IHP news 898 : UNGA81 – part one

(23 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,

As “UNGA week” tends to be rather busy, we decided to come up with a **mid-week issue** covering and compiling most of the global/planetary health and related news so far. The 81st UNGA General Debate opened yesterday under the **theme** "*Restoring trust, managing transformation: a United Nations that delivers for all.".*

I’ll keep comments for Friday’s issue, just flagging here that for readers who find the newsletter a bit overwhelming, there’s usually also a relatively **short AI summary** (*cfr top of the newsletter for the link*).

It ain’t perfect, but then again, as I’m sure you’ve noticed, nothing is really perfect on this planet :) *#understatementoftheweek*

Enjoy your reading, and stay tuned for part two on Friday!

Kristof Decoster

Highlights of the week

Structure of Highlights

- Read of the (1st part of the) week
- UNGA 81: General news, reports, …
- Run-up to the UN HL meeting on PPPR
- PABS negotiations: wrap-up of the latest round
- More on PPPR
- Ebola emergency DRC
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- Post-2030 brainstorm & the Future of Development Cooperation
- More on Global Health Governance & Financing/Funding

- Global Tax Justice
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- Access to medicines, vaccines & other health technologies
- AI & health
- Lancet Collection – New roadmap integrates arts into global health and wellbeing
- Miscellaneous

Read of the (1st part of the) week

In a busy week like this one, there are actually many reads of the week – and we should certainly include the hard-hitting & witty **Ebola analyses** by **Mukesh Kapila** on HPW (part 1 & 2) (see further in this newsletter).

Nevertheless, to begin this newsletter issue, we chose this one:

Habib Benzian - The End of the UHC Financing Consensus

Substack;

"**What comes after growth, aid, and optimism?"**

"It is not a policy or a target. **It is a belief about time: that the future will be richer than the present, and that a richer future will pay for the promises we make today. Expand Universal Health Coverage (UHC) now; growth will fund it later**. Commit to ambitious targets now; tomorrow's fiscal space will close the gap. Protect the poor now; a larger economy will make it affordable. **For most of the past quarter century, that belief was reasonable. It is now breaking. Global health has begun to recognise the financing shock, but much of the way it plans, budgets, and talks about universal health coverage still assumes that constraint is temporary and expansion will resume."**

"Call it **the temporal bargain**: the quiet agreement that better outcomes tomorrow justify difficult decisions deferred today. It is **one of the key ideas in global health financing, precisely because it is rarely made explicit. You cannot debate an assumption you cannot see. For most of the past quarter century, global health operated on a remarkably simple version of that bargain.** Economic growth would create fiscal space. Fiscal space would allow governments to spend more on health. Development assistance would bridge the gap in the meantime. As countries became wealthier,

universal health coverage would gradually expand, bringing essential services to larger shares of the population and reducing dependence on out-of-pocket spending…."

"You can see the moment that direction of travel began to fail in data buried on page 24 of a new World Bank report, Investing in Health: Pathways for a Fiscal Pivot…. " Read why.

Benzian concludes: "… **That does not mean universal health coverage is unattainable. It means the path toward it may look very different from the one most plans assume: one that depends less on faith in future growth and more on the political choices made under present constraint**. Less promise of eventual expansion, more discipline about protecting essential functions under pressure. Less waiting for favourable conditions to return, more willingness to confront the world as it actually is. Because **what is shifting is not simply health financing policy. It is the set of assumptions on which an entire era of global health was built. The debate is no longer simply about how to fund universal health coverage. Increasingly, it is about whether the political and economic conditions that made the UHC project imaginable in the first place can still be taken for granted.** We learned to plan for a better future paid for by more. **Now we must plan for one paid for by less**."

UNGA81 – General news, reports, …

More or less chronologically, since the end of last week – till Wednesday morning.

- **UN - General Assembly High-Level week Overview of key events.**

Guardian – Global leaders urged to join initiative to fight extreme inequality

https://www.theguardian.com/inequality/2026/sep/18/global-leaders-urged-to-join-initiative-to-fight-extreme-inequality

(18 Sept) "**More than 1,500 academics and economists from 100-plus countries are urging global leaders to join an initiative against extreme inequality**, calling current unfairness "a policy choice that can be reversed". **Before the UN general assembly in New York** next week, **the experts have signed an open letter backing the International Panel on Inequality (IPI)…."**

Devex Pro– UNGA is here — and here's what's at stake

https://www.devex.com/news/unga-is-here-and-here-s-what-s-at-stake-113348

(gated) « During a Devex Pro Briefing, **experts previewed the 81st U.N. General Assembly — from the race for a new leader to the race for financial survival."**

Excerpt:

"… history will be made one way or another with **the selection of a new secretary-general** on the horizon when António Guterres **passes the baton in December**.
Richard Gowan described the **changing of the guard** as "**a glimmer of hope."**
"Nobody thinks that just changing secretary-general is going to solve all the problems of the

organization," he said. "Guterres has done his best to keep the organization afloat. He has managed to sort of stop it from going bankrupt, despite some very severe financial headwinds. But **there is a sense that you need someone new, and that at least** a new U.N. leader can sort of bring some clarity **to where the organization can go from here."…"**

United Nations Foundation – A Mandate for Renewal Global Public: Opinion on the United Nations and the Selection of the 10th Secretary-General

https://s3.amazonaws.com/media.unfoundation.org/2026/09/A-Mandate-for-Renewal_Full-Report-2.pdf

Key findings on p. 4-5.

UN News – Less than 4 years from development goals deadline, progress shows what's possible

https://news.un.org/en/story/2026/09/1168371

(18 Sept) With coverage of the **SDG annual moment**.

Starting from Benin's example. "**For Benin, making progress on the UN's Sustainable Development Goals (SDGs) has meant finding new ways to finance development**. The West African country has increased domestic revenue by 0.5 per cent of GDP each year for the past decade, issued Africa's first SDG bond in 2021 and used the resulting funding to expand access to education and drinking water, Aristide Medenou, Benin's minister of economic cooperation, said on Friday…. …Even as the world remains far from achieving the SDGs, Mr. Medenou said **Benin offers a concrete example of governments translating commitments into beneficial policies."**

"… **the UN's most recent progress report** indicated that **progress on the goals is slow and uneven** – of the 139 targets with available trend data, **36 per cent are on track or making moderate progress…."**

"**Progress was never automatic**," UN Secretary-General António Guterres said on Friday. "**It was earned through the determination of people, communities and countries."…"**

"**At UN Headquarters in New York, UN officials and world leaders highlighted both the gains made over the past decade – and the scale of the remaining challenge…."**

PS: "… **The world faces a $4 trillion annual SDG financing gap**, while official development assistance fell by a record 23 per cent in 2025. In many countries, debt payments outstrip spending on social services…."

'Powerful headwinds' to SDG progress: ;.. Mr. Guterres said the lives that have been improved by SDG implementation demonstrate that multilateral cooperation can produce tangible improvements when governments act. … He explained that the pursuit of the goals has helped reduce child and maternal mortality, prevent millions of new HIV infections, and expand access to education, social protection, renewable energy and other services. **But progress faces "powerful headwinds" such as**

conflicts, weakened international cooperation, the climate crisis, attacks on the rights of women and girls, and debt and investment constraints, Mr. Guterres said…."

- Related: **NPR - Will even one of the U.N.'s 17 'sustainable development goals' be met by 2030?** (wide-ranging analysis)

Quote: ""**In my view, the goals worked where money, technology and political will lined up," says Paul Spiegel, director of the Johns Hopkins Center for Humanitarian Health**. Since 2015, he notes, roughly a billion people have gained access to safe drinking water, and 1.2 billion have decent sanitation. Electricity now reaches 92% of the world and 74% are connected to the internet. New HIV infections have fallen by 30%, and AIDS-related deaths by 35%. The proportion of births attended by a trained health professional is on track to reach 90%. "For the first time, more than half of humanity has some form of social protection [such as a pension, cash assistance, maternity or disability benefits, unemployment support or health coverage]," he says…."

UN News – The right to development: Why equity, not charity, is a human right

https://news.un.org/en/story/2026/09/1168367

Analysis ahead of **the High-level Meeting to Commemorate the 40th Anniversary of the Declaration on the Right to Development** (23 September).

"**Since 1986, the UN has recognised development not merely as economic growth, but as a human right that belongs to us all.** It encompasses economic, social, cultural and political rights aimed at reducing inequality and creating a fairer world. … … **It's 40 years since the UN agreed on the 1986 Declaration on the Right to Development.** Member States will meet on 23 September at the UN in New York **to renew the global commitment to ensuring that every person has a fair chance to live with dignity, opportunity and hope**. …"

"The meeting will bring together world leaders to reflect on progress made over the past four decades and to discuss how countries can work together to reduce poverty, expand opportunities and address inequalities that continue to prevent millions of people from fully benefiting from economic and social development…."

Devex - UN's sprawling development system faces 'existential threat'

https://www.devex.com/news/exclusive-un-s-sprawling-development-system-faces-existential-threat-113218

"U.N. bigwig says Trump austerity "rampage" part of wider global reversal on development aid."

"**For Amina Mohammed, the United Nations deputy secretary-general, it's crunch time for the U.N.'s development mission.** "**We are facing an existential threat**," she said **at a town hall meeting of the U.N. Development Programme, or UNDP, in September 2025,** citing the decline in funding for U.N. development work. If the U.N.'s chief development agency can't do a better job of demonstrating its relevance in an era of dwindling resources, she warned, "we will end up being a

museum," and people will "point to the building where we used to exist," according to a video of the session shared with Devex…. … … **The town hall meeting, along with other closed-door sessions** reviewed by Devex**, provides an unvarnished account of the U.N. leadership's thinking on the challenges of promoting the world body's development agenda.** It **also set the stage for a last-ditch effort by the outgoing Mohammad and her boss, U.N. Secretary-General António Guterres, to salvage development reforms that have struggled to gain traction for years**. They're now hoping to secure some $190 million in the 2027 budget later this year to underwrite the bureaucracy that coordinates the U.N.'s development activities in the field…."

"… **But the wider reform effort has already faced skepticism from key donor states** — which are looking to cut budgets and not take on new financial obligations — **and the U.N. humanitarian agencies that fear the reforms threaten to usurp their role in delivering assistance around the world.** "The system currently in place is working and introducing additional constraints will reduce, not enhance our collective impact on the ground," **five of the largest U.N. humanitarian agencies, including UNDP, UNICEF, and the World Food Programme, wrote this spring in an internal paper on the reform of U.N. development field operations.** "Current reforms should not be about centralization but about clarity, balance and responsibility," they also wrote, according to a copy of the paper obtained by Devex…."

"**Some countries are seeking to slow the reform process down, running out the clock by the time Guterres and Mohammed step down at the end of December**. Earlier this month, the Group of 77, a coalition of more than 130 countries, plus China, said the **"necessary conditions are not yet in place" to approve Guterres' proposal to merge key development agencies**, including UNDP and UNOPS, as well as the U.N. Population Fund, or UNFPA, with UN Women…."

"…**The U.N. debate over the future of the U.N.'s development mission comes against a background of financial scarcity and growing pressure from donors to cut costs and streamline operations**. U.N. revenues are projected to decline by 21% by 2027, according to a U.N. estimate…"

"… **Secretary-General Guterres has undertaken a broader series of reform initiatives, dubbed UN80**, that include a cost-cutting proposal to merge some of the U.N.'s principal development agencies, in addition to the plan to restructure development field operations. **Those initiatives, however, encountered headwinds, as member states, U.N. agency chiefs, and U.N. workers push back, voicing concern that the changes are either too expensive or that they will make the U.N. less capable of delivering on its anti-poverty goals. The fight is about competing visions of the U.N.'s future role, but it's also about money, turf, and jobs…"**

"… **To manage its activities in countries, the U.N. relies on some 130 resident coordinators, or RCs,** who fashion development strategies with local governments and coordinate the delivery of services with other U.N. agencies to achieve the Sustainable Development Goals**. These RCs are viewed as the frontline lieutenants in the global war on poverty. But they don't control how money is spent in the field. Mohammed's reform would empower them with a far greater say in what projects are funded. It would also expand her own office's role in overseeing the U.N.'s global development operations…."**

"… In August 2026, Mohammed presided over a virtual town hall gathering of many of the more than 1,600 workers who make up the resident coordinator system. Her remarks were aimed at convincing a skeptical audience that **the new set of reforms, dubbed a recalibration**, would move the SDGs in the right direction. … … **The recalibration** — which has been presented as a means of strengthening the resident coordinators — **involves bolstering the role of regional offices and headquarters, and would require changes across the development system. U.N. overseas missions**

— which often house representatives from more than 20 U.N. agencies — would be slimmed down. Some positions in the field would be reclassified, downgraded, or abolished…."

"**Any loss of on-the-ground expertise would be offset by creating a system of "on-demand" experts across the U.N. system that could be dispatched to a country to advise the resident coordinator on complex technical issues**. The bureaucracy overseen by Mohammed would play a lead role in coordinating the system…."

