zampetti. France's Ambassador Anne Claire Amprou, former chair of the Intergovernmental Negotiating Body (INB) that negotiated the Pandemic Agreement, was also present, as was her counterpart, Precious Matsoso, who is now part of the South African delegation."

Geneva Health Files - Positions Taut, Bureau Half-Filled: PABS Talks resume at the WHO

https://newsletter.genevahealthfiles.com/positions-taut-bureau-half-filled-pabs-talks-resume-at-the-who/?ref=geneva-health-files-newsletter

(15 Sept) "WHO member states are meeting this week in Geneva to continue negotiations on the Pathogen Access and Benefit Sharing System in the midst of some **challenges: positions between countries on conceptual matters continue to be distant; and concerns on process persist."**

On Process: "Even as there is demonstrated political will to engage in these negotiations, there are practical challenges in the conduct of these discussions. **This week, Intergovernmental Working Group is facing a unique situation: the six-member Bureau has at least three vacant spots**. The meeting was opened by Co-Chair Tovar da Silva Nunes of Brazil. …"

"… Positions Taut: As the 8th IGWG meeting opened this week, **developing countries firmed up their previously stated positions in formal statements. No opening statements were made by developed countries, although informal conversations suggested that their positions had not altered since the previous meeting in July.** … "

"**Both sides acknowledged that the unfolding Ebola emergency had so far failed to make an impact on these talks**. "Each side is drawing their own lessons from Ebola, and is using the outbreak to serve their own narratives," a developed country diplomat told us. …"

And a link:

- TWN – **WHO PABS: Developing Countries Rally Behind Equal Footing, Contracts and Federated Model** **(17 Sept)**

TWN – WHO: EU, Norway & allies' PABS positions breach human rights, warn health and legal experts

S Sashikant et al ; https://www.twn.my/title2/health.info/2026/hi260902.htm

Coverage of a **TWN webinar** from last week.

"**A group of prominent public health lawyers and civil society leaders warned that the positions taken by several developed countries in the ongoing negotiations on the establishment of a Pathogen Access and Benefit-Sharing (PABS) system in the context of the Pandemic Agreement, are inconsistent with their binding obligations under international human rights law, in particular the right to health and the right to benefit from scientific progress.** The warning was delivered at a **webinar held on 10 September by AIDS Healthcare Foundation (AHF), the Geneva Global Health Hub (G2H2) and Third World Network (TWN)** to discuss a **formal complaint that 16 civil society organisations (CSO) submitted to the UN Special Rapporteur on the Right to Health on 2 July**, ahead of the last session of the Intergovernmental Working Group (IGWG) negotiating the PABS instrument. The **complaint targets the negotiating positions of the European Union, Norway, Japan and Switzerland…."**

More links:

- **Konrad Adenauer Stiftung** - PABS Annex to the WHO Pandemic Agreement: IGWG7 brings competing System Models on the Table (by **Linde Buder)**

(6-pager - Analysis from July – after the previous round). " **Our Geneva Telegram explains both models in detail, identifies where they differ, and sets out the minimum area of convergence that has emerged so far.** It examines why the **remaining differences are unlikely to be resolved simply by combining individual elements of the two approaches**, and why the **institutional design of the PABS System ultimately raises a broader political question of trust."**

Run-up to the UN HL meeting on PPPR (25 Sept, New York)

Via **HPW - Tedros urges approval of UN draft declaration on pandemics before the General Assembly**

At a **WHO press briefing** on Wednesday.

"**Tedros urged WHO and UN member states to approve a draft resolution on Pandemic Prevention, Preparedness and Response, due to be considered at a High Level Meeting of the UN General Assembly on 25 September,** saying that the **declaration could help move the world from the kind of 'ad hoc' actions that have been a feature of the Ebola response to more coherent measures**.

"The world remains insufficiently prepared," the WHO head declared. "**In the draft declaration, countries are committing to expand research and geographically diversified production, so vaccines, diagnostics, and treatments can be available, affordable, and accessible within the first 100 days of a pandemic threat**. "The draft declaration also **calls for a one-health approach, inclusive community engagement, action against misinformation, stronger implementation of the [WHO] International Health Regulations,**" Tedros added, referring to the rules that require countries to inform WHO promptly about any outbreak posing an epidemic risk, and coordinate its response." **And it calls for timely completion of the Pathogen Access and Benefit-sharing (PABS) annex to the WHO pandemic agreement** – "which member states are negotiating here in Geneva as we speak," he said. "It's essential that countries finalize negotiations so the Pandemic Agreement can begin the ratification process and enter into force."…"

- As a reminder: Lancet GH - From commitment to governance: what should the 2026 UN high-level meeting on pandemic preparedness deliver? (early online before)

OECD - The Economic Case for Pandemic Preparedness and Response: Beyond Lockdowns

https://www.oecd.org/en/publications/the-economic-case-for-pandemic-preparedness-and-response_b7b3852e-en.html

"**This report examines the potential consequences of future pandemics on population health, health system resilience and the economy across 51 OECD, EU/EEA and G20 countries**, using advanced epidemiological and economic modelling techniques and scenario-based analyses. **It assesses the extent to which eight non-pharmaceutical interventions (NPIs) for community infection prevention and control can mitigate health and economic consequences in the early phases of five types of outbreak scenarios before pharmaceutical interventions or vaccines are available at scale."**

"**The central message** is clear: **in the OECD, investing, on average, almost 6 USD PPP per capita per year in pandemic preparedness and response is a smart investment for both public health and economic resilience.** Early implementation of NPIs such as hand hygiene, mask use and physical distancing can save more lives and limit economic disruption than delayed action, which may necessitate the introduction of lockdowns to regain control of transmission. Robust disease surveillance and stockpiling systems are essential for enabling timely and effective response…"

"…. the report makes a strong economic case for investing in preparedness before the next pandemic emerges. … **the report is launched shortly before the forthcoming United Nations High-Level Meeting on pandemic prevention, preparedness and response**."

Ebola Emergency DRC

More or less with chronological updates (from key agencies), and then some more reads & analysis. The first '**cautious optimism'** in months..

Cidrap News – DR Congo's Ebola outbreak spreads to 7th province as cases, deaths mount

https://www.cidrap.umn.edu/ebola/dr-congo-s-ebola-outbreak-spreads-7th-province-cases-deaths-mount

(11 Sept) "**The Ebola outbreak in the Democratic Republic of the Congo (DRC) has spread to a seventh province as cases rise to 6,843, including 3,310 deaths**, according to media reports today. The newly affected province, Sud-Ubangi, is in the northwestern DRC, on the border with the Central African Republic and Congo-Brazzaville…

"…At a **media briefing yesterday, the Africa Centres for Disease Control and Prevention (Africa CDC) warned that the outbreak is rapidly spreading beyond the epicenter**. While new cases and deaths have declined in recent weeks in hard-hit Ituri province, where the outbreak originated, they have **risen sharply in neighboring North Kivu and Haut-Uele**…."

Cidrap News – Ebola outbreak in DR Congo grows to 7,200 cases as government officials suggest transmission has peaked

https://www.cidrap.umn.edu/ebola/ebola-outbreak-dr-congo-grows-7200-cases-government-officials-suggest-transmission-has-peaked

(14 Sept) " The Ebola outbreak in the Democratic Republic of the Congo (DRC) has hit another milestone, with 7,200 cases confirmed by the government today and spread of the virus to a seventh province, South Ubangi, late last week. **Minister says peak of outbreak was third week of August**."

"Of the confirmed cases, nearly half, or 3,475 people, have died from their infections with the Bundibugyo strain of the virus. Contact-tracing rates hover around 88%, still too low for transmission control. **On Saturday, DRC Minister of Communication Patrick Muyaya wrote on X that there were signs the outbreak was slowing. "The peak has been reached since the beginning of the third week of the month of August.** Ten out of 61 health zones have not recorded any cases for at least 21 days. **The main hotspots such as Nia Nia, Nizi, and Mongbwalu, are recording a continuous slowdown in transmission.""**

Reuters – UN sees some progress in Congo Ebola fight, but too early to call peak

Reuters;

(15 Sept) « Still a "**deadly and massive outbreak".** UN officials are a bit more cautious….

"**UN special Ebola coordinator Julien Harneis** told a Geneva press briefing: "It remains a deadly and a massive epidemic. **There are some areas of progress, but nonetheless, in other areas, we continue to see growth in cases…"**

"Asked whether the epidemic had reached a turning point, **WHO's Olivier le Polain** said: "**It's too early to confidently say we have passed a peak."**

- See also **UN News - Ebola responders grapple with widening outbreak in DR Congo**

(15 Sept) "The deadly Ebola virus outbreak in DR Congo continues to spread across the vast country despite some success in containing it, aid officials said on Tuesday, in a renewed call for international support to help responders on the ground. "

Cfr **Mr Harneis**, on **financing**: "The veteran aid coordinator warned that **the $1.3 billion humanitarian response is only 49 per cent funded**, while Ebola "makes things much worse for all Congolese, "from worsening hunger levels to falling attendance at health centres, increases in maternal mortality" and interrupted treatment for people living with HIV/AIDS. "**If you don't provide the care, if you don't finance the care, if you don't provide the technical resources, then Ebola is a live enemy and will come back at us**," he warned, **adding that another $1 billion will be needed to sustain the response beyond the first six months. "**

Reuters - Ebola response making progress in Congo, but outbreak 'far from over,' WHO says

Reuters;

(16 Sept) Tedros himself also expressed some cautious optimism on Wednesday**. " The World Health Organization said on Wednesday there were encouraging signs measures to contain an Ebola epidemic in Democratic Republic of Congo were gaining ground, though it warned the outbreak was "far from over." "**

"**Transmission was declining in the most affected parts of Ituri province**, WHO Director-General **Tedros Adhanom Ghebreyesus** said…."

"Improved surveillance could lead to an increase in detected cases, while contact-tracing efforts had also increased, said **Maria Van Kerkhove**, WHO's acting director of epidemic and pandemic threat management. "**We have many, many months ahead of us," Van Kerkhove said. "This is far from over.""**

"**More than 3,000 healthcare and frontline workers had already been vaccinated with Merck's Ervebo,** said **Meg Doherty**, WHO's director of science, research, evidence and quality for health…."

- Also **coverage via HPW** of this **WHO press conference on Wednesday** – Bundibugyo Virus Outbreak Shows Signs of Containment in Northeastern DRC – Still Expanding Elsewhere (16 Sept) **With some more detail.**

Reuters - Ebola outbreak in Congo is still serious, African health body says

Reuters;

(17 Sept) **Africa CDC view** (on Thursday). "**The ongoing Ebola outbreak in Democratic Republic of Congo is still serious, with data indicating gaps in infection prevention and control,** Africa's top public health agency said on Thursday…."

"**While data from Africa Centres for Disease Control and Prevention showed a slight decrease in cases in the two previous weeks, Director-General Jean Kaseya said the outbreak was not yet under control. "The data could not confirm that the peak of the outbreak has been reached, and**

the transmission is not yet consistently controlled across all affected areas," Africa CDC's Emergency Consultative Group said. However, Kaseya praised a slight drop in infections in the eastern Ituri province."

"**He said comments from Congo's health officials were based on incomplete data and that they would need to see a sustained decline in cases before saying the peak had passed**…."

- Related: **Ebola Response Shows Progress, but Outbreak Remains a Continental Emergency, African Scientists Say** (17 Sept)

"**Four months after the Ebola outbreak caused by Bundibugyo virus in the Democratic Republic of the Congo was designated a Public Health Emergency of Continental Security (PHECS), the Africa CDC Emergency Consultative Group (ECG) has completed an independent scientific review** and issued recommendations for the next phase of the response."

"After reviewing the latest epidemiological, operational and scientific evidence, **the ECG supports a position of cautious optimism**. Declines in cases and deaths in some hotspots, including Ituri, are encouraging, but the situation remains heterogeneous, with increases in some health zones, particularly in North Kivu. **The available data do not yet confirm that the outbreak has reached its peak. The Group therefore recommends maintaining the PHECS, scaling up response intensity, consolidating gains, addressing persistent community deaths and gaps in contact identification, strengthening community ownership, and protecting and restoring essential health services**…."

HPW – DRC's Ebola Lessons: Learned and Unlearned (Part I)

Mukesh Kapila; https://healthpolicy-watch.news/drcs-ebola-lessons-learned-and-unlearned-part-i/?feed_id=1061&_unique_id=6aa7ce4192094

One of the reads of the week. And this is only part I !

"The lethality of the Ebola outbreak in the Democratic Republic of Congo (DRC) is not just in its genome. Neither is it entirely explained by the country's internal instability and defunded, broken health infrastructure. Have we allowed the virus to outsmart us by overlooking past lessons?"

BMJ Editorial - Ebola business narrative and the cycle of distrust

Sophie Harman et al ; https://www.bmj.com/content/394/bmj-2026-100849

"**Credibility and trust are key to transforming the response."**

"**Global health leaders have called for additional support for frontline health workers and effective coordination of the response, and for donors to speed up the dispersal of pledged aid**. Some $264m has been disbursed, but an estimated $518m is needed for the immediate response and another $882m for the humanitarian crisis. **Missing from these calls is an urgent need to tackle one of the greatest challenges to the response: the "Ebola business" narrative and the cycle of mistrust it perpetuates.** The term "Ebola business" first appeared during the 2014 West African Ebola outbreak, to connote widespread corruption and mismanagement…"

PS: "**Within global health diplomacy, Ebola is a crucial test case for the efficacy of the multilateral system.** The outbreak again shows the need for effective pandemic preparedness and response, and the type of collective health security exemplified by the Pandemic Agreement. **A successful Ebola response led by WHO would give states an incentive to trust multilateral processes and ratify the agreement. Failure will create further fissures between and across member states, undermine trust, and set the ratification process back years.** The cycle of distrust can be broken…."

And: "… **To address the gender burdens of the emergency**, WHO must support national agencies in collecting and publishing gender disaggregated data, and agencies with expertise on sexual and reproductive health and continuity of essential services must not be marginalised in the response plan. **The unfolding maternal mortality crisis may warrant adding a standalone pillar for maternal and child health…."**

HPW - Doctor Calls for Psychological Support for Ebola Survivors and Families

https://healthpolicy-watch.news/doctor-calls-for-psychological-support-for-ebola-survivors-and-families/

"After a gruelling recent Ebola infection, **Dr Patrick Oparpio, a gynaecologist based in Bunia in the Democratic Republic of Congo (DRC), has urged health authorities to offer psychological support for Ebola survivors and their families…."**

Lancet Comment - Compassionate care for patients with Ebola virus disease

Nelson K Sewankambo et al; **https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01770-8/fulltext**

"**Compassionate care** asks what health systems owe a person who is sick, frightened, separated from family, recovering, or dying. Although, compassionate care is a clinical and moral obligation, it is **under pressure** in this outbreak. **We identified six recurring challenges to compassionate care and propose potentially low-cost untested practical responses to be evaluated during the outbreak**…."

