IHP news 896 : "Fit for the future"

(11 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,

It's still a month but nevertheless, the **World Health Summit** (11-13 October) in Berlin is approaching - *I'll normally be there, at least if the Deutsche Bahn has mercy on me*. And so, early this week, the WHS posted the following **quote from IHME's Chris Murray** on social media: "***The World Health Summit 2026 comes at a decisive moment for global health.*** *Health financing is contracting, progress on mortality is slowing, and the threats to health ahead of us are shifting faster than our institutions are adapting.* ***The health of the next generation will be defined not by one crisis but by a series of catastrophic threats. Yet each remains amenable to action. The future is not determined, and what we do now will change its trajectory."***

I'm not sure the 'next generation' is thrilled by this wonderful prospect, but am certainly looking forward to the related WHS Keynote Session, ***'Launch of the Findings from the Lancet Commission on 21st Century Global Threats to Health' ,*** co-hosted by IHME and The Lancet Group, which will examine potentially catastrophic threats ranging from pandemics, antimicrobial resistance, and conflict to the malicious use of AI, non-communicable diseases, and mental health. Not being American, I'm somewhat less hopeful than Murray on the 'strategic action' mankind is presumably going to take in the coming decades to 'change the trajectory' and avert some of the worst scenarios. Add to that **Martin McKee's** excellent **analysis in the Lancet Public Health**, in which he argues that the "**erosion of the rules-based international orde**r has become one of the most substantial threats to public health in the 21st century" (*yet another amplifier of public health risks in the coming decades*), and the fact that I'm still wondering whether we're now in a '**polycrisis', 'permacrisis' or 'metacrisis'** (*or all of them together*), and you will understand that I have some trouble these days to read about **global health reform efforts** aiming for **a 'fit for purpose' or 'fit for the future' architecture**. The term feels a bit – how shall I put this politely – 'misaligned' in the current dire circumstances. We can aim at most for '**damage control'** in the coming decades, I'm afraid. In more politically palatable terms, perhaps: *'Resilience and Stability for All'.* Or as we like to say in bad English over here: *"…we'd better hold on to the branches of the trees."* The mantra *'Resilience for All'* which seems to have replaced '*Health for All',* is still anything but 'truth' (*and let's not get into 'resilience for whom' etc*), but at least less naïve than dreaming of a 'fit for purpose' Global health architecture in the current circumstances. Just ask the Romans towards the end of the 5th century.

I'm not as gloomy on global health reform as **Horton** in today's Offline, but let's nevertheless keep in mind that we somehow went from dreamy '***cosmopolitan moment & other Global Health Convergence*** ' discourses to the current '***chokepoints'*** analysis in less than a decade. The latter brings me to the **PABS negotiations in Geneva**, about to start again next week (14-18 September). After listening in to a couple of interesting (TWN, Grad institute) webinars this week (*admittedly, while multitasking)*, my non-expert view (or rather hunch) is increasingly that if this is to land

somewhere by the next WHA, **James Love (KEI)'s** briefing note for negotiators is probably one to look carefully into.

The **WHO DG race** also continues to get some attention in this newsletter, and it could turn out a **nasty race** this time. If so, that would be much in line with the overall geopolitical environment, I hear you think. (ps: I checked with Claude: ""*Nasty" is maybe too strong for now — it's tense and high-stakes, but not openly ugly so far";* I agree, Claude! *)*

Last but not least, being from Western Europe, I guess I also have to say something about the very **worrying AfD victory in regional elections in Germany**. Obviously, I don't like the radical-right to have more than 40 % of the votes (*and in Germany it's actually an extreme-right party*), but as others have noted, **France** is **still the main worry in the short term**. Also, call me naïve, but I have enough faith in human beings to believe that no more than 10 % of human beings (*well, maybe 15 % in 'exceptional' countries like the US …)* are hardcore racist – at least in our times. Anything beyond that requires other explanations – **even if I acknowledge the migration issue is a difficult one**.

With respect to some of these 'other explanations', I would like to ask the following question: **why have leaders like Macron, Starmer (before) and Merz so easily become 'lightning rods'?** Well, from where I sit, it's a mix of them being perceived as being '***aloof'*** *and* ***'not really running for the public good of the country*** *(but instead for some vested interests, mostly wealthy ones and captains of industry, with austerity in store for the many others*)'. And let's cut the crap, it's not just a perception – I bet many of us who aren't stupid enough to vote for radical-right parties (*among others, because we know our history*) would agree with that assessment.

I'm aware that in some public health (and EU establishment) circles, the '**Musk/X' factor** is also fairly popular (together with **Russian disinformation**), and I'm not going to deny those might make a few percent difference (*as well as that tougher regulation is absolutely necessary for most social media platforms for many reasons*), but in my opinion, the **double standards in our late-capitalist western societies are far more corrosive** for society. Just one example: many ordinary people are trying their best for the climate, while Musk and other tech billionaires are basically doing whatever, not caring at all about their climate footprint (**and worse, are even proud of it**). And common citizens witness this on their tv-screens and amplified by social media on a daily basis. And that's just one example of the **'**double standards' allowed by Merz and 'likeminded' 'centrist' leaders, which in my opinion totally destroy our western societies and social contracts. There are plenty of others – see for example the French fashion industry's pathetic take on (a bit more) tax justice.

And so, global health reformers from these and other countries in 'likeminded' trouble, should perhaps dare to think out of the box. **A new Lancet study** (and related **Comment) on wealth redistribution policies** has part of the answer - while acknowledging it's going to be anything but politically easy. But there's no other way. At least if we still want end up at some point at an architecture and world 'fit for the future'. The alternative is dystopian, I don't need to tell you.

Coming back on the upcoming World Health Summit, I hope the just launched W**HS Academic Alliance-Lancet Commission on academic responsibility for trust in science and societal change**, which focuses more on the role of academic institutions, arrives at a similar conclusion. And that an IPCC-style **International Panel on Inequality** is put in place sooner rather than later. **As if we fail to deal with blatant inequality, between and within countries, we're toast in this century**. Ps: from another angle, the **18th World Congress on Public Health in Cape Town**, themed '*Health Without Borders: Equity, Inclusion, and Sustainability'* (6-9 September), seemed to 'align'.

Enjoy the read.

Kristof Decoster

Highlights of the week

Structure of Highlights

- Ebola Emergency DRC
- Run-up to the UN HL meeting on PPPR (Sept 25)
- Run-up to new round in the PABS negotiations (14-18 Sept)
- More on PPPR & GHS
- Global Health Reform (+ post-2030 brainstorm)
- WHO DG race
- More on Global Health Governance & Finance/Funding
- Global Tax Justice & Debt reform
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- More on the impact of US aid cuts
- Commercial determinants of health
- Mental health
- SRHR
- Child Health
- Planetary Health
- AI & health
- Decolonize Global Health
- Access to Medicines, Vaccines & other health technologies
- Conflict/War & health
- A few more reports, Commissions… of the week
- Miscellaneous

Ebola emergency DRC

With updates & some more analysis.

Cidrap News - Ebola outbreak in DR Congo tops 6,600 cases

https://www.cidrap.umn.edu/ebola/ebola-outbreak-dr-congo-tops-6600-cases

(8 Sept) "A **World Health Organization (WHO) officials says 5,000 more workers are needed in the Democratic Republic of Congo (DRC) to control the ongoing Ebola outbreak** as it spreads geographically and threatens to move into bigger cities outside of the affected provinces, including Kinshasa. "

"**In addition, the WHO said another 1,600 treatment beds are estimated to be needed to meet the demand** of what remains the fastest-growing Ebola outbreak in world history. …"

PS: "**Today the *Wall Street Journal* reports that frustrated, unpaid healthcare workers in the DRC are allowing families to touch dead Ebola patients before they are buried, breaking the most basic tenet of outbreak control**. Funerals are a major site of Ebola transmission, as handling a dead person's body can spread the virus…."

Lancet - Integrating responders' mental health into the Ebola outbreak response

Jean B Nachega et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01738-1/fulltext

"... **Mental health and psychosocial support should be embedded prospectively within occupational safety and organisational duty of care, rather than introduced reactively after distress becomes apparent.** We **propose a minimum package** spanning preparation before deployment, protection and support during the response, confidential follow-up afterwards, and continuous learning…."

African Arguments - Ebola and Africa's Preparedness Dividend: From Crisis to Capability

Ahmed Ogwell Ouma; https://africanarguments.org/2026/09/ebola-and-africas-preparedness-dividend-from-crisis-to-capability/

Former Africa CDC lead Ouma on the importance of Africa's **Preparedness dividend** – and the need to properly finance it.

""**The preparedness dividend":** For decades, Africa and its partners have built surveillance networks, laboratories, public health institutes, and community-based systems that make rapid containment possible. But these gains are not self-sustaining. They require stable financing, permanent institutions, and a workforce supported between crises. Surveillance is most valuable when there is nothing to detect; preparedness is most effective when it prevents an emergency from ever becoming visible."

"**The next phase of progress will depend less on emergency mobilization and more on sustained investment in the institutions that prevent outbreaks from becoming crises. That investment must increasingly come from domestic sources** not because international partnerships are no longer important, but because **resilient preparedness requires financing that is predictable, durable, and owned by the countries it is designed to protect**."

Global Policy – Three Months After the Ebola PHEIC in the DRC and Uganda

Nelson Aghogho Evaborhene; https://www.globalpolicyjournal.com/blog/08/09/2026/three-months-after-ebola-pheic-drc-and-uganda

"**Three months after the declaration of the Bundibugyo Ebola emergency, the response reveals both the possibilities and limits of international coordination**. Uganda has contained local transmission, while the DRC continues to experience extensive transmission despite a coordinated

regional framework and substantial mobilisation of resources. **This commentary argues that the gap lies not primarily in the absence of institutions or commitments, but in the difficulty of connecting global, regional, bilateral coordination with financing, national implementation capacity, health workers, and communities at the frontline."**

"…The declaration was important, as it established global recognition of the seriousness of the outbreak and activated a framework for cooperation. Three months later, however, the continued PHEIC alongside the sharply divergent trajectories in Uganda and the DRC suggests that **international recognition and institutional coordination are only the starting point. The more difficult challenge is whether these arrangements are translating into functioning national systems, supported frontline workers, effective surveillance, and meaningful community engagement where transmission is occurring…."**

PS: "… The **second Emergency Committee meeting** therefore comes at a different moment from the first. In May, the central task was to recognise an international emergency and establish a framework for collective action. Three months later, Uganda has contained local transmission, while the DRC continues to experience extensive transmission across multiple provinces. **The updated recommendations from the second meeting call for decentralized testing, community engagement at the lowest level of response coordination, timely payment and protection of health workers, and security corridors to enable responders to reach affected communities. These recommendations reinforce a central lesson of the outbreak: global coordination has limited value unless it translates into functioning capacity where transmission is occurring…."**

"**This experience is directly relevant to the forthcoming UN High Level Meeting on Pandemic Prevention, Preparedness and Response in September, but its implications extend beyond the HLM**. As global health architecture is being reshaped by geopolitical fragmentation, declining development assistance, and the growing prominence of regional and bilateral arrangements, **broader reform efforts should focus not only on strengthening individual institutions and commitments, but also on connecting the capacities that already exist across global, regional, national, and bilateral levels**."

Lancet World Report – ALIMA: the NGO doing things differently

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01857-X/fulltext

"Founded only in 2009 but central to the Ebola response in DR Congo, ALIMA brings local leadership to humanitarian action. Andrei Popoviciu reports."

"**The Alliance for International Medical Action (ALIMA**) is not a household name in the humanitarian sector but **it has become one of the operational and scientific backbones of the Ebola response in DR Congo**. The non-governmental organisation (NGO) runs roughly 200 Ebola treatment beds across four centres in Ituri, alongside four rapid-response teams. It was central to the Pamoja Tulinde Maisha (PALM) trial, which identified the two monoclonal antibody treatments now used to treat Ebola, and it is currently co-running EBO-PEP (the first trial of post-exposure prophylaxis for Ebola contacts) with DR Congo's National Institute for Biomedical Research and France's National Institute of Health and Medical Research (Inserm), among other partners."

"**Founded in Niger in 2009, during a severe child malnutrition crisis and in the wake of mass expulsions of international NGOs from the country, ALIMA was built by a group that included several Doctors Without Borders (Médecins Sans Frontières) alumni who wanted a structurally**

different model, namely an alliance linking national NGOs, local clinicians, and international research institutions as genuine partners, not subcontractors. Today, ALIMA works in more than a dozen countries, with its operational headquarters in Dakar, rather than Paris or Geneva like most humanitarian organisations, **with roughly 95% of field staff drawn from the countries where it operates…."**

JAMA Forum - Ebola and the Catastrophic Cost of Public Health Infrastructure Disinvestment

JAMA;

by L Gostin.

UN News - Ebola response in eastern DR Congo must include food assistance, WFP says

https://news.un.org/en/story/2026/09/1168295

"As Ebola sweeps across the eastern Democratic Republic of the Congo (DRC), ensuring families meet their basic food needs is crucial to halt the spread of the deadly disease. That's **the message from the World Food Programme (WFP),** which is calling for greater international support for the population, particularly hungry people in remote areas far from lifesaving Ebola treatment centres…."

Devex (Opinion) - This outbreak is unprecedented. The flawed financing response isn't

C Stefan; https://www.devex.com/news/this-outbreak-is-unprecedented-the-flawed-financing-response-isn-t-113253

"The DRC's Ebola outbreak is the deadliest on record. **The paths to financing and hurdles behind the response look almost exactly as they did seven years ago."**

- Recalling the **Ebola outbreak in 2018-19 in the DRC. "**The outbreak in the Democratic Republic of Congo had been running since late 2018, and donors were losing confidence. They had already committed millions of dollars, the epidemic was growing, and they were being asked for more money. The World Bank was asked to lead on the financial management of the response. So, a small group of the World Bank's global health team flew to the DRC. The response ended up costing over $1 billion when it was declared over in 2020. Roughly 10 times the total amount of funds received from donors.

Prearranged financing is meant to **reduce disaster impact in two ways: set money aside before a crisis and establish rules that let the funds move the moment they are needed**. In 2019, we had neither. The only prearranged finance instrument in existence, the Pandemic Emergency Facility, released $20 million after a donor committee judged the situation grave enough. But what we saw was the money sitting in an account for months while the government worked out how to spend it….

- 7 years later: 'More money, still no coordinated response': "**Two current appeals, the United Nations' humanitarian plan and Africa Centres for Disease Control and Prevention's continental plan — at $518 million — already total more than $2.5 billion. The good news is that $1.9 billion has been disbursed. However, nobody seems to know how much is new money rather than reallocated** from existing health programs. Having two major funding appeals adds to the **confusion around who does what, and where gaps remain**. **Africa CDC's own financial tracking mechanism, under the continental plan, was built to improve transparency, but is yet to deliver on its promise**. On top of the lack of mapping between donor and response activity and duplication risk (the same financing counted twice), an independent review found that how much remains unfunded, and where the gaps fall, still can't be answered. All of this means responders are improvising, activity by activity, while donors hesitate over a shortfall no one can size…."

Stefan then suggests a way forward.

And a few links:

- The Conversation - DRC's Ebola outbreak has the potential to become a global pandemic. How to make sure it doesn't
- **Ebola tracker**: https://ebola-tracker.org/

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

Lancet GH - From commitment to governance: what should the 2026 UN high-level meeting on pandemic preparedness deliver?