PS: "**the U.N. humanitarian agencies, which have strong, long-established direct relations with donor states, are reluctant to cede independence to U.N. headquarters and the resident coordinators**. "The system currently in place is working and introducing additional constraints will reduce, not enhance our collective impact on the ground," the five U.N. humanitarian agencies wrote in an assessment of the reform proposal for the resident coordinator system. The agencies also raised concerns that the new reform, which they contend is "not cost neutral," would potentially place an additional financial burden on agencies already facing "dramatic reduction in agency budgets — some by as much as 25%."…"

FT - Multilateralism is not idealism, it is a necessity

Luiz Inácio Lula da Silva, António Costa, William Ruto and Mark Carney;
https://www.ft.com/content/d9e6c07e-7d84-4e41-a9a2-0d0ac2319dd2

"**We need to strengthen our system of co-operation, not replace it."**

"…. No country, however powerful, can manage [these] challenges alone. Cooperation is therefore not an act of idealism, it is a practical necessity. **The question is not whether multilateralism can survive, but how it must evolve to meet the realities of our time. In this context, we are coming together with a new initiative: 'Partners for Multilateralism'**. P4M is not about creating another exclusive bloc or another international bureaucracy. Its purpose is the opposite: **to create a flexible, open framework for countries from different regions and political traditions that are willing to work across divides, to build coalitions for reform and to translate shared principles into practical action. P4M will support the reform of the UN and other multilateral institutions, to make them more representative, legitimate, effective and trusted. It aims to strengthen co-operation between regional organisations, contribute to peace and security, improve global economic governance and develop common approaches to emerging challenges, from AI and climate change to health security and digital transformation. P4M will seek to renew and strengthen the multilateral system, not replace it;** build bridges and bring together countries that may disagree on many issues but **share a commitment to the basic principles enshrined in the UN Charter**. Principles that are not negotiable, like sovereign equality, territorial integrity, the peaceful settlement of disputes, the prohibition of the threat or use of force, international humanitarian law, sustainable development, human rights and fundamental freedoms…."

Run-up to the UN High-Level meeting on PPPR (25 September)

The main global health event of the UNGA week, scheduled for Friday. Some reads ahead of the meeting, with the **NUS/Lancet PRIME Commission** the main one. In the backdrop, the pandemic agreement (& PABS negotiations -see next subsection) also play a key role, obviously.

GAVI - Global health reform and last-mile integration: the missing link in pandemic preparedness

https://www.gavi.org/vaccineswork/global-health-reform-and-last-mile-integration-missing-link-pandemic-preparedness

(18 Sept) "As the UN General Assembly's High-Level Week kicks off, global health reform is back on the agenda, but **the real test will not be in New York conference rooms. It will be in whether reform reaches the last mile."**

Lancet – The NUS–Lancet PRIME Commission: transforming pandemic readiness for equity

Sara Calderón-Larrañaga et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01146-3/fulltext

« **The National University of Singapore (NUS)–*Lancet* Pandemic Readiness through Institutions, Mobilising Communities, and Equity (PRIME) Commission redefines pandemic readiness and offers a practical blueprint for whole-of-society pandemic planning and implementation.** Drawing on the hard lessons of the COVID-19 pandemic, the Commission brings together evidence from 20 countries, including interviews with members of diverse communities and groups, future scenarios, and epidemiological modelling. **By integrating lived experience with systems analysis and forward-looking evidence, the Commission sets out how governments, institutions, and communities can move from formal plans to people-centred protection across all stages of a health crisis.** PRIME turns the often-invoked whole-of-society idea into a structured framework for action across sectors and levels of governance. Applying PRIME's recommendations has the potential not only to save lives, but also to strengthen institutions and community trust for future health emergencies and other 21st-century crises."

With **10 recommendations, 6 foundational blocks**.

PS: "… **The central gap addressed by this Commission is the divide between formal readiness and real protection**…. … We explicitly **distinguish between pandemic readiness and pandemic preparedness**. **Pandemic readiness** should be understood as the comprehensive, whole-of-society capacity to prevent, prepare for, respond to, recover from, and redress the impacts of pandemics across the full cycle. **Pandemic preparedness** refers to the aspect of pandemic readiness that is concerned with the preparation and maintenance of plans, skills, infrastructure, and other core resources for responding to a pandemic…."

- Related **Lancet Editorial** – Getting ready for the next pandemic

"On Sept 21, a new *Lancet* Commission report is published, *The National University of Singapore (NUS)*–Lancet *Pandemic Readiness through Institutions, Mobilising Communities, and Equity (PRIME) Commission*. **Launched alongside the 81st UN General Assembly and in advance of the UN High-level Meeting on Pandemic Prevention, Preparedness and Response**, the report aims to redefine how health can be protected before, during, and after a pandemic."

"**The central tenet of the PRIME Commission is people-centred protection**, based around asking what people and communities need and acting accordingly, giving people the capabilities to protect

themselves, access care, sustain wellbeing and livelihoods, participate in decisions, and recover after a crisis. There are **several key messages. …"**

The editorial then **makes the link with the UN HL meeting on PPPR**: "…**This year's UN General Assembly will review whether progress has been made towards the 2023 UN Political Declaration on Pandemics**, in which countries pledge to "implement coherent and robust national, regional and global actions, driven by science and the need to prioritize equity and the respect for human rights to strengthen pandemic prevention, preparedness and response, and fully address the direct and indirect consequences of future pandemics". **The High-level Meeting promises to introduce yet another new political declaration,** in which (according to a draft obtained by Health Policy Watch) countries "restate our commitment to scale up, promote and strengthen pandemic prevention, preparedness and response and to translate political commitment into concrete, measurable and urgent action". **The text is full of language on multisectorial approaches, cooperation, communities, and mobilising resources, but is weak on concrete commitments**. How can "equity" and "human rights" be advanced without specifics on how these principles could be meaningfully achieved and assessed effectively, particularly amid the continued erosion of Official Development Assistance for Health and the weakening of WHO? **The NUS–*Lancet* PRIME Commission will not stop with the publication of this report. It will pilot and evaluate its approach in select countries. The Commission's future also offers an opportunity to begin forming a better accountability process to help move beyond the impasse of failed treaties and toothless declarations…."**

- Coverage via **HPW – As Global Pandemic Approach Flounders, Experts Offer Blueprint to Protect All Citizens**
- And related **Guardian coverage** – **Nearly 3m more lives could be saved in next pandemic if vaccines are shared more fairly, says report**

"**Move would mean deaths would rise in wealthier nations**, according to NUS-Lancet Prime commission – **which modelled a response to a flu pandemic based on population size, not purchasing power…"**

"Researchers **modelling a hypothetical global outbreak of flu** found that fast-tracking vaccine development could cut deaths from 58.5m to 23.9m. **If the vaccines were then distributed equitably, according to population size rather than purchasing power, a further 2.7m lives could be saved overall. However, in high-income countries, that solidarity-based approach would see deaths rise from 2.4m to 3.9m…."**

- And a **Nature Africa Comment : Africa must put people at the heart of pandemic preparedness** (by F Mutapi & M Woolhouse)

"The NUS–Lancet PRIME Commission **identifies five reforms to help African countries protect lives and livelihoods during future health crises."**

HPW - Pandemic Agreement Negotiator Warns Against Losing Momentum

https://healthpolicy-watch.news/pandemic-agreement-negotiator-warns-against-losing-momentum/

"As countries continue negotiating the unfinished WHO Pandemic Agreement, **one of the original accord's architects warns that delays could put the process itself at risk. "I think it's quite risky to have a too-long negotiation because that means that we will lose diplomats and public health experts who were involved at the very beginning," said Anne-Claire Amprou, French Ambassador for Global Health and former co-chair of the intergovernmental negotiations** that delivered the agreement.

"Speaking on a recent episode of **Global Health Matters**, Amprou joined **Lia Tadesse Gebremedhin, former Ethiopian Minister of Health**, to take listeners behind the scenes of the three-year negotiations that culminated in the agreement's adoption in May 2025…."

(with some more messages by both).

DNDi (Policy report) – Implementing article 9.5 of the WHO pandemic agreement

https://dndi.org/wp-content/uploads/2026/09/DNDi-Article-9.5-Policy-Report-2026.pdf

"… **the Pandemic Agreement includes several provisions aimed at strengthening the R&D ecosystem. In particular, Article 9.5 requires Member States to develop and implement national and/or regional policies related to the inclusion of access provisions in public R&D funding arrangements for pandemic-related health products**. Article 9.5 presents Member States with a landmark opportunity to leverage the power of public funding to drive innovation and access**. As one of the few binding 'shall' commitments in the Pandemic Agreement, the obligations under Article 9.5 carry both legal weight and ethical urgency. This publication outlines examples of both well-established and newly emerging policies and practices from which Member States can learn and build as they seek to fulfil these obligations. However, existing approaches do not yet represent an optimal or comprehensive framework of access and innovation conditions for publicly funded R&D, nor is there a one-size-fits-all approach to establishing such frameworks.** In practice, policies and practices to secure the successful development of, and equitable access to, the results of publicly funded R&D will need to address multiple considerations across the access and innovation continuum, as appropriate to different national and regional contexts. **What this publication's examples make clear, though, is that Member States do not need to start from scratch: a growing body of practical experience already exists to draw from, adapt, and build upon as national and regional frameworks take shape…"**

TGH - Five Ways to Deliver on the Pandemic Agreement's Promises

S Galloway & S Psaki; https://www.thinkglobalhealth.org/article/five-ways-to-deliver-on-the-pandemic-agreements-promises

"**Building the right legal, operational, and financial systems to prevent the next pandemic will require going beyond negotiations in New York or Geneva**.

"**We propose five actions that countries, regions, and multilateral institutions can take to ensure more timely access to medical countermeasures during an emergency**, regardless of what happens in New York or Geneva…."

PABS negotiations: wrap-up of the latest round

WHO (press release) – Member States advance negotiations on pathogen access and benefit-sharing ahead of UN General Assembly meeting on pandemics

https://www.who.int/news/item/18-09-2026-member-states-advance-negotiations-on-pathogen-access-and-benefit-sharing-ahead-of-un-general-assembly-meeting-on-pandemics

Press release after the latest round (which ended on 18 September).

"WHO Member States concluded the eighth meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement today, advancing negotiations on a proposed pathogen access and benefit-sharing (PABS) system that would underpin a faster and more equitable response to future pandemics. The five-day meeting brought together governments and stakeholders in Geneva, where negotiations continued on the PABS annex, focusing on an equitable, feasible and implementable system…."

PS: via Geneva Health Files, a **quote from Tedros at the conclusion of this round**: "… *progress is a bit slow this week, but there is still a forward movement.* ***There is progress, even if it's if it's small****…."*

Geneva Health Files – Sovereign Control Over Pathogen Information: The Design Crux of The Pathogen Access Benefit Sharing System at The WHO [IGWG8 Update]

P Patnaik; Geneva Health Files;

(19 Sept) Must-read analysis of the latest round in Geneva.

PS: "In this edition, we bring you an update on this week's deliberations at the WHO in Geneva. … **The press has been kept out of these discussions entirely. Why would you not want to educate journalists, and promote public understanding and engagement on these issues, is puzzling."**

"**Reaching an agreement on the Pathogen Access Benefit Sharing System (PABS), continues to be daunting for WHO member states for a host of reasons, some procedural, some political, but most of all: a current lack of a common vision on the design of the mechanism.** The 8th meeting of the Intergovernmental Working Group set up to negotiate the PABS mechanism (an annex to the Pandemic Agreement), unfolded with **insufficient progress and persistent divergences in positions, diplomats said…."**

With in-depth analysis of the **Process; The Politics; Options on the table; Timeline**…

Re the latter: "**Given the slow rate of progress in these talks, countries privately admit that the possibility of a special session of the World Health Assembly in December is an unrealistic ambition**. Some are even beginning to cast a doubt on the May 2027 deadline when the IGWG is scheduled to provide an update on this process…." "Diplomats worry that prolonging the negotiations will make the process more vulnerable to political pressures, and could result in an eventual compromise by countries towards a weak mechanism….

PS: and a **tailpiece on AI**: "The negotiations took place in a week when American companies warned of risks from Artificial Intelligence calling for safeguards, and the American President Donald Trump dismissing such concerns. … **Though countries are busy defining the features of a new PABS system, some diplomats feel that this annex must have provisional language to govern the use of AI and pathogen information…"**

BMJ – US plans to stop HIV support for Namibia as African country rejects "colonial" data sharing demands

(11 Sept) ; BMJ;

Flagging here in particular some **quotes by F Rahman (who's making the link with PABS negotiations):**

"Namibia's government officials have rejected a US proposal for access to health data and pathogen information, as the US said that it would phase out financial support for the southern African country. At a negotiation for renewed US support for Namibia's HIV programme, Namibian officials rejected the demands under a new US bilateral health agreement, citing incompatibility with national laws, sovereignty, and privacy concerns, the Namibian newspaper reported. Shortly after the data sharing impasse, the US announced on 4 September in a joint statement between the two nations that it would no longer fund Namibia's HIV programme after 2027. **Namibia's decision is consistent with its approach in the pandemic agreement negotiations. "It is admirable," said the global health lawyer Fifa Rahman. "These deals are deeply colonial and reflect an entitlement to the global south's genetic resources."** ... **The latest decision by Namibia could have implications beyond its HIV programme,** said Rahman. **Namibian officials have played a prominent role in representing African interests in negotiations over the World Health Organization's pathogen access and benefit sharing system (PABS),** which seeks to establish rules for sharing pathogen information and ensuring that countries providing biological materials benefit from the resulting vaccines and other products. **But the US bilateral agreements could potentially undermine those negotiations. "Geopolitics has shifted; this approach is stale**," Rahman told The BMJ."

