

IHP news 902 : WHS Berlin, annual IMF/WB meetings in Bangkok & adoption political declaration on PPPR

(16 October 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,

I came back half-sick from the [World Health Summit](#) (11-13 Oct) in Berlin, in spite of its theme “*From Crisis to Resilience*”. And so, while waiting for an ‘*innovation*’ to get me going again, I’ll keep it short in today’s intro. In case you’re interested in my short take on the WHS, see IHP- [WHS 2026: a few quick reflections from Berlin](#) (from Wednesday morning). PS: quick suggestion already for the organizers for next year: [Isabelle Weber](#) would be a great keynote speaker. Let’s invite her before it’s too late. Heck, let her address the ‘Signature event’ :)

In today’s **Feat article section**, we also have contributions from **Merette Khalil** and first-time participant **Antoine de Bengyi Puyvallée** on the WHS, weighing in from various angles. As well as a blunt take from a few other first-time (*and rather shocked*) participants. So a whole spectre, in line with what Priti Patnaik argued in her [Berlin Missive](#) about the WHS, “*Love it, or hate it, you certainly cannot ignore it.*” After the Feat article section, **the first chunk of this newsletter zooms in on all the announcements, new publications & other news from Berlin.**

We also pay attention to the [annual meetings of the IMF/World Bank in Bangkok](#) (12-18 Oct), taking place against an global economic (and broader) [backdrop](#) that can probably be [summarized](#) as “*Winter is coming*”.

And as you might have heard, on 12 October the [UN General Assembly adopted the political declaration on pandemic prevention, preparedness and response](#). A small success in extraordinarily difficult times for multilateralism.

Enjoy your reading.

Kristof Decoster

Featured Articles

Women's health takes center stage at WHS2026 but without the women at the center

[Merette Khalil](#)

In the last three years, women's health has become more prominent within the global health space with momentum to close the costly \$1 trillion gap. This year's it was one of the [World Health Summit's six themes](#): *Health Equity for Women, Children, and Youth: Ensuring Rights, Inclusion, and Participation*. Leaving WHS2026, I can't help but think that commercializing and commodifying the women's health agenda while discounting women's lived experiences as expertise risks reproducing the very inequalities we are working to address.

A million women demand holistic and people-centred systems transformation

Back in 2023, the World Economic Forum (WEF) launched a landmark report exposing the women's health gap: women will spend more than 25% of their lives in poorer health than men, resulting in over 75 million years of life lost globally, with a potential [\\$1 trillion opportunity](#) to grow the global economy if addressed. Since then, the topic has seized the attention of funders, researchers, pharmaceutical companies, and advocates especially as [new findings](#) show that only 6% of private healthcare capital is spent on women, less than 2% on women-specific conditions and 90% of that investment concentrated in women's cancers, reproductive health and maternal health. The report also found that only 5% of clinical trials report sex-disaggregated data resulting in delayed diagnoses for women across 700 diseases.

That same year, I attended my first World Health Summit – and while it was a jarring reality check to be in Berlin for one of the sector's highest-level dialogues on health diplomacy just one week after the October 7 attacks, with the genocidal response already in full swing in Gaza – it was an honor to carry the voices of 1.2 million women and girls to this convening. My team at White Ribbon Alliance and I launched *Beyond the Sum of our (Body) Parts: A Call to Action from Women and Girls* -- the findings of this "What Women Want campaign" which asked [over a million women and girls](#) (aged 6-103) from every region their top demand to improve their health and wellbeing. As scholars and funders were building the women's health agenda from WEF to WHS, this mass-mobilization participatory priority setting research repositioned women as the experts on their bodies, needs, communities, and solutions. Unsurprisingly, [women demanded](#) basic human rights: Person-centred holistic care that respects bodily autonomy. Food security. Financial freedom. Safety from gender-based violence... Across 8 themes, women were demanding systems change that treats them as a whole person.

Women's health at WHS2026

Despite [millions of women](#) demanding to stop fragmenting women's health to "the bikini areas" and consider it holistically, the women's health theme at WHS2026 heavily focused on reproductive and maternal health. I was encouraged by [the €250 million investment](#) in Bangladesh's [women's health](#), [the \\$100 million](#) to address the current trend of stillbirth every 17 seconds, pharma [acknowledging](#)

their gender-blindness of the “male body as the standard” in cancer research, and the closing keynote focusing on ending maternal and child deaths. Nonetheless, across [both this year’s](#) Women’s Health sessions, funders, pharma companies, UN, and doctors, dominated the stage, without representation from civil society, women’s advocacy organizations, or even women patient groups as their powerful ideas were relegated to the side sessions which have become exorbitantly expensive for grassroots and non-profit advocates.