More on PPPR

Bloomberg - Congo's Ebola Crisis Spurs IMF to Consider Pandemic Financing Reforms

Bloomberg;

"**The International Monetary Fund is considering making pandemic preparedness reforms part of its financing program for the Democratic Republic of Congo.** Congo is working with the World Health Organization and World Bank on **measures that could be incorporated into the IMF's Resilience and Sustainability Facility."**

"The country's Ebola outbreak has expanded to confirmed infections and deaths across six provinces, **with Congo and its partners estimating they need $1.3 billion over six months to contain the outbreak…."**

"… **Congo is working with the World Health Organization and World Bank on measures that could be incorporated into the IMF's Resilience and Sustainability Facility at a future review**, according to a report it released Tuesday. **Discussions have focused on developing a strategy for financing pandemic prevention and response."**

"**Public health shocks in the DRC are recurrent rather than exceptional**," the Washington-based lender said, citing repeated outbreaks of Ebola, cholera, measles and other diseases. **Without stronger preparedness and more effective financing and coordination, future health emergencies could "threaten macroeconomic stability."…"**

BRICS summit in New Delhi

BRICS New Delhi Declaration: Building for Resilience, Innovation, Cooperation and Sustainability (September 12)

Declaration

On health, do read **items 50-59** in full.

Economic Times - Leaders of BRICS countries call for stronger cooperation in health, endorse initiatives on TB

https://health.economictimes.indiatimes.com/amp/news/policy/leaders-of-brics-countries-call-for-stronger-cooperation-in-health-endorse-initiatives-on-tb/134177013

Recommended analysis from a health angle. "In the New Delhi Delhi Declaration after their meeting, the leaders said they reaffirmed their commitment to advancing universal health coverage through "resilient, inclusive and people-centred approaches"."

- Related read: **Brics is rewriting the Global South's health playbook** (by **V Bhanu,** in First Post)

"The Delhi declaration places health resilience alongside economic growth, technology and global governance."

"The New Delhi Declaration adopted at the 18th Brics Summit **does more than recognise health as a developmental priority. It begins to outline a distinctly Global South approach to public health — one that combines universal health coverage, disease prevention, local manufacturing, digital technology, research and stronger national health systems."**

"For India, which chaired Brics in 2026 under the theme "Building for Resilience, Innovation, Cooperation and Sustainability," this is an important diplomatic outcome. The declaration places health resilience alongside economic growth, technology and global governance. That shift matters. **Health cooperation among developing countries has often centred on individual diseases, medicines or emergency responses. The New Delhi Declaration attempts something broader. It connects tuberculosis with research and technology. It links obesity with prevention. It brings mental health into primary care. It connects universal health coverage with digital health, regulation, workforce capacity and local production.** The result is not yet a new health institution. But it **could become the foundation of a new health architecture**…."

PS: "**The implementation test:** The New Delhi Declaration has ambition. Its weakness, like most summit declarations, lies in execution. **Brics now has missions, roadmaps, networks, working groups, compendiums and proposed collaborative platforms. The next step must be measurable delivery. The grouping should identify a small number of flagship health outcomes for the next three years.** TB research, obesity prevention, digital health interoperability, mental health integration and regulatory cooperation offer obvious starting points. Each should have timelines, institutional ownership and measurable indicators….."

- And a link: **WHO – BRICS leaders advance commitment for traditional medicine in New Delhi Declaration**

"**Global Health Reform Traditional, complementary and integrative medicine (TCIM) has received its strongest endorsement yet by the BRICs group of countries**. **The leadership statement**, issued at the close of the New Delhi meeting on 12 September 2026, **dedicated a full paragraph to TCIM**, recognizing important commitments agreed by BRICS health ministers in July 2026, **including a BRICS expert working group on TCIM. "**

"**The BRICS New Delhi statement signals an important progression from policy recognition towards concrete operational cooperation among Member States**. For the first time, BRICS leaders have formally welcomed the **proposed establishment of a BRICS Expert Working Group on TCIM under the BRICS Health Track, creating a platform for dialogue, collaboration and exchange among Member States. …"**

WHO – Countries move to strengthen public health institutions and services amid mounting pressures

https://www.who.int/news/item/14-09-2026-countries-move-to-strengthen-public-health-institutions-and-services-amid-mounting-pressures

(must-read) **Update on EPHFs – with also BRICS related info.**

"As health challenges grow more diverse and complex, and public budgets tighten, WHO Member States are increasingly looking to more integrated public health capacity and services that can better promote and protect people's health, prevent illness and respond to emerging threats. **More than 120 countries have identified building institutional capacity to deliver essential public health functions (EPHFs) as a medium-to-high priority for WHO support.**

"…**Building national institutional capacity to deliver EPHFs is a dedicated output of WHO's Fourteenth General Programme of Work (GPW14) – WHO's global strategy for 2025–2028…."**

"…Growing international momentum: The EPHF agenda is also gaining momentum through multilateral cooperation. **The 16th BRICS (Brazil, Russia, India, China and South Africa) Health Ministers' Declaration, adopted in July 2026 under India's chairship, recognized NPHIs as National Centres of Excellence for essential public health functions and endorsed an operational framework for the BRICS Network of NPHIs."**

"The Declaration highlights the importance of universal health coverage (UHC) packages as a foundation for sustaining the pathway towards health for all, health security and other social development goals (SDGs). Moreover, it underscores technical cooperation among public health institutes as a shared priority. **WHO's existing work on EPHFs provides a basis for engagement with the BRICS Network of NPHIs and other multilateral initiatives including the International Association of National Public Health Institutes**. It also creates opportunities to expand South–South cooperation and institutional partnerships, including with India, China and other BRICS members and partners."

PS: "**Amid growing resource constraints, multilateral development banks (MDBs) have a critical role to play in financing** on the right terms and with the right priorities, aligned with the UHC mission and governments' own systems and plans. **The prospect of a BRICS New Development Bank financing window dedicated to digital determinants and social determinants of health (DD-SDH) health infrastructure – supporting primary health centres; water, sanitation and hygiene (WASH); and housing with a pro-poor focus – is a welcome development**…."

BRICS finance chiefs are pushing for reforms to the IMF and World Bank to give emerging economies a "stronger voice"

https://www.globalbankingandfinance.com/brics-finance-chiefs-urge-reform-global-development/

"**BRICS finance chiefs convening in Mumbai on Sept 11 called for reforms to global development banks like the IMF and World Bank, demanding greater voice for emerging economies**, payment system interoperability, and digital currency linkages."

WHO DG race

HPW – The Networks that Shape the Early Digital Campaigns for WHO Director-General Election

https://healthpolicy-watch.news/networks-early-digital-campaigns/

(must-read, obviously) "The race to lead the World Health Organization (WHO) is intensifying. **Early digital campaign data reveals an active contest to capture the pivotal African vote and outreach to established United States, European Union and corporate networks**. While the full field of contenders is still taking shape ahead of the nomination deadline, **digital engagement metrics already highlight geographical and institutional fault lines."**

"Our analysis examines the contrasting leadership models and digital campaign themes established in the candidates' initial announcements, and maps their core networks across state

and diplomatic accounts. It also tracks their competing bids for the pivotal African regional vote, evaluates their strategic reach into US and European policy circles, and unpacks the distinct corporate, academic, and civil society networks reacting to their campaigns. Here is what the data reveals…." (ps: analysis based on **LinkedIn)**

Excerpt: "**Ultimately, the divergence between the active platforms of Balkhy and Kluge highlights a critical strategic contrast in how the prospective candidates envision leading the WHO through its next era:**

- **Balkhy's campaign** relies on a foundation of clinical authority and biosecurity expertise, targeting scientific excellence and frontline epidemic containment. Backed by a highly disciplined GCC sovereign core and key ties within Washington's health security circles, her model offers the organization institutional stability and sovereign financial backing.
- **Kluge's campaign,** positioned at the intersection of European public administration, multinational industrial partners, and progressive civil society, relies on diplomatic agility and open-door dialogue. Yet, because his platform functions as a public policy forum, his candidacy is directly bound to the friction of systemic WHO reform, internal staff grievances, and post-colonial African demands for structural financial autonomy.

Meanwhile, **Qatari candidate Hanan Mohamed Al-Kuwari** has remained largely absent from social media channels, whereas **Indonesian Health Minister Budi Gunadi Sadikin** has featured prominently in high-level policy commentary…."

Global Health Reform

Nature Medicine – Rethinking the global health system for a new international order

Kumanan Rasanathan, JA Rottingen et al; https://www.nature.com/articles/s41591-026-04622-0

Must-read. "**In this Comment, we argue for a global health system that recognizes and supports countries as the primary agents of action, oriented around global public goods and collective action, and served by a leaner set of global and regional institutions**. We present a **potential vision for the functions and distribution of labor in the system** to inform ongoing reform discussions and draw critique, dissent and amendment."

PS: "…**Here we aim to answer the questions we posed a year ago on the functions of the global health system. We build on our previous taxonomy of global health system functions and contexts** and propose three cross-cutting, linked domains for action (Fig. 1), aspiring to support ongoing deliberations by providing reform options for critique, dissent and amendment…."

- See also : Alliance - Countries in the driving seat: a proposal for the global health system

For a **quick summary** of the Nature Medicine article.

- See also **Wellcome** – **Wellcome CEO joins leaders warning the window for global health reform is closing**

Kumanan Rasanathan - Can we reform the global health system?

https://www.linkedin.com/pulse/can-we-reform-global-health-system-alliance-hpsr-xu7fe/

Alliance Exec director & First author of abovementioned Nature Medicine article. And one of the reads of the week:

"… **Almost two years since rapid reductions in global health funding triggered the current round of deliberations on the global health architecture, I understand why some might question whether global health reform is possible.** Over the last thirty years, the global health architecture has evolved through the establishment of new organizations to serve identified needs, but many good-intentioned attempts at increasing coherence or addressing flaws have had minimal impact.
But given we have just published a **further paper on reform of the global health system**, **clearly, I feel that change is possible. There are three reasons I think this time could be different.** First, the **current crisis changes the incentives** – less money for global health actors enforces the need to prioritize and increase efficiency (with the Alliance being no exception). **Second, the rapid changes in geopolitics with a more multipolar international order makes the current model where the bulk of global health funding comes from a handful of countries (whose populations are increasingly unwilling to bear these costs) increasing untenable.** Third, and most importantly, **countries want to see change as manifested in the call for 'health sovereignty' and most nations' capacities for health have substantially improved** in this 'golden age of global health'.
So, the current attempts at global health reform might just be able to tackle the underlying distribution of power in global health decision-making, which previous efforts have ignored…."

PS: **"… Yet, there is an overarching reason we need to reform the global health system that perhaps draws too little attention – beyond funding cuts and issues of sovereignty. That, for all the progress and successes over the last thirty years, the global health system is not delivering for billions of people … The most important reason we must reform the global health system is that we need to do much better in promoting, protecting and delivering people's healt**h. Amidst the undeniable harms caused by the recent funding cuts, we must not squander the chance to do so."

Lancet Comment – The Accra Reset must turn sovereignty into country power

E Okereke et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01864-7/fulltext

Another must-read.

"…. Launched in 2025 and anchored by heads of state, **the Accra Reset** frames sovereignty as a measurable discipline of negotiation, execution, and accountability. Its **health architecture now connects three mechanisms. The High-Level Panel on Reform of the Global Health Architecture and Governance (HLP-GHAG)** defines what must change. **The High-Level Consultative Group and Reform Interlock Observatory track** whether institutional commitments become visible inside countries. **The Health Investment National Gateways Enabler** converts reform into executable national investment compacts. The **HLP-GHAG is due to report with its recommendations** for change to the Presidential Council at the UN General Assembly on Sept 21, 2026. These

interconnected structures create a rare opportunity for a reset. The test will be whether they move country leadership from principle to enforceable power…."

"**On July 12, 2026, ten senior African women working across public health, academia, civil society, policy, and development finance met in an independent informal consultation under the Chatham House Rule to share their perspectives about the Accra Reset and its implications for the African continent…."**

"… **Our conclusion was clear: country leadership cannot depend on the goodwill of external institutions**. Countries need to exercise the authority and strengthen the capacity to set and implement priorities, monitor compliance, and reject programmes or agreements that cut across national interests. **We propose five practical shifts to convert that conclusion into action…."**

"**First,** governments need full visibility and regulatory oversight of external health financing, programmes, and agreements operating within their countries. … **Second**, governments need permanent capacity to negotiate the terms of external health financing and partnerships, and to translate nationally agreed health priorities into funded, executable programmes…. **Third**, the alignment of external partners' funding and programmes with nationally agreed health priorities, indicators, and delivery systems must be measurable and consequential**…. Fourth**, governments should include Africa's assets in health negotiations when strategically relevant and with the necessary legal backing. … **Fifth**, health reform must be linked to financial reform. Debt service, weak revenue systems, high capital costs, and global financial rules constrain fiscal space…."

Devex (Opinion) - Global health agrees on reform. Now, who will give up power?

Ebere Okereke; **https://www.devex.com/news/global-health-agrees-on-reform-now-who-will-give-up-power-113294**

"Global health institutions increasingly agree that countries should lead. **The harder question is what they are prepared to give up to make that possible."**

"So, who decides? This is where what I call **a "power audit"** comes into play…."

Partnership for International Politics and Diplomacy for Health - A new brief on the future of health financing

https://globalhealthdiplomacy.se/a-new-brief-on-the-future-of-health-financing

"**A new vision for how the world finances health is taking shape — one in which countries lead, domestic resources form the foundation, and international cooperation is built around shared priorities rather than dependency."**

"Our **new brief, The future of health financing,** offers a perspective on that question, and on what it will take to turn this moment into lasting reform. **It builds on a series of roundtables convened between December 2025 and March 2026,** which brought together more than twenty leaders from economics, finance, global health and politics under the Chatham House rule, and draws on the wider reform discourse now unfolding. **At its heart is a simple argument: the debate is not only about money, but about power — who sets priorities, who is accountable, and on whose terms countries cooperate. "**

"The brief sets out three interdependent parts of a future financing model — domestic resources as the foundation, development assistance as a strategic and time-bound complement, and global

public goods financed collectively for the benefit of all. It considers how, in practice, change can be delivered."

PS: "**As reform processes conclude and new institutional leadership arrives, the next eighteen to twenty-four months present a rare opportunity**. Each funding decision, governance reform and institutional change has the potential to make financing for health more fit for the future."

More on Global Health Governance & Finance/Funding

NYT – The Doctor Pressuring African Leaders to Own the Ebola Response

https://www.nytimes.com/2026/09/12/world/africa/jean-kaseya-africa-cdc.html

(must-read) "**International agencies and foreign donors have long driven campaigns to defeat diseases like Ebola. Dr. Jean Kaseya, the head of the Africa C.D.C., wants to change that."**

Broad-ranging analysis of Kaseya's leadership so far, criticism, and how he wants Africa CDC to develop further.

PS: "… **only 21 percent of the agency's funding comes from African governments**, Dr. Kaseya said, leaving it reliant on foundations and other donors…."

