

IHP news 899 : UNGA 81 – part two: a state of permacrisis

(25 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,

This is part two related to UNGA81. In case you missed the first part (from Wednesday), see [UNGA81 – part one](#).

As we're slowly heading for the end of the [UNGA81 High-level week](#) in New York, with later today the global health highlight of the week, the [UN HL meeting on PPPR](#), let me just flag some issues that caught my attention this week, more or less chronologically.

On **SDGs**, a lot has already been said, but **David Miliband's** poignant **Foreign Policy viewpoint**, "[It's Time to Update the U.N. SDGs](#)", in which he argues that **the SDGs were not made for the current time of 'forever wars'**, still struck a chord with me. Sad but very true.

On Monday, the long awaited **Accra Reset High-level Panel recommendations** were [launched](#), "[A Sovereign Future for Health](#)". As mentioned last week by [Kumanan Rasanathan](#), this time could (*and should*) be different indeed. Informally labeled the **Accra Reset 'ten Commandments'** by Devex, let's just hope all actors that need to be involved in a real "Reset" don't turn it into Pete Hegseth's interpretation of the ten Commandments. I'll be particularly interested, by the way, in the implementation of **Commandment 9** in the coming years, "*Intentionally Reform Global Health Institutions ('Biggies' in the [terminology of Jocalyn Clark](#)) through more effective collaboration, strategic consolidation and closure when appropriate*". In spite of a [positive response](#) to the Accra Reset, the Global Fund's Peter Sands probably feels deep down like swatting one of these nasty mosquitoes that one can see increasingly in this part of the world as well :) But unlike the mosquitoes, Peter is on his way out. (As for GAVI's Sania Nishtar, she's certainly an improvement over her predecessor, when it comes to GH reform)

Still on Monday, more or less kicking off "**Climate Week**" in New York, the [Planetary Health Check 2026](#) warned that "**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.**" An ominous [quote](#) from the lead author, Boris Sakschewski put it like this: "*The diagnosis is unambiguous: pressure is rising around every Planetary Boundary already outside the safe operating space. It means that the risk of large-scale, persistent and potentially irreversible change is increasing, while our margin for error in tackling these problems is shrinking.*"

This latest Planetary Health Check also makes one wonder about the '**new international order**' mentioned in the (excellent) working paper, '[A global health system fit for a new international order: Proposals for change](#)' (shorter version in [Nature Medicine](#) last week). While most of the

ingredients of the 'new international order' the authors discern are hard to argue with (see fig 1) (eg. *multipolarity, shrinking development assistance, greater national capacity, ...*) I doubt their listing of '**climate and conflict shocks**' (as just one of the ingredients) really fits the bill of what is [probably coming towards us](#).

Quite some [observers](#) indeed reckon that by now, instead of '**Change by Design**', we're heading for '**Change by Disaster**' (*with some of this already in full display*). I still hope they'll turn out wrong, but in order to get closer to 'change by design' in the permacrisis we're currently facing, **we clearly need a higher level of leaders(hip) soon**. And frankly, even with Trump out of the way (*and let's hope by 2028 that's the case*), I don't see that happening. **Not in authoritarian countries, and not in most of the remaining 'liberal democratic' countries either**. In the latter, most of us still vote for leaders without a long-term view on planetary boundaries, equity and other '[economics of affordability](#)' (*not to mention leaders who would [consistently apply international law](#) ...*). And in hindsight, since the financial crisis, **instead of trying to get enough citizens behind a Roosevelt-style New Deal for the 21st century, "centrist leaders" (readers of this newsletter will know their names) have moved the center largely to the right (instead of to the (center-) left)** with largely neoliberal policies and copying some of the radical-right rhetoric. Their "harvest": ever more polarization and fertile ground for the extremes. Citizens know it in their guts when 'structural reforms' aren't balanced and fair, or when captains of industry, high-net worth individuals & other "[Black Rocks](#)" aren't treated '**on an equal footing**' with ordinary people. You don't exactly need Superintelligence for that.

So in short, **we're in for an extremely rough ride**, and I doubt global health reform takes this enough into account (at least on paper). We could be in for a planetary version of the USAID cuts, with **instead of a 'managed transition', total chaos for some decades**. Whereby we hope that something worth saving is still left by 2050. (*how's that for a post-2030 agenda? :)*)

Which brings me to the **WHO DG race**. On 24 September, nominations had to be in, and a [late entrant](#) (Maria Neira) showed up, [maybe even one more](#). In light of the picture sketched above, I was still hoping for somebody with a slightly dystopian/collapsist penchant too, sort of a WHO version of 'four horsemen Guterres', but no :)

On Tuesday, a **high-level side event "[Resilience and Stability for All: Prioritising International Partnerships for Our Shared Health and Security](#)"** took place in NY. I missed [it](#), and still don't like the sound much of 'Resilience and Stability for All' (*though I admit 'Health for All' is probably gone for at least some decades, or disappeared into the Multiverse altogether*). Nevertheless, Resilience & Stability for as many people as possible is probably the best one can hope for in the current circumstances. Among others via '[coalitions of the willing](#)' and an 'emerging coalition of middle powers' (*even if I don't share too overly optimistic assessments of 'Carney & friends' – over here in the EU, some of these 'friends' happen to be rather shaky these days at the ballot box, not to mention that I don't expect much from Merz & other Macron clones in the first place -see above*).

Also in New York, the US convened the [G20 Foreign Ministers Meeting on Ebola](#) on 23 September. The **Group of Friends of UHC** held its [ministerial](#) on the 23rd, preparing for the 2027 UN High-Level Meeting on UHC. And some of the Health Impact Investment 'usual suspects' were busy catalyzing, harnessing or otherwise trying to '[blend it like Beckham](#)'.

But we leave you with a quote by **Richard Gowan** (International Crisis Group) via [Devex](#), on the **United Nations** itself: "**The world body is in its own state of "perma-crisis"** ... *"The organization seems to be constantly short of money, constantly marginalized when it comes to major crises and ...*

is also retrenching,” he said, “noting that it’s had to fire thousands, close peacekeeping bases, and cut off humanitarian supplies to millions. “It’s not a pretty picture.”...

So let’s hope Lula et al’s [P4M \(Partners for Multilateralism\)](#) takes off, as I agree there’s no other way. A [Call to Action for Renewed International Cooperation](#), as part of the ‘Principles of Cooperation Initiative’ (*by around 100 former heads of state and government*) goes in the same direction, and so did a **Guardian editorial**, [“The Guardian view on the future of the UN: more embattled, but more necessary, than ever.”](#) Indeed.

I can’t speak for authoritarian countries, clearly. But in our nominal democracies (*i.e. where we still have the chance to vote*), **it all starts with voting for leaders who truly believe in the world sketched above, and want to earnestly work towards that more equitable and planetary sustainable horizon.** With enough people in order to gain power. (*And yes, I know Roosevelt didn’t have to deal with social media in his time :)*)

For too many of the current leaders in this ‘coalition of the willing’ of ‘like-minded middle powers’, that’s just not the case. If that remains so, we’re set for the disaster scenario sketched above. No matter how mainstream the discourse on ‘shared responsibility’ and ‘mutual interests’ has become in these circles.

Even if I acknowledge that other leaders are – clearly - far more to blame for the current mess in the world. I bet you know their names too. So does The Hague.

Enjoy your reading.

Kristof Decoster

Featured Article

New Directions for the World Bank with Michael Kremer as Chief Economist: A Difficult Road Ahead?