Health systems of the future will be feminist

As I joined WHS2026’s opening session [on Rethinking Health Systems for the Future](#), this was my main message: *“As we reform the global health architecture, we cannot ignore 50% of the population whether women or youth, in all their diversity, we must meaningfully engage the communities most significantly affected by these new policies, before decisions are made, not after plans are finalized. Health systems of the future will be [feminist](#). What we cannot sacrifice is every person’s RIGHT to HEALTH and holding government accountable to deliver it.”*

As we leave WHS26, let’s PUSH to transform women’s health and put women at the center of health systems. [Join us as we build](#) the global movement for woman-centred care!

In the belly of the beast: reflections from the World Health Summit 2026

[Antoine de Bengy Puyvallée](#)

I attended the [World Health Summit](#) in Berlin for the first time this year. I was struck by the ubiquitous influence of private actors – and industry’s claims on what remains of development aid budgets.

The World Health Summit is a privately organized platform for global health discussions. Its list of “sponsoring partners” displayed prominently at the entrance, left little doubt as to whose voices would set the tone: the pharmaceutical industry, big tech companies, mega-philanthropic foundations, and global health partnerships on the lookout for fresh funding. Almost all the main panel sessions had pharmaceutical company representation.

These actors sent large delegations, despite the exorbitant registration fees (4000€ for the industry, 900€ for philanthropy). The Gates Foundation had 34 registered participants, Wellcome 31 (including their own photographer!), while Bayer (23), Amazon (19), and Sanofi (17) also had substantial manpower.

Sponsors did not merely contribute to the summit’s luxurious rooms, delicious food and communication apparatus – they also bought a seat at the table, and the opportunity to shape the script of conversations.

Take for instance [a Tuesday afternoon session](#) hosted by Bayer, moderated by the company’s “head of strategic communication” and featuring Bayer Pharmaceuticals’ “chief health equity office and

global health of public affairs” on the panel, alongside partners from the Gates Foundation and others. So much for an “open and frank” discussion on “[Financing the Future of Health: Building the Next Generation of Public-Private-Philanthropic Partnerships \(PPPPs\)](#)”.

Meanwhile, Tik Tok should get the award for the most brazen reputation laundering. Its side event on “youth perspectives on mental wellbeing online” clashed sharply with [mounting evidence](#) that the platform harms young users’ mental health.

The Accra Reset and its call to redistribute power towards Global South countries dominated many of the Summit’s conversations. Industry representatives, however, had a different message: global health must “share the risk to foster innovation” to incentivize the development of pharmaceuticals and technologies targeting diseases disproportionately impacting low-income countries.

Their recipe? Donors should “de-risk investments” by developing “multi-year, long-term funding”; providing “market guarantees” and “predictable demand”; supporting a “strong, predictable IP regime and favorable trade environment”; while ensuring that “the industry has a seat at the table” through “true partnerships”. This sounds a lot like the [public-private partnership model that has dominated global health](#) the past quarter century.

In three days at the Summit I surely reached my annual quota of “[global health nonsense](#)”. Still, I’m glad I went: the sessions made current political priorities impossible to miss, and in that sense, the Summit fulfilled its important function of facilitating multistakeholder dialogue.

See you next year?

World Health Summit: The Necessary Evil of Capitalist Global Health?

—By C and M, first time attendees and likely never destined for the private rooms

The World Health Summit (WHS) is a bizarre animal of global health dichotomies. Public sessions full of prepared remarks and platitudes, some bordering on the advertorial. Splashy evening sessions where powerful speakers preach to the converted. The real action must be in private, right? The public portion is window dressing for the real (trans)actions that keep global health running.

This was our first time at WHS. We have attended other small and large health conferences but the undercurrent of wealth at WHS is notable. From the venue to the food to the ample staff and outstanding audio/visual support, the whole thing was *slick* and sanitized of almost all critique. And I can assure you some of us had a lot of time for contemplation because the women’s bathroom lines were appalling and organizers should be ashamed of themselves to have such limited options in 2026.

The disconnect between the space and delivery with the actual lived experience in global health was jarring. Even more jarring was how little space there was to question the structures producing those realities in the first place...

- For the full article, see IHP: [World Health Summit: The Necessary Evil of Capitalist Global Health?](#)

Highlights of the week

Structure of Highlights

- Run-up to World Health Summit
- WHS – Key news & reports
- WHS - some additional snippets
- WHS - Some more analysis
- Ebola emergency
- Adoption political declaration on PPPR
- More on PPPR
- IMF/World Bank annual meetings (Bangkok)
- More on the WHO DG race
- More on global health reform
- More on Global Health Governance & Finance/Funding
- Future of Development Cooperation
- Global Tax justice
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- Health Transitions, Integrated care, ...
- Human Resources for Health
- World Mental Health Day (10 Oct) & other mental health news
- More on NCDs
- Determinants of Health
- Planetary Health & environmental determinants of health
- More on SRHR
- Access to Medicines, Vaccines & other health technologies
- Miscellaneous

Run-up to World Health Summit

Lancet: 50 years of Ebola research and response

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01813-1/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01813-1/abstract)

“These are **two lectures that form the Virchow Prize Lecture** given by the authors in October, 2026. The **first lecture was given by Peter Piot**. The second lecture was given by **Jean-Jacques Muyembe-Tamfum**.”