More on PPPR

CEPI - Ethiopia, Norway and UK commit US$240 million to CEPI's global plan to tackle epidemic and pandemic threats

https://cepi.net/ethiopia-norway-and-uk-commit-us240-million-cepis-global-plan-tackle-epidemic-and-pandemic-threats

"The **three countries pledge new funding for CEPI 3.0, the organisation's five-year plan** to transform the world's ability to prevent and respond to epidemic and pandemic threats."

Ebola Emergency DRC

MSF - Assuming the Ebola disease outbreak in DRC is under control would be a mistake

https://www.msf.org/assuming-ebola-disease-outbreak-drc-under-control-would-be-mistake

(18 Sept) "**The Ebola disease outbreak in Democratic Republic of Congo has not been contained, and the number of new cases has not fallen on a national level. While the spread is slowing down in Ituri province, the outbreak is moving into new, underprepared areas.** Strengthening the Ebola response is urgently needed, particularly beyond the areas where response capacities are concentrating."

UN News - Ebola vaccine trial begins in DR Congo

https://news.un.org/en/story/2026/09/1168381

(21 September) "**An Ebola vaccine trial is underway in the Democratic Republic of the Congo (DRC), involving frontline health workers and others involved in the response**. The UN World Health Organization (WHO) said on Monday that **20,000 doses of the Ervebo vaccine have been allocated for the research vaccination programme in Ituri province."**

"The **aim of the trial** is to improve understanding of how effective the vaccine is against Ebola Bundibugyo virus – and to protect individuals most exposed to it. … **A total of 70,000 doses have been made available to the Congolese authorities to support the outbreak response and related research…."**

HPW – When Ebola strikes, HIV care cannot stop

Jean Kaseya, Winnie Byanyima et al; https://healthpolicy-watch.news/when-ebola-strikes-hiv-care-cannot-stop/

"As the Democratic Republic of the Congo (DRC) confronts its 17th and fastest-growing Ebola outbreak, **a troubling warning is emerging from community networks in Ituri province. These networks, which support people living with HIV, are reporting an unexpected number of deaths among people living with HIV.** The Africa Centre for Disease Control and Prevention (CDC) and UNAIDS are working with national authorities to verify these reports. But the **message is already clear: while Ebola is claiming headlines, another health crisis could be unfolding in its shadow**…."

"This is a lesson Africa has learned before. Epidemics do not only kill through infection. They also kill when health systems become overwhelmed, clinics empty, medicine supplies are disrupted, and people are too frightened or unable to seek care. … … **The country's revised multisectoral Ebola response plan provides a platform for action and a direct call for partner support. We know what works. Multi-month dispensing of HIV medicines, community-led service delivery and strong referral systems prove effective in maintaining care during crises. The real challenge is implementing these approaches at scale and funding them adequately…**. … If we focus solely on Ebola, we risk losing lives to preventable interruptions in HIV treatment and other essential services.

If we protect both, we can emerge from this crisis with stronger, more resilient health systems and healthier communities."

Concluding: **"The DRC has the expertise, the leadership and the community networks needed to achieve both objectives. What is required now is the political will and financial commitment to ensure that no one is left behind."**

HPW - DRC's Ebola Outbreak: The Vast Mobilisation That Doesn't Measure Itself (Part II)

Mukesh Kapila; https://healthpolicy-watch.news/drcs-ebola-outbreak-the-vast-mobilisation-that-doesnt-measure-itself-part-ii/

One of the reads of the week. Like part 1, a must-read.

"The world has ridden fast to rescue DRC from Ebola. But **four months on, nobody can say for sure how many agencies are responding, how many people they employ, how much money has arrived, or what it bought. There are, however, coordinators galore. But the virus is still outwitting them."**

Some excerpts to provide you with a flavour:

"**As I write, the response is arguing within itself.** Over the space of a few days, the DRC's health minister announced encouraging signs since cases peaked in the week of 3-9 August, the UN coordinator warned that the peak call was premature, Africa CDC scientists said that the situation is heterogeneous with peaks and declines in different zones, and the WHO chief landed in between with cautious optimism while noting that the outbreak continues to grow. All are reading the same daily situation reports, and all are right within their own remits. **A government must show its strategy is working, a coordinator must keep agencies galvanised, a regional agency must be sensitive to constituency concerns, and a global agency must cheer-lead the world.** But when the drivers cannot agree on the speed and direction of their train, there is a problem beyond epidemiology…."

"…Putting together patchy data, I estimate that 10,000 to 15,000 people are working on Ebola, ranging from epidemiologists to doctors, nurses to laboratory technicians, and pilots to grave diggers. Not forgetting administrators, accountants, logisticians, and security personnel. **But how many are needed to cover all essential action fronts across a vast Ebola-affected zone approaching the size of France and Greece combined? There is no consolidated target, even as advocates plead for more resources. …My projections suggest an additional need for some 10,000 responders of different types i.e. a doubling of current capacity**. Practically, this must be overwhelmingly sourced from among the Congolese – suitably trained and financed. **We live in a world of dashboards. Would it not be helpful if some authority maintained one to show these numbers and how they tick upwards?"**

"…**Multiple plans, appeals, and a missing ledger:** That brings us to financial confusion. A joint WHO – Africa CDC continental plan asks for $518 million for June to November. This covers 11 countries, not just DRC. On 4 September, the DRC government launched a revised six-month plan costing $1.3 billion. On the humanitarian side, OCHA's revised plan for DRC calls for $2.1 billion, of which some $300 million is Ebola-related. The Red Cross Red Crescent appeals independently, and IFRC increased

its ask to CHF 65 million in August. The largest independent responder – MSF – has a private funding approach. **It requires forensic accounting skills to disentangle these plans to verify gaps and overlaps. How do these resourcing envelopes map to priority activities under,** to quote Dr Tedros**, "one plan, one budget, one team"? "**

"…**Meanwhile, how much funding has come in? Nobody provides an accurate tally**. My own rough calculation suggests that **about $1.5 billion out of the ask of $3 billion has been secured**. … …the **current Ebola financing system is worse than broken**. It has gone backwards from the previous DRC outbreak by becoming less transparent even as appeal sizes have grown. Donor aid cuts cannot be blamed for this. This is a mess that some call a lucrative Ebola business, with the host country's health minister reduced to asking in public where the money is and what is being done with it. **Meanwhile, on the ground, problems are being caused by agencies paying different remuneration rates, while health workers have been striking because of not being paid fairly in a timely manner. "**

"**Two systems, two constitutions**: The financing muddle is reflective of a structural problem. **Eastern DRC is served by two international machines with separate legal foundations that pull in opposite directions. Global health co-operation rests on respecting national sovereignty under the International Health Regulations (IHR). States report outbreaks, and responses are state-led**. That is why Dr Tedros says WHO works under the government's leadership, and why Africa CDC frames its role as African solutions for African problems…." "**The global humanitarian system rests on UN General Assembly resolution 46/182 of 1991 – a political settlement based on four principles, one of which is independence**. Thus, **humanitarians have the dispensation to negotiate with whoever controls the ground, including armed groups the state is fighting…."**

"An epidemic of coordinators: Meanwhile, as the Bundibugyo ebolavirus doubled every two to three weeks, so did the coordinators…." "…August was less frantic on the coordination front, as it is the traditional northern hemisphere holiday season. The virus, of course, took no vacation…."

"**In approximate summation, we have around 16 strategic coordination initiatives, each with their own coordinators. Plus coordinators of eight operational clusters and some 11 pillars**. The plethora could not avoid being highly productive, with at least three plans and five appeals that now require further coordination to deconflict, update, and track."

Kapila concludes: "… **What is DRC's 17th Ebola outbreak? On four months of evidence, it is all things. The virus is being confronted by a health system that treats it technically, a humanitarian system that treats it as a caseload, and a development discourse that promises to address underlying causes once both go home**. Each answers honestly within its own frame. But none of them own the space between the frames, and that is where the virus proliferates."

"Meanwhile, muddling through this crisis is not a disgrace. But **there is a difference between muddling honestly and unaccountably. Honest muddling publishes its numbers, admits what it does not know or can't do, and submits to outside scrutiny. What we have instead is a response that cannot say how many agencies are working, how many people they employ, how many more they need, and what it has received or spent.** This is not a problem of field workers labouring under risky circumstances with several losing their lives. **It is the responsibility of chiefs, communicators, and coordinators in Geneva, Addis, and Kinshasa to sort out."**

Devex Pro – WHO Africa chief: DRC Ebola outbreak could surpass West Africa crisis

https://www.devex.com/news/who-africa-chief-drc-ebola-outbreak-could-surpass-west-africa-crisis-113334

(gated) "Speaking at Devex Impact House on the sidelines of UNGA81, **WHO's Dr. Mohamed Yakub Janabi said the current Ebola outbreak in DRC could become more deadly than the massive outbreak in West Africa."**

Foreign Affairs - Ebola Is Only the Beginning

S Psaki; https://www.foreignaffairs.com/democratic-republic-congo/ebola-only-beginning

"Congo's Warning for the Global Health System."

Via LinkedIn:

"In **a new** Foreign Affairs Magazine **piece, I argue that the rapidly spreading Ebola outbreak reveals serious weaknesses in today's global health system, and I outline the steps needed to better protect ourselves against the biothreats of the future**.

We need to: ☑ **Build a functioning global biosurveillance system** … ☑ **Invest in the capacity of multilateral health institutions to better detect and contain cross-border threats** (check out **Africa CDC**'s Health Security and Sovereignty Agenda) ☑ **Proactively develop tests, treatments and vaccines for priority viral families** (see: **CEPI (Coalition for Epidemic Preparedness Innovations)** 3.0) ☑ Tackle the known threats - measles, malaria, malnutrition - that are killing people every year with the same commitment that we have to tackling more novel threats. … ☑ Prepare for health threats in conflict and emergency settings (**International Rescue Committee** has great guidance on what is needed)…"

Psaki also flags the **increased risk of bioweapons.**

Run-up to the World Health Summit in Berlin

Still a few weeks though, and so Deutsche Bahn still has some time to get its act together.

Lancet – 2026 World Health Summit Academic Alliance Declaration: health and peace in a world in turmoil

World Health Summit Academic Alliance;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01760-5/fulltext

"**Health and peace are under severe strain amid multiple, interconnected global crises. Health has long served as a bridge between adversaries; in a fragmenting world, it too has become a casualty**

of division. Armed conflict, humanitarian crisis, forced displacement, climate emergencies, and eroding multilateral cooperation are converging, leading to increasing violations of international agreements, disruptions of health systems, the destruction of health infrastructure, and widening inequalities—with the heaviest toll falling on the most vulnerable populations in low-income and middle-income countries. **This declaration reinforces the urgency that health should be understood as a fundamental right for all and an instrument for promoting peace, conflict resolution, unity, and betterment of the world.** As the academic backbone of the World Health Summit (WHS), **the WHS Academic Alliance**—30 leading universities and research institutions across all six continents—**sets out the following commitments for the contribution of academic institutions…."**

Nature Health (Comment) – Why Europe must step up on global health

Axel Pries, I Kickbusch et al ; Nature Health

"With the USA withdrawing from multilateral cooperation on global health, Europe's institutions can take on a leadership role based on equitable partnerships."

"The **article calls on European governments to continue to invest in global health.** "Europe should lead a fundamental rethinking of the multilateral system, grounded in equity, partnership and solidarity as well as stronger national and local engagement in preparedness." The **authors point to Europe's existing institutional architecture, from EU agencies, individual governments, academia, civil society, philanthropy and the private sector as already well placed to support this shift**. What is needed now, they write, is the political will and stronger strategic alignment to put it to use. **The article is a direct follow up to a high-level roundtable on Europe's Role in Reshaping the Global Health Architecture, co-hosted by the** Konrad-Adenauer-Stiftung **and the World Health Summit last December.** It brought together European and international stakeholders to discuss the future of global health cooperation in Europe…."

"We suggest **that future cooperation focuses on the priority areas listed in Table 1 (priority areas and strategic levers for a European global health approach),** building on the EU Global Health Strategy while, in some cases, extending beyond its current scope…."

"…**The EU Global Health Strategy offers the potential to develop a multi-dimensional action plan for its members and beyond.** It could serve as the framework to guide European engagement in global health, carried out by European agencies such as the WHO Regional Office for Europe, the Health Emergency Preparedness and Response Authority (HERA), the European Centre for Disease Prevention and Control (ECDC), the European Medicines Agency (EMA), individual governments, academia, civil society, philanthropy and the private sector (Box 2). **The institutional architecture is already in place; what is needed now is the political will and strategic alignment to use it…."**

WHO DG race

With a **deadline on 24 September – nominations close then.**

Geneva Solutions - Who wants to lead the WHO? Four candidates jostle for top job as deadline nears

https://genevasolutions.news/global-health/who-wants-to-lead-the-who-four-candidates-jostle-for-top-job-as-deadline-nears

With the view of **Kieran Bligh,** a researcher on the WHO leadership process at George Washington University.

CGTN - Hans Kluge, Belgium's nominee for WHO director-general, calls for stronger China-Europe health cooperation

https://news.cgtn.com/news/2026-09-20/Belgium-s-WHO-DG-nominee-Kluge-urges-stronger-China-Europe-health-ties-1QzkRqfCSmk/p.html

"**Stronger cooperation between China and Europe is important for the future of global health governance, particularly in areas such as artificial intelligence, primary health care and healthy aging, said Hans Kluge,** Belgium's nominee for director-general of the World Health Organization (WHO) and WHO regional director for Europe on special leave…."

PS: "The **Boao Forum for Asia Global Health Forum 2026** was held in **Haikou from September 15 to 16.** Guests from 32 countries and regions attended the event…."