[Shubham Gupta](#);

Michael Kremer has been [appointed Chief Economist of the World Bank Group \(WBG\)](#), one of the largest multilateral funders of health systems globally, amid funding cuts and the closure of USAID. He is the first economist to enter the role after having already received a Nobel Prize. More importantly, Kremer brings extensive experience in translating rigorous research into programs that have reached hundreds of millions of people across areas including vaccines, school health, water, and agriculture. His appointment comes at a time when the WBG is changing its outlook, structure, and organization, and his path to success at the World Bank Group might not be straightforward.

His appointment appears closely aligned with World Bank President Ajay Banga’s jobs agenda. The Bank estimates that [1.2 billion young people](#) will reach working age over the coming decade. For

global health, the central question is whether health will be recognized as a foundation for productive employment or treated merely as an outcome of economic prosperity. Kremer's work across sectors suggests that he understands how investments in human capital enable people to participate in the economy. However, whether he can translate that understanding into sustained space for health-systems innovation remains an open question. Early opportunities exist for him through the [National Health Compacts](#), which frame stronger health systems not only as a route to affordable care, but also as a source of jobs and broader economic growth.

The second major push is the Bank's growing emphasis on mobilizing private capital. In fiscal year 2026, WBG mobilized [\\$112 billion](#), up from \$35 billion in 2022. Across Africa, private capital mobilization rose from approximately \$9 billion to \$22 billion—an increase of nearly 150 percent. Kremer's work on advance market commitments for vaccines offers a model for health: by guaranteeing demand for socially valuable products, public finance can influence private investment. The challenge for him will be to ensure that private capital advances equitable health priorities rather than concentrating only on commercially attractive services and markets.

A third issue is the changing nature of the Bank's research, data, and analytical agenda, with greater concentration under the Chief Economist's Office. Kremer will lead this agenda amid the broader reorganization, as the institution seeks to strengthen its role as a knowledge bank rather than merely a development financier. Closer alignment with operations can make research more relevant and useful. However, [critics of the Knowledge Bank reorganization](#) warn that private-sector and deal-making priorities could shape which questions are investigated and how evidence is interpreted. This matters for health, where politically sensitive evidence on financing, service quality, and inequalities must remain credible and independent. Protecting that independence while responding to institutional priorities will be a difficult path for Kremer to navigate.

Kremer's appointment could prove to be a masterstroke. His success, however, will depend on whether he can connect evidence, scale, jobs, and private capital without allowing health equity to become secondary concern.

Highlights of the week

Structure of Highlights

- UNGA81 continued
- UN HL meeting on PPPR
- Ebola emergency DRC
- More on PPPR
- WHO DG race
- Global Health Reform
- More on Global Health Governance & Financing/Funding
- Debt crisis
- Trump 2.0, US Global Health strategy & bilateral health agreements

- World Contraception day (26 September)
- NCDs
- Human Resources for Health
- Planetary health
- WASH
- Access to medicines, vaccines & other health technologies
- Miscellaneous

UNGA81 continued

More or less from Wednesday morning on. First with **some of the general messages & reports** coming from New York. **In next subsections, you find more of the health related updates.**

UN News - Equality 'ends at the doors of the Security Council', Kenya's Ruto tells General Assembly

<https://news.un.org/en/story/2026/09/1168419>

"Kenyan President William Ruto told the General Assembly on Wednesday that the sovereign equality the UN proclaims is contradicted by its own structures, urging Member States to reform the Security Council and an international financial system "built for another age". "

"... he said the world recorded 65 State-based armed conflicts last year, 13 of them full-blown wars, with nearly a quarter of a million people killed in organised violence and disputes increasingly "frozen, deferred or decided by force". ... Every nation has one vote, Mr. Ruto said, yet five hold a permanent power on questions of war and peace that the other 188 do not: "The equality proclaimed in this assembly ends at the doors of the Security Council." Africa's 54 Member States, more than a quarter of the assembly, have no permanent seat on the Council, he said: "Permanently discussed, yet permanently excluded." ..."

"He warned that confidence in the consistent application of international law was weakening in parts of the world. "International law cannot be invoked loudly in one crisis, cautiously in another crisis, and disregarded when convenient," he said...."

PS: **"Turning to finance, Mr. Ruto said global public debt reached a record \$102 trillion in 2024, and 46 developing countries now spend more on interest than on classrooms and medicine. "**

UN News - Right to development: A blueprint for unmet promises

<https://news.un.org/en/story/2026/09/1168405>

"Ahead of the 40th anniversary of the groundbreaking Declaration on the Right to Development this December, world leaders gathered at a High-Level Week meeting on Wednesday to map progress made and the 21st century challenges still ahead – from narrowing the digital divide to

levelling the AI playing field – as the UN chief presented a “blueprint” to address promises that remain unfulfilled.”

“The declaration broke new ground in the universal struggle for greater human dignity, freedom, equality and justice when the UN General Assembly adopted it in 1986. The declaration can help provide guardrails on issues from AI to internet access, as well as accelerate the implementation of the 2030 Agenda for Sustainable Development. A legally binding treaty on the right to development has been in the works since 2018.”

Guardian - Leaders join push to create UN body to tackle ‘awful reality’ of inequality

<https://www.theguardian.com/world/2026/sep/24/un-global-inequality-panel-plan-proposal-general-assembly-ipcc>

“Plans to set up a global UN body on inequality modelled on the **Intergovernmental Panel on Climate Change** (IPCC) are likely to be proposed to a meeting of the UN general assembly in the coming months.”

“Speaking at an **event on the sidelines of the general assembly** in New York, **left-leaning leaders from Brazil, Norway and Spain** claimed momentum was building behind calls for a standing international panel on inequality that would recognise the issue as a global challenge threatening world security. Two G7 countries – Germany and Japan – have given public backing....”

“... But the proposal is likely to make little political headway during this year’s **G20**, to be led by **Donald Trump**, and some countries are wary of talk about new globally imposed taxes, or assertions that economic analysis can be compared to climate science....”

UN High-level meeting on PPPR (25 Sept)

Taking place later today...

The Independent panel - UN Member States: Support Adoption of the HLM Political Declaration

<https://mailchi.mp/independentpanel.org/un-member-states-support-adoption-of-the-hlm-political-declaration?e=ce2b5543e2>

(24 Sept) A last encouragement by the **Friends of the PPPR HLM**, for member states to adopt the political declaration.

UNU – Regional Organisations and the 2026 UN Political Declaration on Pandemic Prevention, Preparedness and Response

<https://unu.edu/cris/blog-post/regional-organisations-and-2026-un-political-declaration-pandemic-prevention>

“As world leaders prepare to adopt a new UN Political Declaration on Pandemic Prevention, Preparedness and Response (PPPR) on September 25th, this article examines whether the draft text adequately defines the role of regional public health organisations within the evolving global health architecture....”

“While the declaration recognises the importance of regional capacities, particularly for research, manufacturing, and preparedness, it stops short of assigning clear governance responsibilities, financing mechanisms, and decision-making authority to regional institutions.”

TGH – Ebola in the Democratic Republic of Congo is the UN Pandemic Meeting's Real Test

A Mbanya & L E Bain; <https://www.thinkglobalhealth.org/article/ebola-in-the-democratic-republic-of-congo-is-the-un-pandemic-meetings-real-test>

(must-read) **“Countries should band together to get what they need from the pandemic agreement, say two health security strategists.”** Linking the UN HL meeting with the pandemic agreement/PABS annex negotiations.

“Four commitments from leaders would ensure a productive high-level meeting...”

Authors conclude: “...The Pandemic Agreement promises, in Article 12, that sharing pathogen samples and sequences will be matched, "on an equal footing," by sharing the benefits. If health leaders leave New York City with a declaration and nothing more this September, the next country in the DRC's position will negotiate its terms from scratch, in the middle of its own outbreak. **When leaders next take stock, they should be judged by one question: if another PHEIC occurred in the DRC tomorrow, would the DRC know in advance what it will receive for sharing its samples with the world?”**

Ebola Emergency DRC

Starting with a US-convened event in New York.