This happened on Saturday evening in Berlin.

HPW - Germany Hosts the World Health Summit, But Has No Plan for the World's Health

Unni Karunaraka; <https://healthpolicy-watch.news/germany-hosts-the-world-health-summit-but-has-no-plan-for-the-worlds-health/>

(must-read analysis) **“This week, Berlin hosts the World Health Summit again. The host arrives with no working strategy, no ministerial coordinator, no parliamentary committee and no candidate to lead the WHO.** France has an **ambassador** for global health. Britain has a **development minister** who describes her job as “security through solidarity.” **Germany has a summit.**”

“How did the country that defended the WHO end up here? ... Angela Merkel’s government put health on the G7 agenda in 2015 and the G20 agenda in 2017. Berlin secured the WHO’s pandemic intelligence hub, funded at €30 million a year; established a Global Health Hub for government, industry, science and civil society; and transformed the annual World Health Summit. After Ebola, parliament expanded the mandate of the Robert Koch Institute. Its international centre became a technical partner to the public health institutes of Nigeria and Namibia and to Africa CDC. **But Germany did not make these institutions durable. They rested on a scientist chancellor, a physician chief of staff and a few motivated officials in the health ministry. When the chancellor left, there was little to keep the policy moving....”**

Unni sketches **three ways forward**.

And concludes: **“...The Bundestag will settle the budget in late November and can still restore the international health fund. The October Summit gives Germany a public stage to say what it wants to achieve. If it does not, the conclusion will be hard to avoid. There never was a plan. There was a chancellor. And she left.”**

World Health Summit (11-13 October, Berlin): key news & reports

WHS press release - World Health Summit 2026: Berlin Becomes Global Meeting Point for the Future of Health

<https://www.worldhealthsummit.org/news/world-health-summit-2026-berlin-becomes-global-meeting-point-for-the-future-of-health>

Press statement on the opening day. *“Leaders and changemakers gather from October 11–13 under the theme **“From Crisis to Resilience: Innovating for Health”**.”*

Including: **Three further announcements** were presented at the press conference:

“Diene Keita, Executive Director of the UNFPA, highlighted the [Government of Bangladesh's landmark investment of 250 million euros in women's health](#), supported by the European Investment Bank: “We need to shift the way we view women's health: from cost to investment, from a niche sector to a national economic priority. Women's health is one of the smartest investments a country can make in its people, its productivity and its future. With this initiative, Bangladesh is showing what that shift looks like in practice, and as leaders gather at the World Health Summit, it sets an example others can follow.” “

“John-Arne Røttingen, CEO of Wellcome, launched the [Wellcome Global Monitor 2026](#), which shows trust in science has fallen since the COVID-19 pandemic. “Public trust shapes whether scientific advances can make a meaningful difference in people's lives. As the world faces increasing challenges, from infectious diseases to climate change and mental health, **science has the potential for shaping a healthier future, but only if people trust that it is a force for good**. Launching at this year's World Health Summit, the **Wellcome Global Monitor** – the world's largest survey of public attitudes towards science with more than 140,000 respondents in 140 countries – **shows us we can't take that trust for granted**. Trust must be earned through openness, transparency and a willingness to understand and respond to the reality of people's lives for the benefits of science to be realized.”

“Ilana Ron Levey, Managing Director at Gallup, presented **new findings from Gallup's State of the World's Emotional Health 2026 Report on how social media connects to emotional wellbeing**.

“The data push back on the idea that more time online always means worse wellbeing. What stands out is that moderate social media use for adults is associated with better outcomes on many wellbeing measures, but the picture changes depending on the specific emotion and from one country to the next. Like so many things in life, moderation has benefits.” “

- On the latter, see also WHS - [See More Social Media Time Does Not Always Mean Worse Wellbeing, New Gallup Data From 97 Countries Suggest](#)

“High use linked to lower life evaluation in high-income countries, but not in other countries.”

The Lancet Commission on 21st century global threats to health

<https://www.thelancet.com/commissions-do/global-threats-to-health>

Obviously, one of the key reads of the week.

Prof **Christopher J L Murray**, et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01714-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01714-9/fulltext)

“The *Lancet* Commission on 21st Century Global Threats to Health is an independent, foresight-driven initiative that applies quantitative and qualitative methods to identify, characterise, and prioritise 17 catastrophic interlinked threats to global health over the remainder of this century. The threats span disease, social and economic conditions, environmental change, technology, and conflict. The Commission assesses threats by calculating the expected cumulative amenable disease burden – measured as disability-adjusted life years (DALYS) from 2025 to 2100 -which can be reasonably altered through policy action. The report concludes that the scale and diversity of 21st century health threats demand a fundamental shift in how governments and multilateral institutions approach long-term risk and points towards three areas of action.”