Oxfam – IMF-required austerity cuts quadrupled over past decade, and new Fund policy is poised to push for even deeper and harsher cuts

https://www.oxfam.org/en/press-releases/imf-required-austerity-cuts-quadrupled-over-past-decade-and-new-fund-policy-poised

Must-read. "**The International Monetary Fund (IMF) has required borrowing countries to quadruple the size of their austerity cuts over the past decade, while simultaneously weakening the protection afforded to social spending in its loan programs, reveals new Oxfam analysis**. These **cuts undermine vital spending on public services –** from healthcare to education and housing – that protect low-income communities."

"**The findings come ahead of the conclusion of the IMF's 2026 Review of Program Design and Conditionality,** amid **fears that the Fund could return to 1980s-style structural adjustment by demanding "frontloaded" cuts**, which require governments to slash public spending in bulk at the start of a program rather than phasing in cuts over multiple years…."

"Oxfam's analysis shows that **median annual IMF-required austerity cuts ("budget-balance targets") increased from 0.21 percent of GDP between 2012 and 2017 to 0.85 percent of GDP between 2018 and 2025**, a **four-fold increase. Between 2018 and 2025, the IMF required nearly half of countries (25 out of 54) to cut public spending by more than 2 percent of GDP over the course of their program, compared to just one-third (12 out of 42) between 2012 and 2017**. Low-income countries spend on average 0.8 percent of GDP on social protection while spending on education remains below 4 percent of GDP…."

"**Oxfam warns that the IMF could now seek to embed "frontloaded fiscal adjustment" as a core requirement across future programs…."**

… **The IMF relies on "social spending floors" to address the harmful impacts of its programs**. These floors typically require minimum spending on basic safety nets for targeted, poorer populations. **Oxfam's analysis shows that while more programs now include these floors, the protection they offer is shrinking**. The median IMF-required social spending floor **fell from 25 percent of current spending between 2012 and 2017, to 11 percent between 2018 and 2025."**

"The **IMF is in danger of regressing to the dark ages of structural adjustment**," said Oxfam International Senior Policy Advisor Nabil Abdo. …"

"… **Oxfam is urging the IMF Board of Executive Directors, ahead of its 14 September meeting, to reject a return to structural adjustment under the guise of "frontloaded fiscal adjustment" and to ensure its programs don't exacerbate inequality**. The IMF should prioritize **alternatives to austerity, including progressive tax policies like taxes on wealthy individuals and corporate windfall profits**, to build sustainable revenue without pushing millions more people into poverty. "

- See also the **Bretton Woods project - Global civil society warns IMF against a return to deeper austerity**

"**Over 130 civil society organisations from around the world have today published an open letter to the IMF's executive board, warning against a return to frontloading austerity in IMF programmes."**

Project Syndicate – The Program Redesign the IMF Needs

M Guzman & J Stiglitz; https://www.project-syndicate.org/commentary/three-issues-for-imf-review-of-program-design-by-martin-guzman-and-joseph-e-stiglitz-2026-09

"The International Monetary Fund's guidelines for program design are more salient than ever, given widespread debt distress in developing countries. As the Fund undertakes its first major evaluation since 2019, it should focus on three features of its lending, all of which need to be reformed."

"**The International Monetary Fund is conducting a Review of Program Design and Conditionality, its first major evaluation since 2019**, before the COVID-19 pandemic. **The IMF review should address at least three critical features of IMF program design**—with a view to reforming all of them…."

"**The first is policy conditionality**. IMF financing is supposed to play a stabilizing role, meaning that it should enable countercyclical macroeconomic policies in countries that do not have access toother sources of financing. It should never be used to meet payments on unsustainable debt…"

"… **What we should not see is IMF financing supporting programs that include contractionary fiscal policies—for example, cuts to investment in public infrastructure, education, and health—while the government continues repaying debts to the private sector or to other creditors that refuse to provide financing to roll over those debts. This has become a worrying pattern in many developing countries,** as explained last year in the Vatican's Jubilee Report for Pope Francis. In some recent

years, multilateral financing for developing countries seems to have supported an outflow of funds to the private sector, rather than an expansion of domestic investment…."

"… **The second feature of program design concerns contingency plans.** Programs are based on baseline assumptions, but reality is uncertain, and **there can be significant deviations from those assumptions—**all the more so in a global environment that has become highly unpredictable…."

"… **The third feature of program design that the Fund must address is ownership**. This is a critical criterion for IMF exceptional-access lending—that is, lending above certain limits. IMF loans bind successive governments and even generations. **Ownership should mean genuinely broad political and social support, not merely the incumbent government's assent, or even commitment, to implement the agreed-upon policies.** After all, the government's agreement may be based on a calculus of its own survival, rather than the country's long-run well-being. We have seen cases where politics has seemed to influence lenders as well, even the IMF."

"**One possible criterion of ownership would be parliamentary approval of the agreement reached between a government and the IMF.** In an era marked by democratic backsliding, transparency, public accountability, and ownership are especially important today…."

Devex – The Global Fund ramps up its procurement role

https://www.devex.com/news/devex-checkup-another-casualty-of-pepfar-cuts-113309

"Buying power: The Global Fund to Fight AIDS, Tuberculosis and Malaria is ramping up its procurement role. The U.S. bilateral health agreements and their implementation plans seem to **envision a role for the Global Fund in procuring health products.** And at its latest meeting, the Global Fund's board approved the creation of a prefinancing mechanism to help countries place health product orders via wambo.org, the fund's procurement platform, while they wait for national budget funds to become available."

"But does this risk **putting the Global Fund at odds with growing calls for greater regional and country sovereignty — including the emergence of regional procurement platforms such as the African Pooled Procurement Mechanism**, led by the Africa Centres for Disease Control and Prevention? **Global Fund Executive Director Peter Sands said he sees the fund's procurement work as complementary rather than competitive.** "The approach we're taking is what we call **collaborative procurement**," he said during a press conference this week. "Essentially we are working to support the development of national and regional procurement platforms. … But we also think that there is likely to be an ongoing role for a global procurement platform for a number of reasons…"

Devex – Aid's Lucky charm

Devex;

"**Ireland** has taken over the rotating presidency of the Council of the European Union, **putting Dublin in the driver's seat in determining the direction of the EU. Its presidency runs from July to December, and this time around, Ireland has made international development a defining part of its agenda.**"

"It **hopes to sustain Europe's aid budget** at a time when, across the world, support for foreign assistance seems to be withering away — **and to do so by cementing the bloc's seven-year budget strategy in the months to come.** As Ireland settles into the EU Council presidency, much of the pressure to make good on its development ambitions falls on **Neale Richmond**, **Ireland's minister of state for international development.**"

"Despite its comparatively small aid budget — €1.88 billion in 2025 — **Ireland has long been a proponent of foreign aid.** According to a 2024 study, **over 70% of the country's population believe in the value of foreign assistance,** and Ireland intends to use its role at the helm of the EU Council to push that belief forward. "We're not being unrealistic — **our blunt, sole aim is to make sure there's an EU development program in the next round,"** says Richmond**. "We're not asking for massive increases. We just want to save European development.""**

"**The European Union is in the middle of a two-year process to develop its next budget,** writes my colleague Jesse Chase-Lubitz. **That budget — which is referred to as the Multiannual Financial Framework —** dictates how money will be parsed out over the next seven years. And right now, **European nations are deadlocked over how much should go toward development cooperation and humanitarian aid.** "As politicians, we've lost some of our inner conviction that this is the right thing to do," Richmond tells Jesse. **"We need to push back on false narratives** — and on the excuse the Trump administration has handed too many European governments to cut their budgets or reprioritize toward defense and domestic spending. It shouldn't be that easy."…"

Frontiers in Public Health - Private capital in a public field: A qualitative study of philanthropic influence in Germany's global health governance

H Herdkamp et al; https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1960171/abstract

"Over the past two decades, Germany has emerged as a key contributor to global health initiatives and has **developed close working relationships with international foundations, particularly the Gates Foundation and the Wellcome Trust**. This study **examines how global health stakeholders in Germany perceive the evolving role and influence of international philanthropic foundations within the country's domestic global health landscape and explores the implications for global health governance…."**

ECPR - How the Gates Foundation Sustains European Donors' Political Support for Global Health Initiatives

K Storeng et al https://ecpr.eu/Events/Event/PaperDetails/90222

(only **abstract** so far – presented paper).

"…. **Building on our recently published research on the Gates Foundation's network diplomacy and policy and its advocacy grants in its European focus countries (the UK, Germany and France), this paper examines how the Gates Foundation has constructed a political advocacy apparatus to support the replenishment of the global health initiatives it has co-founded and backed over the past 25 years.** We argue that the **Foundation has successfully built advocacy coalitions which, through targeted campaigns, have elevated global health initiatives from the technocratic to the**

political arena in European donor countries and secured successful replenishments, even amid significant cuts to overseas development assistance. **Empirically, the paper presents an in-depth case study of Gavi's 2025 replenishment campaign in Norway**, a co-founder and consistent funder of Gave and the Global Fund. **We analyze the Gates Foundation's "network diplomacy**" with the state apparatus alongside its support for civil society and knowledge institutions to amplify political backing….

"… Overall, we **demonstrate that the Gates Foundation's policy and advocacy strategies play a central role in sustaining political and financial support for specific global health initiatives**, fostering alignment between donor governments' global health budgets and the Foundation's own priorities. **This raises important questions about the political influence of a foreign private foundation – controlled by one of the world's wealthiest individuals – on European democratic decision-making."**

AJHESP - Can national health compacts reduce aid dependency? Comparative insights from Uganda, Ethiopia, and Rwanda

Bernard Jackson Zikanga; https://www.africanjhesp.org/content/article/2/1/full/

"… **national health compacts are intended to strengthen government stewardship, partner coordination, policy alignment, and mutual accountability. Despite differences in the maturity of their coordination arrangements, Uganda, Ethiopia, and Rwanda continue to rely substantially on external resources to finance their health systems**. Rwanda's experience demonstrates that strong country-led coordination can coexist with high levels of aid dependence. **The findings indicate that health compacts primarily influence the governance of financing rather than the sources of financing, which are determined largely by domestic revenue mobilization and fiscal capacity**. While health compacts can improve aid effectiveness, their contribution to financing sustainability depends on complementary reforms that strengthen domestic resource mobilization, public financial management, fiscal space for health, and sustainable financing of the health workforce."

The author concludes: "**national health compacts can improve aid effectiveness, country ownership, and coordination of external assistance, but they do not by themselves reduce aid dependency**. Sustainable progress towards financing sovereignty **requires complementary reforms in domestic resource mobilization, fiscal space for health, public financial management, and health workforce financing."**

LSE (blog) – Beyond the Technical Fix: Why Managing Domestic Politics is the Key to Unlocking Health Taxes

https://blogs.lse.ac.uk/activism-influence-change/2026/09/14/beyond-the-technical-fix-why-managing-domestic-politics-is-the-key-to-unlocking-health-taxes/

"Will Klemperer and Douglas Mushinge argue that health taxes on tobacco, alcohol and sugary drinks are technically well-justified but politically fraught. Reform succeeds or fails based on domestic politics rather than just evidence. **Drawing on comparative analysis across Kenya, Tanzania, Uganda and Zambia, they lay out five political questions policymakers should address, arguing that political economy analysis should sit at the centre of health tax reform, not as an afterthought to the technical case."**

Concluding: "… **The debate over health taxes has become dominated by technical questions**: tax rates, revenue projections and disease burdens. **Those questions matter – but they are no longer the principal constraint. In many countries, governments already know what the evidence says. What they need is a politically viable route to implementation. The next frontier is therefore political, not technical.** Success will depend on understanding who wins and who loses, identifying reform windows, building durable domestic coalitions and tailoring strategies to national political realities rather than importing generic models. **Political economy analysis should no longer be treated as a useful add-on to health tax reform. It should sit at its centre."**

Future of Development Cooperation (& post-2030 brainstorm)

Jonathan Glennie - Naturally together

Substack;

Very cool read, on the world as it should be sooner rather than later…. **"The SDGs told us what matters. The next era should be about how we change our ways of thinking and doing to build a better world."**

"**The SDGs' greatest achievement was not managerial but normative**. In 2015 the governments of the world agreed on an unusually expansive definition of progress. …. **The universality of that statement** was especially important. … … **This was the paradigm shift of 2015. It should not be discarded simply because the machinery built around it proved imperfect**. The more useful question for the period after 2030 is therefore **not what should replace the SDGs, but what the world has learned about how to live by the principles they established."**

"… That is the **starting point of *Naturally Together*, a new paper from the Global Cooperation Institute, written by my colleague Ben Phillips** and commissioned by WWF International. Its title captures two forms of interdependence that international policymaking still has difficulty holding in its head at the same time: our dependence on one another and our dependence on nature…"

"**Over eight decades, the international community has constructed a surprisingly coherent, if institutionally fragmented, body of commitments**. Human-rights agreements describe how people should be treated. The SDGs set out many of the social, economic and institutional conditions of a flourishing society. The climate regime recognises one set of physical limits within which that society must operate; the global biodiversity framework recognises another. They emerged through different negotiations, institutions and political coalitions, but intellectually they are pieces of the same puzzle. **The puzzle is simple to state and difficult to solve: how should billions of people live well together on a single planet? Seen this way, human rights, development, climate and biodiversity are not rival agendas competing for ministers' attention. They are different dimensions of the same project**. International organisations may have separate conference rooms for them; the planet does not."

"… **The next phase should therefore pay less attention to constructing another comprehensive list and more to the transformations capable of advancing several objectives at once**…."

"**Four such shifts** seem particularly important…. **From extractive to regenerative;** from fragmented to integrated policymaking; **From short-termism to stewardship; From concentrated power to shared agency."**

Global Partnership for Effective Development Cooperation - After Eight Years, New Global Data Reveals the State of Development Effectiveness

https://www.effectivecooperation.org/resources/reportlaunch

*"The **Global Partnership for Effective Development Co-operation** launches **Making Development Co-operation More Effective Progress Report 2026**, its **first progress report since 2019**, alongside a new interactive Data Portal and a High-Level Dialogue on 6 October 2026."*

"**For the first time in eight years, the international community has a comprehensive, evidence-based picture of whether development co-operation is being delivered effectively** — and the findings are a call to action. **Released by the Global Partnership for Effective Development Co-operation (GPEDC) and co-published by the OECD and UNDP, Making Development Co-operation More Effective Progress Report 2026 draws on the results of the 2023–26 monitoring round** with reporting from 44 partner country governments, 93 development partners, as well as by civil society organisations, trade unions, and private sector representatives from a wide range of countries. **Arriving more than twenty years after the launch of the Paris Declaration monitoring survey, the report lands at a moment defined by overlapping crises, geopolitical fragmentation, and unprecedented cuts to official development assistance.** At a time when development resources are under severe strain, the question of how effectively partners work together has never been more consequential. "

" **The evidence is sobering….." :** "**Development co-operation recorded on partner country budgets has fallen sharply (from 61% in 2018 to 41% in 2026), progress on untying aid has stalled, and development partners' use of country data and systems remains low and declining.**

"**There are encouraging signs**: More partner country governments, 45% compared with 31% in 2018, now have systems in place to track and publicly report budget allocations for gender equality and women's empowerment, reflecting real progress on SDG indicator 5.c.1. The quality of public financial management systems has improved in key areas. Almost all partner countries now have a national development plan in place — most setting out clear priorities, targets and results indicators. These foundations show that where there is commitment, the principles of development effectiveness are being translated into practice."