Nelson Aghogho Evaborhene et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00232-9/fulltext

« … **the credibility of the high-level meeting should not be measured on the basis of yet another ambitious political declaration, but instead, on the basis of whether the meeting delivers a credible governance framework that aligns ongoing reforms, strengthens their coherence, and translates political commitments into sustained preparedness**. We **outline three priorities**…."

"**First, institutional coherence across the expanding pandemic preparedness architecture must be strengthened.** ….The high-level meeting should reinforce political momentum towards concluding the PABS negotiations and commit member states to a shared pathway on their implementation.

"… **Second, securing sustainable and responsive financing, which remains a central challenge, should be prioritised**, given that inadequate and unpredictable investment continues to undermine PPPR efforts more than 6 years after COVID-19. … The high-level meeting should, therefore, prioritise financing models that are predictable, rapidly deployable, and capable of supporting health systems, communities, research, local manufacturing, and equitable access across a wide range of pathogens…."

"**Third, accountability must be strengthened through regional leadership and domestic political ownership….** … the GPMB has proposed an independent monitoring mechanism reporting to the

World Health Assembly through a federated model that integrates national, regional, and global monitoring systems….”

Run-up to new round in the PABS negotiations (14-18 Sept)

Another formal round is starting next week, after a few informal sessions (3-4 Sept): see https://www.who.int/news-room/events/detail/2026/09/14/default-calendar/eighth-meeting-of-the-intergovernmental-working-group-(igwg)-on-the-who-pandemic-agreement

GHF – The View from Brussels: European Parliamentarians on the Pathogen Access Benefit Sharing (PABS) System; PABS Primer

P Patnaik; https://newsletter.genevahealthfiles.com/the-view-from-brussels-european-parliamentarians-on-the-pathogen-access-benefit-sharing-pabs-system-pabs-primer/?ref=geneva-health-files-newsletter

(must-read) “Ahead of the resumption of the negotiations on the WHO’s Pathogen Access Benefit Sharing, in Geneva next week, we bring you **a brief update on what to expect.”**

“Also find below, **a recent discussion at the European Parliament on the PABS talks**. During the briefing, **lead European negotiator explains the challenges in the negotiations including polarisation, and conceptual differences between countries. We found this to be illuminating on how the European Union sees these negotiations…”**

Quote from the first part (Primer): **“**Barring a few countries who have expressed their disinterest in these negotiations privately**, our assessment is for the majority of WHO member states, concluding these negotiations remain a priority…”**

Re the second part**: European Union negotiator, Americo Beviglia Zampetti,** outlined the scope of the WHO Pandemic Agreement's Pathogen Access and Benefit Sharing (PABS) Annex, during a **meeting of the Committee on Public Health at the European Parliament** on September 7, 2026.

Quote: “…**the common denominator we see is that WHO needs to be better equipped in case of a future pandemic…..”**

By the way, ‘interesting’ that the EU now seems to blame LMICs (or the African group) for their ‘transactional approach’ re PABS in the negotiations …

All in all, the EU negotiator’s watchword seemed to be ‘**we need to be pragmatic’**.

KEI (Briefing Note) - WHO PABS Annex Negotiations

James Love; https://www.keionline.org/41414

“**This is a note for negotiators at IGWG 8**, beginning September 14, 2026…

Negotiations over the Annex to Article 12 of the WHO Pandemic Agreement are stalled, with no obvious consensus emerging. A quid pro quo, linking access to the pathogen samples and digital sequences to equity provisions, has known flaws. **A different approach should be taken, one that provides greater certainty and leverage for realizing the equity provisions, and also enables more liberal access to samples and digital sequences. States should take responsibility for ensuring that manufacturers obtain contracts with the WHO, not as a condition of having access to PABS materials and digital sequences, but as a condition of registering and selling products, in an appropriate field of use — as countermeasures for a pandemic emergency or a PHEIC, where the obligation does not extend to the registration or sale of products for other uses or indications of the same products."**

A **summary** of what Love argues & suggests:

"Point 1: Relying on a link between access to PABS materials and data and equity provisions does not create reliable leverage (due to non-exclusive sharing, alternate pathogen sources).

Point 2: Linking equity to access to information actively impedes scientific collaborative work important for rapid development of useful countermeasures.

Point 3: Use-based tracking may be technically impractical. Provenance is a substantially less reliable enforcement mechanism than market authorization and sale.

Point 4: A more direct approach is available, that provides more reliable leverage for access obligations and that does not create unwanted restrictions on scientific inquiry and collaborations. Benefit sharing can be enforced at the point where governments have reliable leverage over manufacturers, the authorization and sale of relevant pandemic products, rather than depend exclusively on proving that a manufacturer obtained or used a particular PABS material or sequence."

More on PPPR

NYT – Pentagon Agreement With N.I.H. on Biodefense Draws Alarm From Democrats

https://www.nytimes.com/2026/09/04/us/politics/pentagon-nih-biodefense-agreement.html

"Under a new partnership, the Defense Department would play a larger role in biodefense and pandemic preparedness. Democrats warned it could allow a Pentagon cash grab."

"**The Pentagon and the National Institutes of Health have signed an agreement to collaborate on biodefense and pandemic preparedness, drawing criticism from Democrats on Capitol Hill who warned that the plan could allow the Defense Department to go around Congress and gain access to billions of dollars meant for infectious disease research**. The agreement, a copy of which was obtained by The New York Times, is **focused on chemical and biological defense research**. It does not specify a dollar figure for the partnership or which research projects would be included, but people familiar with it who spoke on the condition of anonymity said it **could involve as much as $2**

billion from the National Institute of Allergy and Infectious Diseases, about a third of the agency's budget…..."

- See also Nature News – Revealed: inside the US military's plan to tap huge sums from the NIH

"An agreement paves the way for **hundreds of millions of dollars' worth of projects to be transferred from the NIH's institute for infectious diseases to the Department of Defense**."

Telegraph – The world has a new weapon to fight mpox

S Nishtar; https://www.telegraph.co.uk/global-health/science-and-disease/the-world-has-a-new-weapon-to-fight-mpox/
"**The first ever strategic stockpile of mpox vaccines** is a decisive step towards keeping the threat in check."

Nishtar comes back on last week's launch, and also makes the **link with the UN HL meeting on PPPR.**

"… **Surge financing and strategic readiness through vaccine stockpiles go hand in hand to create a global mechanism for emergency vaccine deployment that strengthens the defences of every country.** These tools are essential parts of an **effective global health emergency architecture**, and I would argue that the **establishment of similar tools for therapeutics and diagnostics is long overdue.** This would mean **giving serious thought to whether new models of financing are needed to maintain stockpiles as a global public health insurance policy**. And the question of **whether the world needs a pandemic-sized surge-financing tool to complement the FRF (i.e. Gavi's surge financing mechanism – the First Response Fund (FRF))** will also loom large as we approach the UN General Assembly, during which pandemic preparedness will be a major focus…."

Devex Pro - Can the world really develop a vaccine in 100 days?

https://www.devex.com/news/can-the-world-really-develop-a-vaccine-in-100-days-113251

(gated) "**Scientists are racing to develop vaccines within 100 days of a pandemic threat. The current Ebola outbreak is putting that ambition to the test — and showing that faster science is only part of the equation."**

"…To be fair, a lot of groundwork has been laid. The Coalition for Epidemic Preparedness Innovations is **doing critical work to advance vaccine candidates for the Bundibugyo species** that's causing the outbreak in the DRC and supporting research into licensed Ebola vaccines for the more common Zaire species. **And before this outbreak began, it had already struck partnerships with several vaccine manufacturers, giving it production capacity to tap into when an outbreak hits…."**

"**The problem is that some of the other pieces needed to move at speed weren't ready**. It takes time to set up clinical trials, and regulators need to be familiar with the technologies and the trial designs if approvals are going to move quickly. Contracts and licensing agreements need to be negotiated. Ideally, much of that work happens before an emergency, not during one…."

"CEPI has been working on a platform for pandemic preparedness that could help researchers **use artificial intelligence in vaccine development**, but the organization tells Devex contributor Paul Adepoju that the platform is not yet operational. **Money is also in short supply, with CEPI already facing a funding gap of $128 million for this outbreak…."**

"Experts say the current outbreak needs to **serve as a wake-up call for governments** not to sleep on pandemic preparedness investments…."

WMHP - Health Security: A Concept in Search of a Purpose

D Akhavein & S Abimbola; https://onlinelibrary.wiley.com/doi/10.1002/wmh3.70089

"**Although the term "health security" is continuously gaining prominence and there are increasing calls to "strengthen" it, the term remains conceptually ambiguous**. … Extending existing scholarship on health security, **this article draws on insights from the authors' long-term engagement across various countries, their participation in global discussions and forums, and their study on health securitisation in Nigeria and the Philippines, to explore how health actors understand "health security" and critically analyse the implications of this conceptual pluralism**. Our analysis reveals **four main interpretations of health security: as (1) state protection and national security, (2) preparedness for infectious disease outbreaks, (3) a political or geopolitical framework, and (4) public health and population protection**. These interpretations are not mutually exclusive; rather, they represent meanings that coexist and sometimes compete in practice. **We argue that this conceptual plurality enables "health security" to function as a flexible framing that accommodates diverse objectives, with uneven consequences across actors, populations, and health systems. Rather than resolving the definition of health security, this commentary interrogates its utility as a guiding concept."**

Global Health Reform

Lancet (Comment) – Global health reform is missing a generation

Brian Li Han Wong, Shakira Choonara et al;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01753-8/fulltext

Piece by "…. **mid-career professionals working in and around the current global health architecture** (the combination of actors, frameworks, and processes that guide, coordinate, finance, and implement efforts to improve and protect health globally). …."

"**Reform processes have multiplied in response**, including WHO's Joint Task Force on Global Health Architecture Reform, the UN80 Initiative, the Lusaka Agenda, the Accra Reset Initiative, the Africa Centres for Disease Control and Prevention's High-Level Ministerial Committee, and Wellcome Trust's cross-regional dialogues. **These dialogues ask what should change in global health and how, but almost none ask who should design it. However, these processes are steered largely by the same leaders who built the current global health system more than two decades ago. If that same cohort is still leading the reform conversation a generation later, can the architecture that emerges be expected to be fit for the future?..."**

The authors argue "**Three actions would begin to close this gap…"**

"First, measure and set standards. … Second, share power across generations … Third, finance succession…."

Lancet Offline – The tragic fallacy of global health reform

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01853-2/fulltext

Starting from a short story of **J L Borges.**

"… **In the shadow of Borges, and similarly enchanted by dreams of symmetry and order, global health leaders have constructed a labyrinth of initiatives they label "global health reform".** …" Horton then lists the two main efforts.

"A report on what this reform might look like is being prepared for the 2027 World Health Assembly by WHO's Director-General. These twin processes have established between them an array of subgroups: a Presidential Council, a Circle of Guardians, a High-Level Panel on Reform of the Global Health Architecture and Governance, and a 25-member Joint Task Force. **These are ambitious and well-meaning schemes. … And all are destined to fail. The objective of constructing an orderly new global health architecture, as if those leading this reform process are drawing their glittering new structure on a perfectly blank page, ignores the long-standing competitiveness and enmity between existing institutions that, once born, make it their overriding priority to live on indefinitely. Self-preservation is only part of the reason why reforms will stall and wither. There are too many vested interests among those who would prefer the status quo to continue. And, anyway, what of other regions of the world**? Where are the diverse voices from Latin America? Or Asia? Or the Middle East? Where are civil society organisations? Would countries and their peoples even trust a new architecture once it was built? **What is sometimes forgotten is that global health is about power—and the rich world, despite its kindly reassurances, will not loosen the ties that keep countries constrained and dependent…."**

And concludes: "… **The task of global health reform will undoubtedly continue**, motivated by illusions of order and symmetry. **Councils, panels, and task forces will thrive and reproduce. And this vast displacement activity will likely contribute not one trace of benefit to the health of peoples**."

HPW - Controversy Over Merger Between UN Women and UNFPA Continues

https://healthpolicy-watch.news/controversy-over-merger-of-un-women-and-unfpa-continues/

"Women's organisations are anxious that Secretary-General António Guterres will push the controversial proposed merger of the UN Population Fund (UNFPA) and UN Women at the UN General Assembly later this month. Guterres **proposed the merger as part of his UN80 initiative**, aimed at streamlining and cutting costs as the global body tries to recover from the United States' funding withdrawal."

"**Briefing the UN General Assembly on the merger on Thursday, Guterres said that the proposal had undergone a strategic assessment, and the two bodies' executive directors had also presented**

detailed analysis to their respective boards. "We will carefully consider the next steps, taking into account the results obtained by the boards," he told the Assembly…."

"**However, the Feminist Cross-Coalition UN80 Working Group, made up of key women's organisations opposed to the merger, raised the possibility that Guterres may push the merger without considering alternatives** as he has already pronounced that it is "the best way". **They also assert that the merger "lacks the confidence" of the two entities' boards."**

"… The signatories call on Guterres to withdraw the merger proposal and consider "non-structural alternatives to ensure the UN delivers for gender equality and the human rights of women and girls"…."

PS: "However, **Guterres told the briefing on Thursday:** "The principle is simple: Where we perform essentially the same function, we should ask whether we truly need separate systems, separate platforms, and separate infrastructure — and we should act accordingly."…"

IISD – UN80 Reform Initiative Moves From "Diagnosis to Design"

https://sdg.iisd.org/news/un80-reform-initiative-moves-from-diagnosis-to-design/

"The UNGA approved the merger of the UN System Staff College and the UN Institute for Training and Research into a new entity – the UN Institute for Capability and Learning Innovation. The Secretary-General provided updates on efforts to integrate the UN Research Institute for Social Development into the UN University – and the UN Interregional Crime and Justice Research Institute into the UN Office on Drugs and Crime. **He also briefed UN Member States on discussions around a potential merger between UNDP and the UN Office for Project Services, as well as on bringing together the complementary capacities of the UN Population Fund and UN-Women."**

Partnership for International Politics and Diplomacy for Health - Insights on global health reform discussions, trends and perspectives: September 2026

https://globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-september-2026

September update.

"Since its launch on the margins of the 80th United Nations General Assembly in September 2025, **the Accra Reset, with its High-Level Panel on Reform of the Global Health Architecture and Governance,** has become one of the most closely watched initiatives in the reform landscape. The **Panel's recommendations will be presented this September at UNGA81, and their success will be judged by whether they live up to expectations, secure political uptake, and translate into sustained action**. This **timing also means they can serve as a thought-provoking input as the WHO's Joint Task Force on reforms begins** its work…."

"**There are no quick fixes for the structural challenges that global health reform seeks to address**. The present 'set' of global health institutions, functions and paradigms took decades to establish; the **future reset will also inevitably take time. Coalitions will be needed to build and sustain political momentum, drive the reform agenda, and ensure that it survives electoral cycles that are**

far shorter than reforms themselves. Impact should therefore be judged over years, not weeks or months."