- Start with the [Executive Summary](#).
- And also with **three headline recommendations**:

“1. Build and fund threat-ready health systems with dedicated capabilities for foresight, prevention, preparedness, and protection—grounded in strong systems and durable financing rather than ad hoc crisis response. **2. Dramatically increase investment in breakthrough innovation** even in the current times of uncertainty and pressure on government budgets where existing tools are insufficient (eg, platform vaccines, new antibiotics, obesity therapeutics, climate mitigation, and atmospheric carbon removal) alongside governance to manage high-risk technologies (eg, frontier artificial intelligence [AI] systems and AI-enabled biological design tools). **3. Create a recurring Monitor of 21st Century Global Threats to Health** to update threat assessments, track science and data, and regularly present findings to major political and security forums to counter neglect cycles.”

- Related [Lancet Health Editorial: Rethinking threats to human survival](#):

“... perhaps the most important contribution of this Commission is to move global health beyond the consideration of individual harms. The Commission expands, quantifies, and legitimises a far **broader range of interconnected dangers to humanity.** The unpleasant reality is that the threats we face are multiple, complex, and difficult.”

- And another **Lancet Comment** by J Stephen Morrison : [21st century global threats to health are not what you think](#)

“The *Lancet* Commission on 21st century global threats to health's report by Christopher J L Murray and colleagues uses forecasts based on expected cumulative amenable disability-adjusted life-years (DALYs) to quantify and compare threats from 2025 to 2100. The Commission's intent is to equip governments with the tools to make smart long-term decisions that reduce risk based on “systematic, repeatable risk assessment and preparedness planning” as opposed to “short-termism and localism”.”

“The Commission assesses the threats of extinction from nuclear war and malicious use of artificial intelligence (AI), but it chiefly concentrates its analysis on 15 major catastrophic threats, a grouping that mixes threats not commonly compared quantitatively with one another. That unusual, innovative method generates findings with a few striking surprises that will stir debate and might change the future outlook of senior decision makers....”

Coverage & analysis via:

- **The Guardian - Nuclear war and malicious use of AI threaten end of humanity by 2100, says Lancet assessment**

<https://www.theguardian.com/global-development/2026/oct/11/nuclear-war-and-malicious-use-of-ai-threaten-end-of-humanity-by-2100-says-lancet-assessment>

“Newly established commission identifies 17 catastrophic threats to human health **but says ‘realistic route to act’ on each exists.**

“... The experts behind **The Lancet Commission on 21st Century Global Threats to Health** said all the threats interact, meaning they must be addressed together – but stressed that there was “a realistic route to act” on each....”

“... To be included on the list, **threats not only had to potentially cause a high number of lost healthy years, but also to have potential solutions....”**

PS: And re one of the threats, **large cuts to aid spending**: “Many major donor nations, including the US and UK, have announced **large cuts to aid spending** over the past year. **The potential collapse of, or steep reduction in, international health aid could cause up to 1.5bn Dalys before 2100, the commission found, nearly 70% of which would be in sub-Saharan Africa.** The region also bears the brunt of child malnutrition.”

“The commission was made up of 35 experts, and its findings will be shared on Sunday at the World Health Summit in Berlin, Germany. **Their assessment will be updated annually to re-evaluate the 17 threats identified, incorporating new data and any emerging hazards.**”

- And must-read analysis via HPW- [Is the World Ending? A Lancet Commission Says Maybe](#)

Among others, focusing on the **methodological criticism of the estimated climate threat** in the report. Excerpts below:

“Is climate an existential threat? “The Commission’s decision to focus headlines on the world-ending potential of AI and nuclear war did not come without controversy....”

“Sources close to the Lancet Countdown on Health and Climate Change – the annual report published by the journal quantifying the health threats posed by the climate crisis, which will come out this month – told Health Policy Watch the categorisation of obesity, alcohol use, and smoking on the same scale as catastrophic climate impacts was, at best, unhelpful. “It is a bit misleading, I would say,” said Melissa Jiménez Gómez Tagle, a planetary health scientist and UNFCCC advocate for climate and health who has collaborated with the Countdown. “I’m not saying that it is reporting the wrong thing, but maybe it is the way they are phrasing it that is confusing for people who are not knowledgeable of the whole report.”...”

“What the climate estimate leaves out: The report’s climate estimate leaves out migration, biodiversity loss, drought and sea-level rise. It also excludes some of the tipping points climate scientists fear most, including a full collapse of the Atlantic Meridional Overturning Circulation (AMOC), the system of ocean currents that carries heat north to Europe, abrupt shifts in Arctic and Antarctic sea ice, and the melting of the Greenland ice sheet, which it judges extremely unlikely this century. ... “The doctors of the planet are saying that the planet, which is the patient, is sick,” Jiménez Gómez Tagle said. Seven of the nine “planetary boundaries” that scientists say keep Earth’s systems stable have already been breached, according to the Potsdam Institute for Climate Impact Research’s 2025 Planetary Health Check. “They are putting the [tipping points] aside,” she added of the report’s methodology. “It’s like, oh yes, it is happening, but it’s not important. If we do not look at them as objectively and urgently as it’s needed, then what are scientists for?” ...”