"From evidence to action: Through **Action Dialogues**, 25 partner country governments are turning monitoring findings into concrete, jointly agreed reforms to improve predictability, transparency, and the use of country systems. "

PS: "The report will take centre stage at the Global Partnership's **High-Level Dialogue (HLD) on Advancing Effective Development Co-operation** on **Tuesday, 6 October 2026 (13:00–16:00 CET, online)**, held in the margins of the 81st UN General Assembly."

ECDPM - Development cooperation in a changing European strategic environment

https://ecdpm.org/work/development-cooperation-changing-european-strategic-environment

One of the reads of the week. **"Alexei Jones and Andrew Sherriff** argue that development cooperation should neither be insulated from wider European interests nor simply absorbed into them. Its future will depend on Europe's ability to clarify what development cooperation is for, recognise its unique contribution and manage the trade-offs between different objectives and interests."

"… The paper identifies **ten factors likely to shape European development cooperation over the coming decade…."**

CGD – The Development Leaders Conference 2026: From Rethinking Development to Rebuilding It

A Käppelli et al ; https://www.cgdev.org/blog/development-leaders-conference-2026-rethinking-development-rebuilding-it

"… **development leaders will gather in Madrid on 28–29 October for the 2026 Development Leaders Conference (DLC**), co-hosted by the Center for Global Development (CGD) and the Spanish Agency for International Development Cooperation (AECID). … **Ahead of the meeting, we look at how the development cooperation landscape has shifted since leaders last gathered and how those changes will shape the discussions in Madrid…."**

Vox - Rethinking development cooperation: The case for a 'balance sheet' approach

A Latortue et al; https://voxdev.org/topic/institutions-political-economy/rethinking-development-cooperation-case-balance-sheet-approach

« As global aid budgets shrink, **the Future of Development Cooperation Coalition** proposes a **'development balance sheet'** that reframes low- and middle-income countries not as aid recipients but as economic actors managing their own assets and liabilities…."

Guardian – 'Sweat the asset': new development minister plots path to make UK aid count

Guardian;

"Kirsty McNeill reaffirms Labour's 0.7% of GDP pledge and promises value for money to allay voter concerns."

Devex: Why the new UK aid minister thinks 'development' is outdated

Devex;

"Kirsty McNeill has laid out a vision for international aid that is based on "mutual interest" between the global north and south."

"In a speech on Monday evening, recently minted U.K. development minister Kirsty McNeill said the concept of "development" is outdated, and suggested that she should **be known instead as the "minister for security through solidarity."**

""**The era of development is over, and the era of mutual interest and shared resilience** is upon us," said McNeill, a former executive director at Save the Children. … The "mutual interest" framing **stands in contrast to the rhetoric from some recent U.K. governments**, which have argued that aid should be spent "in the national interest."…"

CGD – Don't Change ODA Graduation Rules To Score Assistance to Rich Small States

C Kenny et al; https://www.cgdev.org/blog/dont-change-oda-graduation-rules-score-assistance-rich-small-states

Kenny reacts to Carsten Staur (DAC chair) 's reaction from last week :) **"The OECD's Development Assistance Committee (DAC) chair Carsten Stauer suggested on Monday that any changes to ODA graduation rules would be limited to highly aid dependent countries nearing the high-income cutoff**:…"

Kenny: "… even under the current rules gradation is not automatic, and must be agreed by members. And there is nothing that prevents any DAC donor from providing assistance to a country that has graduated from the ODA threshold. Given all of that, **it is surely possible to leave the current graduation rules as they are, but clarify and codify DAC discretion on graduation dates.** The committee could agree that otherwise ODA eligible financing to highly aid dependent countries that pass the income threshold will remain ODA eligible on a sliding percentage scale over a period of years. Negotiation within the group could involve the definition of highly aid dependent and the number of years over which that sliding scale would run…."

"We would suggest as an opening gambit of defining aid dependence as net bilateral flows equal to a minimum of 10 percent of GNI alongside a 10-year transition."

Trump 2.0, US Global Health strategy & bilateral health agreements

HPW – One Year of America First Global Health Strategy: Controversy, Secrecy and Suffering

https://healthpolicy-watch.news/one-year-of-the-america-first-global-health-strategy/

Analysis of one year America First GH strategy. **"Country controversies, secret terms, opaque procurement, and massive unspent congressional funds have characterised the first year of the America First Global Health Strategy**."

"**Services are weaker than they were a year ago, HIV testing is down, treatment of children living with HIV is down, and community-based prevention is gutted**," said **Emily Bass**, expert consultant for Physicians for Human Rights (PHR), about the change in US policy…."

Cidrap News - Advocates, lawmakers call for release of congressionally approved global health funds

https://www.cidrap.umn.edu/hivaids/advocates-lawmakers-call-release-congressionally-approved-global-health-funds

"**The clock is ticking on more than a billion dollars in congressionally approved funding for global health programs that's being held up by the Trump administration. According to an analysis by Partners in Health, the Office of Management and Budget (OMB) is withholding $1.35 billion in bilateral funding that was previously approved by Congress for tuberculosis (TB), malaria, HIV, and maternal and child health programs**. The **funding is set to expire on September 30**, the end of the federal government's fiscal year. The group says the continued withholding of the money could have a devastating impact in countries that rely on the funding…."

"… **Partners in Health also warned that the State Department has been delaying routine funding of the Presidential Emergency Plan for AIDS Relief (PEPFAR),** the program that is estimated to have saved 26 million lives since it was established by the George W. Bush administration in 2003. **The group estimates that, through July of this year, PEPFAR has spent $2.3 billion less than it did two years ago. "If we hit September 30th with that level of a gap, we're going to see huge drop-offs in service delivery around the world,"** Lin said…."

TGH – Tracking the "America First" Bilateral Health Agreements

https://www.thinkglobalhealth.org/article/tracking-the-america-first-bilateral-health-agreements

Update of the tracker (as of 10 Sept). **"Think Global Health's analysis found gaps between country needs and new cofinancing commitments with the United States."**

US State department - New U.S Health Partnership with Vietnam Under the Trump Administration's America First Global Health Strategy

https://www.state.gov/releases/office-of-the-spokesperson/2026/09/new-u-s-health-partnership-with-vietnam-under-the-trump-administrations-america-first-global-health-strategy/

"**On September 11, the United States and Vietnam signed a five-year bilateral Health Cooperation Memorandum of Understanding (MOU) under the Trump Administration's America First Global Health Strategy (AFGHS)**, advancing our new model of co-investment in global health. Through this MOU, **the Department of State, working with Congress, plans to provide $98,750,000 in life-saving global health assistance over the next five years, including $21,385,000 in dedicated Global Health Security funding,** to support Vietnam's transition to full country ownership of its HIV/AIDS and tuberculosis programs while strengthening its capacity to detect and respond to emerging and re-emerging infectious disease threats. **Vietnam is well-positioned to assume this responsibility and concurrent to this MOU, their annual health expenditure is projected to grow by approximately $10.5 billion over the five-year MOU period, from $23.3 billion to $33.8 billion**. This five-year

partnership ensures that the gains achieved through more than two decades of U.S. support are preserved, owned, and sustained by Vietnam's own health institutions. As Vietnam charts a new path for its health care system, this partnership is expected to deliver measurable results over the next five years…."

Devex Pro - Devex Debrief: The conservative revolt against Trump's aid plans

https://www.devex.com/news/devex-debrief-the-conservative-revolt-against-trump-s-aid-plans-113279

(gated) "**Many Republicans cheered the dismantling of USAID. Some aren't thrilled with what's replaced it."**

" It may not be his problem anymore, but **the conservative backlash against Jeremy Lewin's decision to channel the bulk of U.S. humanitarian aid through the United Nations is moving from the corridors into public view.** The former acting undersecretary for foreign assistance, humanitarian affairs, and religious freedom at the U.S. State Department turned heads when he announced $2 billion in U.S. funding to the U.N. Office for the Coordination of Humanitarian Affairs late last year. In May, the State Department added another $1.8 billion to that funding partnership. **This week, Brett Schaefer and Danielle Pletka of the D.C.-based think tank American Enterprise Institute joined a growing chorus of conservative voices taking issue with this arrangement in a working paper titled "The Trump Administration Must Act to Prevent Subsidizing Terrorism Via the United Nations.**" They blasted the State Department and its former acting undersecretary, **alleging that the new framework "has fundamentally weaker oversight** than even the deficient procedures that allowed U.S. funding to facilitate terror in Gaza" — a reference to claims that funding for UNRWA, the main aid agency for Palestinians, was diverted to Hamas…."

Devex - Scoop: US pays the UN $800M in budget dues

https://www.devex.com/news/scoop-us-pays-the-un-800m-in-budget-dues-113315

"The payments avert the prospect of the U.S. losing its vote in the U.N. General Assembly, but leave Washington with billions in back dues."

"**The Trump administration has finally paid the United Nations more than $800 million to cover the costs of its regular budget dues for 2025, along with a fraction of its peacekeeping obligations**, Stéphane Dujarric, the U.N.'s chief spokesperson, told Devex. **On Tuesday morning, the U.S. delivered a payment for $725 million to cover the cost of its share of the U.N.'s 2025 regular budget, which is shared among the 193 member states through mandatory assessed contributions.** Washington paid an additional $102 million on Friday for some of its peacekeeping fees, which come from a separate U.S. account. The peacekeeping payment is intended to cover a portion of the U.S. dues for U.N. missions in Haiti and the Democratic Republic of Congo."

"**The regular budget payment is more than a year and a half late, and it represents only a fraction of the billions of dollars the U.S. still owes the U.N. for unpaid arrears. But it will avert the prospect of the U.S. losing its vote at the U.N. General Assembly for failing to pay its dues for two full years**. It will **also temporarily ease a U.N. cash crisis.** The payment comes one week before President Donald Trump is scheduled to address the U.N. General Assembly in New York…."

"… **But it only puts a small dent in the United States' growing arrears at the world body, which have surpassed $4 billion. After today's payment, the U.S. still owes $1.635 billion in regular budget dues, including some $800 million for 2026**. The U.S. also owes about $2.89 billion in peacekeeping dues, according to U.N. figures provided to Devex."…"

Devex - Exclusive: Luke Lindberg chosen to lead World Food Programme

https://www.devex.com/news/exclusive-luke-lindberg-chosen-to-lead-world-food-programme-113293

"The Trump administration nominee was selected to lead the world's largest humanitarian agency, according to an internal U.N. notification obtained by Devex."

- Related analysis in HPW - What Will Trump Pick Mean for World Food Programme and Humanitarians? (originally on the New Humanitarian)

Devex – Trump nominates Elliott Hulse for Millennium Challenge Corporation CEO

https://www.devex.com/news/trump-nominates-elliott-hulse-for-millennium-challenge-corporation-ceo-113307

"The **former U.S. Treasury and World Bank communications official** now awaits a hearing and Senate confirmation."

More on the impact of US aid cuts

Devex - 90% of LGBTQ+ groups have lost funding since 2025, new report finds

https://www.devex.com/news/90-of-lgbtq-groups-have-lost-funding-since-2025-new-report-finds-113287

"A **year and a half after USAID cuts began, advocacy groups say the fallout has moved from "catastrophic" to a lasting structural crisis**. …**Ninety percent of LGBTQ+ rights groups across the globe have lost funding since the Trump administration overhauled U.S. foreign aid, new research has found."**

"In its **new report, Breaking Point**, New York City-based advocacy group Outright International found that **one year after the cuts began, only 3% of nearly 230 organizations surveyed can describe themselves as "stable."… ….… Among the organizations affected by the cuts, 49% lost more than half of their total budgets, while 75% lost more than a quarte**r, Outright found. **Organizations based in countries with the harshest conditions for LGBTQ+ people** — including widespread discrimination, the least impartial justice systems, and the deepest divisions among social groups — **were roughly two to three times more likely to have been affected by aid cuts**."

Devex – How cervical cancer screening became a PEPFAR casualty

https://www.devex.com/news/how-cervical-cancer-screening-became-a-pepfar-casualty-113288

"Women with HIV are more vulnerable to cervical cancer, which is why PEPFAR had supported screening for the preventable disease. Amid funding cuts, much of that work has gone."

"… **Prior to the cuts, PEPFAR programs conducted almost 9 million screenings and treated over 365,000 precancerous lesions, making it the largest international donor of cervical cancer screening and treatment**, said Jennifer Sherwood, director of research and public policy at amfAR. It **funded close to 60% of all cervical cancer screening and treatment in low- and middle-income countries between 2018 and 2023**. But **when the U.S. government reduced its funding to PEPFAR** — which was established 23 years ago under the George W. Bush administration — by 25%, or $2.1 billion, in 2025, a **lot of cervical cancer prevention work became a casualty**."

PS: **"… Uganda, Zambia, Kenya, Eswatini, Lesotho, and Nigeria are among the countries where PEPFAR funding propped up the screening of more than 10,000 women. Almost no organizations have been able to replace lost funding, according to amfAR's report**. "There's just nobody that has a scale of PEPFAR," said Mungo…"

Decolonize Global Health

Science Politics – Who Pays and Who Counts in Global Health?

Jil Molenaar; https://sciencepolitics.org/2026/09/16/who-pays-and-who-counts-in-global-health/

"Rethinking measurement priorities requires centering the people who actually produce and use health data — health workers, facility teams, and district managers, not philanthropists or donor countries."

PS: *"***Some critical scholars have described the influence of the Gates Foundation as "knowledge philanthropism."** When the Foundation funds data collection while also shaping the concepts and tools used to interpret it, the Foundation deepens its indispensability in knowledge production and its influence over global health governance. …"

Habib Benzian - The Pose of Poverty

On Substack;

"Poverty porn, the foreign gaze and the rise of stunt philanthropy."

Habib Benzian starts his weekly reflection from the news that **Burkina Faso wants 'poverty porn' to disappear.**

"**On 2 July, the Burkina Faso government adopted new rules governing humanitarian work. One provision prohibits displaying images of vulnerable people beside the goods they have received**. The decree also requires more funding to support recovery rather than prolonged dependence and

promotes the purchase of locally produced goods. **The ban has quickly been described as a prohibition of poverty porn: the use of images of deprivation to provoke pity or raise money**."

"**The term captures something real. It can also make the issue appear simpler than it is…."**
"**Poverty exists whether or not it is photographed**. In Burkina Faso, conflict and displacement have produced widespread hardship that should be documented and seen. **A ban on degrading imagery must not become a way of making poverty less visible, especially where governments may have their own reasons for keeping hunger or institutional failure outside the frame…."**

Among others, **Seye Abimbola's 'Foreign Gaze'** and **McBeast** ("stunt philanthropy") then come up.