"As reform processes unfold, **low- and middle-income countries are expected to continue to set the priorities and increasingly put resources behind them, as their fiscal capacity allows**. At the same time, **country ownership and fiscal independence should not turn into isolation."**

"**Reform of the international system for health should not be interpreted as a vendetta against institutions or the individuals working within them**. The debate at hand is not whether global institutions have contributed, and continue to contribute, to improvements in health. The **more relevant question is whether even better outcomes could be achieved if global functions for health were organised differently."**

KFF - Mapping the Global Health Landscape: Analysis of Fourteen International Organizations

J Kates et al; https://www.kff.org/global-health-policy/mapping-the-global-health-landscape-analysis-of-fourteen-international-organizations/

"… As reform efforts intensify, the global health community has identified the importance of developing a more structured mapping across institutions (and efforts are underway to do so, including by the Multilateral Organization Performance Assessment Network (MOPAN) **). As another input into these processes, KFF has developed a descriptive mapping of 14 key global health and related international institutions, with a focus on their work to address health challenges in low- and middle-income countries (LMICs). By looking across a range of variables, it is intended to inform discussions about synergies and coordination, duplication, comparative advantage, shared challenges, and architectural reform, although it is not meant to represent an assessment of organizational performance or effectiveness.** More broadly, any mapping of the global health institutional ecosystem, including this one, offers only a snapshot within what is a rapidly changing environment…."

Global Cooperation Institute – Naturally together

Ben Philipps; https://globalcooperation.institute/naturally-together/

"Guiding principles for a post-2030 international cooperation framework with **nature as the foundation of a resilient, equitable and prosperous future."**

WHO DG race

HPW - BREAKING: Germany Declines to Nominate Candidate for Upcoming WHO Director-General Election

https://healthpolicy-watch.news/germany-no-nomination-who-director-general/

"Germany has declined to put forward a candidate for the election of the next WHO Director-General. With Spain also reportedly ruling out a bid, the global field of candidates has only four official nominees just a few weeks before the deadline. "

"Germany will not nominate a candidate for the post of WHO Director-General, *Health Policy Watch* has learned from the Federal Foreign Office…."

"…**The move comes as a surprise, given that Germany has become the largest state contributor to the WHO following the withdrawal of the United States**. Leading German health policymakers had called for the Federal Republic to play a stronger role on the global stage….."

People's Health Dispatch - Indonesia's intern doctors are being pushed to the brink under health minister and WHO hopeful

https://breakthroughnews.org/2026/09/01/indonesias-intern-doctors-are-being-pushed-to-the-brink-under-health-minister-and-who-hopeful/?ref=peoples-health-dispatch.ghost.io

"**A new generation of health workers in Indonesia is bearing the brunt of a healthcare system oriented towards financial efficiency and commercialization. One of the drivers of this policy today now vies for a position at WHO."**

More on Global Health Governance & Finance/Funding

Lancet GH – Why the health community should care about the next UN Secretary-General

Kent Buse & Sarah Hawkes; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00255-X/fulltext

"**The selection of the next UN Secretary-General, due to conclude in 2026, will shape the multilateral system on which global health depends for a decade or more. The health community has a direct stake in what the incoming leader commits to deliver, including progress towards gender equality**."

"… **most of what determines health and wellbeing sits outside the health sector**, driven by systems and structures such as economic policy, food, conflict, and climate, **which themselves are deeply gendered**. **Gender and health are therefore the responsibility of every UN entity and not just the ones focused on health."**

"**An open letter coordinated by Global 50/50, now signed by more than 300 individuals and 60 organisations**, including the Third World Network, the European Association of Science Editors, and the 1 for 8 Billion Campaign, **asks the next Secretary-General to make five commitments**: (1) to report sex-disaggregated data as standard across every UN agency, (2) to analyse gender implications before initiatives launch, (3) to centre feminist expertise in designing UN processes, (4) to allocate dedicated resources to gender in every UN budget, and (5) to institutionalise gender equality as a condition of leadership across the UN system…."

Reuters – Hasina's daughter resigns as WHO regional head after fraud allegations

https://www.reuters.com/world/asia-pacific/hasinas-daughter-resigns-who-regional-head-after-fraud-allegations-2026-09-09/

"Wazed began as WHO Southeast Asia head in 2024 for five-year term; **WHO sent her on unpaid administrative leave in late 2025; Wazed resigned on Wednesday, effective immediately; WHO to begin election process for replacement next month,** source says."

"**Saima Wazed, the World Health Organization's Southeast Asia head and daughter of ousted Bangladeshi Prime Minister Sheikh Hasina, resigned on Wednesday**, according to her resignation letter seen by Reuters, following fraud investigations by the U.N. agency and Bangladeshi authorities…."

"Two sources said earlier the U.N. agency was planning to formally remove Wazed. One of them said the **WHO would announce nominations for the role on October 12, vet applications in December and hold elections on January 24."**

- See also **HPW:** **EXCLUSIVE: Saima Wazed, WHO's South-East Asia Regional Director Resigns Day After Member States Recommend Her Termination**

"Saima Wazed, WHO's Regional Director (RD) for South-East Asia (SEARO) and daughter of ousted Bangladeshi Prime Minister Sheikh Hasina, resigned Wednesday**, just a day after South-East Asian member states recommended her termination, WHO confirmed to Health Policy Watch."**

PS: "**…** According to a diplomatic official involved in exchanges between Dhaka and WHO headquarters, who requested anonymity, **representatives of Bangladesh's interim government warned the WHO Director-General as early as 2025 that inaction on Wazed could prompt Bangladesh to reconsider its position within WHO's South-East Asia Region, and consider a move into the Eastern Mediterranean Region.** "The Regional Committee cannot afford another country leaving SEARO, noted one observer, citing **Indonesia's decision to affiliate with the West Pacific Region," last year**. Currently there **are ten WHO member state**s affiliated with the SEARO region, including: Bangladesh; Bhutan; Democratic People's Republic of Korea; India; Maldives; Myanmar; Nepal; Sri Lanka; Thailand; and Timor-Leste. …"

Lancet Public Health - Public health in a fracturing world: the erosion of the international rules-based order

Martin McKee;
https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00164-7/fulltext

"….**One of the greatest threats to public health today** is not any single disease, environmental hazard, or conflict, but **the erosion of the international rules-based order that enables countries to cooperate in addressing shared risks**. Over the past decade, public health has faced increasingly interconnected challenges, including climate change, conflict, pollution, emerging infectious diseases, food and water insecurity, mass displacement, and misinformation. These threats are amplified by fragile governance, growing inequality, and declining trust in institutions. **Public health depends fundamentally on international cooperation. Surveillance systems, outbreak reporting, vaccine supply chains, environmental regulation, and climate adaptation all require shared rules,**

transparency, and trust between states. As these mechanisms weaken, risks become harder to manage and their effects more unequal. Public health should **adapt by strengthening collaborative infrastructure, treating misinformation as a major health threat, investing in shared preparedness, and engaging more actively with trade, finance, climate, and security policies**. Rebuilding effective international cooperation is essential to protecting health in an increasingly fragmented world."

With some more detail on what McKee suggests:

"**Almost a decade ago**, reviews of lessons from the Ebola virus outbreak and Vienna Declaration, which updated the earlier Ottawa Charter, **recognised that public health practice would have to evolve in a more unstable world. Since then, political support for public health policy has weakened** with a speed and scale that has considerable strategic implications for the public health community, giving rise to **four proposals…."**

"**First, core public health infrastructure—which relies on cooperation, surveillance, laboratory networks, early-warning systems, and data platforms—should be actively protected**. Current progress on a pandemic agreement is welcome, but insufficient. Until disagreements are resolved, core functions might need to be sustained through regional arrangements, professional networks, and coalitions of willing participants that preserve transparency and common standards even in a more fragmented world. **Second, preparedness should shift from national stockpiling towards shared capacity.** The COVID-19 pandemic demonstrated that uncoordinated competition for supplies increases costs and delays access without improving overall security. Investments in workforce development, manufacturing capacity, and health system resilience are more effective when undertaken collectively. **Third, misinformation should be viewed as a core public health threat, which requires coordinated engagement with digital platforms, education systems, and regulatory authorities.** Trust in public institutions and scientific expertise should be seen as a public good and protected accordingly…." "**Fourth, those who work in public health institutions should engage more deeply with policy domains traditionally seen as external, including trade, finance, climate policy, and security**. The determinants of population health increasingly lie in decisions taken far beyond ministries of health. Effective advocacy now requires fluency in these interconnected arenas, with diplomacy becoming part of the core public health curriculum…."

GHF –The Geoeconomic Turn in Global Health: Pathogen Access & Benefit Sharing As a Chokepoint [Guest Essay]

I Kickbusch; https://newsletter.genevahealthfiles.com/the-geoeconomic-turn-in-global-health-pathogen-access-benefit-sharing-as-a-chokepoint-guest-essay/

Must-read. "**In today's guest essay, leading global health scholar, Ilona Kickbusch examines the opportunities afforded by the negotiations on the Pathogen Access & Benefit Sharing at the WHO, while also reading this in the context of unilateral tariff wars affecting the pharmaceutical sector. She argues that both of these are "chokepoints", albeit at opposite ends**. She follows up this piece from her earlier contribution for us: Health as a Strategic Leverage: Navigating Chokepoints with Diplomacy."

"**Global health is at the intersection of economic statecraft and political opportunism. Kickbusch says, health is no longer the humanitarian exception unaffected by power politics. It is moving to the "centre of this logic".** …"

A few excerpts: "**Two dates should be at the forefront of global health strategists this September: on 14 September the Intergovernmental Working Group returns to Geneva for its eighth round**, resuming the attempt to finish the Pathogen Access and Benefit-Sharing annex that is the last lock on the door of the Pandemic Agreement. **On 29 September the broad tranche of the United States' Section 232 tariffs on patented pharmaceuticals — a default rate of 100% — takes effect for every company not already inside the door.** (Section 232 Pharmaceutical Tariffs 2026: The Complete Guide for Importers Before September 29 - Carra Globe). A group of seventeen firms have been under the regime since the end of July (Trump Pharma Tariffs: 100% Now in Effect, July 31, 2026.)

"One process is a painstaking multilateral negotiation over how the world will share the biological raw material of pandemic response. **The other is a unilateral act of economic statecraft** reshaping where the world's medicines are permitted to be made. They must be seen together as two moves in the evermore important game of geoeconomics….."

"**The concept of geoeconomics is not new in international relations, but only now starting to be considered in global health**. Edward Luttwak argued a generation ago that after the Cold War states would **increasingly pursue strategic advantage through economic instruments rather than military ones.** Henry Farrell and Abraham Newman later showed **how states positioned at the center of global networks can convert those structural positions into coercive leverage, weaponizing the very interdependence — in finance, information, production — that globalization was meant to generate. What we are experiencing is that health, long treated as a humanitarian exception outside of power politics, has moved into the centre of this logic**. The pandemic taught every country the same lesson: the capacity to make, transport, and withhold health goods is a form of power, and must be met with new strategies of health sovereignty….."

PMNCH - Global Funding Crisis Deepens as 7 in 10 Organizations Working for WCAH Report Program Cuts, Suspensions or Closures

https://www.linkedin.com/pulse/global-funding-crisis-deepens-7-10-organizations-working-wcah-report-ddlif/

"New survey covering at least 67 countries finds nearly 80% of organizations working for Women's, Children's and Adolescents' Health and well-being facing reduced or uncertain funding, as pressure increasingly translates into disruptions to programs for women, children and adolescents."

"… The findings suggest that **what began as a funding crisis is increasingly becoming a program and service delivery crisis,** with organizations being forced to make difficult choices about what they can continue to provide and who they can continue to reach."

""**This survey tells us that the global health financing crisis has moved from balance sheets to the front lines.** Organizations are not simply facing tighter budgets. They are reducing services, suspending programs and, in some cases, closing them altogether. Women, children and adolescents, whose health and rights were already under enormous pressure, risk paying the highest price," said **Rajat Khosla, Executive Director, PMNCH."**

Devex – Scoop: Global Fund evaluation chief exits as team's future in limbo

https://www.devex.com/news/scoop-global-fund-evaluation-chief-exits-as-team-s-future-in-limbo-113267

"With John Grove's exit, the **evaluation and learning office** will be **down to just four people**."

"The future of independent evaluations at The Global Fund to Fight AIDS, Tuberculosis and Malaria was already up in the air. Now, the official leading the team is leaving…."

PS: "…. But that whole evaluation function is at risk of being dismantled. Devex reported in July on a **Global Fund Secretariat proposal to dissolve its independent evaluation function,** after a review by the fund's Office of the Inspector General found it to be ineffective in promoting learning and informing decision-making, and questioned its cost-effectiveness. **Under the proposal, the secretariat would be responsible for synthesizing evidence and data, with external evaluations conducted only "when there are gaps in other available evidence, capacity constraints or unmitigable conflicts of interest."**

"… A source privy to the discussions said **no decision has been made yet on the proposal, and it's unclear what happens next. The Global Fund's strategy committee will be meeting in early October, and the board is also set to meet later that same month**. But it's unclear whether the proposal will be on either agenda. "Things seem to be in limbo," the source said, while stating that future discussions by the committee and the board will be critical to give clarity on the future of the fund's independent evaluation. **The October board meeting will include the appointment of the fund's next executive director, as well as a transition in board leadership**, with Erna Solberg, former prime minister of Norway, taking over as chair."

Devex Pro - Gavi's vaccine transition was never about RFK's fixation on mercury

https://www.devex.com/news/gavi-s-vaccine-transition-was-never-about-rfk-s-fixation-on-mercury-113213

(gated) "When reinstating Gavi funding, the U.S. said the organization committed to mercury-free vaccines, **though Gavi was already transitioning to newer vaccines for their public health benefits** — not because older ones contain mercury."

Nature Communications – System-wide investments generate health and enhance HIV, TB and malaria control in Malawi

Tara D. Mangal et al; https://www.nature.com/articles/s41467-026-77306-5

« …. Here, **using a dynamic microsimulation model of Malawi's health system, we show that health system strengthening investments alone could avert 11.4% of disability-adjusted life years between 2025 and 2035, delivering a return of $26.1 per dollar invested. Combining system strengthening with HIV, tuberculosis, and malaria programme expansion produces three times greater health impact than disease-focused investment alone, delivering a return of $11.7 per dollar invested compared with $5.4 for disease-focused expansion alone**. These findings support a shift toward integrated global health financing strategies that combine health system strengthening with disease-targeted programmes. »

Lancet Comment – Can wealth redistribution offset the collapse of aid?

K Z Ahsan; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01814-3/fulltext

Comment related to a **new Lancet Study.**

"**Official development assistance (ODA) is being cut faster than at any point in history**. The USA, the UK, Japan, Germany, France, and the Netherlands have all reduced aid between 2024 and 2025, and forecasts point to further large declines up to and after 2026. **These cuts are occurring within the backdrop of extreme and rising wealth concentration**: the richest 10% of the world's population own 75% of global personal wealth, whereas the poorest 50% own just 2%. **Considering this fact, in *The Lancet* Gonzalo Barreix Sibils and colleagues ask a largely unexamined question: could redistributing even a small share of that wealth offset the health damage caused by the humanitarian and development aid crisis?...**" **"** In an integrated retrospective impact evaluation and forecasting analysis of 59 low-income and lower-middle-income countries, **Barreix Sibils and colleagues answer this question with a cautious yes…"**

"… **The key strength of this study is connecting two literatures that have run in parallel until now. There has been a growing body of research assessing the impact of aid withdrawal on mortality and separate literature on estimating the revenue potential of wealth taxes and related financial instruments. To our knowledge, Barreix Sibils and colleagues are the first to link these two ideas directly, translating wealth redistribution into lives saved rather than revenue raised**. The reframing matters because debates about wealth taxation are typically framed in fiscal or moral terms, whereas this study introduces a health dimension which is harder to dismiss…."