- **Lancet Offline – In praise of astrologers, sorcerers, and magicians**

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)02083-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02083-0/fulltext)

Must-read.

“... That fight intensified this week with the publication of our Commission on 21st century global threats to health. Climate was the flashpoint. Our climate and health specialists argued that by not including climate change as an explicitly existential threat, the Commission risked opening a door to an avalanche of disinformation. Worse, when calculating amenable disability-adjusted life-years (DALYs), the Commission constructed a figure that, although it included a warning that it was not a ranking, could be read by those wishing to make mischief as putting climate change well down the list of priority threats. That claim was understandable, but fallacious. The point of the Commission is to broaden the range of risks governments, UN agencies, and the public take seriously. That is not downgrading climate change. It is upgrading other threats that have been hitherto insufficiently recognised.”

“... Still, I do have concerns about how the Commission might be misinterpreted. ... We need a supplemental list of threats for which amenable DALYs may be out of reach. Here is my list. (You might like to construct your own.) Forced human displacement. Racism. Misinformation and disinformation. Digital determinants of health. Erosion of sexual and reproductive rights. Broken food systems. Failures in water and sanitation systems. Biodiversity loss and risks of zoonotic spillovers. Corruption and poor governance. Violence against women and girls...”

And he concludes: **“... the biggest challenge is that despite all efforts to quantify risks, classify dangers, and pay attention to warnings, we have no effective mechanism to respond to these threat assessments. Governments do not tell the public honestly the range of risks they face. UN agencies cower in fear of retribution from member states. And single-issue advocates may disfigure the landscape of reasoned public deliberation. This deceit, spinelessness, and bias are possibly the greatest threats of all.”**

HPW – WHO Director-General Candidates Address Global Health Reform in First Public Campaign Event

<https://healthpolicy-watch.news/who-director-general-forum/>

Recommended coverage. “ The WHO Director-General election process ignited its **first public candidate conversation** on Sunday (11 October) at the 2026 **World Health Summit in Berlin**, as four of the race’s seven declared contenders tackled the thorny question of how to make global health institutions more responsive and fit for purpose.”

“The **opening day’s flagship event on ‘global health architecture reform’** packed the auditorium to capacity – in a session widely perceived as the most significant of this year’s conference events. **But even if the candidates were prepared with ready prescriptions of ‘what’ reforms are needed – the ‘how’ to implement proved to be much more elusive, critics observed....”**

PS: “ ... **Following the first stop in Berlin, the candidate field turns to the official WHO Candidates’ Forum in Geneva this November.** The 34-member Executive Board will subsequently shortlist and **nominate three finalists** during its session in **January 2027**, ahead of the **decisive World Health Assembly vote in May....”**

- See also [Devex](#): (Andrew Green)

“A crowd that included leaders of major organizations, World Health Organization bigwigs, and journal editors attempted to not-so-politely jostle its way into a Sunday afternoon session featuring **four of the candidates to become the next WHO director-general.** Dozens of people were turned away. Those who made it into the standing room only session heard Qatar’s **Hanan Mohamed Al Kuwari**, Spain’s **María Neira**, Indonesia’s **Budi Gunadi Sadikin**, and Armenia’s **Gevorg Tamamyan** respond to a series of questions about how they would reform the agency and the broader global health architecture. Saudi Arabia’s **Hanan Balkhy** was also supposed to be there, but her travel was disrupted by the earthquake in Panama.”

“**The candidates who were here in Berlin talked about** paring down WHO by removing duplication and **focusing the agency on those tasks it is best positioned to lead, including as a convener of experts.** And they saw **WHO as a key part of a broader international system** that responds to plans established by member states.”

“**But the candidates also had their own specific visions for the agency.** For Sadikin, it is a **return to the core mandate**, which includes setting norms and guidelines. Al Kuwari, who emerged as the best prepared on stage, with detailed talking points, emphasized the agency’s **capacity to provide independent oversight.** And Neira spotted an opportunity to **build momentum for primary prevention....** Most of the candidates tiptoed around the questions of whether they would ask the United States and Argentina to return to WHO and, if so, what they would give up in return. Tamamyan was most explicit in saying he would make the request....”

Devex - Bangladesh redirects €250M EIB pandemic loan to women’s health

<https://www.devex.com/news/bangladesh-redirects-250m-eib-pandemic-loan-to-women-s-health-113517>

See above. Some more detail here.

“A loan from the European Investment Bank was approved in 2021 to support rolling out COVID-19 vaccines and pandemic preparedness. Now, that money will go towards a national program,

dubbed **the Women's Health Initiative**, to **improve women's and girls' health** — an area that has been historically underfunded in Bangladesh — and also to strengthen district hospitals and critical care services....”