HPW – Almost \$3 billion Raised For DRC's Ebola Outbreak, as Focus Shifts to Nord-Kivu

<https://healthpolicy-watch.news/almost-3-billion-raised-for-drcs-ebola-outbreak-as-focus-shifts-to-nord-kivu/>

“G20+ countries pledged an additional \$700 million this week to counter the Ebola outbreak in the Democratic Republic of Congo (DRC), Dr Jean Kaseya, Director-General of Africa Centres for Disease Control and Prevention, told a media briefing on Thursday. The new pledges were made at the G20+ Foreign Ministers' meeting convened by the United States on Wednesday on the sidelines of the UN General Assembly in New York.”

“The additional pledges mean that over \$2.9 billion has been raised for the outbreak, which is growing at five times the rate of the previous biggest Ebola outbreak. Describing the new money as “huge”, Kaseya thanked the US government, which is the biggest funder of the response, followed by the European Union. “But pledges alone will not stop Ebola,” Kaseya added. “We must be able to trace every single dollar—from commitment to disbursement, from implementing partner to expenditure, and ultimately to the services delivered to affected communities. Transparency builds trust, accelerates delivery and saves lives.” ...”

“Kaseya also recognised contributions from 27 African countries to address the outbreak, with confirmed cases reaching 7,820 and 3,779 deaths. Health workers account for 239 cases and approximately 50 deaths....”

Also with an update on the Ebola situation.

- Related: Africa CDC - [**G20+ Mobilises US\\$2.9 Billion for Ebola Response as Africa CDC Calls for Full Transparency and Traceability of Every Dollar**](#)

Bloomberg – Congo Ebola outbreak threatens more neighbours, Africa CDC says
[Bloomberg](#);

(gated) (23 Sept) **“The Ebola virus is still spreading in Congo, & still a threat to neighboring countries, according to the head of the Africa Centers for Disease Control and Prevention.”**

The Ebola virus is still spreading in the Democratic Republic of Congo and threatening neighboring countries, according to the head of the Africa Centers for Disease Control and Prevention. While there’s been some relief in Congo’s Ituri province where the outbreak began, cases are spreading along the nation’s borders with Uganda, Rwanda, Central African Republic and the Republic of Congo, Africa CDC’s Director General Jean Kaseya said Tuesday....”

AP - Congo is running short of health workers as Ebola remains out of control, WHO says

<https://apnews.com/article/congo-ebola-world-health-organization-29cfe29c1d1885e398d87cadd38368f2>

(24 Sept) “ [Congo](#) is running short of health workers to staff treatment centers for history’s [fastest-growing Ebola outbreak](#), particularly in the eastern province of North Kivu where cases have surged 73% over three weeks, the World Health Organization said Wednesday. The warning came despite signs of improvement in other provinces, including Ituri, the outbreak’s epicenter. The outbreak has spread to seven provinces, with 7,773 confirmed cases and 3,759 deaths, according to the latest government figures.”

“Between Aug. 31 and Sept. 20, cases fell 26% in Ituri province and 15% in Haut-Uele, said Marie Roseline Belizaire, the WHO’s regional emergency director for Africa. But transmission patterns vary widely and the outbreak remains uncontrolled, she said. “While cases and deaths are declining in some provinces, they continue to rise in others,” Belizaire said. “The outbreak is still not under control and remains spread across a wide geographic area....”

UN News - DR Congo Ebola outbreak toll exceeds 3,700 deaths

<https://news.un.org/en/story/2026/09/1168407>

(23 September) “More than 130 days into the latest Ebola outbreak in the Democratic Republic of the Congo (DRC), **health experts said on Wednesday that response efforts have been scaled up significantly and “the first encouraging signs of progress” are now being seen.**”

“In an update, **the World Health Organization (WHO)** said that in the last 21 days, cases of infection fell by approximately 26 per cent in province of Ituri and by 15 per cent in the province of Haut Uele. However, over the same period, North Kivu province recorded a 73 per cent increase, clearly indicating that the **Ebola Bundibugyo outbreak has a different transmission profile in the seven affected provinces where it has been confirmed...**”

“**While cases and death are declining in some provinces, they continue to rise in others,**” said WHO Regional Emergency Director for Africa, Dr Marie Roseline Belizaire. “Those patterns show the outbreak is still not under control and remain spread across a wide geographic area. One of our greatest concerns is that too many people are still dying before reaching treatment.” ...”

More on PPPR

Nature – The anthropogenic fingerprint on emerging infectious diseases

Rory Gibb, Colin Carlson et al ;

<https://www.nature.com/articles/s41586-026-11058-6>

Colin Carlson, via Bluesky : “What's behind this tidal wave of epidemics? **In the largest study ever conducted on emerging infectious diseases, we show that the popular explanation - "our relationship with nature is out of balance" - doesn't hold up. ...**”

Do read the detail.

- See also **Cidrap News** - [Fractured ecosystems, climate change raise risk of zoonotic, vector-borne disease outbreaks, study finds](#)

“... **In general, outbreak risk was generally higher in areas where people and livestock live close to fragmented and forested ecosystems** (eg, a forest that has been split into smaller plots separated by residential areas or farms). This is partly because people in these areas are more likely to encounter the animals that tend to thrive in such environments, which are more likely to carry diseases.”

“**The evidence of the connection between human influence and the rising threat to global public health was especially strong for vector-borne diseases**, with increased risks of disease outbreaks from dengue and Zika virus in areas with fragmented ecosystems and declining rainfall. **But no environmental factor consistently helped predict where outbreaks will occur for zoonotic infections, including those caused by pathogens with pandemic potential.** Rather, the effects of factors such as deforestation, climate warming, and agricultural intensification **varied widely by disease.** The researchers say that disease- and region-specific data are needed to monitor outbreak risks.”

“The scientists say their findings challenge the assumption that a common set of environmental factors is driving the rising risk of emerging infectious diseases. “Our findings show that no single environmental recipe can predict where emerging infectious disease outbreaks will occur,” co-corresponding author Rory Gibb, PhD, of University College London (UCL), said in a UCL [news release](#). “Disease transmission from animals to people is common in human-modified habitats worldwide, but the exact human activities that drive outbreaks differ between diseases.”..”

“The findings also illustrate the critical role of healthcare access in determining where outbreaks are reported. The probability of reporting an emerging disease outbreak fell by, on average, 32% for every additional hour of travel to the nearest healthcare facility. The authors said this finding suggests that apparent disease hot spots likely reflect areas with the strongest disease surveillance and healthcare systems rather than areas where cases are most common....”

“The researchers urge taking a more proactive and holistic approach to preventing epidemics and pandemics, strengthening health systems, and global coordination of disease surveillance and ecosystem-based interventions for important diseases. “Spillover disease outbreaks are multi-causal, shaped by the socioecological system; this really highlights the need for One Health integrated approaches to surveillance and intervention—there is no single intervention strategy...”

Africa CDC - PAHO and Africa CDC call for sustained investment and stronger Africa-Americas cooperation on pandemic preparedness

<https://africacdc.org/news-item/paho-and-africa-cdc-call-for-sustained-investment-and-stronger-africa-americas-cooperation-on-pandemic-preparedness/>

“At UNGA, Burundi and Guyana joined PAHO and Africa CDC to advance country-led cooperation and financing for pandemic prevention, preparedness and response.”