- The Lancet study: Wealth redistribution policies to mitigate the impact of development assistance defunding: a retrospective evaluation and forecasting analysis up to 2030

With some of the **findings & interpretation:** … Forecasting analyses showed that, **in comparison with the current ODA funding reductions** in the 59 selected low-income and lower-middle-income countries, **all ten wealth redistribution policies were associated with millions of averted deaths by 2030:** overall, the lowest number of averted deaths was 6 591 984 … for a 3% crypto tax applied to the top 10 000 holders, while the highest number of averted deaths was 29 509 934 … for a 3% wealth tax on ultra-high-net-worth individuals; in children younger than 5 years, the corresponding numbers of averted deaths were 1 312 912 … for a 3% crypto tax applied to the top 10 000 holders and 3 464 607 … for a 3% wealth tax on ultra-high-net-worth individuals."

"**The implementation of wealth redistribution policies proposed in recent high-level international agreements could mitigate the health consequences of the current ODA defunding crisis, avert millions of deaths, and support the achievement of the UN Sustainable Development Goals, particularly those related to health."**

Nature (Comment) - Why we need an International Panel on Inequality

J Stiglitz, W Byanyima et al;
https://www.nature.com/articles/d41586-026-02806-9

"Disparities in income and wealth are growing**. A scientific assessment process can give governments the information they need to tackle them."**

"…**In 2025, we were asked by President Cyril Ramaphosa of South Africa to participate in the G20 Extraordinary Committee of Independent Experts on Global Inequality (chaired by J.E.S.). We presented a report[3] to the G20 countries, in which our main recommendation was for their governments to establish an International Panel on Inequality (IPI).** Since then, a **founding committee,** of which we are also members, **has begun to develop the proposal under the leadership of South Africa, Brazil, Spain and Norway.** United Nations secretary-general António Guterres has endorsed the initiative, the African Union unanimously supports it and so do more than 600 economists and inequality experts. **Here we outline that case…."**

"The IPI would address four areas: the measurement of inequality; its drivers; its consequences; and the policies that are available to address it…."

Global Health Advocates (Policy Analysis) - Analysing the Council's position on the Global Europe Instrument: a Global Health perspective

https://www.ghadvocates.eu/app/uploads/2026.09-GHA-Council-GPA-GEI-analysis-2.pdf

3-pager. "**In May 2026, EU Member States reached a Partial General Approach (PGA) on the Global Europe Instrument (GEI), laying down their negotiating position ahead of discussions with the European Parliament**. The approach is deemed 'partial' because it excludes financial allocations and horizontal issues that are currently being discussed as part of the MFF regulation negotiations. **GHA analysed the PGA to assess where Council made the most relevant modifications, from a Global Health lens**. While **we celebrate the addition of some positive elements, which have improved the European Commission's original proposal, some key aspects are still undecided, while others could be further improved** to ensure that the EU truly equips itself to fulfil its ambition of being a Global Health leader as expressed by President von der Leyen in her 2025 State of the Union speech…."

Among the positives: "***Explicit inclusion of global health as an objective of the GEI***. *We strongly support the Council's explicit inclusion of 'global health and equitable access to health care services' among the global challenges the EU should address in the Regulation. The Council also includes pandemic threats as unforeseen global challenges that require a rapid response from the EU, via the emerging challenges and priority cushion. SRHR language has also been further strengthened in the Regulation. We also welcome changes made in Annex II, including the elevation of human development as the first specific objective for the Sub-Saharan Africa pillar, as well as stronger language on health and equitable access in other pillars' specific objectives…"*

Global Health Advocates - EU Health ODA Figures Confirm Stagnating Ambition

https://www.ghadvocates.eu/eu-health-oda-figures-confirm-stagnating-ambition/

Factsheet.

"Global Health Advocates is proud to publish an **updated analysis of key figures in the EU's Official Development Assistance (ODA) dedicated to health in 2024,** highlighting the most recent trends in EU health ODA contributions. **These analyses seek to inform discussions on whether current EU Financing trajectories align with their stated global health ambitions."**

"…While the EU has reaffirmed its leadership through the Global Health Strategy and the new Global Health Resilience Initiative, EU health ODA actually declined in 2023 and stagnated in 2024…."

Devex – Why the CEO of a massive hedge fund is helping to lead Global Citizen

https://www.devex.com/news/why-the-ceo-of-a-massive-hedge-fund-is-helping-to-lead-global-citizen-113280

"This week, Nir Bar Dea, CEO of Bridgewater Associates, was appointed co-chair of Global Citizen. Here's what he had to say about the state of the world and how to solve pressing global challenges."

Quote: "…**Evans, Global Citizen's CEO, also criticized the rush to see private capital as a silver bullet for shrinking public funds, calling it "brilliant, useless phraseology" and buzzwords** that miss an understanding of the need for returns from private investment. It also seems to be an excuse for the fact that many recently completed replenishments saw less public funding than in the past."

"**Global Citizen sees its role moving forward as helping eradicate poverty through public-private partnerships**, such as a campaign last year to scale up renewables in Africa…."

Devex – Why health is drawing Asia's philanthropic funding

https://www.devex.com/news/why-health-is-drawing-asia-s-philanthropic-funding-113256

"**A new report found that of the more than 100 Asian family philanthropists sampled, 87% support health causes, second only to education."**

"**A large number of wealthy families in Asia prioritize giving to health, according to a new report by The Bridgespan Group**, a nonprofit that advises philanthropic organizations. The report examines the giving practices of nearly 200 of the world's wealthiest individuals and families. **Of the more than 100 Asian family philanthropists sampled, 87% support health causes, second only to education."**

"Gwendolyn Lim, partner and head of Bridgespan's Southeast Asia office, told Devex that **many of these families are interested in giving to maternal and child health and nutrition, as well as climate and health…."**

ODI (Insight) - Do ministries of health need a stronger budget and finance function?

https://odi.org/en/insights/do-ministries-of-health-need-a-stronger-budget-and-finance-function/

"Half the world's population lacks access to basic healthcare services, and health budgets in many countries are poorly prioritised and underspent. With fiscal pressures and aid cuts biting – especially in Africa – these challenges urgently need to be addressed. **Finance ministries will need to provide more generous budgets to support the transition from donor aid. But it is also critical that the ministry of health makes good use of the resources available and does not simply push budget problems back to a finance ministry that has limited health expertise and numerous other priorities to manage. For this, the ministry of health will need a strong budget and finance function."**

"… The **budget and finance function** comprises the **teams in the ministry of health responsible for coordinating budget planning, preparation, execution and reporting**. Curiously, it is a **function that receives scant attention in international standards guiding budget reforms…."**

With also some '**Implications for African governments and their partners:** Today, many African countries are facing real risks of debt distress, and contending with declining aid flows, particularly in the health sector. Addressing the pressures on the health sector will need to be a joint enterprise between the ministry of finance and the ministry of health – one that would benefit from addressing gaps in the capabilities for health financing analysis and financial management. Ministries of health in several countries, including Ethiopia and Ghana, are already investing in their capacity to prioritise health interventions, including through creation of health economics or financing teams. A key challenge, however, is to integrate this analysis into budget preparation and execution, and to ensure that prioritisation exercises are financially constrained.
Finance ministries need to ensure that the health ministry's budget and finance function has the information, capacity and status needed to respond proactively to fiscal pressures and the aid transition. A simple first step that all finance ministries can take is to set up regular meetings with the heads of the budget and finance function in spending ministries to improve communication and guide reform priorities. …"

Devex – Jeremy Farrar lands new role at global nonprofit PATH, after WHO exit

https://www.devex.com/news/jeremy-farrar-lands-new-role-at-global-nonprofit-path-after-who-exit-113260

"**The renowned British scientist will oversee PATH's work in Asia, the Middle East, and Europe**."

Starting Oct. 1, the renowned British scientist will join PATH — the global nonprofit headquartered in Seattle known for its work in advancing science and health innovation — **as chief of its Asia, Middle East, and Europe division. He will remain based in Geneva."**

WHO – Dr Vanessa Kerry appointed to new role as WHO Director-General's Special Envoy for Health Resilience

https://hq_who_departmentofcommunications.createsend1.com/t/d-e-wjltyul-ikudkhluul-d/

"The World Health Organization has appointed Dr Vanessa Kerry as the WHO Director-General's Special Envoy for Health Resilience. Building on her previous role as WHO's first Director-General Special Envoy for Climate Change and Health, Dr Kerry will help advance a broader agenda focused on building resilient, integrated and sustainably-financed health systems capable of responding to day-to-day challenges and emerging threats from climate change, health emergencies and other complex global challenges. In her new role, Dr Kerry will engage with governments, development partners, multilateral institutions, civil society and the private sector to advocate for stronger health systems, more sustainable financing approaches, and stronger coordination and alignment of partners and resources behind national priorities…."

FT – Rival cities vie to 'poach' international organisations from Geneva

https://www.ft.com/content/1d2449b3-bd85-477a-87ec-a5a12a9128c4?syn-25a6b1a6=1

"A **UN funding crisis triggered by Donald Trump's foreign aid cuts has set off a battle for diplomatic influence, with EU capitals and Gulf states competing to lure international organisations and staff away from Geneva,** Swiss officials have warned…. …Swiss officials say **about 20 countries are trying**

to use the financial turmoil engulfing the multilateral system to bolster their own ambitions as diplomatic hubs. They identified Austria, France, Germany, Italy and Spain as well as Qatar and the United Arab Emirates as among those seeking to attract UN agencies or parts of Geneva's international ecosystem…."

"A lot of European countries have host-state ambitions and they want to use this moment of stress to strengthen their own position," said one Swiss official with direct knowledge of the situation. "It is blatant poaching." " … **The WHO has proposed moving some headquarters functions to Lyon, France, as part of its restructuring**. Unicef is relocating hundreds of posts to lower-cost cities including Rome, while the International Labour Organization has said it will shift some staff and functions to its existing training centre in Turin. The Swiss official said: "We've seen some member states offer a certain amount of money for every person they can move from Geneva to their city." **… Another Geneva-based politician said governments were increasingly carving out specialist roles rather than trying to replicate the city wholesale**. Spain wants Valencia to become a centre for digitalisation and data, **France is strengthening Lyon as a hub for international health governance** and Paris's education profile, Germany is building on Bonn's environmental institutions and Berlin's international role, while Vienna is seeking to expand its presence as a UN hub.
"They all want different parts of the ecosystem," the politician said."

"**Among the Gulf states, Swiss officials see Qatar as the strongest challenger because it has established itself as a diplomatic broker**. They pointed to Doha's growing role in mediation, including over Gaza and in recent diplomacy involving Iran, and said it was combining that political influence with "very attractive financial offers" as it sought to become a bigger humanitarian hub…."

PS: But "not… every government (is) pulling back. **Swiss officials said countries including China have stepped up their engagement with Geneva's multilateral institutions, seeing an opportunity to wield greater influence as the US retreats.** Ferrari said six new countries had opened permanent missions in the past two years, including Belize and some Pacific island countries…."

CGD - DAC Chair: We're Getting There

https://www.cgdev.org/blog/dac-chair-we-are-getting-there

Carsten Staur (DAC Chair) reacts to Charles Kenny's blog from last week.

Excerpt:

".. **For the DAC and its members, these developments mean two things**. First, that the **global discussion on the future of international development cooperation—on the "architecture", the emerging paradigm shift and the ensuing narratives—clearly must be wide-ranging, open and inclusive**: engaging all partners and stakeholders in the broader international development cooperation community. **The DAC is part of this community—and an important part, we think—but our role is different from what it was thirty years ago. Don't expect the DAC to tell others what to do. Expect the DAC to provide evidence, lessons learned, best practices, reflections on what works, where and how—and what does not**. And expect the DAC and its members to engage with partners on equal terms and to jointly shepherd the changes needed."

"Second, **the DAC has initiated a review of its own role and functions in the changing international environment.** We look at our data work, moving to complement our retrospective approach, based on past data and statistics, while also delivering *forward looking projections*. **We look at how we**

may complement and contextualize the focus on ODA within the *totality of flows*, also at country level, to provide even more relevant information to all stakeholders. And we aim to build our normative and standard-setting work on more *open and inclusive* involvement of others, as we have done with the new Guidance on Poverty and Inequality, which the OECD will launch in October. **We also look at the *graduation criteria*, which Mr. Kenny finds will weaken the ODA standard. It will not—and let me explain: At present, countries which reach high-income country (HIC) status (14,375 USD in GNI/cap) will leave the DAC list of ODA recipients. At that point, most of these countries will only receive very limited ODA and graduation will be manageable. Some countries, including small island developing states (SIDS), however, may still depend significantly on ODA, when they approach HIC status. These countries often face serious vulnerabilities, which call for a careful approach to graduation.** The DAC has already taken steps to ensure more sustainable graduation processes, and the ongoing discussions are a continuation of this work."

The tale of the fellow struggler

Virginia Mucchi; https://intercomms.substack.com/p/the-tale-of-the-fellow-struggler

Very cool analysis. "**China sells geopolitics as development. Europe tries to sell development as geopolitics."**

Global Tax Justice & Debt reform

Report (Save the Children UK & Debt Justice UK) - Now is The Time to Act: Six Reforms for the G20 Common Framework for Debt Treatments

L Darby et al; https://resourcecentre.savethechildren.net/document/now-is-the-time-to-act-six-reforms-for-the-g20-common-framework-for-debt-treatments

"**In this report Save the Children UK and Debt Justice UK outline the six reforms needed for the G20 Common Framework for Debt Treatments, the main international mechanism for restructuring unsustainable sovereign debt**. The report is endorsed by 11 organisations and coalitions… … **The Common Framework has failed to deliver timely and adequate debt relief**. The countries that have applied have faced lengthy negotiations and uncertainty. Expanding on the African Union Common Position on Debt, the report sets out the six practical reforms needed to make the Common Framework faster, fairer and more effective. It includes significant evidence on support for these reforms, including specifically on UK legislation. **Fixing the G20 Common Framework is a collective action problem. The recommendation of this report is that G20 Finance Ministers endorse it, and that unilateral and collective action is taken by G20 members, especially the UK, as well as the IMF and the World Bank to implement the proposals.** With growing consensus amongst members, international institutions and civil society, the time for action on this is now and the G20 is the right place to start. …"

Check out the **six reforms** they suggest.

Trump 2.0, US Global Health strategy, bilateral health agreements…

Devex Newswire: Trump's new foreign aid gatekeeper could tighten the tap

https://www.devex.com/news/devex-newswire-trump-s-new-foreign-aid-gatekeeper-could-tighten-the-tap-113235

"Immigration hard-liner Andrew Veprek takes over leadership of the foreign assistance bureau at the U.S. State Department. "

"U**.S. foreign aid has a new gatekeeper** — and the big question is: Will he tighten the purse strings? **Andrew Veprek took over the State Department's foreign assistance bureau on Aug. 28, replacing Jeremy Lewin**, who has moved into the coveted role of director of policy planning directly beneath Secretary of State **Marco Rubio**. And **the contrast between the two men is already getting attention. "**Andrew Veprek is no Jeremy Lewin," says **Keifer Buckingham**, a former senior adviser at the State Department and current managing director of the Council for Global Equality. "**He is a true believer [in the Trump administration's approach to foreign aid]." "**

"**Why does that matter? Because despite presiding over the dismantling of much of USAID's development portfolio, Lewin also oversaw billions of dollars flowing to the United Nations Office for the Coordination of Humanitarian Affairs, or OCHA, the World Food Programme, UNICEF, and faith-based organizations**. **Not everyone in Trumpworld was thrilled about that — particularly the money going to the U.N. Enter Veprek**. As assistant secretary of state for the Population, Refugee and Migration Bureau, he boasted of transforming it from "a humanitarian assistance bureau … focused on bringing people to the United States," into one centered on "implementing the president's immigration agenda." He has **railed against "forever aid" and the "open-ended, blank-check approach"** he says can prolong humanitarian crises. **That has people wondering whether the foreign aid spigot is about to tighten again.** "Speculation is that Lewin got sideways with [the Office of Management and Budget] for allowing too much foreign assistance out the door," says a former senior official at both USAID and the State Department. **"Veprek might close that door."** A Trump administration official similarly tells Devex there is "an expectation that Andrew will get that under control and align future funding with administration priorities."…"

"… Veprek has said **foreign assistance should have a "clear and direct connection" with U.S. foreign policy goals.** We may now be about to find out just how narrow that connection becomes…."