Benzian **concludes:**

"**A broader visual language is possible**. Poverty can be documented without placing an exposed individual at the centre. An empty clinic, a medicine price list, or a budget document can reveal deprivation. Faces remain important. They bear witness. But people should appear as citizens, workers and organisers, not merely as containers of need. **Burkina Faso's ban will not settle this. Its importance lies in making an old bargain visible**. Humanitarian aid has never involved only the movement of money, medicines and food. Images also move. They leave the places where suffering occurs and acquire value abroad. MrBeast has turned that movement into stunt philanthropy. NGOs use a quieter vocabulary, though the underlying exchange may be similar. Someone is helped. Someone is watched. Someone else gains authority over the story. **The lesson is not that poverty should become invisible. It is that institutions should have to justify why a particular image is needed, where it will travel, and what control the people in it retain over the story being told. Consent is part of this, but not enough. A person can agree to a photograph and still lose control over the meaning attached to their face. Poverty should not be hidden. But neither should it be arranged into a pose for donors, platforms or states. The work ahead is not to stop looking. It is to change who gets to decide what the image is for."**

Guardian - Slave-trade wealth was embedded in Britain's financial system, research finds

https://www.theguardian.com/uk-news/ng-interactive/2026/sep/16/slave-trade-wealth-britain-financial-system-bank-of-england-enslaved-africans

"**Dozens of Bank of England directors and founding subscribers invested in trafficking of enslaved Africans."**

Social determinants of health

Nature (Editorial) - Global inequality panel is a chance for research to change lives

https://www.nature.com/articles/d41586-026-02885-8

"The scientific panel is welcomed. **It must now invite all interested researchers to participate."**

NCDs

Lancet Editorial – The unmet needs of people living with severe asthma

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01904-5/fulltext

Today's Lancet editorial.

"More than 260 million people worldwide live with asthma, and more than 400 000 die of the disease each year. **5–10% of people with asthma live with severe asthma**, but it has an outsized effect—frequent disease exacerbations, poor lung function, and a widespread dependence on corticosteroids. Despite serious symptoms, asthma is often underdiagnosed and mismanaged, which—in the worst-case scenarios—can be fatal…."

"**Addressing the burden of severe asthma will require a multipronged approach**…."

Guardian - Women with same health conditions as men 'less likely to be offered active treatment'

https://www.theguardian.com/science/2026/sep/16/women-with-same-health-conditions-as-men-less-likely-to-be-offered-active-treatment

"**Men with heart, kidney or liver conditions more likely to be offered intervention compared with women, global analysis finds."**

"**A review of global research found that for several health problems, including cardiovascular conditions, kidney disease and Parkinson's, women were less likely to receive the same treatment as men,** revealing the extent to which women have significantly unequal care."

Re a study in Plos One, by researchers at the University of St Andrews.

SRHR

BMJ Collection – Protecting global sexual and reproductive health and rights

https://www.bmj.com/collections/SRHR

"**This BMJ Collection, developed in partnership with the CUNY Graduate School of Public Health & Health Policy in New York, USA, explores how SRHR can be protected and advanced in a changing and threatened global context**. From reimagining multilateral institutions and strengthening civil society advocacy to tackling the economic constraints that limit investment in SRHR and learning from successful policy responses, this Collection explores practical strategies for building more resilient, equitable, and accountable systems. Moving beyond a description of the challenges facing SRHR, it offers solutions - how advocates, researchers, health professionals, governments, and civil

society can mobilise, forge new partnerships, and advance renewed forms of multilateral cooperation to safeguard SRHRs for the future."

- Start with the **Editorial** - Confronting financial and political headwinds against sexual and reproductive health, rights, and justice (by **Chelsea Clinton**)

"Health and political leaders must seize the opportunity to build lasting systems for governance, financing, and delivery of sexual and reproductive health, rights, and justice."

- Opinion - **United Nations reform must protect sexual and reproductive health and rights** (by T McGovern, re the **harms of merging UNFPA and UN Women**)
- Among the must-reads in this Collection: **International fiscal architecture for advancing sexual and reproductive health and rights**

"Delivering sexual and reproductive health justice **requires a new independent and neutral global body where global rights obligations are prioritised,** *write* **Attiya Waris and colleagues** (including a few of my **ITM colleagues**).

Excerpt: "…. **What is required is a new international financial architecture, including the creation of a global fiscal institution that is human centred. This new global fiscal institution should be governed on the basis of the principle of "equal sovereignty," which means "one country, one vote**." To be able to harmonise international rules that affect all countries' ability to provide the full enjoyment of all human rights, particularly economic, social, and cultural rights, or to allow the making of such rules if they do not yet exist, **this new global fiscal institution should be empowered to have a say in, at least, reparations** (instead of development assistance), **global tax justice and debt restructuring, and debt relief when needed to ensure the realisation of minimum core rights**…."

HPW - When Harm Hides in Hospital: Messaging and the Medicalisation of Female Genital Mutilation

F Nkansa et al ; https://healthpolicy-watch.news/when-harm-hides-in-hospital-messaging-and-the-medicalisation-of-female-genital-mutilation/

In-depth analysis & advocacy. "**There have been documented decreases in female genital mutilation (FGM) rates in West Africa –** declines not granted by governments, but fought for community by community by survivors, activists, and even former practitioners. **In July 2025, that fight produced a landmark ruling**: the ECOWAS Court of Justice found that Sierra Leone's failure to protect girls from FGM met the legal threshold for torture. **We have just published a five-country report mapping the movements behind these victories. But we would be remiss not to point out that inside the decline, the practice is changing shape…."**

"FGM is moving into clinics…."

Human Resources for Health

Devex Pro – Why community health workers could be a smart investment as aid shrinks

https://www.devex.com/news/why-community-health-workers-could-be-a-smart-investment-as-aid-shrinks-113301

(gated) "Community health workers have always been a good investment, **but it has primarily been donors that have paid for them**. **If countries still want the benefits of CHWs, they will have to figure out how to own the programs."**

Via Devex Check-up: "**African heads of state pledged in 2017 to have 2 million community health workers across the continent by 2030. But the money hasn't followed the ambition.** Many countries still lack the funding needed to fully professionalize this workforce — putting community health workers on government payrolls and giving them the training, equipment, and support they need."

"…But my colleague Andrew Green writes that investing in programs for community health workers could be **one of the best investments countries can make.** Why? Community health workers have long been recognized for their high-value impact on health systems. **They are the bridge between clinics and remote communities**. They can provide a suite of services, from HIV testing to, increasingly, prevention and diagnosis of noncommunicable diseases. And they are cost-effective, with health leaders long recognizing that for every $1 spent on a community health worker, countries can get up to $10 in return in the form of a healthier, more productive workforce…."

PS: "Now, **throw some AI into the mix, and could they do even more?...."**

Planetary Health

World Health Organization urged to declare climate change a Public Health Emergency of International Concern

Rob Butler; https://www.croakey.org/world-health-organization-urged-to-declare-climate-change-a-public-health-emergency-of-international-concern/

The case has only gotten stronger indeed in recent months.

Climate Change News – Türkiye says it has "final decision" at COP31 despite Australia running negotiations

https://www.climatechangenews.com/2026/09/11/turkiye-says-it-has-final-decision-at-cop31-despite-australia-running-negotiations/

(gated) "COP31 President-Designate Murat Kurum told journalists that, **while the two countries have been working well together, Türkiye has the final say over the Antalya summit."**

"Uncertainty persists over how COP31 will be managed, after **Türkiye's environment minister told journalists this week his country will have the final say at the UN climate conference despite a deal that gave Australia the role of chairing the negotiations in return for withdrawing its bid for the summit."**

PS: "**At COP30, the two governments resolved a deadlock by agreeing that Türkiye would host this year's annual talks in the resort city of Antalya** with its environment minister Murat Kurum serving as COP31 President, while his **Australian counterpart Chris Bowen would act as COP31 President of Negotiations…."**

Devex - EU delegations give fossil fuel lobbyists backdoor COP access, report says

https://www.devex.com/news/eu-delegations-give-fossil-fuel-lobbyists-backdoor-cop-access-report-says-113286

"Despite central U.N. screening, member states continue granting summit access to fossil fuel interests via party overflow badges, driving civil society demands for delegation reform ahead of COP31."

"…... The report, compiled by Transparency International, says that at last year's COP30 in Brazil, there were **885 nonstate players across EU delegations, 526 representing business interests**. Over 95% attended via "party overflow" badges, which don't reveal the companies that the attendees represent or their financial backing….."

Project Syndicate – A Workable Social Contract for the Climate Transition

J Ghosh et al ; https://www.project-syndicate.org/commentary/economic-insecurity-and-distrust-threaten-to-derail-climate-action-by-jayati-ghosh-and-owen-gaffney-2026-09

"**Economic insecurity and growing distrust in institutions are undermining governments' ability to sustain support for climate action**. To **rebuild that suppo**rt, they must **show that climate policies can reduce household bills, create decent jobs, and ensure that the biggest emitters pay their fair share."**

"**There is a paradox at the heart of climate politics**. An overwhelming majority of people around the world want governments to tackle global warming. Yet in many of the largest economies, voters are backing parties that deny or downplay the climate crisis. **The climate paradox is rooted in a profound sense of economic unfairness.** Earlier this year, as Elon Musk briefly became the world's first trillionaire, a survey conducted by Ipsos for Earth4All found that **four in ten people across major global economies feared that their household would be unable to afford basic needs in the next 12 months. And in lower-income countries, economic insecurity is even more acute…."**

"**Behind that figure lie four decades of broken promises**. The neoliberal vision of wealth trickling down has failed to materialize, while the 2008 financial crisis and subsequent global shocks laid bare a system in which profits are privatized and risks are socialized, with the poor disproportionately shouldering the costs. **The result has been deepening distrust in governments. Yet those governments are now asking people to trust their assurances that the current far-reaching transformation will be fairer than the last…."**

Guardian - World's top 20 private equity firms produce more greenhouse gases a year than most countries, report finds

https://www.theguardian.com/us-news/2026/sep/15/private-equity-firms-energy-assets-greenhouse-gas

"Firms manage $7.3tn in assets and could afford to transition away from fossil fuels yet invest in natural gas and coal-fired plants to power datacenters."

"**The energy portfolios of 20 private equity firms produce 1.5bn tons of greenhouse gases a year, more than the annual emissions of any country except China, the US, India and Russia**, according to a new report. **Together, these firms manage $7.3tn in assets of all kinds**, affording them the ability to shape the pace of the transition away from fossil fuels. However their energy investments include significant fossil fuel assets including natural gas and coal-fired power plants to provide electricity to datacenters."

"**The analysis of the top 20 private equity firms invested in global energy infrastructure** was conducted by **the Private Equity Climate Risks Consortium**. "

Action Aid (report) - Debt Fuels the Climate Crisis: How the Finance Flows

https://actionaid.org/publications/2026/debt-fuels-climate-crisis

"**The debt and climate crises are deeply interlinked, trapped in a toxic relationship in which countries and communities on the front lines of the climate crisis are paying the price**. The global debt crisis is being felt acutely by the most climate-vulnerable countries, where climate disasters are taking place with increasing frequency and intensity. "

"**Countries on the front lines of the climate crisis are forced to spend so much of their national budgets on sovereign debt repayments that these finance flows are driving fossil fuel expansion, preventing climate action and sustainable developmen**t, and leaving communities highly exposed to increasing climate impacts. **The vicious cycle between the debt and climate crisis is getting worse year on year,** causing rising emissions, accelerating climate disasters, stifling climate action and leading to ever-deepening debt crises. "

"ActionAid's new report "Debt Fuels the Climate Crisis: How the finance flows" uncovers the data connecting the climate and debt crises. **Available data shows**:

93.5% of the top one-third of climate-vulnerable countries are in, or at risk of debt distress;

Climate vulnerable countries are spending nearly two thirds (65%) of national revenue on debt servicing, leaving little left to spend on climate, health, education or other public services ;

Climate-vulnerable countries are forced to spend nearly 25 times more of their national budgets on debt repayment than on climate action

Debt repayments by the Global South are nearly 225 times the grant-based climate finance received from the Global North. "

- Related: ReCourse - Examining the IMF's climate turn: lending, debt, and extractivism

"A new report published ahead of the IMF Annual Meetings 2026 examines the contradiction at the heart of the IMF's climate turn. On one hand, the Fund can finance resilience, forest governance and climate reforms through its newer Resilience and Sustainability Facility (RSF), while on the other hand it forces countries to expand fossil fuels and extractive industries while constraining public investment through its conventional lending programmes."

"**Five case studies in Ecuador, Egypt, the Democratic Republic of the Congo, Tanzania and Pakistan reveal this contradiction** and what it means for countries, communities and climate action. Countries go to the IMF to reduce vulnerability. Stabilisation that leaves them with less public investment, greater extractive dependence and greater exposure to future shocks does the opposite."

Guardian - Datacenter rush will create 'tsunami' of discarded electronics, report says

https://www.theguardian.com/world/2026/sep/16/datacenters-pollution-electronics

"Global push will triple toxic e-waste annually in 25 years, filling enough shipping containers to circle globe six times."

"**The ongoing campaign to build thousands of massive datacenters for AI will create a "tsunami" of discarded electronics, putting the world on a course to triple its annual generation of toxic e-waste in the next 25 years,** a new report projects." Report by the non-profit environmental group **Basel Action Network (BAN).**

Lancet - A call to humanity in the wake of Nepal's massive Himalayan flash flood

B Acharaya et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01810-6/fulltext

Calling for **climate justice** more in particular.

- Related: **Guardian - Climate crisis likely behind devastating Nepal-Tibet floods that killed more than 1,300, first study finds**

"**Scientists say global heating was a destabilising factor in collapse** of 200,000 sq metre glacier in August." Cfr new **study by Imperial college London**.

Lancet Planetary Health (Editorial) – Future proofing food systems

https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00108-7/fulltext

(early online editorial) "**Perhaps one of the most alarming impacts of this year of climate and weather extremes has been the huge drop in food production**. … … **While we are still in the**

middle of a difficult year for global agriculture, the signs that we should be preparing for greater difficulties next year are apparent. The world is entering an El Niño cycle, a natural phenomenon where weakened Trade Winds and higher sea surface temperatures across the Pacific Ocean raise global atmospheric temperatures and shift global rainfall patterns. Agencies like the UK Met Office and the World Meteorological Organization have said there are already signs that this El Niño event is likely to be the strongest in living memory and that 2027 is increasingly likely to be the hottest year on record as a result. **The United Nations World Food Programme has warned that El Niño could worsen food insecurity in already vulnerable regions and push tens of millions of people into acute hunger; WFP is ramping up its preparations accordingly."**

"**These climate impacts on global agriculture of course come within the context of long-running geopolitical instability**…."

The editorial concludes: "… **We must learn quickly from this year's painful harvest and recognise that building a resilient food system is a whole of society task** that will require an openness to experimentation, supported by research and integrative policy design."

Telegraph - Asia on high alert as El Niño threatens new Dengue epidemic

https://www.telegraph.co.uk/global-health/science-and-disease/asia-on-high-alert-as-el-nio-threatens-new-dengue-epidemic/

"Higher temperatures mean more mosquitoes, and with them will come a new surge in "break-bone" fever, say experts."