“... The development of the Women's Health Initiative was supported by WomenX Collective, the innovation program of the **United Nations Populations Fund**, or UNFPA, which will also provide technical support for the initiative's implementation... UNFPA said that **this is the first time it has been involved in redirecting a loan toward maternal health** — and invited other countries to see if this model works in their own context.”

“... The Women's Health Initiative is slated to run between **2027 and 2031**, and is expected to expand maternal and newborn care, and cervical and breast cancer services to some 47 million women and girls, as well as improve access to emergency obstetric and newborn care. ... “

World Health Summit 2026: Gates Foundation and Wellcome Leap Commit \$100 Million to Reduce Global Stillbirth Rates

[World Health Summit](#);

“World Health Summit Signature Event brings together global leaders, civil society, and philanthropy to move from crisis response to lasting resilience.”

“Wellcome Leap and the Gates Foundation will commit \$100 million to Uzima, a new stillbirth prevention initiative that aims to show stillbirth rates can be cut in half within a decade across selected countries. The organizations announced the program Monday evening at the [World Health Summit 2026 Signature Event](#) in Berlin....”

With some **key quotes** also from this Signature event (which also featured Merz (on video), Winnie Byanyima, Helen Clark and many others)

- Related **press release**: [Gates Foundation and Wellcome Leap Commit \\$100 Million to Reduce Global Stillbirth Rates](#)

“Stillbirth affects families everywhere, but the burden is not shared equally: **Of the nearly 2 million babies stillborn each year, almost half occur in sub-Saharan Africa.** New investment will focus on advancing innovations with the potential to cut stillbirth rates by half in select countries through a **new program called Uzima.** Joint commitment will begin with partners in sub-Saharan Africa advancing promising new tools and creating a blueprint for reducing stillbirths globally, with additional partners and funding coming later.”

WHO Pandemic Hub sets ambitious goal to detect new outbreaks within 24 hours

<https://www.who.int/news/item/12-10-2026-who-pandemic-hub-sets-ambitious-goal-to-detect-new-outbreaks-within-24-hours>

“The World Health Organization (WHO) launched a new five-year strategy for its Hub for Pandemic and Epidemic Intelligence, charting a path towards a world where every country can detect and

understand emerging health threats within 24 hours of their appearance by 2030. Strengthening rapid detection is a cornerstone of global health security, helping countries contain outbreaks before they escalate into larger epidemics or spread internationally.....”

Global Preparedness Monitoring Board final report - Getting Ahead of Pandemic Risk: Insights from 8 Years of Global Preparedness Monitoring

<https://gpmb.org/reports/m/item/getting-ahead-of-pandemic-risk>

The GPMB presented its final report, outlining key findings on pandemic risk monitoring.

“The **report presents five key insights from the GPMB’s experience**, highlighting the need for a more comprehensive understanding of pandemic risk, stronger political leadership and accountability, sustained investment in preparedness, and more effective translation of warnings into action.”

WHS – some additional snippets

WHS - World Health Summit 2026 Opening Night Marks Five Years of WHO Hub in Berlin and Looks Ahead to Hong Kong, China 2027

<https://www.worldhealthsummit.org/news/world-health-summit-2026-opening-night-marks-five-years-of-who-hub-in-berlin-and-looks-ahead-to-hong-kong-china-2027>

“The [World Health Summit Opening Night 2026](#) in Berlin on Sunday evening **marked the fifth anniversary of the WHO Hub for Pandemic and Epidemic Intelligence** and looked ahead to the **2027 WHS Regional Meeting in Hong Kong, China.**”

Devex - Staying the course & staying put

[Devex](#)

Staying the course: “**Dr. Frederik Kristensen** doesn’t want anyone to forget **the importance of local vaccine manufacturing**. As the **managing director of the Regional Vaccine Manufacturing Collaborative**, he understands that local vaccine production is **key not only to health security, but also to economic development** — both lessons countries learned during the COVID-19 pandemic. At the same time, he’s realistic about the capacity that countries have to actually produce vaccines, given that it can be a costly endeavor. That’s why he is **pushing for pooled procurement models** and, **potentially, a willingness to pay a slightly higher price for the locally produced vaccines, at least initially**. “I think what **we’re going to see is growth in these pooled procurement mechanisms**,” Kristensen said, citing **Africa CDC’s pooled procurement mechanism**. “But it will also require countries in the regions themselves to kind of step up and **prioritize procuring vaccines from their own regional manufacturers**.” Policy shifts in Latin America, he noted, had seen the **proportion of vaccines manufactured within the region increase substantially — from less than 1% in 2020 to 25% in 2025**. Still, he said, that is likely to involve countries agreeing to pay a premium for vaccines manufactured in their region while the industry gets off the ground.”