HPW - US to Phase Out HIV Support for Namibia After Data-Sharing Impasse

https://healthpolicy-watch.news/us-to-phase-out-hiv-support/

"The United States will no longer fund Namibia's HIV programme after 2027, following an impasse over data- and information-sharing terms required by the US for a longer aid package."

"The **joint US-Namibia announcement** frames the one-year aid phase-out as "recognition of Namibia's historic achievement in reaching HIV epidemic control and surpassing global targets". **The US will provide $45 million for the 2027 fiscal year to enable the transition to technical support, and thereafter Namibia will fund its own response, according to the statement released last Friday."**

PS: "… However, it **emerged earlier** **that Namibia had rejected the United States' demands for sharing health data and pathogen information during negotiation**s for renewed US support for its health and HIV programme."

"Over the past 22 years, Namibia has received some $1.1 billion in support from the US President's Emergency Plan for AIDS Relief (PEPFAR)…."

PS: and re the link with PABS: "… **the US bilateral health agreements demand** that countries provide it with full access to information about dangerous pathogens within 10 days of an outbreak. In addition, the US wants to be able to share this information with companies and groups of its choice without any restrictions. This is a **direct challenge to a WHO PABS system…." "…**Meanwhile, the **Namibian government is concerned that the data- and pathogen-sharing demands do not comply with its laws, infringing both constitutional privacy rights and national sovereignty over biological resources**, according to The Namibian newspaper."

And a link:

- **Emily Bass**- Cryptic Congressional Notification is Short on Details about Government-to-Government Health Grants

"**The State Department's brief Congressional Notification for three government-to-government awards funded under the America First Global Health Strategy omits all details about milestones, activities, expected outcomes and results of mandated risk and eligibility assessments**. Instead, the communication effectively asks appropriating lawmakers to take it on faith that USD$176 million will be well spent in **Malawi, Kenya and Uganda**, which failed a 2026 US government assessment of "control of corruption and accountability."…."

More on the impact of US aid cuts

HPW – LGBTIQ Groups in Repressive Countries Are Worst Affected by US Funding Cuts

https://healthpolicy-watch.news/lgbtiq-groups-in-repressive-countries-worst-are-affected-by-us-funding-cuts/?feed_id=1055&_unique_id=6aa3009912a05

"**HIV services, mental health and harm reduction programmes have been severely affected by the huge funding cuts to organisations providing services for lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people over the past 18 months. Perversely, organisations in countries with the most repressive conditions for LGBTIQ people have been worst affected by cuts, according to a report released on Thursday by Outright, the international LGBTIQ human rights group.** "Organisations in countries with the harshest living conditions, the least impartial justice systems, the most widespread discrimination, and the deepest divisions between social groups were **roughly two to three times more likely to have been affected by the cuts** than those in countries at the other end of each measure," according to the report."

"**In Ghana and Uganda, the cuts have coincided with draconian laws increasing punishment for same-sex activity** – resulting in a spike in attacks on LGBTIQ people and a greater need for support services…."

"Of the 229 LGBTIQ organisations from 94 countries that responded to Outright, 203 lost funding after Donald Trump became president of the United States in January 2025. **The funding cuts have been fast and dramatic, with almost half of the affected organisations losing 50% of their budget, and three-quarters losing at least a quarter."**

Commercial Determinants of health

WHO – Tobacco smoking may be harming your chances of having a baby

https://www.who.int/news/item/08-09-2026-tobacco-smoking-may-be-harming-your-chances-of-having-a-baby

"Smoking may reduce the chances of conceiving for many people worldwide, according to a new World Health Organization knowledge summary."

"**The publication highlights evidence that tobacco use is associated with infertility in women, harmful effects on sperm and sexual function in men, and potentially lower chances of success of some fertility treatment**s. It also **warns that second-hand smoke can affect fertility**, meaning people do not have to smoke themselves to face possible reproductive risks. "

"Globally, one in six people of reproductive age will experience infertility at some point in their lifetime. Infertility is defined as the failure to achieve pregnancy after 12 months or more of regular unprotected sex. … **The publication cites decades of evidence showing that smoking can harm women's reproductive health…**

- Coverage via HPW: More Evidence of Link Between Smoking and Infertility

"**The risk of infertility is 1.4 times higher in women who smoke**, according to a systematic review of studies conducted between 2000 and 2026, according to a World Health Organization (WHO) report released on Tuesday. "**This means that if the risk of infertility is 15% for women who do not smoke, then 21% will experience infertility if they smoke**," the report explains. "

"Women who smoke while trying to conceive have a higher risk of infertility or will take longer to conceive, according to the report. Meanwhile, **women exposed to second-hand smoke had a 1.2 times higher risk of infertility…."**

- And via **UN News -** Tobacco use can undermine fertility, UN health agency warns

"Smoking very likely makes it harder to have a baby, the UN World Health Organization (WHO) warned in a new publication issued on Tuesday, highlighting that **women who smoke have a 40 per cent higher risk of infertility compared to non-smokers. "**

BMJ Opinion – From tobacco to TikTok, continued: What the $18bn Meta settlement really means

I Kickbusch; https://www.bmj.com/content/394/bmj-2026-100800

"**Meta's $18bn settlement with 51 US states, announced in August, is already being called social media's tobacco moment. It warrants this comparison, but not for the reason that the headlines suggest… "**

"… Whether it becomes the industry reshaping moment that tobacco litigation produced in the 1990s, or a well publicised one-off that the rest of the industry quietly waits out, **will depend on three things: the fact that this is a settlement rather than a verdict; what actually changes on the ground, not only in the US but also in other parts of the world; and whether it impacts on the actions of other tech companies…."**

Kickbusch concludes: ""…**the settlement still helps. Regulators facing the standard industry defence—that these design changes are not commercially or technically workable—now have a company that has agreed to build exactly that, under legal pressure, and at scale**. Two entirely **different legal traditions, US tort litigation and EU precautionary administrative regulation, are now converging on the same list of design fixes**. That convergence is the strongest evidence yet that platform design could become a genuinely global regulatory category. **Many of us are looking to the WHO to apply its norms and standard setting role in relation to the digital determinants of health based on this development."**

Lancet Planetary Health - Special Economic Zones, Casinos and the Threat of Zoonotic Diseases

Georgina Kenyon; https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00106-3/fulltext

"**Hundreds of millions of wild plants and animals are taken each year for food, medicine, crafts, and as collectables. Unfortunately, this includes a large illicit trade in critically-endangered speci**es, such as Pangolins – sought across Asia and Africa as food and to use their scales in traditional medicine – which have become the most trafficked mammal in the world, according to anti-smuggling NGO, TRAFFIC. …. **The trafficking of animals is backed by serious and organised crime linked to money laundering through casinos around the world, according to Geneva-based think tank, The Global Initiative Against Transnational Organized Crime (GiTOC).** "Australian casinos have been heavily used for money laundering, particularly with junket operators facilitating money laundering for VIP gamblers," says John Langdale, an expert in criminology from Macquarie University in Sydney, Australia."

"The Australian government asserts it has improved anti money laundering measures in the last few years. However, Langdale says the Australian government has "tightened the rules on casinos, but rather belatedly." **He also warns of significant money laundering and animal trafficking activities within Special Economic Zones, such as the Thai-Myanmar border**: "Money laundering in Southeast Asia is **through both physical and online casinos — especially through Kings Romans casino in the SEZ**." The Kings Romans Casino is located at the heart of the Golden Triangle, where the borders of Thailand, Laos, and Myanmar converge. It attracts hundreds of visitors each week from mainland China. Kings Romans casino also seems to operate its own river ports that bypass standard immigration and customs checkpoints. **Online casinos are also connected to scamming**

centres in Cambodia, Myanmar and Laos, operating without regulation and managed frequently by the same criminal groups….”

Mental health

World Suicide Prevention Day 2026

Every year on 10 September.

“**Suicide is a major public health challenge, claiming the lives of more than 720 000 people every year**. Each life lost has profound social, emotional, and economic consequences, deeply affecting families, friends, workplaces, and entire communities around the world. … **2026 marks the third and final year of the triennial theme for World Suicide Prevention Day** (2024–2026), **Changing the Narrative on Suicide**, with the call to action: ***Start the Conversation.”***

TGH – The Rise of Social Media Bans: Can Regulation Improve Teen Mental Health?

https://www.thinkglobalhealth.org/article/the-rise-of-social-media-bans-can-regulation-improve-teen-mental-health

“Social media bans are gaining global traction, yet youth stress that they should be involved in the decision-making process.”

“… Will banning kids from social media reverse this trend? The answer is unclear, but **efforts to limit young people's access to these forms of technology to protect their mental health are on the rise; eight countries have passed or implemented age-based restrictions on social media, and lawsuits against technology companies are multiplying.”**

“**Think Global Health spoke with experts and youth advocates** to monitor the emerging response to young people's social media use and to understand the potential effects of regulating or restricting use on youth mental health….”

SRHR

Lancet Regional Health Africa (Health Policy) – Sexual and reproductive health and rights post-ICPD: promises, implementation gaps, and lessons from Cameroon for Francophone sub-Saharan Africa—an integrative review

S A Ojong et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00110-0/fulltext

“**Three decades after the 1994 International Conference on Population and Development, Cameroon's experience reflects Africa's broader struggle to turn global sexual and reproductive**

health and rights commitments into effective laws, policies and practices. … … We identified a **pattern of selective domestication**, where trackable SRHR domains receiving sustained political attention and donor investment such as maternal health, HIV, and family planning, showed greater progress compared to politically contested domains. This **systems-first, rights-second trajectory** is sustained by constrained domestic financing, policy resistance from conservative religious actors, fragmented advocacy, and male-dominated governance structures in which institutionalised norms of masculinity systematically limit women's agency and control over their reproductive lives. …"

Guardian – $15m fund launched to create 'unstoppable momentum' to end FGM worldwide

https://www.theguardian.com/global-development/2026/sep/11/15m-fund-launched-to-create-unstoppable-momentum-to-end-fgm-worldwide

"Her Horizon Fund seeks $100m to stop practice harming 230m women and girls globally."

"Frontline activists and leaders in the fight against female genital mutilation, which has affected more than 230 million women and girls worldwide, have welcomed an unprecedented $15.5m (£11.4m) fund aimed at creating "unstoppable momentum" to finally end the practice. The launch of the fund comes as women's rights are increasingly under attack and donor funding is in sharp decline, particularly for work led by FGM survivors in local communities. **It is thought to be the largest single philanthropic contribution to ending the practice of FGM."**

"The Her Horizon Fund has been seeded with $14m from the Wallace Global Fund, plus an additional $1.5m contribution from an anonymous donor, making $15.5m in total. **The aim of Her Horizon Fund, set up by the US-based Wallace Global Fund, is to pool $100m from donors to reach a "tipping point" towards ending FGM within a generation."**

Child health

Guardian - Babies born to anaemic mothers have smaller brains, study finds

https://www.theguardian.com/global-development/2026/sep/09/babies-born-to-anaemic-mothers-have-smaller-brains-study-finds

"Key regions of the brain linked to movement, learning and emotions were affected and may lead to cognitive problems."

"**Babies born to mothers with anaemia have smaller brains, particularly in key regions linked to movement, learning and the regulation of emotion**, according to **a study.** Researchers said the differences, first detected at the age of one, could lead to cognitive problems when children started school…."

"**More than a third of pregnant women worldwide have anaemia** – a condition typically caused by iron deficiency in which the number of red blood cells in the body is lower than normal. Symptoms include fatigue, shortness of breath and dizziness. **Rates are highest in sub-Saharan Africa and south Asia. Researchers from King's College London in the UK, and the University of Cape Town**

in South Africa, followed more than 300 mothers and their babies in Cape Town, scanning the brains of the infants several times between the ages of three months and two years…."

Planetary Health

Devex Pro – The pre-COP31 finance meeting no one is talking about

https://www.devex.com/news/the-pre-cop31-finance-meeting-no-one-is-talking-about-113227

(gated) "**Turkey's pre-COP31 finance summit may sidestep the stalled public finance debate, focusing on instruments and national priorities instead."**

"**The Turkish presidency of the 31st United Nations Climate Change Conference is holding a climate finance summit this week in Istanbul in the lead-up to COP31**. …"

"Today, during the first day of the **Istanbul Climate Finance Summit**, COP31 President-Designate **Murat Kurum said that world leaders must close the climate finance "chasm" and called climate finance a "strategic security priority," according to a press release.** "After all, defence spending is considered an investment made today to protect against the threats of tomorrow. Climate investment must be viewed through precisely the same strategic lens," he said…."

Global Climate & Health Alliance - Health Groups Launch Plan to Expose PR Agencies Playing Both Sides of the Climate and Health Crisis

https://mailchi.mp/95ce5a23a80b/health-groups-launch-plan-to-expose-pr-agencies-playing-both-sides-of-the-climate-and-health-crisis?e=3289726e8a

"**New "Fossil PR Toolkit" reveals how agencies trusted to promote health and wellbeing also work for fossil fuel companies that drive pollution, climate change, and health harms**."

"A new online toolkit exposes how communications agencies hired by the health sector to promote health, wellbeing and sustainability are also aiding fossil fuel companies to green their public profile, thus maintaining public support for continued coal, oil and gas production. The "Fossil Public Relations Toolkit", launched today by the Global Climate and Health Alliance (GCHA) and Clean Creatives, **features PR companies such as Edelman, Publicis, Hawker Britton and VML that work with the health sector to promote human health, while also serving fossil fuel companies like Shell, ConocoPhillips and Saudi Aramco,** in order to demonstrate the relationships and between health organisations, communications agencies and fossil fuel clients. …"

Climate Change News – As science comes under attack at UN talks, climate movement splits over how to respond

https://www.climatechangenews.com/2026/09/09/as-science-comes-under-attack-at-un-talks-climate-movement-splits-over-how-to-respond/

(gated) **"A rift over how IPCC messages are produced and turned into policy is creating tensions in the world's most influential coalition of climate NGOs."**

"With June's UN climate talks inching towards gridlock, a **group of diplomats calling themselves "Friends of Science" issued a stark warning: climate science was under attack in Bonn**. The coalition, spanning the world's richest to its most vulnerable nations, **pointed the finger primarily at those who think "science threatens their economic prospects" - a thinly-veiled reference to fossil fuel-dependent states** accused of casting doubt on long-held scientific tenets in the UN climate process…."

Guardian - Climate solutions most likely to reach 'positive tipping points' revealed by scientists

https://www.theguardian.com/environment/2026/sep/10/climate-crisis-tipping-points-energy-environment-report

"Global shift towards clean electricity could trigger 'cascade' of progress, helping reduce air pollution, cut waste and revive oceans."