“The Pan American Health Organization (PAHO) and the Africa Centres for Disease Control and Prevention (Africa CDC), together with countries and partners from Africa and the Americas, called for sustained investment in pandemic prevention, preparedness and response (PPPR), alongside stronger cooperation between the two regions to protect lives, economies and societies from future pandemics and public health emergencies. The call came at “Two Regions, One Future: Financing Pandemic Prevention, Preparedness and Response to Build Global Health Security,” a high-level side event during the 81st United Nations General Assembly, organized by the Co-operative Republic of Guyana and the Republic of Burundi, in collaboration with PAHO and Africa CDC with support from the United Nations Foundation....”

WHO DG race

Not clear exactly yet how many people have entered the race – even if the deadline was yesterday (24 September). At least five, maybe six, ...?

HPW – Spain to Nominate María Neira as Candidate for WHO Director-General

<https://healthpolicy-watch.news/spain-to-nominate-maria-neira/>

(23 Sept) **“Spain has officially submitted Dr María Neira’s nomination for the WHO Director-General election ahead of Thursday’s statutory deadline, sources close to the matter told Health Policy Watch. The submission expands the candidate pool by introducing a focus on primary prevention and climate-related health risks to the race....”**

“Before Neira’s nomination, a coalition representing over 100 civil society groups had petitioned the Spanish government to support her candidacy, framing her technical expertise as essential to address extreme heatwaves and environmental health risks in vulnerable communities. Co-led by Nobel Peace Prize Laureate Adolfo Pérez Esquivel and Carlos Ferreyra, the petition unites indigenous leaders, elder-rights advocates, and public health networks across Africa, Asia, and Latin America....”

“Observers describe her candidacy as the first real grassroots campaign for a WHO Director-General election....”

Geneva Health Files – Is China weighing a nomination to lead the World Health Organization?

<https://newsletter.genevahealthfiles.com/is-china-weighing-a-nomination-to-lead-the-world-health-organization/?ref=geneva-health-files-newsletter>

(23 Sept, from Wednesday morning) **“In today’s edition, we bring you a brief story on China reportedly weighing a nomination to enter this race. So far, there has been no official confirmation or denial to our queries. Below, we present what we have gathered. It is not clear if China will eventually nominate a candidate before the close of the deadline tomorrow...”**

Devex Pro - WHO needs unconventional leadership, says candidate Budi Sadikin

<https://www.devex.com/news/who-needs-unconventional-leadership-says-candidate-budi-sadikin-113336>

(gated) **“Does the World Health Organization need to refocus on its two core mandates? One highly regarded candidate for its top job certainly thinks so.”**

“The World Health Organization needs to refocus on its two core mandates: serving as a convening platform to bring countries together and setting scientific norms and standards. That is according to Indonesian Health Minister Budi Gunadi Sadikin, who is vying for the top job of director-general of the world’s leading global health agency. He also said the agency needs to rebuild its credibility....”

- Related: [Devex CheckUp: Did the next WHO leader just lay out his agenda?](#)

“... His vision for WHO may be a bit more conventional, though, according to what he laid out during a discussion at Devex Impact House on the sidelines of this week’s United Nations General Assembly....”

“His key goals would be:

- **Refocus the agency as a convening platform** to bring countries together and set scientific norms and standards.
- **Support countries as they develop national health plans** outlining their own visions for the future of their health system. This is very much in keeping with broader trends, including the [Accra Reset initiative](#) that is pushing countries to develop their

own health agendas. That makes sense, given that Sadikin is co-chairing an independent panel of experts the Accra Reset has convened. • He also already has some ideas for how he'll measure success if he gets the job, including in **the amount of flexible funding WHO raises**. Sadikin sees the **fact that donors continue to earmark funding for specific purposes as evidence that they don't trust the agency**. "If we want to reduce the earmarked money that is given to us, we need to build [that] credibility and trust back," he said. That starts with better communication with members and more transparency around all that WHO is doing...."

Global Health Reform

Devex Pro – Wellcome CEO calls for rethink of global health institutions' mandates

<https://www.devex.com/news/wellcome-ceo-calls-for-rethink-of-global-health-institutions-mandates-113397>

(gated) **““There have been many suggestions and proposals, but so far I've not seen that political commitment,” Wellcome CEO John-Arne Røttingen** told Devex on the sidelines of the U.N. General Assembly.”

“There have been multiple initiatives over the past year calling for global health architecture reform and to ensure countries are in the driver's seat in setting their health agendas. But **lack of clarity remains on how global health organizations fit in**, according to Wellcome CEO John-Arne Røttingen. **“I think there needs to be some rethinking on the mandates of the global organizations, and a clear ask for that is not fully on the table from the political level. There have been many suggestions and proposals, but so far I've not seen that political commitment,”** Røttingen told Devex on the sidelines of the 81st session of the United Nations General Assembly....”

UNAIDS – From forerunner to future-maker: partners affirm the value of a transformed UNAIDS Joint Programme

https://www.unaids.org/en/resources/presscentre/featurestories/2026/september/20260924_forerunner_future-maker

Coverage of a High-level event in New York. **“...Across the discussion, speakers emphasized the importance of protecting the functions that have made UNAIDS distinctive:** keeping HIV high on the political agenda; convening governments, communities, the United Nations and partners; strengthening data and accountability; supporting country leadership; and ensuring that communities are able to co-create and co-lead the response.”

More on Global Health Governance & Financing

Devex – Funders commit over \$700 million for UNFPA, reproductive health

<https://www.devex.com/news/funders-commit-over-700-million-for-unfpa-reproductive-health-113418>

“A big chunk of the funding is for the U.N. Population Fund’s Supplies Partnership, which supports 54 countries in securing and expanding access to reproductive health commodities.”

“Government and philanthropic donors announced funding pledges and commitments for the United Nations sexual and reproductive health agency **on Wednesday at a high-level side event during the 81st session of the United Nations General Assembly**. They include **£204 million (\$270 million)** from the U.K. government, **\$53.6 million** from Denmark, **210 million Norwegian krone (\$22.6 million)** from Norway, **\$10 million** from GiveWell, and a **€200 million (\$232 million)** guarantee from the European Investment Bank.”

“A big chunk of the funding is for the UNFPA’s Supplies Partnership, which supports 54 countries in securing and expanding access to reproductive health commodities. The EIB guarantee is also for donor commitments to the UNFPA Supplies Partnership, intended to help the agency improve procurement and logistics planning, reduce reproductive health supplies stock shortages, and ensure delivery of such supplies.”

“The U.K. funding — which is accompanied by a separate £50 million for other organizations working to expand access to reproductive health services and commodities — is “the largest single government investment in reproductive health supplies worldwide this year,” while GiveWell’s grant is the charity’s “first investment in UNFPA and its largest investment in family planning to date,” according to a news release. **The governments of Burundi, Madagascar, Mozambique, and Zimbabwe also committed or pledged a total of about \$43.8 million for reproductive health commodities for 2026 and 2027”**

“... These funding commitments could help the U.N. agency narrow or close the funding gap for contraceptives, which currently stands at around \$186 million across the 54 countries that UNFPA supports.”

The European Sting - EU advances Global Health Resilience Initiative with new Global Gateway investments in Africa and Latin America

<https://europeansting.com/2026/09/24/eu-advances-global-health-resilience-initiative-with-new-global-gateway-investments-in-africa-and-latin-america/>

“In the context of the United Nations General Assembly High-Level Week, the European Commission has announced three new **Global Gateway investments that put the **EU Global Health Resilience Initiative** into action in partner countries.** The package includes an EU guarantee of €63.5 million designed to mobilise private investment in health and nutrition businesses in Sub-Saharan Africa; an EU-backed European Investment Bank (EIB) loan of €15 million to expand vaccine and biological medicines production in Colombia; and €60 million in EU funding to strengthen primary health care in Ethiopia....”