Staying put: “ Winnie Byanyima **may be moving on** after her term as executive director of **UNAIDS** ends later this year, but the agency isn’t going anywhere. Speaking to me on the sidelines of WHS, Byanyima emphasized that **the future of UNAIDS is “secure,”** although it is likely to continue in a **reduced capacity**. “We need a joint program that brings the world together, that provides political leadership, accountability, and ensures that communities are at the center of this,” she told me. “**So it’s going to stay there, but it’s going to transform.**” And as she approaches the end of a seven-year stint leading the organization, **Byanyima has given some thought to the legacy she is leaving. Among her accomplishments, she highlighted the shift toward an increased focus on HIV prevention — and specifically for the girls and young women who are most at risk of getting infected in many countries.** “We put more focus on **equalizing human rights, removing social barriers that make people vulnerable, while also promoting the technologies for prevention,**” she said.”

Global Action on Men’s Health (report) - Prostate Cancer: Time for a New Global Initiative

<https://gamh.org/prostatecancer-global/>

“GAMH is calling for a new global initiative on the world’s second most frequently diagnosed cancer in men.”

“With cases of prostate cancer expected to double by 2040, we urge the World Health Organisation (WHO) to introduce a Global Prostate Cancer Initiative which covers every stage of the prostate cancer pathway from prevention to palliative care. Our report, *Prostate Cancer: Time for a New Global Initiative. A Policy Report*, explains that **prostate cancer is now the most frequently diagnosed cancer in men in 112 countries and the leading cause of cancer death among men in 48 countries.** There will be almost three million new cases of prostate cancer a year by 2040 and the mortality rate will rise by 85%....”

Eric and Wendy Schmidt Announce Global Public Health Nonprofit to Improve Systems That Monitor, Identify, Respond to Health Threats

<https://www.schmidtglobalhealth.org/news/eric-and-wendy-schmidt-announce-global-public-health-nonprofit-to-improve-systems-that-monitor-identify-respond-to-health-threats>

“Eric and Wendy Schmidt announced today Schmidt Global Health, a nonprofit aimed at improving public health by strengthening the systems and advancing the technology used to monitor, identify and respond to emerging disease threats worldwide....

In this way, “... the organization’s work **expands the mission of the Schmidt Initiative for Long Covid (SILC) beyond a single disease. The organization will address the public health system itself** by fostering collaboration across an international network, using technology to enhance analysis of data, communicating health information and coordinating emergency response. In the months leading up to its unveiling....”

Some more WHS analysis

Devex Check-up – Global health has a war problem

<https://www.devex.com/news/devex-checkup-global-health-has-a-war-problem-113551>

“The **impact of conflict** comes sharply into focus at the World Health Summit in Berlin...”

“**The global health sector can innovate, collaborate, and come up with all the clever solutions it can. But that will continue to fall drastically short when wars continue to rob millions of people of any chance of living healthy lives.** That was **one of the sobering messages** echoing through the halls of the World Health Summit in Berlin this week. And it's a particularly fitting venue for that conversation. Unlike your typical global health gathering, you'll find people in military uniforms mixed in with the crowd of public health experts. **The links between health, conflict, and national security aren't just a side conversation here — they're front and center....**”

Geneva Health Files – The Berlin Missive: World Health Summit 2026

P Patnaik; <https://newsletter.genevahealthfiles.com/the-berlin-missive-world-health-summit-2026/?ref=geneva-health-files-newsletter>

“My impressions of the Summit this year, are limited only to a **few sessions on the WHO elections, the reforms discussions, and on governance shifts.** I also had the opportunity to have scores of quick, and revealing **conversations with a cross-section of participants - an intelligence gathering exercise I live for.**”

A few short excerpts:

Re **the WHO candidate DG forum**: “The general impression was that the candidates should have taken a deeper stab at some of the most obvious questions facing them, and the fundamental challenges at the WHO, that they will be expected to own and lead, should they get elected....

“... **On the fundamental question of whether it was appropriate to have such a session at the WHS – depends on where one stands.** The Berlin Summit is a far cry from being a people’s forum, flush with private sector funds, too expensive for many CSOs, but undoubtedly, it is a place to get quick feedback on whatever it is that you are testing. Although a skewed platform as mentioned above, the WHS in Berlin is the site of deal-making, and candidates of most stripes would want to be seen and heard....” (though not everybody agrees).

“... **In closed door sessions, senior government officials from donor countries, indicated the WHO DG should be politically savvy, but not political.** As a lay observer, this was a bit difficult to understand. So basically member states want to have their cake, and eat it too? “If you want to do politics, at least be smart about it,” one insider told us, offering advice to race hopefuls. ...”

Re **global health reform**: “... Reforming WHO depends both on member states, allied actors and the secretariat. Another favorite quip: **"The secretariat has become an expert at managing member**

states": from the insider. We have heard this often enough from diplomats, also in the way resolutions surface, for example...."

PS: "... **What was conspicuous by its absence was any public discussion on the ongoing global health negotiations in Geneva.** The annex to the Pandemic Agreement - **the Pathogen Access Benefits Sharing mechanism, barely featured on the Berlin barometer.** **What did feature were several sessions on biosecurity, and the strategic importance of health.** Berlin has a different language for difficult intergovernmental processes."