Bloomberg - Ex-Banker Eyeing Top WHO Job Says Agency Can Tap Outside Money

https://www.swissinfo.ch/eng/ex-banker-eyeing-top-who-job-says-agency-can-tap-outside-money/92090066

"**The World Health Organization should look beyond its own budget for funds to support itself and member countries, according to Indonesia's Health Minister Budi Gunadi Sadikin, who is seeking to lead the agency.** "The WHO doesn't have to use WHO money," Budi said in an interview Friday. "You can use other people's money," he added, **citing the World Bank, Asian Development Bank, Gates Foundation, Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria as possible sources of financing…."**

"… (his) **mix of finance and health-system experience is central to his case for the WHO role.** With development aid shrinking, **Budi posits that global institutions need leaders who understand where money comes from and where it goes. …"**

"At the WHO, Budi would first bring spending in line with available funds and focus on core jobs such as setting global health standards and aligning countries so they can tackle major threats.
Cuts, however, would only go so far. "Our purpose is not cutting expenses," Budi said. "Our purpose is to make all the country members feel that WHO is very useful."…"

"That **includes helping governments find money to strengthen their health systems. Indonesia has secured close to $8.5 billion from development banks for health, according to Budi. The WHO**

could help poorer nations move from grants toward cheaper loans and eventually, more domestic funding."

"His **case also rests on Indonesia's position between major powers**. "We are a non-bloc country. We are accepted by the south, the north, the east and the west," he said.
That approach would extend to Washington. Budi said the door should remain open to the US and that he knows US Health Secretary Robert F. Kennedy Jr. personally. He would welcome talks if the two meet at the United Nations General Assembly…."

PS: "**Countries have until Sept. 24 to nominate candidates, with member states choosing the next director-general in May."**

HPW – As Deadline Nears, Civil Society Urges Spain to Nominate María Neira in WHO DG Election

https://healthpolicy-watch.news/maria-neira-who-chief-nomination/
"**With Thursday's 24 September deadline looming, international scientific societies and civil society leaders are pushing Spain to sponsor a last-minute nomination of Dr María Neira as candidate in the World Health Organization (WHO) Director-General election**. …… Despite earlier indications that Spanish authorities would pass on the current election cycle, *Health Policy Watch* understands that Madrid is deliberating the nomination."

"… **Advocates argue her nomination would expand the candidate field by introducing a recognized climate expert to address the defining health challenges of coming decades, exacerbated by extreme heatwaves and environmental crises. …** Backed by an **international coalition anchored in Latin America and spanning the Global South, indigenous groups, and Small Island Developing States**, supporters contend her entry translates Spain's 1986 universal health system legacy to the multilateral stage."…."

Geneva Health Files - WHO's Next DG Should Be A Medical Doctor, Public Health Leader & Health-Systems Expert [Guest Essay]

Sivakumaran ("Shiva") Murgasampillay; https://newsletter.genevahealthfiles.com/whos-next-dg-should-be-a-medical-doctor-public-health-leader-health-systems-expert-guest-essay/

Introduction via Priti Patnaik: "**In today's guest essay, we bring you a perspective from a physician with extensive on the ground expertise, on what it is needed to steer the UN's only technical agency in the midst of deep shifts in global health.** Author, a global public health physician with decades of experience in strengthening health systems at district, national, regional and international levels, lays out the complexity that the role of the Director-General of the WHO demands. He locates these elections in the wider trends in global health and outside, and fluently describes the **terrain that any DG must navigate, both technical, operational and political**. **He also provides a nuanced argument on why the ideal candidate "should not just be doctor", but one who also understands public health, and what it would take to deliver the responsibilities of this role**. "A medical degree should not become an inflexible criterion," he says…"

Global Health Reform

Devex Pro – One year after Accra Reset launch, panel lays out next steps

https://www.devex.com/news/one-year-after-accra-reset-launch-panel-lays-out-next-steps-113345

(gated) "**It's premised on rebuilding a world order where countries set their own health agendas, alongside a global shift to more equitable partnerships."**

"After six months of deliberations, **an independent panel of experts convened by the Accra Reset's presidential council has laid out five political shifts and 10 recommendations** aimed at reshaping the global health architecture and advancing countries' health sovereignty. The recommendations range from countries developing their own national plans for coordinating health efforts within a year to giving them a greater say in decisions about how the functions of international organizations could be combined…."

- Do read **the report** for yourself: A Sovereign Future for Health

"Country priorities. Collective capability."

"**Five political shifts and ten recommendations for a health architecture organised around sovereign national capability, strong regional functions and genuine global public goods**."

- See also **Devex CheckUp: The Accra Reset's 10 commandments**

"There **are five political shifts and 10 recommendations — aka "the ten commandments of global health reform"** — but **the big idea** running through them is fairly simple: **Countries should run the show."**

"**Within a year, countries should develop a national health plan with one budget, with international partners aligning their money and initiatives behind it**. Governments should increasingly finance health through domestic resources, while external financing focuses on areas such as fragile settings, emergencies, global public goods, and helping countries transition away from aid dependency."

"… **But Mahama also has a warning for countries demanding more control: "Sovereignty does not magically appear because a country signed a donor agreement**," he says. "But let me be equally frank with my brothers and sisters across the Global South. More power moving from western boardrooms in Geneva or Washington into an unaccountable ministry in Accra or Abuja or anywhere else will not magically manifest sovereignty either." "**If we demand control, we must earn it through uncompromising domestic accountability."**

"… **The Accra Reset's panel recommendations go pretty far in proposing reforms for other global health institutions** — including **potentially consolidating the functions of Gavi, the Global Fund, and three other major multilaterals,** and **even putting institutional closures on the table…"**

- On the latter, see also **HPW – Accra Reset's Plan for Health Sovereignty Includes Closing Some Global Health Bodies**

"…. **it also proposes that global health institutions "whose main business is passing money, commodities and products to countries" should be "strategically reformed" immediately, in terms of 'the 4Cs' – "commit, collaborate, consolidate and close"…."**

"**First up are the five global health institutions that "account for the largest flows of funds and commodities and most of the burdensome processes experienced at country level".** These are Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank's Global Financing Facility; the Pandemic Fund (also housed at the World Bank) and Unitaid."

"However, **it also notes that disease-specific partnerships "whose separate maintenance is increasingly difficult to justify" are on the chopping block**, including UNAIDS, Roll Back Malaria, Stop TB, and the Global Polio Eradication Initiative (GPEI)…." "**Also under the microscope are product development partnerships "where rationalisation, merger and sunsetting should be considered".** These include the Medicines for Malaria Venture, the Drugs for Neglected Diseases Initiative (DNDi), the TB Alliance, the International Vaccine Institute, and the Coalition for Epidemic Preparedness Innovations (CEPI)."

PS: "… **The report outlines five steps to empower countries to move away from aid dependence**. The first step is "**practical sovereignty"**, where countries "own the decisions, the financing framework and the data required to govern their health systems". They should not "merely endorse externally financed programmes", warns the report. **Within a year, countries should develop National Health Plans (NHPs)** that include multi-year health investment plans, and map domestic and external resources, financing gaps, and "a realistic financing pathway"…."

""Domestic resources become the foundation for core national responsibilities, while external financing is redirected towards managed transitions, capacity development, fragile settings, regional functions, emergencies and global public goods," the report stresses. "

"**In the medium-term, NHPs can start to take on the functions of international organisations over a five- to 10-year period, managed by a country-led process with international partner buy-in.** In cases where the global health institution will close, the report calls for "**an orderly, time-bound wind-down with clear dates, sequencing, and the destination of all functions is agreed on up front within a foreseeable horizon of five to 10 years"."**

PS: "However, **it notes that "global entities in charge of normative guidance such as the World Health Organization (WHO) and those providing global public goods and humanitarian support need to continue."**

- And related, via **Devex:** **Ghana tests the Accra Reset at home**

"… on Monday, Ghana's health minister, **Kwabena Mintah Akandoh**, said that his country was already putting the reset's tenets into practice. "We have already started to invest heavily in our health because we want to take our destiny into our own hands," said Akandoh, speaking at Devex Impact House. That includes **increasing domestic resource mobilization through Ghana's National Insurance Fund** — a levy paid by the country's citizens — which was uncapped last year to rake in more domestic health resources, writes Devex Senior Reporter Sara Jerving. **The country is also looking to include a line in its national budget to cover critical immunizations and is boosting efforts to recruit 16,000 more health professionals across the country this year.** "We need donors

to come on board, we need multilaterals to come on board — but they must align with government priority areas," he said…."

Devex Check-up – re UNAIDS reform

Devex;

"**Something else that won't be decided this week in New York: the future of UNAIDS**.

You may recall that at last year's UNGA, U.N. Secretary-General **António Guterres** made a bold proposal: **sunset UNAIDS by the end of 2026.** Well, **with less than four months left in the year, that's not exactly where things are headed."**

"The word from Geneva is that **no decision on UNAIDS' future will be made this week.** The **UN80 process has also moved away from talk of "sunsetting" UNAIDS toward transitioning the organization and mainstreaming its capacity."**

"A UNAIDS spokesperson tells my colleague Jenny Lei Ravelo that "**the decision on the transition and integration of UNAIDS will be made by UNAIDS board members."** Guterres' proposal has faced opposition from civil society and some governments on the UNAIDS board. A working group created by the board **rejected the sunset proposal and is weighing other options** — including shrinking the UNAIDS secretariat into a smaller hub hosted by another U.N. entity, an option sources tell Jenny appears to be supported by several donors. **So when might we actually know what happens to UNAIDS? The working group is due to present its final recommendations at a special session of the UNAIDS board in October."**

A global health system fit for a new international order: Proposals for change

Kumanan Rasanathan et al; https://wellcomeopenresearch.org/documents/11-683

A longer and more elaborate discussion of the **topics covered in the Nature Medicine piece** of last week, here published as a **working paper** (Open Access).

Plos GPH – Who is really shaping global health reform?

Filipa Alpeza, Afifah Rahman-Shepherd;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007342

Concluding: "… Behind the shifting sands of global health **today, there are Global Health Organisations (GHOs) with agency and authority, which they exercise in ways that are consequential for global health reform.** While states may provide the political steer for reform, change greatly depends on the **buy-in of organisations responsible for implementing it, and a common understanding among the leadership, secretariats, and members of GHOs**. We therefore urge the proponents of global health reform to **pay much greater attention to the actorness of GHOs and their internal logic, and the GHOs themselves to transparently declare their positions and interests in various reform processes. Finally, we call for the creation of robust accountability mechanisms for delivering on global health reform that operate independently of the organisations affected**. Without **recognising GHOs as agentic**, there is a risk that reform efforts

overlook key actors and interests at play, affecting the likelihood of any proposed changes materializing."

Plos GPH – From Accra to America: Putting development first in global health

Jirair Ratevosian & William Nii Ayitey Menson;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007343

Summary via LinkedIn: "In this new piece, William Menson **and J Ratevisosian look at the strategy alongside the Accra Reset and offer recommendations for both the United States and African governmen**ts. These include **stronger accountability measures, realistic transition plans, meaningful roles for communities, and greater investment in the regional institutions and systems** that countries cannot build alone."

Excerpts: "… **One year on, the two agendas offer a useful test. They share an interest in promoting national ownership, but not yet the same vision of sovereignty**. The question is whether Washington's new approach will help countries exercise greater control over their health systems, or simply transfer financial and operational risk to governments, facilities, workers, and patients before they have the resources and capacity to manage it…."

"…**The task now is to preserve what worked while building a development-first partnership** that puts countries in the lead and strengthens the national and regional systems needed to sustain progress…."

Then they list what a **development-first strategy** requires.

PS: "If **Washington is serious about promoting country ownership, it should recognize Africa CDC, the African Union, regional economic communities, the African Medicines Agency, and regional procurement platforms as central** to shaping Africa's health agenda…."

UCSF - After Global Health: Building the Next Era of Applied Public Health

By **Mike Reid and Kelly D. Taylor**; https://globalhealthsciences.ucsf.edu/after-global-health-building-the-next-era-of-applied-public-health/

"…. We don't see **applied public health** as simply global health with a new label, nor as a continuation of business as usual in domestic public health. **We see it as an opportunity to organize ourselves around a different proposition…."**

Among others: " … **Local and global is the wrong distinction**: One reason we are excited about this approach is that it removes an increasingly artificial boundary between domestic and international health. …. … **Transition is now the work….** "

Post-2030 brainstorm & the future of development cooperation

Brookings - Nature, People, and Sustainable Development

Edited by: Homi Kharas, Julie McCarthy, and Ichiro Sato
https://www.brookings.edu/articles/nature-people-sustainable-development/

"**The living systems that our economies and societies treat as a backdrop are, in fact, the foundation on which development rests. That claim is easy to state, but acting on it is much harder**. This volume is about the relationship between nature, people, and prosperity, and why **the way the world currently accounts for it is failing all three. "**

"This co-edited volume brings together a cross-section of distinguished contributors working on nature finance, nature-based solutions, and nature governance. **Three propositions run through the chapters: Nature and ecological integrity are not one sector of development among many, but a precondition for all of it. Our prevailing economic and financial system rewards the liquidation of nature and penalizes its protection. A credible post-2030 agenda will have to change institutions, incentives, and investments themselves, not simply bolt stronger conservation targets onto a framework that still treats nature as external to the economy**. "

- For an overview, start with the **first chapter – Nature, people and sustainable development: why the next decade must be different (by Homi Kharas et al)**

Including: "**Nature as the foundation of the post-2030 sustainable development agenda."**

CGD (blog) – When Is Development Cooperation Really Mutually Beneficial?