Devex Pro – Why the Gates Foundation is shifting advocacy to the global south

<https://www.devex.com/news/why-the-gates-foundation-is-shifting-advocacy-to-the-global-south-113386>

(gated) “It’s a new world for aid and the Gates Foundation is thinking about how to do things differently. **One response has been to shift the focus of its advocacy work toward the global south.**”

EU Observer - EU 40% development aid cut would be ‘drastic betrayal’ of values, says top MEP

<https://euobserver.com/239304/eu-40-development-aid-cut-would-be-drastic-betrayal-of-values-says-top-mep/>

(gated) “**EU governments are preparing to slash the bloc’s development budget by up to 40 percent in the bloc’s next seven-year budget – in the latest pushback against aid spending.**”

“The **draft seven year 2028-34 budget proposed by the EU Commission** allocated €200bn to the so-called [Global Europe heading](#), designed to promote the bloc’s foreign policy and development agenda and to “advance sustainable infrastructure, market access, and economic interests”. It also proposes a €15bn crisis reserve for ‘global emergencies’. ...”

Reuters - Western countries increase support for slavery reparations, Ghana says

[Reuters](#);

“Ghana, which has led a campaign for reparations for the nearly four-century-long trans-Atlantic slave trade, said on Wednesday that support is growing among Western countries for the effort.”

“The **campaign's first focus is on restitution of looted artifacts**, Ghanaian Foreign Minister Samuel Okudzeto Ablakwa told an **event on reparatory justice co-hosted by Ghana, Germany and France on the sidelines of the UN General Assembly on Wednesday.**”

“**Later stages could include formal apologies, debt relief and financial compensation under a 19-point plan adopted** by the African Union and the Caribbean Community Commission on Reparatory Justice at a conference in Ghana in June....”

““**The UN passed a resolution in March recognizing trans-Atlantic slavery as "the gravest crime against humanity"** with 123 votes in favor and three — from the US, Israel and Argentina — against. Fifty-two other countries, including European Union members and the UK, abstained. **Since then, many European countries have expressed their support, he said. "Virtually all the European countries that abstained during the vote have reached out and have said they are going to work with us on this journey," Ablakwa said....**”

Devex Pro - Will country ownership become just another global health buzzword?

<https://www.devex.com/news/will-country-ownership-become-just-another-global-health-buzzword-113400>

(gated) “A few years back, global health reform was on the agenda, with a focus on localization. But all that talk did not lead to meaningful change, says global health strategist **Dr. Ebere Okereke**.”

The New Times - 10 things to know about Rwanda's new devt cooperation policy

<https://www.newtimes.co.rw/article/39180/news/economy/10-things-to-know-about-rwandas-new-devt-cooperation-policy>

“The government has adopted a new 25-year development cooperation policy that will guide how the country mobilises financing, works with development partners and implements national development priorities.”

“The Rwanda Development Cooperation Policy (RDCP) 2026–2050, approved by Cabinet on September 18, replaces the 2006 Aid Policy and introduces a broader approach to development financing, coordination and accountability. Aligned with Vision 2050 and the National Strategy for Transformation (NST2), the policy shifts emphasis from traditional aid arrangements and fragmented projects towards nationally led flagship programmes, diversified financing and stronger coordination among development partners.”

Devex Pro –How Kenya is making its diaspora 'a partner in national development'

<https://www.devex.com/news/how-kenya-is-making-its-diaspora-a-partner-in-national-development-113337>

(gated) **“To engage members of its diaspora as partners in development, Kenya is creating opportunities for them to invest in building the country's future. “**

“More than three years ago, Kenyan President William Ruto [announced](#) a State Department for Diaspora Affairs to figure out how to engage the estimated 4 million Kenyans in the diaspora “in a strategic way. To make sure their story is not just a story of remittances,” explained the principal secretary for the department, **Roseline Njogu. The idea, she explained at a [Devex Impact House](#) event on the sidelines of the 81st United Nations General Assembly, was to create “a global labor market ecosystem that allows our people to move, to move safely, to move with their skills.” ...”**

Special issue of Eurohealth (ahead of Gastein Forum)

<https://eurohealthobservatory.who.int/publications/i/health-for-a-stronger-european-union-high-time-for-action!---eurohealth>

Check out in particular:

- **Health sovereignty as 'capability'** (p. 7-10) (By: Natasha Azzopardi-Muscat, Govin Permanand and Ilona Kickbusch)

“This article argues that European health sovereignty should be understood as capability rather than control. Building on lessons from COVID-19, and taking note of directions in the Global South, it proposes that health sovereignty reflects a country’s or region’s ability to promote, provide, and protect health through resilient health systems, secure supply chains, sustainable financing, workforce capacity and digital infrastructure. The paper emphasises that sovereignty and international solidarity are complementary rather than opposing, with capability enabling meaningful cooperation. For Europe, it is important that health sovereignty combines national responsibility with shared European Union capacities, allowing countries to respond independently, when necessary, while remaining committed to collaboration, resilience, and equitable global health. ...”

Debt crisis

GADN & ActionAID UK (Briefing) Gender Equality and the Global Debt Crisis

<https://gadnetwork.org/gadn-resources/gender-equality-global-debt-crisis>

“This GADN and ActionAid UK briefing sets out how the global debt crisis is a significant issue for gender justice. Women and girls in all their diversity are disproportionately hit when high debt repayments squeeze government spending, and debt deals bring harsh austerity measures. At a time of increasing need and declining official development assistance (ODA) flows, debt reduction could free government resources for spending on gender equality across the Global South. “

“With the UK taking the Presidency of the G20 in 2027, there is a timely opportunity for the extension of existing debt frameworks, with a simpler process, a more substantial offer, more countries eligible, and applying to all creditors - while acknowledging the need for longer-term, democratic solutions. ...”

Trump 2.0, US Global Health strategy & bilateral health agreements

Zimbabwe: America Announces End to All Health Funding in Zimbabwe - Says It Respects Government Decision to Decline MOU

<https://allafrica.com/stories/202609230038.html>

“America will, at the end of this month, stop funding all health programmes in Zimbabwe it has been involved in for more than 20 years, Ambassador Pamela Tremont has revealed. Zimbabwe, last year, declined the United States' new funding model, a health memorandum of understanding (MoU) that seeks to gradually transfer health funding to third-world governments while ensuring sustainability....”

""With Zimbabwe's decision to decline a bilateral health MOU, U.S.-supported health programs will conclude at the end of September. **"We respect Zimbabwe's sovereign decision, and my health team from the Embassy is working diligently with the Ministry of Health and Child Care and other partners to ensure a thorough and responsible handover."**

CGD (Note) - Protecting the Client in US Global Health Agreements

C Kenny; <https://www.cgdev.org/publication/protecting-client-us-global-health-agreements>

"This note outlines the core components of the Memoranda of Understanding (MOUs) that cut against US goals for global health spending and concludes with recommendations for updated approaches: limiting results-based payments to improvement, using fewer indicators, preserving legacy backstops until new systems are operational, guaranteeing a service floor, and, where necessary, continuing support well beyond five years."

"The clients are people, not ministries..."

CGD - From Great Lakes Parasites to Martian Microbes: Where US Multilateral Funding Survived, and Didn't, in FY25

C Kenny et al ; <https://www.cgdev.org/blog/great-lakes-parasites-martian-microbes-where-us-multilateral-funding-survived-and-didnt-fy25>

"[According to a report](#) recently published by the State Department, US contributions to international organizations fell from \$19.5 billion in FY24 to \$8.6 billion in FY25. And the number of entities receiving any money fell from 189 to 121. ... a number of development and humanitarian organizations took significant hits. A few of the largest account for a sizeable share of total funding each year, with the World Food Programme consistently topping the list, trailed by the Global Fund to Fight AIDS, TB, and Malaria, and the Office of the United Nations High Commissioner for Refugees (UNHCR). Boasting the largest contributions in recent years, these organizations also saw the biggest cuts in FY25."