Lancet (Comment) – Enhancing preparedness for the impending super El Niño

Ruby Lieber, Andy Haines et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01826-X/fulltext

"…**An important question to answer is: how can we integrate adapting to long-term climate change and repeated climate shocks, while exploiting synergies between the two approaches?..."**

"Adapting to climate change is costly and there is a substantial adaptation funding gap for health. Estimating the relative contributions of human-induced climate change and El Niño to health and economic outcomes would help with effectively allocating sparse resources and could also support applications to the Fund for Loss and Damage under the UN Framework Convention on Climate Change. It would also support climate litigation cases where isolating the relative roles of climate trends versus variability is essential. **We suggest five steps that should be taken to advance knowledge and enhance preparedness for El Niño in the context of climate change**: (1) ensure that the urgency of protecting health and preventing disease is addressed by the UN and in other international responses to official declarations of El Niño; (2) support national governments to assess the effects of El Niño and other climate shocks on the health of their populations and to implement anticipatory actions, including early-warning systems; (3) scale up collaboration between climate and health researchers to undertake climate–health attribution studies, including in the context of El Niño, and strengthen national capacity to undertake attribution analyses and use the results to influence policy and practice; (4) undertake a living review of the health effects of El Niño to ensure that evolving evidence of impacts over time is made widely available, and evidence gaps are

addressed; and (5) evaluate the cost-effectiveness of climate–health interventions in the context of El Niño, including disease and extreme event early-warning systems, health-system capacity strengthening, urban flood protection, and actions for food-system resilience, and create an evidence bank of effective actions in different contexts. **These steps will require concerted action between key interest holders such as research funders and WHO, the wider UN system, the World Bank, and non-governmental organisations. …"**

Stockholm Resilience center - Coordinated reforms can transform Sweden and create well-being beyond growth

https://www.stockholmresilience.org/research/research-stories/2026-09-14-coordinated-reforms-can-transform-sweden-and-create-well-being-beyond-growth.html

"The climate crisis and increasing resource consumption raise questions about how high-income countries can reduce their environmental impact without simultaneously increasing unemployment and inequality. **A study by Centre programme Fairtrans shows that the answer may lie in coordinated reforms that combine reduced production with greater redistribution."**

"In the **study, published in Ecological Economics**, Centre **researchers Karel Zwetsloot, David Collste, Thomas Hahn and colleagues** from the programme Fairtrans **investigate how a society can function without making growth its overriding goal.** They do this by using an established simulation model that has been applied to more than 40 countries. Among other things, the researchers analyse **shorter working hours, a basic income, progressive taxation and a gradual scaling back of production with a high environmental impac**t. **The results show that individual measures often lead to trade-offs. By contrast, environmental impact, poverty, inequality and unemployment all decrease when the reforms are implemented together."**

- Ecological Economics - Modelling degrowth policies with system dynamics: Towards policy coherence

Goalkeepers 2026 report & more on AI & health

Reuters – Governments worldwide are way behind AI says Bill Gates

https://www.reuters.com/world/asia-pacific/governments-worldwide-are-way-behind-ai-says-bill-gates-2026-09-15/?utm_source=twitter&utm_medium=Social

"No government in the world is ready for the changes artificial intelligence will bring to society, Bill Gates said in an interview with Reuters, as he warned of the risks ahead."

The foundation will also **spend 1 billion on equitable access to AI**.

- See also **Devex Pro – As AI fears mount, Gates hopes to make it a force for good in global south**

"The **$1 billion pledge**, announced today, **comes as the foundation launches its 2026 Goalkeepers Report** which focuses on expanding access to AI in the areas of health, education, agriculture, and digital equity."

For more, see also Devex: **"the foundation announced today that it is pledging $1 billion over the next two years to expand AI access across the global south in the areas of health, education, agriculture, and digital equity."**
"… Even though $1 billion certainly isn't peanuts, **I couldn't help but ask Suzman how that sum squares with the hundreds of billions of dollars floating around in the AI ecosystem — not to mention Bill Gates' dire warnings for our species. It's not about competing; it's about complementing**, Suzman replied…."

"We are at an essentially existential moment for humanity in terms of the use of what is the most transformative technology of … our lifetime, and in that context, there are very real risks," he said. "But at the same time, the thing about transformative technologies is they can be transformative for good" — including the areas that the Gates Foundation works in. **"AI has potential to close gaps and reduce inequality at a faster rate than has ever happened before, but only if very concrete actions are taken in the next 18 to 24 months,**" Suzman added. "And if those actions are not taken, then the reverse is true."…"

"So will the foundation be joining forces with some of the seemingly now-cautious AI giants to further Gates' anti-poverty goals? Suzman was noncommittal, though he said **the $1 billion is a starting point** and **suggested the foundation is working to build partnerships that it hopes to announce "potentially in even the next few weeks."**

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

"**The foundation is putting in a whopping** $1 billion to help expand AI use and access **in areas such as health, education, and agriculture**. **A large chunk, or 40% of it, is meant to support healthcare,** including **diagnostics and clinical decision-making for frontline health workers, maternal and newborn care tools, and the discovery of new drugs and vaccines**, writes Devex Managing Editor Anna Gawel….

PS: "**… for AI to benefit more people, Gates said three things need to happen**:

• AI tools should work across languages, not just in English.

• It needs to be grounded in local data and realities for it to be relevant.

• Investments should be made in people to build AI expertise in countries, and ensure AI tools are accessible. "

"**AI could either be a great equalizer or widen global inequality — and that outcome is a "present-tense choice" being made right now**, not a distant prediction. **Gates argues the decisions made over the next** 12–18 months **about how AI is built, funded, and deployed will determine who it benefits**."

The Goalkeepers report shows the world is badly off track on reaching the SDGs by 2030, including SDG 2, zero hunger. The report calls for an expansion of AI in health, education, agriculture, and digital equity.

2026 Goalkeepers report: AI, equity & the choice we can't delay

https://goalkeepers.gatesfoundation.org/report/2026-report/

Full report. Check out key findings & messages.

Guardian - 'Tidal wave' of Pfas being launched to satisfy AI industry, campaigners warn

https://www.theguardian.com/environment/2026/sep/14/pfas-firms-tidal-wave-forever-chemicals-ai-industry-demand-datacentres

"Big manufacturers planning to produce more of the forever chemicals to meet demand from datacentres."

"**Pfas companies are launching a "tidal wave" of forever chemicals production to meet demand from the AI industry, a campaign organisation has warne**d. Despite alarm over the chemicals, which have been linked to cancer, **a survey of the 10 biggest manufacturers found most had plans to increase production. Many frame their investments around the "AI revolution**", because of the role Pfas play in semiconductor production and next-generation datacentre cooling systems….."

"…"These companies' expansion plans show that unless governments and regulators insist on a rapid phaseout, we will face a new tidal wave of forever chemicals," said Anne-Sofie Bäckar, the executive director of **ChemSec, the Swedish chemicals watchdog** that carried out the research. **ChemSec's survey found nearly all of the 10 biggest manufacturers of Pfas had plans to increase production, at sites in Europe, Asia and North America…."**

UN News - Countries must increase AI regulation to avoid 'existential risks': Türk

https://news.un.org/en/story/2026/09/1168326

"Voluntary self-regulation by companies developing frontier artificial intelligence (AI) is "nowhere near sufficient" to address existing harms and prevent advanced autonomous AI models from circumventing human safeguards, UN human rights chief Volker Türk wrote on Monday. "The current race towards ever more powerful AI is a step change towards greater existential risks to every aspect of our lives," he wrote in an open letter…."

Access to Medicines, Vaccines & other health technologies

GAVI - New "blockbuster" tuberculosis vaccines could save seven million lives by 2050

https://www.gavi.org/news/media-room/new-blockbuster-tuberculosis-vaccines-could-save-seven-million-lives-2050

"**Next-generation TB vaccines, expected to become available from 2029, could deliver major health and economic gains, helping to save an estimated 7.3 million lives, generate up to US$ 135 billion in economic benefits for low-and middle-income countries by 2050, and support efforts to combat antimicrobial resistance.** Action must be taken now to ensure that countries with the highest disease burden are able to access vaccines in sufficient quantities."

"**Gavi CEO, Dr Sania Nishtar: "Novel TB vaccines could be the next blockbuster immunisation tool, however they will only realise their potential if we can ensure sufficient, predictable and affordable supply for those countries that need them most."**

"**New tuberculosis (TB) vaccines, which are expected to become available from 2029, could help save up to an estimated 7.3 million lives between 2030 and 2050, unlocking up to US$ 135 billion in economic benefits across low- and middle-income countries**, according to new analysis on their potential impact. These benefits highlight the potential for new TB vaccines to become one of the most impactful new immunisation tools in decades, representing a breakthrough technology in fighting the world's deadliest infectious disease…." "Nevertheless, in its ***Early Market Shaping Roadmap for novel TB Vaccines***, published today, Gavi, the **Vaccine Alliance (Gavi) warns that action is required now to prepare governments and vaccine manufacturers for the vaccines' arrival**. According to the Roadmap, **demand for the vaccines among low-income countries and middle-income countries could reach, on average, 86 million vaccination courses per year, with greater demand in the early years** as high-burden countries seek to expand protection across multiple age groups in high-risk areas."

UNAIDS – From vision to action: Southern Africa and China advance regional pharmaceutical manufacturing and health security

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/september/20260916_PR_China_SADC_health_security

"**The Southern African Development Community (SADC), UNAIDS, the Government of China and the Global Health Innovation Institute (GHII) have agreed to advance collaboration on regional pharmaceutical manufacturing**, following a **joint visit** to production facilities in Johannesburg, Durban and Cape Town, South Africa."

"The delegation assessed existing capabilities in pharmaceutical and vaccine manufacturing, biotechnology, genomics and diagnostics, and identified priority areas to help Southern African countries expand domestic production of quality-assured medicines and health technologies. The collaboration aims to reduce reliance on imports, strengthen health security and improve more timely access to essential health products across the region. Partnering with China offers an

opportunity to connect technology, expertise, investment and manufacturing capabilities with this growing regional capacity…."

Euractiv - US drug pricing could push EU prices higher, study finds

https://www.euractiv.com/news/us-drug-pricing-could-push-eu-prices-higher-study-finds/

"Policy could also prompt drugmakers to delay European medicine launches."

"**Washington's drug-pricing policy is likely to push drugmakers to raise prices in the EU or delay launches, according to a new modelling study from The Lancet**. Since last year, US President Donald Trump has **signed several 'most-favoured-nation' (MFN) deals with drugmakers** – most recently with nine midsized ones – aiming at bringing US Medicare drug prices closer to those in selected high-income countries. Parts of the pharmaceutical industry have warned that the policy could prompt companies to delay launches in European countries used as price benchmarks. Launching a medicine at a lower price in Europe could force a company to cut its US price, potentially costing it more in US revenue than it earns in the European market…."

"**The study compared estimated net US prices for 195 branded drugs with prices in 19 reference countries, including several EU countries** like Austria, Belgium, Czechia, Denmark and Italy. The researchers found that **for three-quarters of the medicines, the estimated US revenue loss from matching a lower price in a reference country – France, for example – would exceed sales in that country. That means "manufacturers would have a strong incentive to raise prices outside the United States," the authors explained. ….** Despite rising pressure on EU countries, "this is colliding with the reality that other countries have limited budget room to give," said lead author Thomas Hwang, a professor at Harvard Medical School."

PS: "**The authors add that Trump's pursuit of individual deals with pharmaceutical companies could undermine his stated goal of slashing domestic prices, which are roughly three times higher than in Europe.** "If manufacturers can evade participation in these models by striking side deals, most of those savings might not be realised," Hwang explained….

- See the Lancet study: Most-favoured-nation pricing for prescription drugs in US Medicare: a cohort study (by T J Hwang et al)

"The prices of new medicines in the USA are among the highest in the world. **The Centers for Medicare and Medicaid Services released mandatory most-favoured-nation payment models for prescription drugs covered under Medicare part B (GLOBE) and part D (GUARD).** Under these payment models, manufacturers would be required to pay Medicare additional rebates for net drug prices exceeding the lowest international list price in a basket of 19 reference countries adjusted by gross domestic product per capita on purchasing power parity basis. **In this study, we aimed to model the impact of the GLOBE and GUARD models for Medicare spending."**

- And **related** **Lancet Comment – The US experiments with international reference pricing for prescription drugs** (by Jeromie Ballreich et al)

"The USA pays substantially more for the same branded drug compared with other high-income nations, with estimates suggesting the USA pays three to five times the price compared with most

European countries. For many, including the Trump administration, these higher prices represent an unfairness in the global pharmaceutical market. **In his first term, US President Donald Trump directed the Centers for Medicare and Medicaid Innovation (CMMI) to benchmark Medicare part B drug prices to international prices as a form of international reference pricing**. Courts ultimately struck this down due to procedural issues. **In Trump's second term, CMMI is launching the GLOBE and GUARD models, which will benchmark branded drugs meeting specific inclusion criteria to international reference prices for 25% of the traditional Medicare fee-for-service population….**"

"**In their cohort study in The Lancet, Thomas J Hwang and colleagues estimated the potential savings from the GLOBE and GUARD payment models in the USA**. The authors estimated the potential savings by linking Medicare spending and prices with estimated current rebates, ex-manufacturer prices, and international sales data in 19 reference countries for GLOBE and GUARD-model-eligible brand-name drugs. **They compared estimated net prices with spending under the status quo and found reductions in net Medicare spending under GLOBE of US$5·2 billion (16·1%) and of $6·4 billion (17·6%) under GUARD.** The results provide an **initial look at potential savings from benchmarking US prices against international prices….**"

… But **there will be implementation challenges,** they note.

PS: "**The GLOBE and GUARD models are not the only approaches the Trump administration is pursuing. It is also using US trade policy to pressure other countries to raise their drug prices**, mitigating concerns about the USA bankrolling drug research and development….."

- See also **HPW -** **US Medicare Pricing Policies Could Drive Global Costs and Hinder Access Worldwide**

"A new modelling study suggests that US Medicare "Most-Favored-Nation" policies on drug prices would cut Medicare spending on brand name drugs, but potentially incentivize companies to increase prices or delay new drug launches elsewhere."

- And via Stat – Trump's secretive pharma deals may undermine 'most-favored nation' pricing, an analysis suggests

"The **projected savings may be reduced by as much as 80%.**"

"**The projected savings from a highly touted Trump administration plan to lower Medicare drug costs may be drastically reduced — by as much as 80% — thanks to secretive deals cut with more than two dozen pharmaceutical companies**, according to a new analysis. At issue is an approach known as "most-favored nation" pricing, which would tie the prices paid by Medicare to what 19 other wealthy nations pay for the same medicines. **The White House has maintained the effort would save Medicare $26 billion over several years** and help mitigate the long-standing problem of increasingly unaffordable prescription drugs…."

Geneva Health Files – Spain's Push For Radical Reform Of Pharma R&D: Bulk Procurement For An Aggregated Market

Rory O'Neill; Geneva Health Files;

"…. **The Biotech Act, first proposed in December 2025, is the Commission's plan to revitalise Europe's biotechnology sector with financial support and regulatory initiatives**. Among the most controversial elements of the plan is a proposed 12-month patent extension for some biotech drugs, subject to made-in-EU conditions, as a way of spurring investment in new products. …"

" **Spain's Proposal:** Spain's proposal would **instead try to incentivise the development of new medicines by forming voluntary buyer groups among EU countries, acting as a signal of demand early in the lifecycle of a drug** – after it has received marketing authorisation from the Commission (based on the on recommendation of the European Medicines Agency.) …."