B Cichoka et al; https://www.cgdev.org/blog/when-development-cooperation-really-mutually-beneficial

"For **mutual benefit** to build rather than erode support for development, providers may need to adjust their practice. Research shows that mutual benefit is possible, but not every claim is equally credible. **We argue that two questions matter most for the legitimacy of mutual benefit projects: can the claimed benefits be verified on both sides, and do they align with or undermine development outcomes?** Using these questions, **we build a simple framework for assessing claims of mutual benefit and apply it to four common rationales identified across DAC country strategies, highlighting challenges.** We end with reflections on what is needed to strengthen trust in cooperation rather than hollowing it out."

IDOS (German institute of development and sustainability)- Global cooperation under pressure – new report on shaping reforms

https://www.idos-research.de/en/presse/pressemitteilungen/global-cooperation-under-pressure-new-report-on-shaping-reforms/

"New IDOS publication identifies pathways to rebuild international cooperation in times of disruption and to advance sustainable futures."

"Geopolitical rivalry, conflict, authoritarian nationalism and the systematic erosion of rules-based politics are reshaping the global order and putting cooperation under growing pressure. Yet the picture is more nuanced: **while disruptive trends dominate the headlines, reforms are taking shape at the same time.** This is the **central message** of **Disruption and Reform: Sustainable Futures at Stake? The Case for Politics of Cooperation and Perseverance,** a new publication by the German Institute of Development and Sustainability (IDOS). Drawing on research, policy advice and knowledge cooperation at IDOS and within its partner networks, **the volume examines where cooperation is already being adapted and rebuilt – and which actors can help drive these reforms**."

"The **authors argue that Germany and Europe should not respond to a changing world by retreating from international cooperation. Instead, they should invest in politics of cooperation and perseverance**. This means adapting institutions, building new partnerships and deepening existing ones as well as finding practical ways for countries to work together even when consensus is difficult to reach. The publication **highlights transition, middle-power coalitions, new forms of plurilateral cooperation, institutional adaptation, reconfigured partnership and financing architectures, as well as new cultures of cooperation and political leadership**."

- Also with a **chapter focused on global health: Global health beyond 2030: protecting ambition in a fragmented world** (by von Haaren, Paula / Christoph Strupat / Srinivasa Srigiri)

Quote: "….. **The risk is not only stagnation. A more serious risk is selective rollback**. Commitments that seemed relatively stable during the SDG period may become vulnerable in post-2030 negotiations. **This applies particularly to sexual and reproductive health and rights, vaccination and climate-related health commitments…"**

More on Global Health Governance & Financing/Funding

Devex Pro – Coefficient Giving launches $130M fund to help countries navigate aid cuts

https://www.devex.com/news/coefficient-giving-launches-130m-fund-to-help-countries-navigate-aid-cuts-113317

(gated) **"The Health Aid Transition Fund** aims to **help countries prioritize scarce domestic resources primarily through grants for technical support."**

- Check out the **Press release**: Health Aid transition.

"… **Coefficient Giving is launching a $165 million fund to help low- and middle-income countries decide which donor-funded health programs they can keep, and get more out of the budgets they have**, as global aid falls faster than at any point on record…."

"**We expect to recommend $165 million in grants over the fund's first three years, with support from Good Ventures, the Livelihood Impact Fund, and a private donor**. …"

- And some more background: **A new fund to help countries build out their health systems "Announcing the Health Aid Transition Fund".** (by **Amanda Glassman and Jeremy Klemin**)

"**The Health Aid Transition Fund will provide technical assistance — cost analyses, finance strategies, support with moving allocated money out the door — to governments as they absorb steep cuts in aid funding.** The idea is to **provide support during a critical window (hence "transition"),** by funding both practical help and high-level advice as countries transition to directly financing and often providing basic health services….."

P4H- From billions to balance sheets: where will the money for health actually (not) come from – Part 2A

K Chalkidou et al ; https://p4h.world/en/from-billions-to-balance-sheets-where-will-the-money-for-health-actually-not-come-from-part-2a/

(must-read)

Background: **"Over the coming weeks, @P4Hnetwork is publishing a 5-part series from WHO's Performance, Financing and Delivery dept on financing health in the "aid retreat" era.** "

"At **the scale universal health coverage (UHC) needs, where is the money and how can it be mobilised and directed to the right investment?** This blog post **launches Part 2 of the P4H series on financing health systems in the age of the aid retreat.** Part 2 comprises three blog posts – 2A, 2B, and 2C – and builds on **Part 1 of the series, Designing Blended Finance: The Do's and Don'ts for aspiring Health-System Fund Architects**, which explored key considerations for designing blended finance approaches for health systems…."

So **Where is the Money not coming from (in the short term)?** ODA, philanthropy and the broader structural agenda…

Re **Africa's institutional capital**: "**Africa's much-cited domestic institutional capital is reported at a little over US$2 trillion** (pension ~$600bn, insurance ~$400bn, sovereign-wealth funds $164bn, reserves $530bn and public development banks $276bn). **Most of it is, however, effectively locked…."**

"First, **what is the potential headline figure**? Once South Africa, which dominates the pools but is unlikely to send capital across borders, and the resource-rich North African economies, where the largest sovereign-wealth and reserve balances sit, are set aside, **the institutional savings within reach of the lower-income sub-Saharan countries with the greatest need falls to roughly $250bn** (see the Annex: pension and insurance less South Africa and North Africa – XLSX), **a small fraction of the "$2 trillion" headline.**

"…**In summary, while the headline pool is significant** (though smaller than often cited figures), **serious obstacles stand between it and any UHC (infrastructure) financing at scale."**

PS: "In the **next post, *From Billions to Balance Sheets: Where Will the Money for Health Actually Come From: reducing risk and freeing up lending capacity for the MDBs – Part 2B***, we continue our series on financing health systems in the age of the aid retreat, by discussing MDBs: their privileges and constraints, and reviewing recent innovative ways MDBs use to reduce risk and free up incremental lending…."

- Related: P4H – Glossary: Key finance and development-finance terms for a health-systems reader (with help from Claude Opus 4.8 based on authors' text)

Results for Development - Strengthening country-led health systems through technical support partnerships and platforms

C Cashin et al; https://r4d.org/blog/strengthening-country-led-health-systems-through-technical-support-partnerships-and-platforms/

Summary via Gina Lagomarsino on LinkedIn: "**They make a strong case that we need new ways for governments to fund and access the technical support they need to build stronger health systems.** Leaders in low- and middle-income countries are grappling with the loss of traditional donor funding for health. At the same time, many governments are more motivated than ever to build sovereign, sustainable health systems where domestic resources increasingly finance recurrent costs. **Most governments recognize that they will need technical support to make this transition — ideally from experts who understand their contexts and can respond to the priorities they themselves have set. But funding for this kind of support has fallen dramatically.** There's an opportunity now to rethink the model rather than simply recreate what existed before: How can governments have more agency in deciding what expertise they need and where it comes from? How can they draw more effectively on local and regional expertise? And how can technical support strengthen lasting institutions and capabilities rather than creating continued dependence on external assistance? **Cheryl and Kelechi offer some concrete ideas for what a new model could look like**. It's an important conversation for this moment in global health…."

On **Technical support partnerships and platforms.**

A few excerpts:

"**The collapse of financial support for technical assistance is occurring alongside a deeper transformation in how global health assistance is being governed and financed. Two reinforcing shifts are creating a new landscape**. This new landscape presents real opportunity, but also a structural gap that must be addressed…."

"**From Technical Projects to Compact-Based Partnerships:** The **defining feature of the emerging aid environment is a convergence around compact models**, that is, government-to-government agreements that commit both parties to specific health investments, co-financing targets, and accountability mechanisms. This is happening in parallel with ongoing health systems investment support from multilateral development banks (MDBs) such as the World Bank, the Asian Development Bank (ADB), and others…."

"**The World Bank's Health Works Leaders Coalition, launched with the Government of Japan and WHO, is building National Health Compacts**. These Compacts are government-led five-year roadmaps designed to align domestic and external resources and create accountability for health

results. As of December 2025, 15 countries had developed compacts with the World Bank, with more expected later this year. **There is limited financing planned, however, to support governments with the technical aspects of executing on the National Health Compacts."**

"**The Vacuum in Technical Support for Health System Strengthening:** One immediate consequence of recent shifts in global health systems strengthening support is an abrupt vacuum in access to technical expertise for many LMIC governments. Countries mid-stream in complex health system strengthening processes — restructuring health financing, digitizing health information systems, rolling out community health worker programs — may now have no sustained source of financing for the technical support needed to see those processes through, or an architecture through which to access that expertise…. **… The expertise exists in national, regional and global institutions, and the financing exists in the form of compacts, MDB operations, bilateral and philanthropic funding. What is missing is the mechanism to connect governments to the technical support they need, in the way they need it, to make these investments succeed."**

"…**This moment creates a once-in-a-generation opportunity to build a demand-driven, country-led system for accessing and deploying technical expertise in support of government health system strengthening agendas…."**

Cashin et al then list **Core Functions of the Technical Support Partnerships and Platforms**.

PS: "**Nigeria offers a concrete illustration of what a country-led technical support partnership can look like and why the financing and mechanisms to sustain it matter so much. …"** Read how.

Guardian – As president of Botswana, I know how we can make malaria a memory in Africa

Duma Gideon Boko; https://www.theguardian.com/global-development/2026/sep/22/president-of-botswana-malaria-africa-children-funding-disease-african-nations

"The disease is soaring as funding is cut. African nations are plugging the gap but they need help with the transition."

"**A full transition to domestic financing of health is the solution. But the lack of financial capacity in many of our countries means that bridge financing will be required during this transition phase** to reduce the risk of malaria resurgences across the continent. As we transition to this new model, **support from global partners will still play an important and valued role** in keeping two decades of hard-fought gains alive long enough for the transition to be completed…."

"**This has been done before, at exactly this point in the cycle. Twenty years ago, the World Bank's Malaria Booster Programme committed more than $1bn to supplement existing resources and support achievement of the UN's millennium development goals. And it worked**. For example, malaria cases among Zambian children under five fell by 29% and deaths by a third. African countries had ambitious plans, and the political will was there, but unfortunately financial resources ultimately fell short of what was needed. **Most of Africa faces a similar situation today. The political will and technical knowhow are there, but the financial resources remain insufficient. Africa therefore urges the World Bank to deliver a second Malaria Booster Programme to bridge the gap and support countries to transition to sustainable domestic financing**. Countries should also include malaria within their health compacts."

"**The destination is not in doubt. African countries are determined to pay for their own malaria and health programmes, and a growing number are already doing this. Collectively, we must get this transition right…"**

World Bank - What Works for Public Sector Reform in Africa? Preliminary Evidence on New Public Management Reforms in World Bank Projects

Diane Zovighian et al; *https://openknowledge.worldbank.org/entities/publication/53429ad0-4786-4d8a-985f-5b0fe65c7837*

"**This paper examines the prevalence and effectiveness of public sector reforms promoting performance-based incentives and greater autonomy in public administrations in Sub-Saharan Africa.** Inspired by the New Public Management paradigm, these reforms have been widely adopted despite limited systematic evaluation of their results…. **The paper draws on data and information on the design, implementation, and performance of World Bank–financed public sector reform projects in Sub-Saharan Africa implemented between 2010 and 2023, complemented by four qualitative in-depth case studies**. The analysis shows that over one-third of World Bank–financed public sector reform projects during this period included at least one New Public Management intervention. **The performance of these interventions has, however, been uneven across contexts and reform types.** Only 40 percent of the interventions were fully implemented. Performance varied considerably across reform types, with performance-based public financial management reforms performing comparatively better than agencification and performance-based pay reforms. The findings suggest that weaknesses in reform design—including insufficient attention to institutional capacity and implementation constraints as well as political economy dynamics—have contributed to these mixed outcomes. Case studies further show that New Public Management reforms are particularly difficult to sustain in fragile and neo-patrimonial contexts. **The paper argues that the diffusion of New Public Management–inspired approaches has often outpaced the available evidence on their effectiveness and highlights the need for more context-sensitive and evidence-based approaches to public sector reforms in Sub-Saharan Africa."**

BMC Global & Public Health - Financing of adolescent health and wellbeing in Bangladesh, Ethiopia and Nigeria: a case study of the Global Financing Facility

O Biermann et al ; https://link.springer.com/article/10.1186/s44263-026-00332-4

Authors identified **five themes.**

And conclude: **"The GFF co-financing model has increased attention to AHW and aligned investors, but progress is insufficient to drive transformative change…."**

Global Tax Justice

Economics Nobel Laureates Support letter for Proposition 40, the California billionaire tax

Daron Acemoglu (MIT) Abhijit Banerjee (University of Zurich and MIT) Peter Diamond (MIT) Esther Duflo (University of Zurich and MIT) Paul Krugman (CUNY) Joseph Stiglitz (Columbia University); **https://gabriel-zucman.eu/files/prop40letter.pdf**

"**In November 2026, California will vote on Proposition 40, a 5% one-time tax on the wealth of California's billionaires**. The revenue would help cover the massive funding cuts to California's Medicaid enacted by Congress in 2025. **If it passes, Proposition 40 would be the first-ever tax on billionaire wealth enacted anywhere in the world. California is the right place to take this historic step…."**

Trump 2.0, US Global Health Strategy & bilateral health agreements

NYT – White House Moves to Take Control of N.I.H. Grants

NYT;

"**Federal officials are drafting an executive order that would place grants under review by an outside panel, the latest effort to redirect billions of dollars in research spending."**

"**The White House has begun drafting a new executive order** that could further cement President Trump's ability to control billions of dollars in scientific grants and expand the administration's pressure campaign against elite universities…." "**Discussed at a highly contentious meeting at the White House** on Friday, **the order aims to create a new external committee with the power to veto awards in the National Institutes of Health's vast research portfolio that do not conform to Mr. Trump's political agenda**, according to people with knowledge of the effort…."