With an **overview table**.

World Contraception Day (26 Sept)

WHO expands safe options for contraception

<https://www.who.int/news/item/23-09-2026-who-expands-safe-options-for-contraception/>

"From emergency contraception to longer-lasting implants and future contraceptives for men, the World Health Organization (WHO) is recommending a wider range of safe and effective options so people can choose contraception that meets their needs."

"An estimated 164 million women who want to delay or avoid pregnancy are not using contraception, underscoring the urgent need for better and expanded access to contraceptives."

With the **new publication, “WHO guidelines on expanding contraceptive options”**, WHO aims to help countries broaden access to methods supported by the best available evidence....”

“This can help ensure that people have a wider range of options so they can make informed decisions about whether to use contraception, which method is right for them, and when to change or stop it. **The new guidelines offer people alternative ways of using existing methods.** To this end, WHO recommends that combined oral contraceptive pills can be taken for extended periods of up to six months or continuously for up to one year, as alternatives to cyclical use. WHO supports use of contraceptive implants for up to five years, potentially reducing the need for replacement procedures, clinic visits and associated costs. **WHO recommends mifepristone as an additional emergency contraception option, taken as soon as possible and within five days of unprotected sex.** The evidence shows that mifepristone at doses of 10 – 50 mg is likely to be as safe and effective as other emergency contraceptive methods....”

Telegraph - Male contraceptives could hit pharmacies in ‘three to five years’, says WHO

<https://www.telegraph.co.uk/global-health/science-and-disease/male-contraceptives-could-hit-pharmacies-in-five-years/>

“The UN agency unveiled guidelines for new products, as trials ramp up and stigma shifts.”

“Game-changing contraceptives for men could be on pharmacy shelves as soon as 2029, according to the World Health Organization. Speaking to the Telegraph, **Dr James Kiarie, head of the UN agency’s contraception and fertility care unit**, said he expects male birth control to be available in just a few years, in a major expansion of contraceptive options for men....”

““In three to five years, we will actually have a method available, [so] men can be more than supporters of their female partners in using contraception – men can actually be users,” he said.”

“On Tuesday, the WHO released its first Target Product Profiles (TPPs) for these products, setting out guidelines for the desired and minimum standards any male contraceptive product must meet. “[The TPPs] signals that this is a priority issue for the WHO,” said Dr Kiarie....”

NCDs

Telegraph – Africa faces new threat as chronic disease rate leaps

<https://www.telegraph.co.uk/global-health/science-and-disease/africa-faces-new-threat-as-chronic-disease-rate-leaps/>

“Between 1990 and 2023 the burden of non-communicable disease almost doubled, putting strain on health systems.”

“Chronic ailments like heart disease, cancers and diabetes now account for almost half of deaths in Africa and will soon overtake the continent’s infectious disease toll, new research has found.

Between 1990 and 2023 the proportion of deaths caused by non-communicable diseases (NCDs) almost doubled, **from 25 per cent to 45 per cent**, with heart disease and strokes now the leading killers....”

“... But the continent is not necessarily ready to tackle this “epidemiological transition”, researchers warned, in a study published in the Lancet Global Health journal on Tuesday.

“Although the epidemiological transition is well recognised, the speed and scale of NCD growth in Africa is particularly concerning,” they wrote...”

“Health systems face increasing demands for chronic disease management, yet low-resource settings remain poorly equipped, underfunded, and unable to provide adequate preventive or treatment services.” ...”

- For the full study, see the [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](#) (by GBD 2023 Africa NCD Collaborators)

TGH - At BRICS Summit, India Takes the Lead on Noncommunicable Diseases

A Roul; <https://www.thinkglobalhealth.org/article/at-brics-summit-india-takes-the-lead-on-noncommunicable-diseases>

“As India attempts to redefine its role in BRICS as a health leader, an expert asks whether the country will make measurable progress instead of reaffirming known goals.”

On India's push to make **healthy lifestyles and mental wellness** the cornerstone of BRICS priorities.

UN News - UN health agency calls for investment boost to save young lives from cancer

<https://news.un.org/en/story/2026/09/1168408>

“More children and young people are beating cancer, but progress remains uneven across regions and age groups, highlighting the need for increased investment to boost survival rates. That’s according to the **UN World Health Organization (WHO) which on Wednesday released complete country comparable baseline data on five-year survival estimates for lymphoid leukaemia – a cancer that affects the blood and bone marrow.** “

“The data, covering 194 nations, informed the findings of a report published in May – *Measuring Survival, Driving Change* – that examined global efforts to address inequalities and ensure more children and adolescents defeat a cancer diagnosis. ...

““Childhood cancer is one of the clearest indicators of health system performance,” said Dr. Roberta Ortiz, Childhood Cancer Medical Officer at WHO. ...”

Human Resources for Health

The World Bank Research observer - Reassessing the Human Resources Crisis in Primary Health Care: A Review of Global Findings with New Evidence from 10 Sub-Saharan African Countries

B Daniels et al ; <https://academic.oup.com/wbro/advance-article/doi/10.1093/wbro/lkag002/8733799>

“This paper revisits the widely held idea of a “human resources crisis” in primary health care (PHC) across low- and middle-income countries (LMICs). First, we review micro- and macro-level evidence, finding little empirical support for generalized workforce shortages. Providers in LMICs appear to operate with substantial excess capacity, characterized by low caseloads, short consultation lengths, and modest wait times. Second, using nationally representative data from 7,915 facilities across 10 African countries, we estimate that the median provider sees 10.9 patients per day. We suggest that the perceived experience of overcrowding arises from a highly unequal distribution of caseloads, with most visits concentrated among a minority of providers. In other words, the average provider is not busy, but the average patient visits a busy provider. Third, we assess allocative inefficiencies using matched data on provider caseload and competence, documenting that caseloads are not concentrated among more competent providers. Using simulations, we show that this misallocation reduces potential aggregate service quality by 4–33 percent, depending on the country. These findings suggest that failures in PHC service delivery cannot be addressed by simply expanding human resources under existing systems arrangements—the competence, allocation, and utilization of both new and existing providers must be improved to meaningfully impact care quality.”

Planetary Health

Guardian - Fears mount that next UN chief will downgrade climate action

<https://www.theguardian.com/world/2026/sep/23/fears-mount-that-next-un-chief-will-downgrade-climate-action>

“Experts say some of António Guterres’s possible successors could be ‘disastrous’ for efforts to tackle crisis.”

“Fears are mounting that the next UN secretary general will downgrade the priority of the climate crisis, according to climate and civil society experts. The current secretary general, António Guterres, has been the most forthright on the subject, calling fossil fuel companies “the godfathers of climate chaos” and warning governments they are rushing down a “highway to hell” by failing to cut greenhouse gas emissions. His repeated championing of the urgency of the crisis and willingness to take on vested interests are credited with significant global impacts, forcing governments to confront their policy failures and keeping alive the aims of the 2015 Paris climate agreement, despite the rising tide of populism and disinformation....”

“... Three candidates in particular have raised concerns: the Argentinian diplomat Rafael Grossi, who heads the International Atomic Energy Agency; Macky Sall, the former president of Senegal; and Olara Otunnu, a Ugandan former presidential candidate who has served as UN undersecretary general for children and armed conflict....”