"A **rapid global shift to clean electricity could trigger a "cascade" of progress towards repairing the damage to the planet by the climate crisis, according to a report identifying the environmental solutions most likely to bring about change.** The analysis focuses on **"positive tipping points" –** thresholds beyond which a sustainable technology or practice becomes increasingly cheap, widespread or politically popular, allowing progress to become self-propelling. **It identifies clean electricity as the "highest-leverage" transition**, because cheaper solar and wind power can accelerate change far beyond the energy sector…"

"…**The report builds on the work of Prof Tim Lenton, the founding director of the University of Exeter's Global Systems Institute**, who has studied climate tipping points since the 1990s…."

"… The report, produced by the University of Exeter with the Earthshot prize, applies tipping point science to 51 priority areas across five environmental goals: protecting nature, cleaning the air, reviving oceans, eliminating waste and tackling the climate crisis…."

Guardian – Climate 'feedback loops' could worsen global warming by 30%, study finds

https://www.theguardian.com/environment/2026/sep/10/climate-feedback-loops-global-warming-study

"Emissions of planet-heating methane and CO2 from natural sources are worsening the climate crisis, paper says."

"Rising global temperatures caused by the burning of fossil fuels are transforming the world's forests, wetlands and tundra to the point they are **releasing emissions that could further worsen global heating by as much as 30%,** a new study has found…. "

"… While scientists have long known of these "feedback loops" that amplify the impact of direct pollution from burning coal, oil and gas, the emissions from natural sources are largely unaccounted for in climate projections. This additional heating is however significant, researchers found, with **emissions from natural sources set to amplify global heating by 20% to 30% by the end of this**

century. This would add an estimated 0.2C to 0.4C to the global average temperature by this time, depending on the overall action taken by countries to combat the climate crisis."

PS: "The United Nations last week conceded the international pact to constraint the global temperature rise to 1.5C above pre-industrial levels will be breached in the next few years, causing climate impacts such as this summer's record heatwaves and wildfires to "strike faster, hit harder and last longer." Yet the **increase in the world's fever will likely be even larger than most projections currently account for, the new research warns, as they do not factor in the methane and CO2 that will spew from permafrost, wetlands, freshwaters and wildfires – the four areas the paper analyzed. …. "**

"This hidden multiplier is missing from the models guiding climate policy, so those models are likely underestimating how much warming is coming – and overestimating how much carbon we can still afford to emit," said Sam Abernethy, a scientist at **Spark Climate Solutions Research** who led the **research, published in Environmental Research Letter**s."

PS: "**Current policies put in place by governments are likely to see the global temperature rise to 2.6C above pre-industrial times**, according to Climate Action Tracker. …."

And related **quote Bill Ripple**: "…. This does not mean that a **Hothouse Earth trajectory** is inevitable, but it provides another warning about the possibility of reinforcing feedbacks that can amplify the warming humans initiate"…

Afrobarometer – African insights 2026: Beyond borders: Citizen perspectives on a shifting global order

https://www.afrobarometer.org/publication/african-insights-2026-beyond-borders-citizen-perspectives-on-a-shifting-global-order/

"Citizen perspectives on a shifting global order. "

There's a lot more in this report, but the **increased focus on climate justice** certainly struck me:

"… **There has also been a significant shift in whom citizens hold accountable. Between 2021/2023 and 2024/2025, the proportion of climate-change-aware Africans who believe wealthy nations bear the primary responsibility for limiting climate change increased by an average of 14 percentage points across 35 countries – a dramatic shift in expectations**. Most say **developed countries have a duty to assist poorer nations in adapting to climate change (85%) and should take immediate action to limit future impacts** (83%). Strong majorities also support domestic climate action, including government investment in climate-resilient infrastructure (81%), pressure on wealthy countries for climate finance (78%), and renewable energy investment (69%)…

The Conversation - Africa gets only 23% of the climate finance it needs – and pays too much for it

C Lopes; https://theconversation.com/africa-gets-only-23-of-the-climate-finance-it-needs-and-pays-too-much-for-it-291103

"**African countries have committed themselves to cutting greenhouse gas emissions and protecting their people from the worsening effects of climate change**. These commitments form part of the Paris Agreement, an international climate treaty adopted in 2015 in which countries agreed to take steps to limit global warming. **Doing this requires billions of dollars in climate finance for clean energy and for making agriculture, water systems and infrastructure resilient to climate change. But the finance reaching Africa falls far short. The continent received an average of US$43.7 billion a year in 2021 and 2022 – only about 23% of what is needed**. Africa needs roughly four dollars for every dollar it currently receives."

"**The money is also distributed unevenly**. The ten African countries most vulnerable to climate change receive only 11% of the continent's climate finance, while another ten attract 76% of private climate investment. African countries need financing for mitigation (reducing the emissions causing climate change) and adaptation (preparing people, economies and infrastructure for unavoidable droughts, floods and extreme heat). **Current finance covers only 18% of planned mitigation projects and 20% of adaptation costs…."**

PS: Lopes: "**I am unconvinced that "climate finance" is the right organising concept for Africa. It separates what is fundamentally one development challenge**. Africa needs energy systems, electricity grids, transport, resilient cities, irrigation, digital infrastructure, manufacturing capabilities and human capital. Together, these investments determine the continent's development, resilience, productivity, industrialisation and future emissions. **Calling some "climate" and others "development" may make sense to international funding institutions. It makes much less sense from the perspective of Africa's structural transformation.** Africa received only 23% of the climate finance it needs and attracts less than 3% of global energy investment, despite having about a fifth of the world's population. This points to **something larger than a climate-finance gap**."

UNEP & Climate and Clean Air Coalition - Hidden assets: The economic and health case for climate and clean air action

https://wedocs.unep.org/items/7199c3ce-6bb2-4bbb-a579-305b804c4922

"… **Climate change and air pollution** share many of the same sources, yet are almost always assessed separately. This Assessment corrects that. **It evaluates 25 proven solutions across energy, industry, transport, agriculture, cooking and waste, and finds that integrated action delivers more than acting on either alone.** Every dollar invested returns around 15 dollars, an internal rate of return of 60 per cent, with market returns exceeding costs within ten years. **By 2050 the solutions could avoid 144 million premature deaths and hundreds of millions of cases of chronic disease**. The chief obstacles are often neither technical nor economic but institutional. Investment in enabling conditions can bring full implementation forward by up to a decade, worth up to US$10 trillion in savings by 2040. Every region benefits. **Benefit-cost ratios range from three in high-income regions to 26 in Southern Africa. Every year of delay forgoes more than US$1.5 trillion."**

Guardian - Heatwaves and wildfires are setting back air quality improvements, UN finds

https://www.theguardian.com/environment/2026/sep/07/heatwaves-wildfires-setting-back-air-quality-improvements-un-finds

"**WMO report** details **extreme weather events causing climatic feedback loop** with serious health consequences."

- See also **HPW - As Fires Increase, It Will Be Harder to Meet WHO Clean Air Standards**

"**Meeting the World Health Organization (WHO) air quality guidelines will become progressively more difficult, as fires are expected to increase in the future, according to a new report from the World Meteorological Organization (WMO).** The report also draws attention to the **complex relationship between air quality and climate change, showing how poor air quality** – driven by vehicular emissions, wildfires and heatwaves – **is contributing to climate change…."**

Guardian – Global move away from oil could lead to conflict and migration, experts say

https://www.theguardian.com/environment/2026/sep/08/global-move-away-from-oil-could-lead-to-conflict-and-migration-experts-say

"**Researchers urge governments to help worst afflicted countries, such as Nigeria and Algeria, which rely on oil revenues for public services."**

PS: **"… Many will try to hang on to their resource revenues as long as possible**, according to **research from the E3G thinktank** published on Tuesday, but the **cheapest producers with abundant resources – such as Saudi Arabia and the United Arab Emirates – are likely to win against those with less advanced infrastructure…."**

Nature Comment -How countries can grow without impoverishing future generations

Eoin McLaughlin ; https://www.nature.com/articles/d41586-026-02807-8

(recommended read) « Governments should invest to develop all types of capital, and not just income, to improve the lives of future citizens and to protect the planet."

CGD (blog) – Not Fit for Purpose: Why Climate Classifications of Developed and Developing Countries Have to Change

J Beynon et al ; https://www.cgdev.org/blog/not-fit-purpose-why-climate-classifications-developed-and-developing-countries-have-change

"In **a new CGD working paper**, published today, we find that **the 23 developed countries that are obliged to provide climate finance (under the 1992 UN Framework Convention on Climate Change) have, in fact, produced under 40 percent of all greenhouse gas emissions since 1850**. Our paper presents a comparative analysis of historical emissions from numerous datasets using different measures of emissions, different classifications of developed and developing countries, and covering different time periods. To our knowledge this has not been done before. **We also find that nine major emerging economies—currently classified as "developing" under the UN system—have produced at least 30 percent. While over 100 low-income, lower-middle-income, least-developed countries and small island developing states collectively account for just 15 percent of all emissions.** Adjusting for colonial, consumption and per capita emissions makes surprisingly little

difference. **It is nonsensical therefore not to distinguish major emerging economies from poorer, low-emitting countries—but this is currently what happens under the UN climate system…."**

- For the **full CGD working paper,** see **A Comparative Analysis of Greenhouse Gas Emissions by Developed and Developing Countries Since 1850**

"**This paper aims to inform discussions on historical responsibility for climate change by presenting a comparative analysis of historical emissions from numerous datasets, using different measures of emissions, different classifications of developed and developing countries, and covering different time periods**. We find that while the various datasets give significantly different estimates of total emissions, they are reasonably consistent in their estimates of developed country shares; that **developed countries using the UNFCCC's Annex I classification are responsible for about half of all GHG emissions since 1850, and less than 40 percent if limited to the 23 Annex II countries with a formal obligation to provide climate finance**. These shares are lower if we consider contributions to global warming rather than GHG emissions, much lower if we only consider emissions since 1990, but higher if we restrict analysis to just CO2. **We also find that taking account of colonial or consumption emissions makes relatively little difference to our results**, and that developed country shares of cumulative per capita emissions (not that we think this is an appropriate measure) are even lower than for cumulative emissions."

AI & health

UN News – AI: Türk urges action before it becomes an 'existential risk to humanity'

https://news.un.org/en/story/2026/09/1168288

"UN human rights chief Volker Türk added his voice on Monday to growing calls for greater AI controls, warning that the revolutionary technology could become an "existential risk to humanity" if left unchecked."

"Without binding rules, independent oversight and clear limits, the technology could become impossible to control, **the High Commissioner told the Human Rights Council in Geneva**. Mr. Türk raised the prospect of AI systems becoming so powerful that their developers could no longer control them…."

NYT – Anthropic Says It Blocked Possible Efforts to Build Biological Weapons

https://www.nytimes.com/2026/09/10/us/politics/anthropic-ai-biological-weapons.html?smid=nytcore-ios-share

"In a **new report**, the A.I. start-up added that it could not determine if the research was legitimate or nefarious, leading the company to shut down the work."

Nature (News) - AI model predicts which breast-cancer drugs work best

https://www.nature.com/articles/d41586-026-02845-2

Just one example of one of the positives of AI (& health) ."Model trained on millions of protein measurements can gauge drug effectiveness in tissue samples taken from people with triple-negative breast cancer."

Decolonize Global Health

Review of African Political Economy - 'Wisdom, solidarity and investment from within': medical manufacturing as an expression of sovereignty and solidarity in post-independence Africa

L Paremoer et al; **https://www.scienceopen.com/hosted-document?doi=10.62191/ROAPE-2026-0021**

"**Sovereignty and solidarity are at stake in efforts to establish local medical manufacturing on the African continent**. Drawing on archival and published materials as well as key informant interviews, **this article contrasts articulations from the immediate post-independence period with those of the post-Covid period**. After laying out the shifting context from the New International Economic Order to neoliberalism, **two key contrasts between the periods are explored**. First, medical manufacturing has gained prominence relative to broader industrialisation imperatives, rooted in an economistic logic that nonetheless manages to have a progressive bent. Second, the orientation of medical manufacturing has shifted from social transformation to health security, affecting the meaning and significance of solidarity and sovereignty in the post-Covid conjuncture. **It is argued that although contemporary articulations of medical manufacturing in and for Africa are not as radical in their vision, they are catalysing tangible transformations, reshaping Africa's place in the global political economy."**

Access to medicines, vaccines & other health technologies

Devex – As NCDs rise in Africa, generic drugmakers see a growing market

https://www.devex.com/news/as-ncds-rise-in-africa-generic-drugmakers-see-a-growing-market-113259

"The generic pharmaceutical industry is starting to take notice of an improved operating environment in Africa, alongside a growing demand for NCD care and treatment."

"For years, public health officials have been warning about rising rates of noncommunicable diseases, or NCDs, in Africa, including diabetes and cardiovascular disease. **NCDs are set to become the leading cause of mortality in sub-Saharan Africa by 2030. Generic drugmakers in Africa are starting to take notice…"**

"A new report out today from **the Access to Medicine Foundation** tracks **how some continental manufacturers are adapting to meet these emerging health challenges, thanks in part to developments that are making it easier for generic providers working across all areas of health.** "This is a rising demand and we're going to actually need supplies in the continent, itself, in some shape and form to ensure availability," **Jayasree Iyer, the CEO of Access to Medicine Foundation**, told Devex. "I think that recognition is a signal from this that we found out in this paper."…"

- Check out the **Access to Medicine Foundation's press release:** Foundation's new report reveals opportunities for generic medicine manufacturers to bridge access gaps in Africa

"Africa's healthcare landscape is evolving rapidly, with rising demand for medicines alongside growing investment and regional integration reshaping the market. **This new report examines how eight generic medicine manufacturers are responding to the continent's shifting healthcare needs and seizing new opportunities to improve medicine availability.** It also **identifies the structural barriers that continue to constrain access – and the actions needed** to build a more resilient and equitable pharmaceutical ecosystem across the continent. **"**

"The rising burden of non-communicable diseases – including cardiovascular diseases, diabetes and cancer – alongside longstanding health challenges is reshaping Africa's pharmaceutical landscape. **Generic manufacturers are working to boost medicine supply through local manufacturing, supply chain diversification, portfolio expansion and new partnership models – but fragmented procurement, uneven financing and disparate regulatory systems continue to constrain progress.** The **report highlights practical opportunities** for manufacturers, governments and global health partners **to build more resilient medicine supply across Africa, emphasising the importance of coordinated action across stakeholders.** "

Geneva Health Files - The Illustrative Case of Lenacapavir: The Gatekeepers of Prevention, Access & Financing

S Thakur; https://newsletter.genevahealthfiles.com/the-illustrative-case-of-lenacapavir-the-gatekeepers-of-prevention-access-financing/?ref=geneva-health-files-newsletter

(must-read) "In today's story, my colleague **Shubhangi Thakur** brings you the evolving the picture around the HIV preventive drug Lenacapavir. This expansive edition (4,000 words +), **discusses how HIV prevention strategy is being shaped by the mechanics of voluntary licensing.** The story in unfolding in this era of transition: what does it mean for countries to decide on their own prevention strategies. The cast is diverse and powerful, captures the layered interests in global health…."

On the economics of voluntary licensing, the gap between generic enabling generic production and the terms on which that competition is allowed to operate, MSF criticism of Gilead's Lenacapivir access model, South Africa as a case study, The Global Fund and lenacapavir, India as Licensee and Contestant, A Second Case: Merck's Alimatravir (another HIV-prevention drug testing the limits of voluntary licensing), and much more.