- See also Science - White House move to seize control of NIH grant decisions upsets senators and scientists

" Budget chief Russell Vought reportedly wants more power to veto DEI-related funding."

CGD – Impact Data Helped Saved PEPFAR. What About Everything Else?

C Kenny; *https://www.cgdev.org/blog/impact-data-helped-saved-pepfar-what-about-everything-else*

…. **last year demonstrated again that we need quality outcome data as a powerful tool to justify and sustain aid. … "** Let's **"…. compare the treatment of PEPFAR over the last year to much of the rest of the foreign assistance portfolio.** PEPFAR is credited with saving more than 26 million lives

over the past two decades, an estimate that has been quoted approvingly by the Trump administration. That's a modeled number, but it is one with a comparatively high degree of confidence behind it precisely because PEPFAR has long run a considerable data collection exercise, so that there can be simply no doubt that the program was delivering lifesaving assistance. It was also comparatively straightforward to forecast where we would see the greatest impact of any significant pause in funding even without access to the data the administration took offline**. This strong foundation of data helped considerable and effective advocacy on behalf of PEPFAR on and off Capitol Hill…."**

While PEPFAR is in far worse state than before, "… **it is in a considerably better place than other parts of the US foreign assistance program, many of which are in sectors where it is simply difficult to generate similarly compelling outcome metrics…"**

PHC

Africa CDC - The Arusha Call for Action: Primary Health Care Transformation

https://africacdc.org/news-item/the-arusha-call-for-action-primary-health-care-transformation/

"**Adopted in Arusha, United Republic of Tanzania, this 11th day of September 2026**, by the participants in the **Second International Primary Health Care Conference. "**

From Alma Ata, Astana to the Arusha call for action for PHC transformation.

"**A Continental Engagement to Finance, Deliver and Sustain Primary Health Care** as the Foundation of Universal Health Coverage and Africa's Health Sovereignty…."

SRHR

Devex – Anti-abortion groups launch coalition on Geneva Consensus Declaration

https://www.devex.com/news/anti-abortion-groups-launch-coalition-on-geneva-consensus-declaration-113344

(18 Sept) "**Nearly 60 organizations from the U.S. and across the world have joined forces to support the Geneva Consensus Declaration, a** non-binding political agreement that urges countries to reject an international right to abortion. …. Nearly 60 anti-abortion groups from across the world have launched a new coalition to back the Geneva Consensus Declaration**, an international political agreement that promotes the health of women and girls, pushes for the family to be "the fundamental unit of society," and affirms there is no international right to abortion**."

"The group — which is called **the Global Coalition for Women's Health, the Protection of Life, and the Family** — was inaugurated at the start of this year's United Nations General Assembly. **Its goal is**

to support the 43 governments that have signed onto the Geneva Consensus Declaration, and to help those nations promote the document's principles both within their countries and across the U.N. system…"

Reproductive Health (supplement) – On sustainable SRH services during Covid

https://link.springer.com/journal/12978/volumes-and-issues/22-3/supplement

"**This multi-country research was conducted across nine countries** - Brazil, Burkina Faso, China, Ghana, Italy, Kenya, Pakistan, Thailand, and the United Kingdom/England … **it distils how these countries sustained sexual and reproductive health (SRH) services during COVID-19…."**

The supplement lists **four game-changers**: "**Call SRH essential from Day 1**. "Non-essential" labelling for SRH services cost lives and deepened inequities. **Go flexible and decentralised**. Home-based care, mobile outreach and community health workers outperformed rigid facility models. **Go digital.** Telemedicine, remote follow-up and triage kept care flowing. **Make policy adaptable**. Task-shifting, extended prescriptions and self-care proved vital."

Child Health

NEJM – The Epstein Files Transparency Act and the Health of Trafficked Children

N Peoples et al; https://www.nejm.org/doi/full/10.1056/NEJMp2605483

« Policymakers have so far failed to hold perpetrators in Jeffrey Epstein's trafficking network accountable, but the medical and public health community should confront the resulting health crisis. »

« … **The authors argue that trafficking is a structural determinant of child health** and as such in the lane of **clinicians to not only treat the consequences – often lifelong physical and mental health burdens – but the root causes**. The **Epstein Files Transparency Act** (**#EFTA**), they say, "offers a rare opportunity to identify perpetrators, pursue accountability and punishment, and thereby prevent further emboldening of **child trafficking."**

Human Resources for Health

WHO – One in four doctors nearing retirement age as WHO warns of global health workforce gap

https://www.who.int/news/item/18-09-2026-one-in-four-doctors-nearing-retirement-age-as-who-warns-of-global-health-workforce-gap

"**The World Health Organization (WHO) has published the National health workforce accounts: health workforce levels and trends 2026,** the first in an annual series of reports offering the most comprehensive global picture of health workforce levels, trends and challenges based on official country data shared through the National Health Workforce Accounts (NHWA). "

"In the past two decades, health workforce density (medical doctors, nursing and midwifery personnel, dentists and pharmacists) **has increased by 52% globally, from 44.8 per 10 000 population in 2006 to 67.9 in 2025. There are now more than 70 million health and care workers worldwide.** "

"**However, this global improvement masks the deep inequities that persist across countries and regions. For instance, the density of medical doctors is 13 times higher, and the density of nurses and midwifery personnel is six times higher, in the WHO European Region than in the WHO African Region.** The report underscores that workforce shortages and unequal distribution continue to limit access to essential health services for many people. "

"…Each report, in addition to reporting on annual health workforce levels and trends, will include a thematic focus. **The first report examines the implications of both population and health worker ageing for future workforce needs. In some countries, health worker ageing is intensifying the health workforce shortage, projected to reach 11.1 million health workers globally by 2030, while population ageing is increasing service demand**. The report also reveals that **nearly one in four doctors on average is older than 55 and will retire in the next decade** (based on latest available data from 122 countries). **In high-income countries, this increases to nearly one in three**. Sixty-seven countries will not have enough health workers to maintain population health needs by 2030. "

Quote: **""Ageing is the hidden health workforce crisis that requires urgent attention. It is creating a double pressure on health systems, primarily in high-income countries**," emphasized Dr Diallo. "

NCDs & Urban health

NCD Alliance (Policy brief) - Meeting the moment: NCD funding in a changing world - The role of private philanthropy in financing the response to NCDs

https://ncdalliance.org/resources/meeting-the-moment-ncd-funding-in-a-changing-world-the-role-of-private-philanthropy-in

"**Private philanthropy is a major actor in global health and sustainable development. Between 2020 and 2023, global philanthropy for development totalled US$68.2 billion, of which 40% was directed to health: the largest share of philanthropic giving to any sector**. However, there is a **fundamental mismatch between the financing of NCDs** – like cancer, diabetes, cardiovascular diseases, chronic lung diseases, and mental health and neurological conditions – **and the disease burden they represent."**

"**The purpose of this report is to consider the role that private philanthropies can play in strengthening the NCD response**, drawing on examples of what others are doing, signposting potential areas for investment, and stimulating further discussion. **This brief identifies five roles through which private philanthropies already strengthen the NCD response, illustrated by case**

studies showing how different types of funders play each role across diverse contexts. Drawing on a literature review, key informant interviews, and insights from the case studies, **the brief then sets out seven actionable recommendations."**

Lancet Public Health (Editorial) - The role of cities in public health

https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00198-2/fulltext

Editorial of the **new Lancet Public Health October issue.**

"**Has urban health become a singular public health success**? In **October, 2016, at the opening of the UN Habitat III conference on housing and sustainable urban development**, former UN Secretary-General Ban Ki-moon said that cities were central to "global prosperity, peace and human rights," and needed to be made "inclusive, safe, resilient, healthy and sustainable". **10 years later, novel research in this issue of *The Lancet Public Health* shows that cities are now at the centre of public health both because of their agile governance structures and because of their susceptibility to health-harming urban environments."**

The editorial concludes: "…**The work published in this issue is an encouraging sign that cities have enormous potential for proposing and, crucially, implementing innovative plans that can improve population health while generating evidence to inform action at national, regional, and international levels.** Cities often see faster returns on economic, environmental, and public health initiatives than countries and regions. In August, the C40 cities reported that they were already reducing their per-capita emissions five-times faster than the global average. **When it comes to issues such as the environment, behavioural change, and public health, city mayor-led local actions that produce tangible results might be our best way of convincing national governments that ambitious political commitments deliver measurable progress."**

Mental health

Nature (World View) - Losing your way of life to climate change matters — and we need a way to measure it

M Kumar; https://www.nature.com/articles/d41586-026-02928-0?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=63820038

"**Climate losses extend beyond property and income. Policymakers need ways to assess what people value, experience and ultimately stand to lose."**

re climate loss as a mental health issue. And how to measure it properly.

Planetary Health

Climate Change News - Climate change and energy transition rise up national security agenda

https://www.climatechangenews.com/2026/09/22/new-york-climate-week-energy-transition-security-leaders/

"Leaders highlighted the national security risks posed by global warming and fossil fuel dependency at New York Climate Week."

"Governments need to start addressing climate change impacts and nature loss as a threat to national security and manage shocks before they hit rather than picking up the pieces afterwards**, Britain's foreign minister and other leaders told the opening of Climate Week NYC on Monday…."**

Climate Change News - UN chief urges countries to adopt fossil fuel transition plans with timelines

https://www.climatechangenews.com/2026/09/22/un-chief-calls-on-countries-to-adopt-fossil-fuel-transition-plans-with-timelines/

"In his last speech to the UN General Assembly, **António Guterres for the first time called on every nation to deliver a plan to phase out coal, oil and gas while protecting workers."**

Climate Change News - Fossil fuel expansion threatens COP31 hosts' credibility, experts warn

https://www.climatechangenews.com/2026/09/18/fossil-fuel-expansion-threatens-cop31-hosts-credibility-experts-warn/

"**Türkiye and Australia are pushing coal, oil and gas at home** with no national timeline for their own fossil fuel phase-out."

Guardian - How Saudi oil scientists ended up working on the world's most important climate reports

https://www.theguardian.com/environment/2026/sep/21/saudi-arabia-aramco-oil-scientists-ipcc-climate-reports

"**Guardian investigation reveals fossil fuel links of IPCC authors**, with experts declaring the **body's conflict of interest policy 'not fit for purpose'."**

PIK - Planetary Health Check 2026 finds mounting pressures across Earth's life support systems

https://www.pik-potsdam.de/en/news/latest-news/planetary-health-check-2026-finds-mounting-pressures-across-earth2019s-life-support-systems

"**Seven breached Planetary Boundaries continue to worsen** as record ocean heat, droughts, floods, wildfires and extreme heat reveal an Earth system under strain, **according to the latest Planetary Health Check.** The annual update is authored by more than 60 scientists and produced by the Planetary Boundaries Science Lab at the Potsdam Institute for Climate Impact Research (PIK)…"

"**The Planetary Boundaries** describe the interconnected Earth-system processes that must remain within safe limits to preserve the planet's stability and resilience. **Seven of the nine Planetary Boundaries are now transgressed, with ocean acidification the latest to breach its boundary in 2025. All seven are now at their highest recorded levels of transgression….**

- See also **the Guardian – 'Planetary boundaries' necessary for flourishing of life have been massively breached, scientists warn**

"New report shows **key indicators of Earth's health are 'outside the safe operating space'** as climate disaster looms."

"... The report was released on Monday shortly after the start of Climate Week, a major gathering of politicians, business leaders and activists in New York City that leads up to the UN general assembly…."

Guardian – Poorer nations will be among the last to benefit if global emissions cut to net zero

https://www.theguardian.com/environment/2026/sep/22/climate-inequality-tropics-among-last-places-to-benefit-net-zero

"Scientists found unequal impact of the climate crisis would not be reversed even if implicit goal of the 2015 Paris agreement is achieved." "… The research coincided with **the UN's refugee agency releasing a report showing how the climate crisis was increasing the risk of people becoming stateless."**

"The **climate inequality study, published in the journal Environmental Research Letters**, was led by Dr Andrew King and colleagues at the University of Melbourne. … … "If **we follow a path that is close to net zero, then the inequality we see in present day warming persists indefinitely,"** King said. "**The wealthier countries that have caused more of the problem are not those that are the most exposed, even beyond net zero. The regions that have not caused the warming are those that experience the most warming."** King said the **fate of the planet's poorest regions, which tend to be concentrated closer to the equator, would depend on how much greenhouse gas was emitted before the world reached net zero.** "Even when we get to net zero, we have still emitted an enormous amount of carbon into the atmosphere and its effects will continue for centuries. We can't easily undo all that damage," he said. "**Getting to net zero sooner means we are less likely to have that long-term warming after net zero. We need to get to net zero sooner to limit that inequality." "**

PS: "…A separate report on the impact of climate change on the stateless, commissioned by the UN refugee agency and released with the Peter McMullin Centre on Statelessness, called on nations to **support "the continuity of statehood" for countries facing extreme climate damage**. It said those at risk included Pacific islands that were losing land to rising seas. The **agency estimated about 4.5 million people were stateless but said it accepted the number was probably much larger** as stateless people were "invisible to official statistics"…."