Global Policy – Vaccine Hunting: Balancing Strategic Independence, Cooperation and Multilateral Obligations in Scandinavian COVID-19 Vaccine Diplomacy

Antoine de Bengy Puyvallée et al; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70237
« How do states navigate the balance between multilateral obligations, bilateral cooperation and strategic independence during global crises? **This article provides an in-depth empirical analysis of the diplomatic efforts deployed by Denmark and Norway to secure vaccine access during the COVID-19 pandemic.** The paper explores how these countries pursued multiple procurement pathways—bilateral negotiations, ad hoc coalitions, regional and global initiatives—and analyses how they mobilized different policy options as the crisis unfolded. Despite their institutional and economic similarities, the **two countries' different relationship with the European Union**—through which they both ultimately procured vaccines—provides insight into how political alliances shape state agency in times of crisis. **The paper challenges the conventional understanding of 'vaccine diplomacy' as the use of vaccines by great powers to advance geopolitical or diplomatic interests, demonstrating that the concept also helps understand countries' agency to secure vaccines**. For Norway and Denmark, vaccine diplomacy involved multilevel and multi-stakeholder diplomatic engagement; strategic efforts to build their international credibility; and domestic public diplomacy to project government responsiveness. In a context of crisis and uncertainty, their vaccine diplomacy was characterized by experimentation, difficult trade-offs between multilateral obligations and domestic pressures, and limited democratic oversight. »

UNAIDS – UNAIDS, WHO and Unitaid bring manufacturers and governments together in Geneva as HIV financing enters a new era

https://www.unaids.org/en/resources/presscentre/featurestories/2026/september/20260914_manufacturers_consultation
"For more than 15 years, UNAIDS and WHO have convened governments, manufacturers, financing partners, communities and technical agencies in Geneva for one purpose: making sure the medicines, diagnostics and prevention products needed for the HIV, TB and hepatitis responses are produced in sufficient quantities and reach countries at prices they can afford. **From 15 to 18 September, UNAIDS jointly with WHO and Unitaid will once again convene their annual consultation with pharmaceutical and diagnostics manufacturers, partner organizations and national governments."**

"**The meeting arrives at a pivotal moment for the global HIV response as international funding declines and countries take on a greater share of the cost of their own responses**. In 2025, domestic sources accounted for 59% of the US$ 17.6 billion invested in the HIV response in low- and middle-income countries (LMIC). Almost 74% of antiretroviral spending is already covered by

domestic spending in LMICs, and just over 52% of antiretroviral spending in Eastern and Southern Africa specifically."

PS: "**Nowhere is that shift clearer than in HIV prevention. While treatment programmes are increasingly funded from domestic budgets, many prevention interventions remain heavily dependent on external support — PrEP chief among them**. Demand for oral and long-acting PrEP options is expected to rise sharply in the coming years as more countries expand access and ensuring that financing and procurement systems can keep pace with that growth is set to be a central theme of this year's discussions."

Global Commission on Drug Policy – Making children and young people visible in drug policy: a child rights-based agenda for reform

https://globalcommissionondrugs.org/wp-content/uploads/2026/09/GCDP_PolicyBrief2026_EN_web.pdf
Policy brief.

"**This policy brief argues that the rights of children and young people should be placed at the centre of drug policy**. Drawing on UNCRC, international human rights law, public health evidence, and consultations with children, young people and experts from across the world, it provides a child rights-based framework for evaluating and improving drug policies. **It identifies four priority areas where reform is urgently needed…."**

Some more reports of the week

HPW – Despite Funding Cuts, Global Fund Sustains Progress Against HIV, TB and Malaria

https://healthpolicy-watch.news/global-fund-sustains-progress/

(must-read) "**Countries supported by the Global Fund put over a million more people on antiretroviral (ARV) treatment, sustained tuberculosis treatment and distributed 34 million more insecticide-treated mosquito nets in 2025 than the previous year.** In 2025, some 26.9 million people were on ARVs (compared to 25.6 million), 7.4 million people were treated for TB, and 196 million mosquito nets were distributed (up from 162 million), according to the **Global Fund's results report released on Wednesday…."**

Check out some other key messages **(via Peter Sands).**

- See also the Global Fund (press release) – Global Fund Report Shows Countries Fought to Protect Essential Health Services Despite Challenging Year

"The **Global Fund partnership has now helped save 72 million lives since 2002**, with this year's Results Report highlighting how country and community leadership, innovation and

partnership helped protect essential services and safeguard decades of progress against HIV, tuberculosis (TB) and malaria amid unprecedented global health challenges."

UN News – Gender equality woefully off track, new UN report reveals

https://news.un.org/en/story/2026/09/1168360

"At the current rate of progress, gender equality would take 171 years to achieve, a new UN report finds as institutions built to advance gains are being defunded and demobilised."

"**Strikingly, not a single indicator on the Sustainable Development Goal for gender equality (SDG 5) is on track to be met by 2030**, the initial deadline, according to **Gender Snapshot 2026. "**

"These **targets** include ending discrimination, gender-based violence and such harmful practices as forced marriage and female genital mutilation alongside ensuring women's full participation in leadership and securing economic and property rights."

Miscellaneous

NUJ - Workers to strike for first time in The Lancet's 200-year history

https://www.nuj.org.uk/resource/workers-strike-first-time-the-lancet-200-year-history.html

"**NUJ members working at The Lancet, one of the world's leading medical journals, are set to go on strike next week following a long-running dispute over pay**. The strike action will take place for one day on Tuesday 22 September outside The Lancet's London office - **the first time a walkout has been staged by staff in the publication's 200-year history…."**

UN News – World fears major war more than any other global risk, UN survey finds

https://news.un.org/en/story/2026/09/1168332

"Two years ago, **the idea of a large-scale war breaking out** felt like a distant hypothetical to the experts who help chart the world's dangers. **Today it tops their list of fears, according to a new UN Global Risk Report."**

"…. Two years ago, **environmental threats, misinformation and pandemics** dominated the picture. Now **geopolitical tension, war and a weakening rule of law** sit at its centre."

Reuters - Poll shows rising trust in global institutions, less comfort with US as global leader

https://www.reuters.com/world/poll-shows-rising-trust-global-institutions-less-comfort-with-us-global-leader-2026-09-16/

"Canada most trusted to lead global affairs; Most are less comfortable with US, China leading; More than 35,000 people surveyed in 34 countries."

"**A new poll of over 35,000 people worldwide shows continued support for global cooperation and rising trust in international institutions**, but less comfort with the United States or China taking leadership roles. In fact, many view both as a threat. **The survey, commissioned by the Rockefeller Foundation and conducted in 34 countries** from July 21 to August 5, reflected a grim view of economic developments and security challenges, with **nearly 70% saying the world had gotten worse over the past year."**

"… Despite widespread pessimism, **57% of those surveyed said countries should cooperate to solve global challenges such as security even if it means compromising on some national interests**. That's up from 55% in last year's survey…."

"… **International institutions saw their results rise over the past year. Trust in the World Health Organization rose to 69% from 61%, while the U.N.'s score rose to 62% from 58%....** … The World Bank, International Monetary Fund and International Criminal Court, which all got failing grades in last year's survey, saw the biggest gains. Trust in the World Bank rose to 55% from 46%, the International Monetary Fund edged to 51% from 43% and the ICC scored 54%, up from 48% last year. The World Trade Organization scored 57%, up from 50%..."

"The **poll was released ahead of next week's United Nations General Assembly in New York."**

The Collective Blog – Who Cares? Gendered Caregiving Burdens, Right-wing Populism and Neoliberal Economies

https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/alicia-ely-yamin/who-cares-gendered-caregiving-burdens-right-wing-p.html

"In the US and elsewhere, right-wing populism now coexists with neoliberalism's isolation of market dynamics from state regulation, inextricably intertwining the moral and political economies of unpaid caregiving." say **Alicia Ely Yamin and Solana Yoma."**

Guardian - Fiji declares national HIV emergency as Pacific nation grapples with surge in cases

https://www.theguardian.com/world/2026/sep/17/fiji-declares-national-hiv-emergency-infections-surge-health

"**Government estimates that one in 60 adults in Fiji now living with HIV, as escalating use of methamphetamine fuels 'epidemic'**."

TWN – UN: Unilateral sanctions expand amid eroding multilateralism

K Raja; https://www.twn.my/title2/health.info/2026/hi260901.htm

"**Use of unilateral coercive measures has expanded amid weakening confidence in collective multilateral mechanisms**, according to **Zaina Jallad, the United Nations Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights**."

"**The share of the world's economy subject to unilateral sanctions has grown from 5.4 per cent in the 1960s to 24.7 per cent in the period 2010-2022**, she said. These developments point to the normalization of sanctions and counter-sanctions across national, regional and international settings, the rights expert added. "Unilateral sanctions are creating severe humanitarian crises and punishing entire populations for political disputes they have no voice in," the Special Rapporteur said, expressing serious concern about the expanded use of unilateral coercive measures globally, from Cuba to Iran."

In her first report (A/HRC/63/29) to the United Nations Human Rights Council as the Special Rapporteur on the impact of unilateral coercive measures , she stressed that the latest escalation follows six decades of proliferating unilateral sanctions imposed outside the framework of the UN Security Council and applicable obligations under international law - the effects of which are often aggravated by extensive de-risking policies and over-compliance by third parties…."

Guardian – Naomi Klein: 'Extreme wealth has a deranging effect. It turns you into a supremacist'

https://www.theguardian.com/books/2026/sep/12/naomi-klein-extreme-wealth-has-a-deranging-effect-it-turns-you-into-a-supremacist

"She's tackled neoliberalism and the digital world, now the writer and activist is taking **on tech billionaires. She explains how the super-rich are capitalising on climate and financial chaos in pursuit of power."**

"… **End Times Fascism** describes the world we're in, where the components of authoritarianism are modelled everywhere you look: anarcho-libertarian economics in Argentina, the destruction of a free press in Russia, the erosion of democratic institutions in Hungary (until Viktor Orbán was deposed), "anti-immigrant neofascism" in Italy, the weaponisation of trans identity by Jair Bolsonaro in Brazil, Islamophobia in Modi's India. But **this is fascism with a difference. Its proponents are actively willing an apocalypse, or a wave of interconnected apocalypses brought forth by climate change and financial chaos, to hasten us towards a post-democratic world in which only a rich few survive to prosper…."**

BMJ (Editorial) – The war on drugs is a war on women

C Stoicescu et al ; **https://www.bmj.com/content/394/bmj-2026-100686**

"UN policy review should promote gender responsive care, not punishment."

"**The UN's 2026 World Drug Report yet again shows the failures of prohibition**: 331 million people used drugs in 2024, up 34% in a decade, and nearly 500 000 people died from drug related causes in 2023. Concurrently, 27 UN special rapporteurs called for evidence based reforms. They were unequivocal: **overcriminalisation, stigma, and discrimination are not incidental to prohibition; they are its structural logic, as *The BMJ* argued a decade ago. No group feels this more acutely than women, particularly in the global south…."**

Global health governance & Governance of Health

Devex Check-up: drama surrounds Saima Wazed's exit from the World Health Organization.

https://www.devex.com/news/devex-checkup-doomsday-or-better-health-gates-bets-big-on-ai-113270

For what it's worth, the "drama":

"Saima Wazed, the daughter of ousted Bangladeshi Prime Minister **Sheikh Hasina**, has resigned as WHO's regional director for Southeast Asia **after being unable to do the job for more than a year**. The World Health Organization placed her on leave in 2025, months after her mother was removed from power, and the new Bangladeshi government filed cases against her, accusing her of **providing false academic credentials and financial fraud**. WHO also launched its own investigation and appointed Dr. **Catharina Boehme**, a former assistant director-general at its Geneva headquarters, as interim head of the regional office. But for more than a year, the agency has been silent on the investigation — until last week, when Reuters reported that Wazed resigned from her position, a day after a WHO committee recommended her dismissal. She said she **resigned "due to harassment and intimidation"** by WHO Director-General **Tedros Adhanom Ghebreyesus**, and accused Tedros of trying to convince member states to terminate her before the investigation into her case was complete. She said she was placed on leave for over a year without pay."

"According to Reuters, WHO accused Wazed of financial fraud related to a travel reimbursement worth $901 during a trip to China, misrepresenting her academic credentials, and illegally acquiring land in Bangladesh — but Wazed denied all allegations and **believes they were all politically motivated**. She said financial fraud allegations against her were found to be "unsubstantiated by the WHO investigation team." "Despite being cognizant of the political vendetta against my mother and therefore me, Tedros seized upon this issue as a convenient pretext to **pursue a witch hunt against me to push me out of my office,"** she told another media outlet, Outlook. **And now she seems bent on turning the tables. She said she has filed an appeal "against the decision not to investigate the harassment case against Tedros and the illegal decision to put me on leave without pay. I will litigate these illegal decisions to the end."** …"

"**WHO insists Wazed's case was handled "with due regard for fairness and due process, while safeguarding the interests of the Organization and its ability to fulfil its mandate**." In the interim, Dr. Nilesh Buddha will serve as officer-in-charge until the regional office elects its next director…."

Project Syndicate - The UN Cannot—and Need Not—Wait for Consensus

Helen Clark; https://www.project-syndicate.org/commentary/to-complement-un-plurilateralism-coalitions-of-willing-must-strengthen-democracy-by-helen-clark-2026-09

"Although the United Nations system remains the foundation of global governance, its capacity to drive domestic implementation of urgently needed reforms and regulations is stretched thin. Fortunately, **narrower "plurilateral" arrangements can help, provided that they are explicitly designed to strengthen democracy."**

Re '**coalitions of the willing' (= plurilateral arrangements).**

"…. **often absent from discussions about our new "variable geometry**," as Carney calls it, **is the question of whether plurilateral institutions strengthen or weaken democracy. …"**

"**Instead of leaving more positive outcomes to chance, we need to insist that plurilateral arrangements focus on three things: promoting concrete actions** (such as coordinated environmental and labor regulations); **encouraging participation by a wide variety of stakeholders; and establishing independent monitoring mechanisms**. In each case, the **core objective should be to enhance democracy.** If these values are upheld, plurilateral arrangements can support the UN's mission, rather than unwittingly undermining or substituting for it…."

Global Policy – The Persistent Fragmentation of Gulf Foreign Aid: Bilateralism and the Limits of Regional Humanitarian Coordination

K Almezaini; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70228

"**This paper examines why Gulf foreign aid has remained predominantly bilateral and fragmented since its emergence in the 1960s**, despite the establishment of regional institutions, recurring regional crises and repeated calls for greater coordination…."