Quote: "There are **more fundamental questions** that experts are raising. **In the broader context of greater autonomy, and push towards self-financing, should countries be making their own decisions on their preventive strategies? Meaning, what kind of reforms are needed that would create policy space for countries to determine the drugs they want to buy, the procurement**

mechanisms they want to use, and the money they want to spend within constrained budgets at their disposal."

Thakur concludes: "… **the lenacapavir implications extend well beyond HIV prevention**. The rollout, as MSF told us, **shows that some of the barriers that accompanied the arrival of antiretroviral medicines three decades ago remain: decisions over where a new medicine is supplied, in what quantities, through which channels and at what price can still depend heavily on the originator**. The question for future breakthroughs, MSF argues, is whether affordability, equitable licensing, transparent pricing and timely availability can be built into the access model from the outset, rather than negotiated after a product has been developed. **Lenacapavir is not the last high-value medicine to cruise along this architecture**. Long-acting prevention and treatment technologies are emerging across HIV and other infectious diseases, and **their rollout will keep running through some version of this same architecture: patents, voluntary licenses, negotiated procurement, and donor bridges standing in for an open market that doesn't yet exist."**

"Voluntary licensing has altered the economics of the access to medicines, however it has not resolved the politics of who gets to decide where access begins, where it ends, and what recourse exists for those left outside it.""

Aspen opts not to make HIV prevention jab lenacapavir

https://www.businessday.co.za/news/health/2026-09-04-exclusive-aspen-ditches-plans-to-make-hiv-prevention-jab-lenacapavir/

"Drugmaker cites lack of government commitments as it bets on Merck's experimental pill instead."

Gavi welcomes prequalification of multi-dose RSV maternal vaccine to protect infants

https://www.gavi.org/news/media-room/gavi-welcomes-prequalification-multi-dose-rsv-maternal-vaccine-protect-infants

"WHO prequalification of a multi-dose RSV maternal vaccine marks a major step towards protecting newborns and infants from one of the leading causes of severe respiratory illness, hospitalisation and death worldwide. The new vaccine is expected to reach women during pregnancy through routine maternal immunisation programmes in lower-income countries, where more than 97% of RSV-related child deaths occur. The milestone strengthens the pathway towards Gavi-supported introduction, helping bring equitable access to life-saving RSV prevention closer for millions of families and children most at risk."

Lancet - Gold standard vaccine policy as a global health signal

Mauer Alexandre da Ascensão Gonçalves et al;
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01698-3/fulltext

« **The US Executive Order of Aug 10, 2026, establishing "Gold Standard Childhood Vaccine Recommendations", should be considered not only a domestic policy change but also a potential global health signal**. By redefining what childhood vaccines should be routinely recommended, encouraging separation of the combined measles, mumps, and rubella vaccine, and advocating

separate medical visits for different childhood immunisations, the policy risks conflating parental choice with the optimisation of evidence-based vaccination delivery. **In an interconnected world, vaccine policy is not only a domestic clinical decision but also a global signal that can shape trust in immunisation…. »**

- And a link: **Kenya Announces Major Reduction in Cancer Treatment Costs Through Pfizer Partnership**

"The arrangement brings together Pfizer and the Kenya Medical Supplies Authority (KEMSA) under Pfizer's *Accord for a Healthier World*, **a global initiative through which the company provides medicines to lower-income countries on a not-for-profit basis.** Kenya joined the Accord in June 2025…."

Conflict/War & health

Lancet Regional Health (September issue)

https://www.thelancet.com/issue/S3050-5011(26)X2007-7

- **Editorial: The intersection of conflict, displacement, health, and human rights in Africa**

" **The International Committee of the Red Cross recently reported that 40% of global conflict is taking place in Africa, and there are currently more than 50 armed conflict situations. Approximately 23 million people are forcibly displaced in eastern and southern Africa, and just over 16 million in western and central Africa.** The impact of conflict and forced displacement on health systems, and consequently the health and human rights of these populations, is well documented. Although only certain countries within the continent are affected, we cannot consider the health of our region without considering conflict, and the resultant displacement of populations. **As a journal serving the African region, *The Lancet Regional Health – Africa* is committed to keeping these issues on the agenda. Accordingly, in our September issue, we bring together nine pieces on these topics to draw attention to the intersection of conflict, displacement, health, gender, racism, and human rights in Africa…."**

A few more reports, Commissions, … of the week

Lancet Comment –The WHS Academic Alliance–*Lancet* Commission on academic responsibility for trust in science and societal change

Axel Pries, I Kickbusch et al ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01777-0/fulltext

"…. In this changing environment **a radical transformative process is needed to encourage academic institutions to proactively reimagine their core responsibilities**. Accordingly, **the World Health Summit (WHS) Academic Alliance**, as part of the global health scientific community, **and *The***

***Lancet* have initiated the WHS Academic Alliance–*Lancet* Commission on academic responsibility for trust in science and societal change. …"**

"…**The WHS Academic Alliance–*Lancet* Commission** consists of a diverse group of 30 interdisciplinary experts based across 22 countries and territories. **Four working groups** will analyse the foundation and implications of academic responsibility in historical, local, and contemporary contexts; outline requirements for the design of responsible institutions of the future; and define responsible and practice-based approaches for the interaction of academic institutions with societies (figure)…."

PS: "… **A special focus will be given to drivers of transformation, including the privatisation and commercialisation of academia, challenges to legitimacy and trust, the disruptive potential of digitalisation and AI, and the requirement for participation and representation in a time of growing inequity. …** The **cross-cutting theme** is the **relation between academia and society**. The social role of universities is widely accepted, but how can greater synergies between academia and societies be achieved? The academic ecosystem needs to explore new forms of interaction with societal actors that are not only more inclusive, fair, and engaging but also strengthen a sense of ownership within communities…"

"Over the next two years, the Commission will translate this work into concrete recommendations, with a **final report expected in 2028."**

Guardian – Tens of millions of people fail to get humanitarian aid as global system crumbles

https://www.theguardian.com/global-development/2026/sep/10/global-humanitarian-aid-crisis-64m-fewer-people-received-help-report

"Funding cuts in 2025 left women, children, older and displaced people hard hit, with 64m fewer people receiving aid."

"**The humanitarian aid system is crumbling as funding shrinks, pressures increase and governments not only fail to protect civilians but are increasingly responsible for endangering them, a new report warned on Thursday** as figures **revealed 64 million fewer people received aid last year."**

"With aid contributions cut by 30% between 2022 and 2025 and thousands of aid workers losing their jobs, **the humanitarian system has suffered one of its biggest contractions since being formed in the post-second world war era,** according to the **State of the Humanitarian System 2026 report."**

"**In 2025, only those whose lives were in immediate danger became the focus, while support for longer-term issues and the ability to recover from crises was drastically scaled back…."**

"The **report also highlighted the growing pressure from governments on how aid could be spent, such as the US spending freeze on programmes considered driven by diversity, equity and inclusion (DEI) policies…."**

Miscellaneous

Telegraph – Global hunger is a threat to Britain's national security, report says

https://www.telegraph.co.uk/global-health/climate-and-people/global-hunger-is-a-threat-to-britains-national-security/?s=09

"**Researchers warn that food shortages are a driver of mass migration, extreme violence and war – events that threaten serious repercussions."**

"**Global hunger poses a direct threat to Britain's national security, and tackling it should be a government priority**, a **new report from the London School of Economics** has warned. It says hunger is a major driver of mass migration, extreme violence and war – events that threaten significant repercussions for Britain and Europe's national security…."

Peer Review in Crisis: The Ethics of Unpaid Academic Labour Behind Paywalls

L Engelbert Bain; https://www.linkedin.com/pulse/peer-review-crisis-ethics-unpaid-academic-labour-engelbert-bain-urhle/

"Peer review is one of science's most important forms of invisible labor. If researchers are expected to donate that labor, what does the publishing system owe them—and the public—in return?"

Bain concludes: "**Saving peer review is no longer an editorial concern; it is a global science-policy imperative."**

Devex Pro - The supersonic rise of Operation End Starvation

https://www.devex.com/news/the-supersonic-rise-of-operation-end-starvation-113090

(gated) "A billionaire's heir spent a decade building influence in Washington. Now, his network is betting on a new idea: that a **combination of public and private cash — and a laser focus on cost-effectiveness — can remake the world's malnutrition supply chain."**

Re " **the Eleanor Crook Foundation, or ECF, a Texas-based philanthropy focused on ending child hunger**. "…. The goal can be traced back to his family's philanthropic mission, one built by his grandmother, **Eleanor Crook, the heiress to a Texas supermarket fortune**. It's also at the core of the most ambitious thing Moore has built to date: **Operation End Starvation, a fledgling U.S. nonprofit launched in July.** The **new outfit is hoping to overhaul how the world funds, distributes, and prioritizes ready-to-use therapeutic foods, or RUTFs,** a lifesaving treatment for severely malnourished children. In large part, that will be done **through a razor-sharp focus on cost-effectiveness, which Moore refers to as OES' "North Star."…"**

"**The idea is to build something similar to the Global Fund, which leverages a combination of public and private financing to sustain funding for RUTFs across the production and delivery chain**. That would include partnerships with both local and American RUTF manufacturers. The backbone for OES was in place by January, and in June it received a $100 million grant from the U.S. State Department. **But the process has not been without debate.** While OES is focused on cost-

effectiveness, some U.S. lawmakers would like to see **more prioritization of American RUTF producers,** even if it comes with a higher price tag. **And within the nutrition sector, there is concern about the laser focus on RUTFs at the expense of other aspects of a response to malnutrition….”**

Global health events

18th World Congress on Public Health (6-9 Sept, Cape Town) - Health Without Borders: Equity, Inclusion, and Sustainability

https://www.wcph.org/

Check out the **Conference statement.**

Global health governance & Governance of Health

European Public Health Alliance – Together for EU Health Civil Society – 187 organisations call for sustainable EU support

https://epha.org/together-for-eu-health-civil-society-187-organisations-call-for-sustainable-eu-support/

“**The European Public Health Alliance (EPHA**), as co-chair of the EU4Health Civil Society Alliance, has joined 186 civil society organisations from across Europe and across sectors **in calling for meaningful, adequate and predictable operating support for health civil society under the EU4Health Programme and beyond**. The **statement** highlights the important role of health and patient organisations in representing communities, contributing independent expertise and participating in European policy …”

“The call comes amid continued uncertainty over the future of EU4Health operating grants. Following their exclusion from the 2025 EU4Health Work Programme, a revised proposal for 2026 reintroduced only €1.3 million in funding for 2027, an amount considered insufficient by Member States. The signatories are therefore **calling on the European Commission to ensure sustainable support for health civil society** and to put into practice its commitments to adequate, sustainable and transparent funding for civil society.”

Book – Global Health: Swedish perspectives on key debates, politics, and practice

Rachel Irwin; https://nordicacademicpress.se/product/global-health/

« **Although Sweden has traditionally been one of the most significant donors in global health and development, it is barely mentioned in international scholarship on the history and politics of global health.** In Global Health **Rachel Irwin addresses this gap by examining global health from Swedish perspectives, both historical and contemporary**, with a focus on how Swedish actors have driven, taken part in or reacted to many of the key debates and challenges in the field. By using Sweden as a case study, the author traces and untangles the relationships between domestic norms and values, international engagement, and national identity….”

Development Today - A very Norwegian debate about aid reform takes place on its own lonely planet

A very Norwegian debate about aid reform takes place on its own lonely planet

(gated) "**Norway, which remains the world's most generous donor, is in the thralls of a process of recalibrating its aid policy to make it more fit for a changing world**. While the government wants to sharpen priorities and reduce the number of aid jobs at home, Norwegian NGOs recoil from suggesting where cuts should be made. **Politically prestigious initiatives are, meanwhile, notably absent from the discussion."**

CGD (Note) – Beyond Belt and Road: Responding to the Evolution of China's Financing for Infrastructure

C Kenny; https://www.cgdev.org/publication/beyond-belt-and-road-responding-evolution-chinas-financing-infrastructure

"China has pretty much given up on finance for publicly owned infrastructure…."

- Summary of this Note: Beyond Belt and Road: China's Great Infrastructure Retreat

"China financed a lot of public infrastructure in developing countries. That era appears to have come to a close. That's bad news for developing countries but an opportunity for traditional donors."

Global health financing

Habib Benzian – What Took Germany So Long?

https://habibbenzian.substack.com/p/what-took-germany-so-long

"How Germany turned voluntary action into a decade of delay on sugar regulation."

"The **wider global health lesson** is simple: **evidence makes policy defensible, but power determines when it becomes possible."**

UHC & PHC

Lancet Primary Care (Editorial) – Primary and community care for a changing climate

https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00109-3/fulltext

"**Worldwide, primary care systems are working to implement climate resilience and improved service delivery in this era of increasing climate effects. …** …**Unfortunately, funding and infrastructure fall short** of what is needed to support climate-resilient primary and community care."

The Editorial concludes: **"… We have moved from preparing for a future affected by climate change to trying to handle a present affected by climate change.** Wildfires rage throughout the world, including in countries that have rarely, if ever, seen them before. Risk of flooding is higher than ever, yet water supply shortfalls in coming years are estimated to be billions of litres. **These climate-related effects and disasters will affect the health of billions of people worldwide. Primary and community care are the first point of contact for identifying, managing, and preventing health effects resulting from climate change. Systematic, national-level investment and strong, climate-resilient infrastructure are required to ensure that primary care can withstand future climate effects**."

Pandemic preparedness & response/ Global Health Security

Book – Pandemics: Anthropological Insights

P Dawne; https://utppublishing.com/doi/abs/10.3138/9781487541323

"**This book offers an anthropological analysis of pandemics**, highlighting how disease outbreaks are shaped by structural inequality, political dynamics, cultural interpretations, and systems of care. It integrates ethnographic research with global case studies to examine how pandemics are experienced and managed across diverse contexts…."

Science Daily - Bats carry dangerous viruses without getting sick. This may be why

https://www.sciencedaily.com/releases/2026/09/260901010713.htm

"**Scientists discovered that more than 500 species of vesper bats possess two separate sets of antibody genes, an immune arrangement never before found in mammals**. The surprising system could help explain how bats tolerate so many viruses without becoming seriously ill."

Planetary health

Lancet Planetary Health – July issue

https://www.thelancet.com/issue/S2542-5196(26)X2007-1

Most articles already appeared 'early online' before.

Carbon brief - How extreme heat is 'creeping' from summer into autumn and spring

Casey Ivanovich; https://www.carbonbrief.org/guest-post-how-extreme-heat-is-creeping-from-summer-into-autumn-and-spring

"**Extreme heat is one of the deadliest climate hazards, but no two heatwaves are the same. Heat extremes that happen outside of the peak summer months are often more dangerous because they can catch people off guard. Heatwaves that hit during the spring or the first heatwave of the summer are riskier** because people's bodies are not yet accustomed to the heat and cooling strategies, such as air conditioning or public cooling centres, might not be available. **On the other hand, heatwaves that happen in the autumn, after a long summer season of heat exposure, can place further strain on bodies and local infrastructure that are already under stress."**

"… **Our study, published in AGU Advances, is the first to measure whether the timing of extreme heat during the calendar year is changing around the world**. We find that, **in more than half of the world, extreme heat events are spreading into the "shoulder seasons", but doing so unevenly** – in other words, **they tend to creep more into autumn or spring, depending on the location…."**

Lancet World Report – Fears over longer term health impacts of Nepal floods

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01859-3/fulltext

"Experts warn of a risk of communicable diseases, malnutrition, and mental health conditions following catastrophic flooding that has killed thousands. Sophie Cousins reports."