Project Syndicate – What It Means for Global Warming to Exceed 1.5°C

N Stern; https://www.project-syndicate.org/commentary/climate-overshoot-net-zero-no-longer-enough-by-nicholas-stern-2026-09

"A sobering new report from the United Nations Environment Programme warns that even if governments deliver on all their existing climate pledges, warming could reach 1.8°C later this century. **That means humanity must pivot from simply containing global warming to finding ways to reverse it."**

Excerpts:

"…**The effects of overshooting 1.5°C will require much larger investments in adaptation and resilience**, ranging from higher sea defenses to the development of more drought-resistant crop varieties. **Such investment will become a much higher priority, and overall investment needs will become much greater than would have been the case had we met the Paris target**. **But there are limits to adaptation. Breaching major climate thresholds could lead to conditions so hostile that socioeconomic development itself would be reversed,** forcing hundreds of millions of people to move despite whatever adaptation measures are in place…."

"…**the UNEP report points out that reversing the 1.5°C overshoot will require us to go beyond net zero to achieve negative emissions, meaning we will eventually need to remove much more carbon dioxide from the atmosphere than we add.** Though we can and should **expand natural carbon sinks, including forests**, these are unlikely to offer the total capacity we will need. Closing the remaining gap therefore will **require greater investment in artificial methods of extracting and storing billions of tons of atmospheric CO2. We should also examine carefully the potential of other geoengineering solutions, including those designed to reduce the total amount of solar energy reaching the Earth's surface**. Further research is needed, however, because these options come with significant risks and ethical implications. For example, cooling the planet while leaving high levels of CO2 in the atmosphere would acidify our oceans, with potentially dangerous consequences…."

The Conversation - Climate change is fuelling African conflict – governments are developing a shared response

https://theconversation.com/climate-change-is-fuelling-african-conflict-governments-are-developing-a-shared-response-289088

"Climate change is making life tougher. Across Africa, failed harvests, shrinking water supplies and more extreme weather are leaving millions of people hungry and forcing many from their homes. When communities compete for land and water, the risk of conflict can grow. **African governments are now developing a Common African Position on Climate, Peace and Security to tackle these**

problems together. But will it lead to real change on the ground? **Gracsious Maviza and Katongo Seyuba** research climate risks and security. **They explain how climate change is affecting peace and security across the continent, what the new framework proposes, and what governments must do to make it work."**

Guardian - Huge El Niño projected to cause 450,000 deaths in next six months

https://www.theguardian.com/environment/2026/sep/23/el-nino-450000-extra-deaths-six-months

"New report predicts a heavy toll from Nigeria to the US – and comes on top of existing impacts of the climate crisis."

The **Climate Impact Lab and at the University of Chicag**o co-authored the report.

"**The most affected countries in the next six months are the tropical nations of Nigeria, Indonesia, Sudan, India and Brazil**. The US is in the top 20 most affected nations, with 3,500 projected additional heat deaths. **More broadly, the Sahel region in Africa and south-east Asia are heavily affected."**

Nature Human Behaviour - Rising health inequities require looking beyond health systems

https://www.nature.com/articles/s41562-026-02565-7

"**Global health inequity is increasingly driven by the triple planetary crisis of climate change, biodiversity loss and pollution**. To address it, **we must place health at the centre of climate and environmental action** and develop interventions that target both individual behaviours and structural drivers of inequality."

- Related: **Heidelberg University (press release) - Researchers at Universität Heidelberg call for establishing the health issue at the core of climate and environmental policy**

"The worldwide inequality of health opportunities is being further heightened by the triple planetary crisis – climate change, loss of biodiversity and environmental pollution. Hence **preventing it is more than a question for health systems; as a central concern it must be embedded in climate and environmental policy…."**

Conflict/war & health

Foreign Policy - It's Time to Update the U.N. Sustainable Development Goals

David Miliband; https://foreignpolicy.com/2026/09/21/united-nations-sustainable-development-goals-sdgs-conflict-aid/

"**Countries committed to end poverty. They never accounted for forever wars."**

"World leaders are about to choose a new United Nations secretary-general. Whoever gets the job will inherit an uncomfortable truth: **The world body's promise to end poverty, hunger, and disease is in retreat because today's leaders are presiding over an era of multiple and growing forever wars.** In September 2015, U.N. member states set **17 Sustainable Development Goals, or SDGs**, to be achieved by 2030. These sought to end extreme poverty, promote climate action, and set social and economic targets, all while "leaving no one behind." **But the commitment assumed the existence of functioning states, international cooperation, and development systems capable of turning finance into progress. Instead, the world has entered a new global disorder**. … "

"Meanwhile, more wars are raging today than at any point since World War II, and they are lasting longer than ever. More than 70 percent of conflicts that have begun since 2020 have continued for more than a year, up from 44 percent in the 2000s. So-called civil wars, or wars within states, are increasingly internationalized through external sponsorship. According to the Institute for Economics & Peace's 2025 Global Peace Index, 98 countries were entangled in conflicts outside of their borders in the five years prior to the report, up from 59 in 2008. These internationalized wars are nearly four times less likely to end…."

"**The SDGs, adopted more than a decade ago, were not built for this era. I**ndeed, the word "conflict" appears less often than "fisheries" in the SDGs. For instance, both Goal 2 ("Zero Hunger") and Goal 14 ("Life Below Water") prioritize fisheries and fishers, while there is no formal target addressing humanitarian food aid or conflict and displacement as drivers of hunger. **Yet conflict is the principal force determining whether any development target can be achieved, and it is the main driver of heightened levels of poverty and hunger around the world…** Already eight years ago, the International Rescue Committee (IRC), which I lead, warned that more than 80 percent of fragile and conflict-affected states were off track to meet these goals, and nearly 26 million refugees were being left out of the official reporting processes. Since then, the situation has become direr. **Research indicates that as of 2021, armed conflict slowed global progress on the SDGs by the equivalent of 18 years**. Today, only 15 percent of the 139 SDG targets with sufficient data are on track, with fragile and conflict-affected states lagging furthest behind. Nearly half of all deaths of children under 5 years old have also occurred in those states…."

"... **A generation of development gains has been lost to forever wars.** As long as the escalation of hard power beats out peacemaking and peacebuilding, human development will take second place on the global stage. **But even within those constraints, the international community can do much more to support people caught in conflict**. …"

Access to Medicines, Vaccines & other health technologies

Devex – PAHO, Gilead deal expands lenacapavir access for 14 countries

https://www.devex.com/news/paho-gilead-deal-expands-lenacapavir-access-for-14-countries-113341

"The 14 Latin American countries will be able to purchase the HIV prevention injectable lenacapavir through PAHO's revolving funds, which pool demand for health products across Latin America and the Caribbean and buy them in bulk to lower pricing."

"**Fourteen Latin American countries will gain access to the twice-yearly HIV prevention injectable lenacapavir under a new agreement between the Pan American Health Organization and Gilead**, the company behind the drug. The countries — **Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Uruguay, and Venezuela** — will be able to **procure the drug through PAHO's regional revolving funds**, which pool demand for health products across its member states in Latin America and the Caribbean to negotiate lower prices through bulk purchasing."

"**These countries are not covered by Gilead's voluntary licensing agreements, meaning they can't access generic versions of the drug**. Those agreements allow generic manufacturers to produce and sell lenacapavir in 120 countries, including 24 countries in Latin America and the Caribbean…."

PS: "**According to PAHO, Gilead has "also committed to advance a technology-transfer process in Brazil with the aim of facilitating local production of Lenacapavir in the future**," though it did not provide details on how or when that would happen….."

Ps: "Organizations including **Médecins Sans Frontières** have criticized the limitations of Gilead's licensing agreements. **The international humanitarian medical organization welcomed the latest deal between the company and PAHO, but raised concerns that it still leaves the company "in control of the supply of lenacapavir" in the region. MSF also raised concerns about how much Gilead will charge for the drug**, saying it expects the price to be significantly higher than the roughly $40 per person per year anticipated for generic versions. In the United States, lenacapavir is priced at about $28,000 per person per year…."

- For more, see **AVAC's newsletter** from last week: Lenacapavir Access Pathway

" **Two new agreements from Gilead Sciences, the developer of lenacapavir, this week could expand access to lenacapavir for HIV PrEP (LEN), both for the current every six month injectable and a potential once-yearly option still in development**. Gilead and the Pan American Health Organization (PAHO) announced **new steps to establish a procurement pathway through PAHO's Regional Revolving Funds that will allow 14 countries in Latin America and the Caribbean** – including Argentina, Brazil, Peru and Mexico (all of which participated in one of the pivotal efficacy trials) – to procure twice-yearly LEN. **This mechanism complements the 24 countries already covered in the region by Gilead's existing voluntary licensing agreements. Gilead also committed to advance a technology-transfer process in Brazil, although timelines, prices, and volumes were not defined in the release.** Separately, **Gilead expanded its six royalty-free voluntary licenses for lenacapavir to include the investigational once-yearly formulation being studied in the Phase 3 PURPOSE 365 trial. This would extend once-yearly LEN generic plans for 120 high-incidence, resource-limited countries before efficacy results or regulatory approval.** "

On the latter: "… At the same time, **expanding voluntary licenses to the prospective once-yearly formulation while it is still in Phase 3 development is an important step forward in early access planning and could shorten the gap between approval and generic supply**, should the once-yearly formulation prove safe and effective. **This early licensing approach mirrors Merck/MSD's recent licensing agreements for their investigational monthly oral PrEP option, alimatravir**. …"

AI & health

Telegraph - Global fund utilises AI to tackle malaria, TB, and HIV amid aid cuts

https://www.telegraph.co.uk/global-health/science-and-disease/global-fund-ai-tackle-malaria-tb-and-hiv-aid-cuts/

"The organisation, which fights malaria, tuberculosis, and HIV in poor countries, said **it had to quickly "adapt" amid a funding shortfall."**

"Artificial intelligence (AI) is helping to soften the blow from aid cuts, according to one of the world's biggest development funds. The **Global Fund**, which raises and invests billions of pounds to reduce the burden of HIV, tuberculosis (TB) and malaria globally **says new AI-driven products like portable pregnancy scanners are helping to mitigate the funding gap. …"**

"… **The Global Fund is managing a $6 billion (£4.4bn) shortfall for the period 2026 to 2028 and has been forced to make difficult decisions** to continue their work, it confirmed this week…. But Mr Sands said **investments in tools to tackle infectious diseases – including those driven by AI – are starting to pay off.** … One tool the Global Fund has invested in is the **rollout of handheld, AI-powered digital X-ray machines that can more quickly and accurately diagnose people with tuberculosis within minutes. …"**

PS: "The fund, which sources most of its money from wealthy governments and philanthropic foundations, said it was **prioritising treatment over prevention programmes this year amid the cuts…."**

Lancet Collection – New roadmap integrates arts into global health and wellbeing

https://www.news-medical.net/news/20260921/New-roadmap-integrates-arts-into-global-health-and-wellbeing.aspx

"**Researchers have developed a roadmap for integrating the arts across health and wellbeing systems globally, from population health and prevention to community pathways and clinical care**. Based on a wealth of international evidence, **the roadmap is outlined in the Jameel Arts & Health Lab–Lancet Global Collection on Arts and Health…."**

"The **first paper, "The arts as a global health resource: key priorities for future research"** synthesises evidence showing that engagement with music, dance, visual arts, theatre and other cultural activities can contribute to mental, physical and social health across the life course, from health promotion and prevention to the management and treatment of illness. The authors argue that the field has now reached a critical stage requiring strategic, systems-level integration."

"The second paper, "Developing roadmaps for advancing practice, research, and policy in the arts and health", moves from evidence to action. It calls for equitable access to arts engagement, its

inclusion in population-level prevention, stronger community pathways, evidence-based arts interventions in clinical care, and sustained cross-sector investment and research."

"The Collection will be presented in New York during Healing Arts at UNGA, NYC 2026, held alongside the United Nations General Assembly…."

Miscellaneous

BMJ Opinion – Afghanistan's restrictions on women are becoming a public health emergency

https://www.bmj.com/content/394/bmj-2026-100932

***"Girls denied education today become women with poorer health**, write* **Nadia Akseer and colleagues."**

"**These policies should not be viewed solely as human rights concerns, which have been the focus of much of the international discourse**. They also **represent one of the most profound public health threats facing Afghanistan today…."**

Global Policy- Unpacking the Humanitarian Reset: Data Governance under Austerity

Kristin Bergtora Sandviks; https://www.globalpolicyjournal.com/blog/21/09/2026/unpacking-humanitarian-reset-data-governance-under-austerity

Kristin Bergtora Sandviks argues **that as aid shrinks, attention must shift to the digital governance regimes produced by the Humanitarian Reset and their consequences for vulnerable populations."**

"… the **Humanitarian Reset is also generating new modes of humanitarian governance**. Following AI in Aid: Experimentality, Maldata, and Data Extrapolation **this is the second of three comments for Global Policy on the restructuring of the humanitarian digital space**…."