Guardian - UK shares findings of damning climate crisis national security report suppressed under Starmer

<https://www.theguardian.com/environment/2026/sep/23/uk-climate-crisis-national-security-report-suppressed-starmer-ed-miliband>

“El Niño poses critical threat to nations’ defences, says Ed Miliband in presentation to global foreign ministers.”

“The UK has warned countries around the world that the climate and nature crises and the coming El Niño threaten their national security and defence, presenting foreign ministries with the findings of an explosive report suppressed under Keir Starmer. Ed Miliband, the UK’s foreign secretary, made a presentation to the foreign ministers of the EU as well as Kenya and other countries on Wednesday night at a private meeting during the UN general assembly in New York, based on the report by the UK’s spy chiefs that found the collapse of natural systems around the world would lead to conflict, migration and food shortages. Miliband told the meeting, the first such discussion among foreign ministers, that the coming El Niño, which has been supercharged by climate breakdown, would test the world’s food systems as never before....”

Nature Editorial - Nepal floods pose biggest test yet for UN climate loss and damage fund

[Nature Editorial;](#)

“Countries should not have to wait months to receive relatively small grants for responding to the immediate impact of extreme weather.”

HPW - After US Embassy Monitors Went Offline, Air Pollution Spiked

<https://healthpolicy-watch.news/after-us-embassy-monitors-went-offline-air-pollution-spiked/>

“New research found that after the US administration suspended its embassy air pollution monitoring initiative, air pollution increased by 23-33%, particularly in Southeast Asia and sub-Saharan Africa, where reliable monitoring data is scarce.”

Cfr a new study in PNAS.

WASH

UN News - Millions of children return to schools that still can't provide clean water or a working toilet

<https://news.un.org/en/story/2026/09/1168393>

“millions of children still attend schools where the water is unsafe to drink, toilets are unusable and there is nowhere to properly wash their hands. ...” “That’s according to a **report** by the World Health Organization (**WHO**) and child rights agency **UNICEF** that reviews progress on Water, Sanitation and Hygiene (WASH) in schools from 2015 to 2025. “

“WASH services are critical at schools as they can impact learning, health, and dignity, particularly for girls. ... During this period, **the proportion of schools with basic drinking water services rose from 67 per cent to 78 per cent. Global coverage of basic sanitation also increased, up from 67 per cent to 77 per cent, as did basic hygiene, from 59 per cent to 72 per cent. ...”**

“Despite these improvements, the report warns that the world remains off track in ensuring universal access by 2030, as stipulated under the Sustainable Development Goals (SDGs).

It reveals that in 2025:

- **429 million school-age children lacked drinking water services at school**
- **460 million lacked a basic sanitation service**
- **545 million lacked a basic hygiene service, with water and soap for handwashing ...”**

Access to Medicines, Vaccines & other health technologies

Global Fund Prepares for Major Expansion in Access to Lenacapavir as Generic Supply Approaches

<https://www.theglobalfund.org/en/news/2026/2026-09-24-global-fund-prepares-major-expansion-lenacapavir-generic-supply-approaches/>

“The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is working with countries, partners and communities to prepare for a significant expansion in access to lenacapavir for HIV prevention, as additional supply of generic versions of the product are expected to become available in the coming months....”

“Demand from countries has been strong, reflecting both the significant interest in lenacapavir and the urgent need for additional HIV prevention options. Meeting this unprecedented level of demand will require a combination of Gilead Sciences supply and quality-assured generic products. Accelerating regulatory approvals, procurement pathways and readiness for generic products will be critical to ensuring countries can access the additional supply needed to meet demand. “

“...Initial generic supply is anticipated in late 2026, with broader availability expected during 2027. Critical to access is country-level regulatory approval and registration of all sources to ensure that available volumes address all demand.”

“The Global Fund and the United States remain focused on the ambition of reaching 3 million people with lenacapavir by the end of 2028. Plans for 2027 envisage a significant acceleration in access as generic supply becomes available, bringing the partnership substantially closer to achieving that ambition.”

“The acceleration of generic lenacapavir has been made possible through close collaboration across the global health partnership. This includes Gilead Sciences’ early voluntary licensing agreements with generic manufacturers, alongside the work of the Global Fund with the Children’s Investment Fund Foundation, the Gates Foundation, Unitaïd, the US Department of State Bureau of Global Health Security and Diplomacy (GHSD) and other partners to accelerate the development and availability of quality-assured generic products and help create the conditions for rapid and equitable scale-up as additional supply becomes available...”

Stat – Indonesian ruling against ‘patent evergreening’ by pharma industry sends critical message, patient advocates say

<https://www.statnews.com/pharmalot/2026/09/24/indonesian-court-rules-against-patent-evergreening-boosting-access-medicines/>

“In the latest battle over access to medicines, an Indonesian court recently struck down a provision in a law that allowed “patent evergreening,” a tactic used by drugmakers to file additional patents containing minor tweaks to existing medicines and, ultimately, forestall competition.

The decision, patient advocates say, sends an important message to other countries to challenge the industry practice.”

CEPS (R&D Perspectives) Report - The need for an EU mission-orientated initiative on mRNA technologies

Peter Piot et al; <https://helix.ceps.eu/publication/234>

“This paper proposes a mission-oriented EU initiative on mRNA technologies, built on a coalition with like-minded middle powers. Pairing European science and capital with partners on delivery, AI, manufacturing, and technology transfer can ensure mRNA becomes both a reviving force of competitiveness at home and a genuine global public good benefiting citizens worldwide...”

Miscellaneous

UN News - New UN system platform puts millions of data points at users' fingertips, says Guterres

<https://news.un.org/en/story/2026/09/1168363>

“How do you make sense of a world facing interconnected crises, from poverty and hunger to climate change, if the facts are scattered across dozens of different places? **The United Nations system** is hoping to make that task much easier with **the launch of the UN System Data Commons**, a new online platform that brings together data and statistics from across the Organization into a single gateway.”

“The platform, available through data.un.org, allows users to search nearly 44 million data points using everyday language rather than navigating multiple websites and databases...”

Telegraph – France releases infertile Asian tiger mosquitoes to fight dengue threat

<https://www.telegraph.co.uk/global-health/science-and-disease/france-releases-infertile-asian-tiger-mosquitos-dengue/>

“It is hoped the **factory-bred mosquitoes** will be a long-term solution to the rapid spread of the disease-carrying insects.”

- And a link: [Telegraph – Zika mosquitoes still breeding in London](#)

Science (Editorial) – Science still has expertise; what it's lost is authority

<https://www.science.org/doi/10.1126/science.aem5190?referrer=https%3A%2F%2Fwww.science.org%2Ftoc%2Fscience%2Fcurrent>

In recent years, “....**Scientific expertise has been decoupled from a sense of authority and standing to dictate policy on matters ranging from public health to climate change.** The explanations for this separation include the rise of technologies like the internet and artificial intelligence, mistakes made by scientists and scientific institutions, and weaponization of anti-science ideas by political actors. But **what if there's a larger historical trend that suggests the disconnect between expertise and authority was inevitable?** A new idea in philosophy called the “**unicontext**” suggests that the advance of technology, along with basic human desires, has been leading to this point for the past century....”

“**Agnes Callard is a philosopher at the University of Chicago** who mostly studies Plato and Aristotle. She **suggests** that **when modern transportation began moving people beyond their place of birth, humanity went from living within multiple contexts—home, village, place of worship, workplace—each with its own set of norms and rules for social conduct, to a “unicontext,”** where the ways one should act become the same across different contexts....”

Re the implications for science.