Lancet – Wildfire smoke and health: current evidence, mechanisms, and future challenges

Gongbo Chen et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01601-6/fulltext

Review.

« **This Review synthesises global evidence on the trends, health effects, and physical and chemical characteristics of wildfire smoke, exploring potential biological mechanisms and challenges in health risk assessment**. Acknowledging the global impact of wildfires and their health effects is essential for mitigating environmental, social, and economic challenges. Safeguarding public health requires an interdisciplinary approach to comprehensively address the public health burden from wildfires. This integrated strategy is essential to systematically assess and mitigate the substantial public health burden posed by wildfires, as well as promoting resilience and sustainable solutions for affected communities."

Lancet Public Health -Heat-health interventions for people experiencing homelessness

Alexander Moses et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00160-X/fulltext

Review. Based on studies mainly from HICs.

International Health –Navigating the climate–health nexus: an interest-holder analysis of the public health gaps in Uganda's climate response

https://academic.oup.com/inthealth/advance-article/doi/10.1093/inthealth/ihag090/8787995?searchresult=1

By Reagan Daniel Emoru et al.

Guardian – Drinking very hot drinks could triple risk of oesophageal cancer, study finds

https://www.theguardian.com/society/2026/sep/09/hot-drinks-triples-risk-oesophageal-cancer-study

"Research finds temperature and amount of hot drinks consumed heightens possibility of developing disease."

Infectious diseases & NTDs

Lancet Infectious Diseases - Is a tiered classification framework needed for sexually transmitted infections?

Prof Ismaël Maatouk et al; https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00379-8/abstract

"**Working definitions of a sexually transmitted infection (STI) exist, but no universally agreed operational classification links those definitions to programme, funding, and surveillance decisions.** The boundary of the STI category determines which infections enter surveillance, receive programme funding, and are included in testing and screening. Yet, the fields of microbiology, clinical medicine, and public health each define this boundary differently. Contested conditions, including bacterial vaginosis, vulvovaginal candidiasis, scabies, mpox, and sexually transmissible enteric pathogens, expose the inadequacy of the current binary classification. **In this Personal View, we propose a three-tiered classification framework: core STIs, sexually associated infections, and incidental sexually transmissible infections, anchored on four explicit classification dimensions**. The framework is intended to guide programme mandates and funding, clinical and diagnostic service delivery, and disease surveillance, while accommodating conditions that might shift between tiers as evidence evolves and as local epidemiology dictates."

NCDs

Lancet Regional Health Africa - Africa's ageing gap: from measurement to action

Leon Geffen et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00133-1/fulltext

"**Africa's health systems were mainly built for the young and the acutely ill, not for the growing millions surviving into older age with multiple interacting conditions. With the population aged 60 years and older projected to quadruple in sub-Saharan Africa by 2050, this transition is already underway**. Using the **ATHLOS Healthy Ageing Score across five sites in The Gambia, Zimbabwe, and South Africa,** Manyara and colleagues document that women, people with multimorbidity, and those affected by obesity, physical inactivity, or tobacco use consistently had poorer healthy ageing profiles. Yet **older people in sub-Saharan Africa living longer with interacting medical, functional, psychological, and social problems face systems still organised around single conditions; those with coexisting hypertension, arthritis, depression, and reduced mobility need coordinated care, not four disconnected programmes…."**

"… **Three areas should be prioritised…."**

They conclude: "… **The Manyara and colleagues' study should be read as a call to reorganise policy, services, education, and research around functional ability, because measuring healthy ageing is valuable only when measurement triggers actions**. Governments in sub-Saharan Africa **should integrate multidomain assessment into primary care, redesign services for multimorbidity, invest in rehabilitation and workforce development, and monitor whether these changes narrow inequalities**. Financing these actions does not require entirely new budgets; universal health coverage expansion, primary healthcare investment, integration with existing NCD programmes, and social protection frameworks for older adults and their caregivers offer practical and feasible pathways…"

Lancet Regional Health Africa - Barriers of diabetic foot rehabilitation in Africa: a scoping review of two decades of evidence

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00129-X/fulltext

By Raidah R. Gangji et al.

Social & commercial determinants of health

Lancet Public Health - Global, regional, and national prevalence of second-hand smoke and attributable disease burden in 204 countries and territories, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023

GBD 2023 Second-hand smoke Collaborators;
https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00168-4/fulltext

Some key messages via Global Health Now: "**2.7 billion+ people were exposed to secondhand smoke globally in 2023—contributing to nearly 1.7 million deaths**… the authors note that women and children are disproportionately exposed and call on governments to implement stronger tobacco controls in public places and homes to better protect non-smokers…"

Lancet Public Health (Comment) - Healthy checkout policies: a new front in food regulation

Adam D Koon; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00193-3/fulltext

Comment linked to a new study in the Lancet Public Health.

"**Prominent placement of junk food at store checkouts can prompt impulse purchasing, and checkout displays are encountered by nearly every shopper. Restrictions on the placement of less healthy products have rightly become a recognised part of the policy repertoire recommended** to improve population diets, alongside taxation, marketing restrictions, and front-of-pack labelling. Evidence on their effects, however, comes largely from voluntary initiatives, single retail chains, or short observation periods**. In this issue, Justin S White and colleagues report the first evaluation of a mandatory healthy checkout policy using retail sales data…"**

Lancet Public Health (Viewpoint) – Beyond individual-level approaches to dementia prevention: a socioecological reappraisal

J Dunne et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00171-4/fulltext

« **Dementia prevention has largely focused on modifying individual behavioural and clinical risk factors**. Although this approach has advanced understanding of dementia risk, it could under-recognise the broad social, environmental, and structural conditions that shape brain health across the life course. **In this Viewpoint, we apply the socioecological model, a well established public health framework, to map 61 modifiable dementia risk and protective factors identified in the published population-attributable fraction literature across four levels of influence: individual, interpersonal, community, and societal.** Most mapped factors (49/61 [80%]) were at the individual level, with few at interpersonal (2/61 [3%]), community (3/61 [5%]), or societal (7/61 [11%]) levels. This pattern suggests that **the published evidence base remains predominantly organised around individual-level factors despite growing recognition of upstream influences**. We argue that effective dementia prevention requires coordinated action across sectors, including education, urban planning, environmental policy, and health care."

Access to medicines & health technology

Lancet Regional Health Africa - Africa's immunisation journey from recovery to sustained acceleration: insights from the 2025 WHO and UNICEF Estimates of National Immunisation Coverage

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00128-8/fulltext

By Charles Shey Wiysonge et al.

Plos Med - The widening medication adherence gap

Zachary A. Marcum;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005237

"The gap between medication efficacy in trials and real-world effectiveness is widening, and with it the opportunity cost of medication nonadherence. Closing this gap requires more than individual behavior change; it requires system-level solutions, including coverage and funding design, pharmacist-led programs, and health information technology."

Globalization & Health - Quantitative assessment of national essential medicines lists processes: a descriptive study of 143 countries

https://link.springer.com/article/10.1186/s12992-026-01237-5

By E Saxena et al.

Human resources for health

Globalization & Health - Nursing as a systems profession in One Health: opportunities across the Quadripartite action tracks

J B Fernandes; https://link.springer.com/article/10.1186/s12992-026-01238-4

« The One Health agenda has progressed from a conceptual acknowledgement of human–animal–environment interdependence to a global framework for coordinated action, exemplified by the **Quadripartite One Health Joint Plan of Action** (2022–2026). **The Joint Plan sets out high-level objectives across six action tracks**, while the 2023 national implementation guide supports countries in adopting and adapting those objectives to their own contexts. **This paper examines nursing as a systems profession within One Health, using the six action tracks as an analytic framework. »**

HRH - Addressing the global health workforce crisis: from numerical shortages to skills quality

S Kanwar et al. **https://link.springer.com/article/10.1186/s12960-026-01101-y**

"… **This commentary argues that existing migration frameworks and qualification recognition processes may not do enough in the absence of structured competency benchmarking and measurable skills standards**. Although WHO initiatives such as the Global Code of Practice, Bilateral Framework Agreements, and the Global Competency Framework for Universal Health Coverage provide important policy foundations, **significant implementation gaps remain in the assessment and comparison of competencies across borders**. Competency-based education offers a potential pathway toward more measurable, transparent, and outcome-focused workforce development…"

Decolonize Global Health

The American Journal of Bioethics - How "America First" Abandoned Global Health: The Case for an African Model

Nancy S. Jecker et al;
https://www.tandfonline.com/doi/full/10.1080/15265161.2026.2692312#d1e250

"**This editorial puts forth an alternative to the America First vision for global health. It looks beyond Western approaches to engage with values prevalent among African people, values we believe are compatible with many Western values**. We **focus on Africa for two reasons**. First, the African region is among the most heavily impacted by America First (Oum et al. Citation2025). Second, ideas from Africa, and the Global South more broadly, are frequently missing from bioethics discourse (Pratt and De Vries Citation2023). This reflects profoundly unfair patterns of disadvantage and power that arose during colonialism and continue today (Santos Citation2015, Fayemi et al. Citation2025). **Foregrounding non-Western approaches comprise part of a larger effort to decolonize global health…."**

Lancet Letter – Inverting power must begin with authorship

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01509-6/fulltext

By Q Khraisha.

See also the Authors' reply.

Conflict/War & Health

BBC - Sudan's healthcare system on brink of collapse after cuts, medical charity warns

https://www.bbc.com/news/articles/c62m8247yleo

"**Sudan's fragile health system is on the brink of collapse as global funding cuts have led to the closure of healthcare facilities across the country, Médecins Sans Frontières (MSF) has warned**. Dozens of organisations were unable to find alternative funding after the US - the largest donor to Sudan - closed USAID, its body for delivering foreign aid, last year, the medical charity said. **MSF urged world leaders gathering at the UN General Assembly in New York to take action…."**

"… **MSF said while the US was still the largest donor to Sudan, existing grants to many USAID-funded organisations ran out in June - as European governments were also reducing international assistance."**

IJHPM - Pathways to Universal Health Coverage: A Qualitative Comparative Analysis of Effective Development Cooperation Principles in Fragile and Conflict-Affected States

https://www.ijhpm.com/article_4923.html

By H Aweesha et al.

AI & health

NYT - A.I. Boom Poses Growing Public Health Threat, Former E.P.A. Officials Warn

https://www.nytimes.com/2026/09/10/climate/ai-data-centers-air-pollution-health.html

"Air pollution from gas-fired power plants to run data centers is expected to add at least $20 billion in annual health care costs by 2028, the group warns."

"A **group representing more than 800 former employees of the Environmental Protection Agency on Thursday sounded the alarm over the health consequences of data centers**. It warned that Trump administration policies to weaken pollution safeguards and speed up approvals of the facilities threatened to exacerbate those health harms. In a report set to publish Thursday, **the nonprofit Environmental Protection Network examined pollution from power plants, gas turbines and diesel generators needed to meet data centers' surging electricity demand**. And it listed 30 federal actions taken by the Trump administration that it warned would increase pollution-related health risks as more data centers open across the country. …"

Miscellaneous

Lancet Perspective - Tim Baker: bringing systems change to acute health-care provision

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01823-4/fulltext

"…. In Tanzania, Baker and his team developed the concept of Essential Emergency and Critical Care (EECC), a low-cost, low-resource systems innovation focused on effective life-saving interventions. To Baker, "**critical illness is a massive and neglected problem**, and we've developed a solution that is cost-effective and feasible for all hospitals in the world. Currently, this care is often not being provided and there are so many preventable deaths in all resource levels globally."…

Papers & reports

JCPH (Editorial) – The (inevitable) politics of public health research

Judith Green; https://journalhosting.ucalgary.ca/index.php/jcph/article/view/84663

"**Recent moves by the US government to increase political control over federal research funding include having political appointees make decisions on what gets funded and withdrawn, and severe constraints on ability to fund international collaborations. They have rightly incurred condemnation** and protest from across the medical community. **The Editors of the 'New England Journal of Medicine' have likened the scale of the threat to the Soviet-era political promotion of Trofim Lysenko's anti-Mendelian genetics**, which had decades-long devastating consequences for agriculture and the development of biological sciences in the Soviet Union. **Science, they argued, should not be politicized. Yet public health, as a research discipline as well as a practice, is inherently and inevitably political. The challenge is one of combining a political sensibility with a commitment to methodologically sound, open and critical science."**

HP&P – Multi-sectoral governance for health: a scoping review and typology development

Matthew Aviso et al; https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag106/8786738?searchresult=1

"Multi-sectoral governance is widely recognised as necessary to address health challenges, but approaches vary in different settings. **We aimed to examine the representation and attributes of multi-sectoral governance for health in the peer-reviewed literature and develop a descriptive typology**. … …. **Multi-sectoral governance for health was assessed to be either single-lead** (i.e. when one sector leads) **or distributed** (i.e. when all sectors share in governance). **Single-lead multi-sectoral governance for health was further classified as: (**1) deliberate, when the lead sector is clearly tasked with governing collaboration from the outset; or (2) organic, when the lead sector emerges as the sector naturally responsible for governing collaboration. **Distributed multi-sectoral governance for health can be further classified as:** (1) committed, when all sectors have sustained interest in contributing to collaboration; (2) flexible, when the involvement of sectors shifts depending on changing priorities and available resources; or (3) fragile, when sectors do not commit sufficiently, resulting in sub-optimal collaboration. **Our findings can advance thinking on what multi-sectoral governance for health looks like, guide policymakers and other stakeholders to explicitly consider governance arrangements when planning and implementing multi-sectoral governance for health and recommend future research to explore how variations in types of multi-sectoral governance for health relate to its effectiveness."**

Policy Brief - How can we better prepare health systems to resist corruption?

https://eurohealthobservatory.who.int/publications/i/how-can-we-better-prepare-health-systems-to-resist-corruption

By D Balabanova, M McKee et al.

Plos Med – Country- and individual-level factors associated with healthy working life expectancy: A multinational longitudinal study

J Zhu et al; https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004676

"This study provides a comprehensive estimate of HWLE at age 50, and **identifies national economic indicators, governance quality and employment-related conditions as contextual factors associated with HWLE**, beyond individual factors like chronic diseases and lifestyle."

Podcasts

Global Health Matters podcast - Behind the scenes of the pandemic agreement

https://www.buzzsprout.com/1632040/episodes/19731801-behind-the-scenes-of-the-pandemic-agreement

"In May 2025, the world adopted a landmark agreement to prepare for future pandemics. It was the product of three years of negotiation across deep political divisions, including the withdrawal of the United States from the World Health Organization. How did the countries with the smallest delegations build real influence at the table? How do health leaders keep people's health at the center of a deeply political process? And what does this achievement signal about cooperation in a divided world? **In this episode, host Garry Aslanyan** explores these questions with two guests who bring complementary perspectives. **Anne-Claire Amprou is the French Ambassador for Global Health and co-chaired the intergovernmental negotiations that delivered the pandemic agreement**. And joining her is **Lia Tadesse Gebremedhin, Executive Director of the Harvard Ministerial Leadership Program at the Harvard T.H. Chan School of Public Health and former Minister of Health of Ethiopia, who helped build one African voice — 47 countries speaking together — during the negotiations."**