"In *Humanitarian Extractivism: the digital transformation of aid* (2023) I argued that **this transformation was extractive in the way it enabled Big Aid, states, and tech companies to appropriate the personal data and digital bodies of vulnerable populations, producing ethical, legal, and security risks.** Since then, the humanitarian landscape has changed significantly. 2025 was a watershed year for the sector, demanding renewed analytical attention to the logic of reform, problem framing, and policy dilemmas. **Now, there is a need for unpacking policy developments and tradeoffs made in the name of austerity and expediency**. These developments have so far received limited critical scrutiny. **This commentary starts from the observation that austerity, rather than expansion, has become the primary driver of data governance**. As funding dries up and humanitarian staff are laid off, the quality and availability of baseline data falters, with data deserts emerging as a result. **Yet, this is not only a move from data overabundance to data scarcity. Rather, it signals the emergence of a different form of extractivism, co-constituted through the politics of exclusion: Humanitarian Extractivism 2.0**. This shift is both technical *and* political,

reshaping resource distribution, the exercise of authority, and how humanitarian outcomes are determined…."

Global health governance & Governance of Health

Devex - Grynspan vows 'meaningful reform' of a 'top-heavy,' risk-averse UN

https://www.devex.com/news/grynspan-vows-meaningful-reform-of-a-top-heavy-risk-averse-un-113362

"U.N. secretary-general candidate Rebeca Grynspan tells Devex the agency needs "meaningful reform," with fewer resources at the top, more in countries, and a greater willingness to take risks to resolve conflicts."

"The **former Costa Rican vice president and head of U.N. Trade and Development, or UNCTAD, received the most support for the job in the latest informal Security Council straw poll on Sept. 18,** with nine "encourage" votes, five "discourage" votes, and one "no opinion."…"

Devex – UNDP chief hails 'multilateral turning point'

https://www.devex.com/news/undp-chief-hails-multilateral-turning-point-113365

(gated) "**Alexander De Croo**, the administrator of UNDP and former prime minister of Belgium, tells Devex Impact House that the multilateral system remains vitally important, and said **the United Nations needed a "multilateral turning point."..**"

"For the past two years, multilateral institutions, particularly the U.N., have been heavily criticized by their largest funder, the United States. Funding to the U.N. began falling even before Donald Trump became U.S. president for a second time in 2025. But **De Croo suggested that while world leaders may question the methods of the U.N., they do not question the need for the work itself**."

Foreign Affairs - Shrink the UN

Richard Gowan; https://www.foreignaffairs.com/united-nations/shrink

"The Next Secretary-General Must Get Back to Basics."

"The **small crop of candidates to succeed Guterres include senior UN trade official Rebeca Grynspan, Director General of the International Atomic Energy Agency Rafael Grossi, and Guyana's Ambassador to the UN Carolyn Rodrigues-Birkett**. Regardless of who wins, Guterres' successor will need to develop a new playbook for revitalizing the organization. **Any serious effort must acknowledge an unpleasant reality: as long as the world remains competitive and chaotic, the UN's ability to forge wide-ranging international agreements will remain constrained**. The next secretary-general's best hope may thus be **to relinquish some of the organization's previous lofty ambitions and slim down, prioritizing international crisis prevention and conflict resolution, the efficient provision of humanitarian aid, and achievable international development goals.** A UN that jettisons time-consuming diplomatic processes and inefficient bureaucracies for a few core functions

may disappoint ardent advocates of global governance. But it **also may be the only version of the organization still viable in an era of great-power competition and austerity….”**

WHO welcomes strong health commitments at the 2026 BRICS Summit

https://www.who.int/news/item/21-09-2026-who-welcomes-strong-health-commitments-at-the-2026-brics-summit

WHO comes back on the BRICS summit from last week.

CGD (blog) – After Sweden’s Election: Could a Development Superpower Return?

By Anita Käppeli & Göran Holmqvist; https://www.cgdev.org/blog/after-swedens-election-could-development-superpower-return

“… While the **Social Democrats, Centre Party, Left Party, and Green Party** largely agree on development policy, there’s considerably less consensus on other policies and government roles. Whether they can find a compromise will determine whether they form Sweden’s next government. **If they succeed, Sweden’s development policy could change direction decisively. The four parties broadly support gradually restoring Sweden’s commitment to spend 1 percent of gross national income (GNI) on official development assistance (ODA), refocusing aid on poverty and fragility, and moving away from conditionality mechanisms between aid and migration management and export promotion.** That would represent a big shift after the last four years in which Sweden restructured and reduced its aid significantly. But restoring Sweden’s global development leadership will require more than reversing budget cuts. A new government would need to decide what kind of development actor Sweden wants to be in a world which has changed considerably since the Social Democrats were last in charge. **In this blog, we look back at Sweden’s aid policy shift over the past four years, explore where the potential coalition partners align, and consider the choices and challenges facing the next government….”**

IJHPM - The US Withdrawal From the WHO: A View From Latin America and the Caribbean on Multilateral Fragility, Reciprocal Benefit, and Regional Resilience; Comment on “The U.S. Withdrawal From the World Health Organization: Implications and Challenges”

Esteban Ortiz-Prado; https://www.ijhpm.com/article_4927.html

“**The 2025–2026 withdrawal of the United States from the World Health Organization (WHO)** represents one of the most consequential disruptions to global health governance in the postwar era. **In the Americas, its effects are already visible: The Pan American Health Organization (PAHO) is facing delays and funding cuts; the Region lost its measles-free status in November 2025; and President’s Emergency Plan for AIDS Relief (PEPFAR)-supported HIV services have been reduced in Central America and the Caribbean.** Additionally, the United States also benefits from multilateral cooperation through disease surveillance, vaccine strain selection, and the early detection of threats. Recent outbreaks outside the region demonstrate that weaknesses in international surveillance can become risks within its own borders. Therefore, **we propose reforming WHO governance, diversifying its funding, strengthening regional institutions, and establishing clear frameworks for private-sector participation in global health.”**

Global health financing

Transition Cannot Sit at the Edge of the Grant: Lessons for Global Health Institutions

B Orya; https://www.linkedin.com/pulse/transition-cannot-sit-edge-grant-lessons-global-health-breshna-orya-ytfve/

"**Five years ago, when I returned to the Global Fund after working at Gavi, I used the word *transition*** in a Country Coordinating Mechanism meeting. It landed almost like a *political faux pas*, and I found myself explaining what I meant. **I had forgotten that the word carried very different weight in the two institutions…."**

HP&P - Political drivers of fragmentation in health financing in low- and middle-income countries: a conceptual framework and narrative review

S Mazumdar et al ; **https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag111/8825331?searchresult=1**

"**Fragmentation in health financing** remains a persistent obstacle to equity, efficiency and financial protection in many low- and middle-income countries (LMICs). **This paper develops a conceptual framework to explain how political and administrative arrangements shape fragmentation across the core financing functions of revenue raising, pooling, purchasing and benefit design. "**

PS: "The **Mexico and India illustrations** show how reforms can expand coverage while leaving important forms of fragmentation in place…."

UHC & PHC

UNU (report) - Self-Care Pathways to Universal Health Coverage and Financing Equitable Development

N Goldin et al; https://unu.edu/publication/self-care-pathways-universal-health-coverage-and-financing-equitable-development

"How investing in self-care can strengthen health systems, protect household finances and support equitable development."

Planetary health

BMJ Opinion- Climate resilience requires health systems that work for women and marginalised communities

C Hirsch, S H Mayhew et al; https://www.bmj.com/content/394/bmj-2026-100922

"**Rukiga District in Southwest Uganda is an area that is highly vulnerable to the effects of climate change. Communities there are part of something extraordinary. Under an innovative project funded by the UK Government's Darwin Initiative, frontline healthcare workers are trained to provide not just usual maternal care, but also to provide information about how to mitigate the worst effects of climate change to protect food and livelihoods**. Working with community members, **healthcare workers identify the populations most vulnerable to climate change.** … "

"… **This is what genuine, community owned climate resilience looks like. Yet, as leaders gather for New York Climate Week and discussions around climate action take the global stage, this vital form of infrastructure is being dangerously ignored**…."

"The **reality on the ground** is stark: **climate change is causing a reproductive health crisis…."**

"… **international climate adaptation strategies still treat health systems as secondary social investments, rather than essential climate infrastructure**. …… We need a fundamental shift in how climate adaptation is defined and funded. **We call on governments, international financial institutions, and climate funders to take three immediate steps. Firstly, governments must explicitly include family planning, reproductive and maternal, newborn and child health infrastructure in their climate adaptation strategie**s, including through national adaptation plans, primary healthcare services, and community health networks with the same urgency as other infrastructure. **Secondly, international climate funds, including the Green Climate Fund and bilateral adaptation budgets, must break down traditional silos and allocate explicit budget lines for gender responsive, community owned health initiatives, including reproductive health**. Finally, **funders must shift the decision making power, bypassing rigid, top down bureaucracies, to put resources directly into the hands of local women and grassroots health workers** who are most knowledgeable about the challenges faced by their communities, and therefore best positioned to design and manage their own community's health resilience…."

Lancet Comment - Beyond rescue: building a resilient health system after Nepal's 2026 flood

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01907-0/fulltext

By Abhilasha Karkey et al.

NCDs

Lancet GH – Burden of non-communicable diseases and their attributable risk factors in Africa from 1990 to 2023: a systematic analysis for the Global Burden of Disease Study 2023

GBD 2023 Africa NCD Collaborators; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00109-9/fulltext

Interpretation of the findings: "**Our findings underscore the complex and evolving nature of the NCD burden in Africa, where modest declines in age-standardised mortality and DALY rates since 1990 have been substantially offset by rising absolute counts of deaths and DALYs—a paradox driven predominantly by rapid population growth and demographic changes.** That **more than half**

of all NCD deaths and over a third of DALYs remain attributable to modifiable risk factors—principally high systolic blood pressure, dietary risks, and air pollution—**suggests that a substantial and actionable proportion of this burden is preventable through available and effective interventions,** carrying urgent implications for African governments, ministries of health, and global health partners, who must take decisive action to meet health commitments."

Lancet GH – Global inequalities in cardiometabolic care and achievable cardiovascular risk reduction by wealth, region, and sex: a pooled analysis of individual participant data from 76 countries

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00244-5/fulltext

By Bamba Gaye et al.

Human resources for health

Plos Med - Global, regional, and national impact of epidemic disasters on health workforce equality between 1990 and 2019: An ecological and modeling study

Manman Chen et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005134
"Global distribution of human resources for health (HRH) is highly unequal and less resourced regions may particularly be vulnerable to disastrous emergencies. **We examined HRH losses attributable to epidemics of infectious diseases, both globally and geographically."**

Concluding: "…**Epidemics of infectious diseases are associated with HRH losses globally, particularly in low- and middle-income countries**, further aggravating the global inequity in the health workforce."

NEJM - A New Approach for the Indian Health Service — Academic Physician Staffing

Matthew Tobe et al;
https://www.nejm.org/doi/full/10.1056/NEJMp2604375?query=featured_secondary_home
"The Indian Health Service has limited options for recruiting physicians to its most understaffed sites. **Partnerships with academic medical centers could help address long-standing physician shortages."**

Decolonize Global Health

Global Health Action - Shifting power in global health research: a checklist for research funders

Ramya Kumar & David McCoy;
https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2728852

"**This paper introduces a checklist for research funders aimed at tackling some of the structural and political dimensions of inequity in global health research**. Grounded in a framework that understands 'decolonising global health' **across three intersecting dimensions** (colonialism within global health, colonisation of global health, and colonialism through global health), **the checklist is structured into six strategic areas: (1) shifting power within the health research ecosystem; (2) prioritising health equity in the research portfolio; (3) redressing historical underinvestment in health research systems; (4) addressing potential conflicts of interest that could undermine equity; (5) equitably distributing the outputs of global health research; and (6) reporting on research outcomes and impact.** Acknowledging that decolonization would require a full dismantling of the existing aid/funding system, the checklist attempts to broaden the present discourse on decolonising global health research by placing the onus on funding agencies to adopt and implement measures to address structural inequities within the funding ecosystem."

AI & health

WHO - New WHO report calls for stronger ethics oversight of AI-related health research

https://www.who.int/news/item/21-09-2026-new-who-report-calls-for-stronger-ethics-oversight-of-ai-related-health-research

"**A new WHO report, Artificial Intelligence-related health research: ethics review and oversight**, provides recommendations for researchers, ethics committees, regulators, funders and policy-makers to **help ensure that AI-enabled health research is conducted responsibly and for the benefit of all.** The report was jointly developed by WHO experts working in research ethics, science and digital health and AI…."

Papers & reports

HP&P – The Health Economics Section: scope and future

P Binyaruka et al ; https://academic.oup.com/heapol/article/41/8/1353/8816773?searchresult=1

"**This editorial reflects on the evolution of the Health Economics Section in *Health Policy and Planning* over the past 5 years by examining the major themes, publication patterns, and geographical distribution of published articles. It also identifies emerging priorities, underexplored areas, and highlights potential areas for future health economics research**. In doing so, the editorial aims to stimulate broader scholarly engagement and encourage submissions that address the evolving financing, equity, and sustainability challenges facing health systems globally, particularly in low- and middle-income countries (LMICs)…."

Annals of Global Health -Spiritual Care in Serious Illness: A Narrative Review of Low- and Middle-Income Country Evidence

Ryan Meachen et al; https://annalsofglobalhealth.org/articles/10.5334/aogh.5384

Review.

The Quarterly journal of Economics - Fairness Across the World*

Ingvild Almås; https://academic.oup.com/qje/advance-article/doi/10.1093/qje/qjag044/8787618?login=false

Among the findings: "…. **Meritocratic fairness views - accepting inequality more when it reflects effort or ability than luck - are much more prominent in richer Western societies. …"**