Global health governance & Governance of Health

ECDPM (Brief) - Addressing the EU Global Gateway's dual objectives and inevitable trade-offs

<https://ecdpm.org/work/addressing-eu-global-gateways-dual-objectives-and-inevitable-trade-offs>

“San Bilal looks at ‘Global Gateway 2.0’, arguing that the EU's dual development and geostrategic ambition can remain credible only if these tensions are named honestly, rather than presenting every project as serving both agendas equally.”

“The EU's Global Gateway strategy rests on the premise that development cooperation and the EU's own geostrategic interests can be mutually reinforcing. Genuine synergies do exist: a renewable energy project can expand electricity access while creating markets for European technology; digital infrastructure built on EU standards can advance local governance while embedding European norms abroad. But the EU's official narrative has increasingly stretched the idea of ‘mutual benefit’ to near-total, obscuring cases where tension and potential trade-offs emerge between the two sets of objectives. The brief looks at ‘Global Gateway 2.0’ and shows how recent EU policy documents – on digital strategy, climate and energy, critical raw materials, economic security, and preparedness– have further shifted Global Gateway’s attention towards EU competitiveness, resilience and economic security interests....”

“... The brief cautions against two related risks: development institutions and funding being redirected towards geostrategic ends, and governance- or poverty-focused programming being redefined around short-term EU commercial payoff. It stresses that the EU's dual ambition remains credible only if it explicitly acknowledges where interests align and where they don't. Naming these trade-offs honestly, rather than presenting every EU external investment project as serving both agendas at once, is what makes genuine, durable overlap possible.”

ODI - Does EU aid promote EU exports?

D Abudu et al ; <https://odi.org/en/publications/does-eu-aid-promote-eu-exports/>

« EU development cooperation delivers for both donors and partners. »

« Where Europe invests in development in Africa, Europe sells more to those countries. Across twenty years of data covering EU Member States and African partners, higher development assistance goes together with higher European exports. Development is the cause, benefits to the EU is the consequence. The pattern holds for aid given directly by Member States, for aid channelled through the EU, and for the two combined. »

« The headline figure is for aid through the EU. At average levels of aid and trade, each euro of EU institutions’ development assistance is associated with roughly €6.80 in additional European exports: €5.05 in goods and around €1.78 in services. This means that development resources aimed at development objectives already benefit EU Member States as a spillover effect. Efforts to

change the focus of the EU's external cooperation entirely to the EU's self interest are misguided and wrong-headed as these investments already give returns. «

Global health financing

Vox Dev - No taxation without administration: What makes tax authorities work

A Jensen et al; <https://voxdev.org/topic/public-economics/no-taxation-without-administration-what-makes-tax-authorities-work>

“New research argues that how tax authorities are organised, staffed, and managed matters as much as tax policy itself, offering developing countries a powerful lever for raising revenue even where third-party data is scarce.”

UHC & PHC

Lancet GH - Pre-hospital time and risk of perforation in patients with acute appendicitis in 112 countries (AlliGatOr): an international, prospective, observational cohort study

Theophilus T K Anyomih et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00177-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00177-4/fulltext)

And related Lancet GH [Comment: When time is not the same: pre-hospital delay and perforation in global appendicitis care](#) (by Y D Molla et al)

« Acute appendicitis sits at the centre of one of surgery's oldest debates: does perforation occur because treatment is delayed or because some patients are biologically predisposed to perforation regardless of timing? The prospective global cohort study by Theophilus TK Anyomih and colleagues, published in The Lancet Global Health, provides some of the strongest evidence to date that pre-hospital delay matters. Among 45 218 patients treated in 1372 hospitals across 112 countries, longer pre-hospital time was associated with a clear dose-response increase in perforation risk, reaching an adjusted risk ratio of 1·61 (95% CI 1·44–1·80) for delays of 72 h or longer compared with delays of less than 12 h. Apart from its scale, the study's major contribution is its separation of pre-hospital delay from in-hospital delay, allowing biological progression to be interpreted alongside structural inequities in surgical care....”

Pandemic preparedness & response/ Global Health Security

Medicines Law & Policy (blog) - Delinkage: New proposal offers a promising way forward on access, benefit sharing during pandemics

K Mara; <https://medicineslawandpolicy.org/2026/09/delinkage-new-proposal-offers-a-promising-way-forward-on-access-benefit-sharing-during-pandemics/>

“...The IGWG last week began considering KEI’s proposal, and is **expected to discuss it in more depth during informal meetings 5-9 October and at the next formal meeting 2-13 November...**”

Amending the International Health Regulations (2005): Technical Progress or Political Advancement?

In: Yearbook of International Disaster Law Online; https://brill.com/view/journals/yido/7/1/article-p103_4.xml

By Gian Luca Burci et al.

Nature Africa - Behind the paper: South African model maps Ebola spillover risks

<https://www.nature.com/articles/d44148-026-00296-5>

“**Adding mining, forest loss and other human pressures to ecological models** improved predictions of where Ebola viruses may pass from animals to humans.”

Access to medicines & health technology

Plos GPH – Supply, demand and use of economic evidence in vaccine policymaking in Africa: A scoping review

By E Mazuba et al.

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007080>

“Economic evaluation offers policy makers a valuable tool for optimizing the use scarce healthcare resources. **This scoping review aims to describe the existing scientific literature on economic evaluation and budget impact analysis of vaccine interventions, and the use of economic evidence in Africa.** It highlights the current landscape and the challenges in using economic data to support vaccine policy on the continent...”

The Conversation - Vaccination rates are falling in Africa, but a new strategy aims to turn things around. Five things it needs to get right

C S Wiysonge; <https://theconversation.com/vaccination-rates-are-falling-in-africa-but-a-new-strategy-aims-to-turn-things-around-five-things-it-needs-to-get-right-289181>

“... the Africa Centres for Disease Control and Prevention (Africa CDC) has launched the **Continental Immunisation Strategy 2026-2030**. It covers **six areas**: financing and political commitment; data and digital systems; life-course vaccination integrated with primary healthcare; community engagement; vaccine manufacturing and supply; emergency preparedness and epidemic-ready immunisation systems....”

“We are immunisation practitioners, researchers and advisers who contributed to the strategy’s development and now support its implementation. **We identify five priorities that apply to all these six areas. They are:** sustainable domestic financing; fit-for-purpose digital systems; integration with primary healthcare; genuine community partnership; vaccine sovereignty linked to epidemic preparedness....”

AI & health

Gates Foundation - Global Organizations Announce Five-Year Goal to Help More Than Three Billion People Use AI in Their Own Language and Voice

<https://www.gatesfoundation.org/ideas/media-center/press-releases/2026/09/ai-language-partnership>

“**60 initial signatories** – frontier AI labs, researchers, companies, governments, community organizations, and philanthropic organizations – will bring expertise and resources to the effort and invite others to join.”

Papers & reports

International Journal of Social Determinants of Health and Health Services (Editorial) -From Global Governance to the Shop Floor: Power, Policy, and the Production of Health Inequities

C Muntaner et al; <https://journals.sagepub.com/doi/full/10.1177/27551938261488903>

Introduction & overview of new issue.

“Health inequities are not accidents of nature or unfortunate by-products of individual behaviour. **They are produced** — by decisions about who pays and who profits, by the architecture of welfare states and health systems, and by the distribution of power among classes, professions, and nations. **The fourteen contributions assembled in this issue examine that production process at every scale at which it operates:** in the negotiating rooms of global health governance, in national policy

communities, in the fiscal design of insurance schemes, in the consulting room, and on the shop floor of public health services. Read together, they offer something that no single article could: a portrait of health inequity as a coherent political-economic phenomenon rather than a scattering of local misfortunes.”

- With among others: [The World Expected More of Canada: Canada and the Pandemic Agreement](#) (by J Lexchin)