Plos GPH – Preparing current and emerging health leaders: An innovative competency-based framework for health diplomacy

E Martinez, A Nordström et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0004974

« **Health diplomacy** is increasingly recognized as critical domain of practice for advancing global health equity, navigating political complexity, and fostering cooperation across sectors and borders. Yet formal training opportunities remain limited worldwide, with existing programs differing in length, depth and content, and lacking a shared core curriculum. To address these persistent gaps, **the Health Diplomacy Institutional Network (HDIN) developed a globally informed, competency-based training framework that contributes to the professionalization of the field by offering a shared foundation for capacity building in health diplomacy**. Co-developed by global experts and practitioners, **the framework identifies five key competencies – global health knowledge, political and diplomatic acumen, strategic leadership, cross-cultural communication, and advocacy and coalition-building –** each articulated across **four progressive levels of mastery, from basic to expert…."**

Reuters – World Bank names Nobel laureate Michael Kremer as next chief economist

https://www.reuters.com/world/world-bank-names-nobel-laureate-michael-kremer-next-chief-economist-2026-09-16/

"Kremer won Nobel Prize in 2019 for work on alleviating poverty; Current professor at University of Chicago; **Kremer's research aided farmers, children and drove vaccine development."**

"He starts his new role on October 1, shortly before the **annual meetings of the World Bank and International Monetary Fund in Bangkok, Thailand."**

"**Kremer, 61, won the Nobel Prize in Economic Sciences in 2019 jointly with Esther Duflo and Abhijit Banerjee** for their experimental approach to alleviating global poverty…."

"He and Glennerster **also pioneered the use of Advance Market Commitments**, binding contracts made by donors to encourage pharmaceutical companies to research, develop and produce drugs for low-income countries, aiding development of a vaccine against the main cause of pneumonia globally. **Kremer's research on de-worming school children** showed a sharp drop in absenteeism, prompting governments in Africa and South Asia to provide 2 billion treatments since 2014. …"

Global health financing

ODI - What can digital PFM deliver for the health sector?

A A Naik et al ; https://odi.org/en/insights/what-can-digital-pfm-deliver-for-the-health-sector/

« Across low- and middle-income countries (LMICs), public spending on health faces multiple constraints. Aid cuts have had direct impacts on health spending. Domestic budgets have to find room for health amidst multiple competing priorities, while rising debt servicing burdens shrink fiscal space. **Against this backdrop, can digital public financial management (PFM) give governments new capabilities to make health spending more efficient and effective?** »

UHC & PHC

WHO and Commonwealth Secretariat renew partnership to strengthen health systems and advance universal health coverage

https://www.who.int/news/item/15-09-2026-who-and-commonwealth-secretariat-renew-partnership-to-strengthen-health-systems-and-advance-universal-health-coverage

"**The World Health Organization (WHO) and the Commonwealth Secretariat today agreed to renew their Memorandum of Understanding (MoU) for four years, reaffirming their shared commitment to improving health and well-being across the Commonwealth's 56 member countries**, and strengthening collaboration to address pressing global health challenges."

"The renewed partnership reflects a shared vision to support Commonwealth member countries to build stronger, more resilient and more equitable health systems. **Under the renewed MoU, the two organisations will deepen their cooperation in four priority areas:** advance primary health care and essential health system capacities for universal health coverage, including through innovation and digital health solutions; address health determinants and the root causes of ill health in key policies across sectors; improve health service coverage and financial protection to address health inequities and gender inequalities; and respond to climate change by building climate-resilient and sustainable health systems."

WB (Governance for Development blog) - Closing Health Service Delivery Access Gaps with Geospatial Insights

K Singh et al; https://blogs.worldbank.org/en/governance/closing-health-service-delivery-access-gaps-with-geospatial-insights

"How a **public infrastructure access tool** helps countries measure access, find the gaps, and quantify the impact of every new facility they build."

Health Systems & Reform - Effects, Challenges, and Preconditions for Implementing Direct Health Facility Financing and the Prime Vendor Model in Low-Resource Settings: The Experience from Tanzania

https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2720979

By Peter Binyaruka et al.

Pandemic preparedness & response/ Global Health Security

Nature Health - 'Desperate rodents' pose hantavirus risk to humans — boosted by climate change and deforestation

T Bhobo ; https://www.nature.com/articles/s44360-026-00200-3

"**Rapid urbanization and changes in rodent behaviour increase the risk of human disease outbreaks, especially in Africa**, but experts fear **surveillance gaps** leave most zoonotic infections undetected."

"… "**At the moment, we believe that hantavirus probably is more prevalent [and] widespread than diagnosed in Africa," says Tulio de Oliveira**, Professor at Stellenbosch University, South Africa, and director of the Centre for Epidemic Response and Innovation. Such infections are mainly "self-limited transmission clusters between rodents, other animals and humans," he tells Nature Health. … **Hantaviruses pose a bigger systematic danger to Africa's public health architecture than previously thought, argued de Oliveira and colleagues in a recent article.** Limited diagnostic and testing capacity and lack of monitoring infrastructure, combined with climate change and urbanization, are leading to more zoonotic outbreaks…."

Planetary health

TGH - India's Climate Plans Miss Those Most at Risk

https://www.thinkglobalhealth.org/article/indias-climate-plans-miss-those-most-at-risk

"**Tracking caste-like hierarchies in climate and health metrics** could help countries better mitigate extreme heat harms across South Asia and Africa."

Mpox

BMJ GH - Mpox in Africa: one year continental response outcomes and way forward

M K Muteba, J Kaseya et al ; https://gh.bmj.com/content/11/9/e023050

« Following the declaration of mpox as both a global and continental public health emergency in August 2024, **the Joint Incident Management Support Team (IMST), co-led by the Africa Centres for Disease Control and Prevention (Africa CDC) and the WHO, was activated in Kinshasa, DRC to coordinate the continental mpox response.** This article highlights the **first year's epidemiological and operational findings…."**

Infectious diseases & NTDs

Plos Med (Policy Forum) - HIV self-testing and the global diagnostic gap: Addressing a decade of missed opportunity

Reuben Granich et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005241

"**In 2015, a survey-based analysis across 16 sub-Saharan African countries estimated that nearly half of people living with HIV were undiagnosed, implying ~11 million people in the region were outside the treatment cascade. However, HIV self-testing (HIVST), a technology effectively positioned to close this gap, was deployed at negligible scale for a decade following WHO recommendation in 2016.** The gap has narrowed, but through conventional testing rather than HIVST, and 2.6 million people in sub-Saharan Africa and 4.9 million globally still did not know their HIV status in 2025. **The decade of delay** carries a likely avoidable burden of millions of illnesses, deaths and onward transmissions, though this has not been formally modelled…"

"…**Four actions could improve access**: 1) mandatory public reporting of HIVST commodity volumes; 2) a dedicated Africa-specific distribution target of at least 50 million kits per year within the UNAIDS 95-95-95 framework; 3) community-based distribution as the default model for the general population; and 4) explicit HIVST volume commitments in the GHSD's 2026–2030 memoranda of understanding and work plans."

AMR

TGH – Antimicrobial Resistance Threatens Bangladesh's Coasts

Z H Chowdhurry; https://www.thinkglobalhealth.org/article/antimicrobial-resistance-threatens-bangladeshs-coasts

"**Rising salinity in Bangladesh's waters**—which could worsen under a record-breaking El Niño—has **created the perfect conditions for aquatic pathogens to multiply.**"

NCDs

BMJ GH (Commentary) - Disability inclusion as a missing pillar of Africa's non-communicable disease response

A-Aziz Seidu et al ; https://gh.bmj.com/content/11/9/e025577

« Non-communicable diseases (NCDs) are an increasing priority for African health systems, yet disability remains under-recognised in many prevention, screening, treatment, rehabilitation, and long-term care agendas. **This article argues that disability inclusion is a missing pillar of Africa's NCD response and should be treated as central to mainstream health-system design, not as a separate welfare or specialist concern**. It grounds this argument in Africa-centred evidence and an explicit intersectional human rights framing. **African NCD strategies should explicitly integrate disability inclusion across primary healthcare, referral systems, specialist services, rehabilitation, assistive technology, community-based care, and long-term support, supported by a defined, low-cost implementation package and disability disaggregated accountability indicators co-designed with organisations of persons with disabilities."**

Plos GPH – Implementation strategies for integrating non-communicable disease care into primary healthcare settings in sub-Saharan Africa: A systematic review

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007062

By Hubert Amu et al.

Nature Medicine – Joint impact of pathological burden and cognitive resilience on Alzheimer's disease risk

Z Wang et al ; https://www.nature.com/articles/s41591-026-04635-9

"A 15-year cohort study shows that **Alzheimer's dementia risk is jointly shaped by Alzheimer's pathology and cognitive resilience,** with high resilience linked to lower risk, even under greater pathology."

Social & commercial determinants of health

UNU - Meeting of Experts on Corporate Monitoring of large Food & Beverage Companies - London, April 14 2026 Meeting Report

UNU

"**This report documents a meeting that was convened by ATNi and UNU-IIGH to examine methods and approaches for monitoring the activities and the health, nutrition, social and economic impacts of the largest Food & Beverage (F&B) companies**. This meeting was initiated **to identify gaps in corporate monitoring and accountability** and bring together individuals with varied expertise and perspectives to brainstorm potential solutions to fill those gaps, and come up with concrete solutions and actions all actors can take to try to fill these gaps (see Appendix 1). … …. **A particular focus of the meeting was to explore and address aspects of corporate behaviour that are currently underrepresented within the corporate monitoring landscape. These aspects included: a) corporate financial practices and conduct with respect to paying taxes; b) investor and shareholder behaviour; c) corporate political activity; d) corporate influence of science and research…"**

Mental health & psycho-social wellbeing

WHO Afro – Mental health in Africa: Investment case for WHO Afro

https://iris.who.int/server/api/core/bitstreams/64220351-3bd1-4e8a-a7f7-9712c639ab49/content

20 p.

Guardian - Air pollution linked to higher suicide risk, international research suggests

https://www.theguardian.com/environment/2026/sep/15/air-pollution-linked-to-higher-suicide-risk-research-suggests

"Analysis of 29 studies highlights potentially heightened danger from small particulate matter and nitrogen dioxide."

"**Environmental pollution** is known to be associated with poorer mental health but its role in suicide risk is less well understood. **Scientists at Queen's University Belfast examined whether air, noise, light, and water pollution could influence the risk of death by suicide and suicidal behaviours**. Their meta analysis of 29 studies found that **exposure to airborne small particulate matter and nitrogen dioxide were linked to a heightened risk of death by suicide, suicide attempts and suicidal ideation."**

Access to medicines & health technology

Lancet Oncology – Why childhood cancer medicines need market shaping led by the Global Platform: toward market transformation

S Millan et al ; https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(26)00454-7/fulltext

"The majority of children diagnosed with cancer do not have access to essential medicines. To address this reality, **the Global Platform for Access to Childhood Cancer Medicines (Global Platform)** was launched in February, 2025, by WHO and St Jude Children's Research Hospital, in collaboration with UNICEF and the Pan American Health Organization (PAHO)…."

Expert Review of vaccines - Evolution of the global emergency vaccine stockpile system

https://www.tandfonline.com/doi/epdf/10.1080/14760584.2026.2715858?needAccess=true

By J A Walldorf et al.

Decolonize Global Health

Plos GPH - Building Bridges: A framework for redefining and decolonizing implementation science in low- and middle-income countries

Binod Rayamajhee et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006155

"Implementation science (IS) is gaining recognition for its role in enhancing health outcomes by connecting research evidence with practical application. However, **most IS frameworks have been developed in high-income countries (HICs), raising concerns about their applicability, fairness, and sustainability in low- and middle-income countries (LMICs)…."**

"**This critical review underscores the urgent need to decolonize and redefine IS in LMICs or Global South.** We **propose the Building Bridges framework** encompassing advancing equitable and decolonized IS as **foundational principle** and **four key pillars**, including localizing and adapting IS frameworks, shifting power to LMICs leadership, equitable collaboration, capacity building, reforming funding agencies, and diversifying review panels, to foster a more just and locally relevant IS agenda."

AI & health

Nature Health – The epidemiology of artificial intelligence

Harsh Parikh et al; https://www.nature.com/articles/s44360-026-00188-w

"Artificial intelligence (AI) systems increasingly shape how people access health information, make medical decisions and receive care; yet, epidemiology lacks frameworks for measuring AI exposure or studying its health effects at the population level. **Here, we argue that AI now functions as a determinant of health and propose a conceptual framework, borrowed from environmental epidemiology,** for studying it. **We distinguish 'ambient AI exposure'** (algorithmic curation and AI-mediated institutional decisions that affect populations regardless of individual choice**) from 'personal AI exposure'** (direct, volitional use of AI tools). …"

Miscellaneous

Nature – People trust scientists seen to be 'on their side', UK study find

https://www.nature.com/articles/d41586-026-02883-w

"**Politics and personal values** influence people's confidence in scientists, finds new report."

Geneva Solutions - States are writing the first global rulebook for when disasters strike

https://genevasolutions.news/peace-humanitarian/states-are-writing-the-first-global-rulebook-for-when-disasters-strike

"After two decades of work, a treaty could see the light of day next year, sketching out the rules for how countries help each other when disaster strikes. But they still have to overcome old divides over its implications for sovereignty and human rights…."

WHO - Chile becomes first country in South America validated for eliminating dog-transmitted rabies as a public health problem

https://www.who.int/news/item/14-09-2026-chile-becomes-first-country-in-south-america-validated-for-eliminating-dog-transmitted-rabies-as-a-public-health-problem

"**Chile has become the first country in South America to receive the World Health Organization (WHO) validation for eliminating dog-transmitted rabies as a public health problem**. The recognition highlights more than 50 years of progress without a human case of rabies and confirms the country's capacity to prevent transmission from re-emerging…."

Papers & reports

Lancet Public Health (Viewpoint) – Fit for the future: from siloed to integrated public health systems

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00161-1/fulltext

"**Despite compelling evidence on the value of prevention, public health remains chronically underfunded and structurally deprioritised**. Spending on prevention has remained stable at around 3% of total health expenditure across Organisation for Economic Co-operation and Development countries for the past two decades, and despite a temporary doubling of spending during the COVID-19 pandemic, this trend has already reversed. …"

"Three interconnected priorities stand out: (1) embedding public health in cross-sectoral governance frameworks so that prevention is assessed on equal terms with curative care; (2) strengthening data to support public health investment and budgeting, especially in a highly volatile fiscal environment for many countries; and (3) accelerating digital transformation to increase analytical ability, targeted public health intervention, and public trust…"

SSM Health Systems - How learning happens in health system responses and initiatives: a realist synthesis

K M Thu, S Abimbola et al; https://www.sciencedirect.com/science/article/pii/S2949856226001418

"**We took a realist approach on the notion that learning can explain how people in the system generate, manage, and share their knowledge and make context-sensitive changes in the process of health system responses and initiatives.** We **identified six contextual conditions; three 'prior'** conditions (embeddedness, curiosity, and obligation) **and three 'amid' conditions** (diversity, platform, and support) that shape how learning unfolds in a response or initiative. The identified contextual conditions – or socio-political structures in which responses and initiatives are initiated and implemented – can inform future efforts to study and facilitate learning within health system initiatives and responses…."