J Ratevosian - Is Global Health Keeping Up?

[on Substack](#):

"Three questions on power, reform and innovation after the World Health Summit."

Well worth a read.

PS: Ratevosian also attended a closed session 'upstairs'.

Alliance for HPSR - Health systems, displacement and the futures we choose: The Alliance at WHS2026

<https://ahpsr.who.int/newsroom/news/item/15-10-2026-health-systems-displacement-and-the-futures-we-choose-the-alliance-at-whs2026>

"Health ministers rarely get the chance to think about 2050. "My recollection is that there was a mini-crisis every week if not every day," said Rt Hon. Helen Clark, Chair of the Alliance Board, of her own years as New Zealand's health minister. **Yet the choices made in that daily firefighting will shape health systems for decades, Alliance speakers argued at the World Health Summit in Berlin earlier this week, and preparing for the future cannot wait until the crises pass."**

"The Alliance convened one of the opening panels at the Summit on 11 October, which focused on what health systems should look like by 2050. Alliance staff also participated in **sessions on conflict, migrant health and the hospitals of the future.** On the sidelines, the **Alliance also brought partners together on its Health Systems 2050 initiative and on reforming the global health architecture."**

Quote: "...**"We've moved from an era of polycrisis to hyperdynamism,"** said Dr Kumanan Rasanathan, Executive Director of the Alliance, opening the Summit's first panel, Rethinking health systems for the future. **The crises have not gone away, he argued, but change is now accelerating too, and the choices made now will constrain health systems for decades."**

And: "...**From principles to practical choices: The Wellcome Trust and the Alliance convened a side-meeting of country leaders, funders, civil society and global health partners to turn the debate on the global health architecture from principles into practical choices.** It built on the [commentary in Nature Medicine](#) that the two organizations convened on putting countries in the driving seat. Participants weighed options for more coherent financing of health systems and for

access to health products, and **agreed that reform has to go deeper than rearranging global institutions. ...**"

"Several argued for starting from the functions that countries and health systems need, not the organizations that provide them today: which should sit nationally, which gain from regional cooperation and which still need collective global action. Participants also debated what greater sovereignty should mean in practice. Stronger country leadership has to come with international solidarity and explicit protections for equity, so that marginalized populations are not left behind and calls for self-reliance do not give external partners a reason to withdraw too early.

For the Alliance, national knowledge systems sit at the centre of this. Countries cannot lead if they depend on outsiders for the evidence they need to set priorities, make policy and learn from implementation, so strengthening national research institutions and their links to policy is part of building health sovereignty. Health policy and systems research can also guide the transition by showing how reforms play out in different settings, what capacities and sequencing they need, and where unintended consequences appear.

"There is a coalition for change," said Dr Rasanathan. "The question is whether we shape that change for the better." ... "

Ebola emergency

Cidrap News - Ebola cases top 9,000 in DR Congo outbreak

<https://www.cidrap.umn.edu/ebola/ebola-cases-top-9000-dr-congo-outbreak>

(13 Oct) **" The latest numbers from the Democratic Republic of Congo (DRC) show the Ebola outbreak now stands at 9,066 cases 4,381 deaths.** This is the second largest Ebola outbreak in history..."

"...Phase 2/3 trial starts for Bundibugyo vaccine: Today CEPI, the Coalition for Epidemic Preparedness Innovations, announced preparations are under way for a phase 2/3 trial called Tumaini, which will evaluate the safety, immunogenicity and efficacy of vaccine candidates against Bundibugyo virus (BDBV), including Ervebo, the Zaire-targeting vaccine. ..."

"Tumaini is designed as an adaptive platform trial, subject to ethical and regulatory approval," CEPI said. "This allows several vaccine candidates to be evaluated in parallel within a single trial framework, which saves valuable time during an outbreak." In addition to Ervebo, the trial will include at least two Bundibugyo-specific vaccine candidates."

"Currently the Bravo study, a research project coordinated by Doctors Without Borders (Medecins sans Frontieres) is evaluating the effectiveness of the Ervebo vaccine against the Bundibugyo strain in North Kivu and Ituri province. Teams have vaccinated 857 frontline workers...."

Devex - Kenya Ebola case exposes contact tracing failures, says Africa CDC chief

<https://www.devex.com/news/kenya-ebola-case-exposes-contact-tracing-failures-says-africa-cdc-chief-113592>

““That person got the disease somewhere. He was not on the contact list. He was not followed. He was not even tested while he was sick for one month,” said **Dr. Jean Kaseya on the sidelines of the World Health Summit in Berlin.**”

“Contact tracing isn’t working in the Ebola outbreak in the eastern Democratic Republic of Congo and the recent fatal case in Kenya is an example of this, according to Dr. Jean Kaseya, director general of the Africa Centres for Disease Control and Prevention.... .. Kaseya said that’s why it’s impossible for him to predict how long this outbreak will last. He said he can only make that sort of prediction when some 70% of new cases come from people who are being tracked. “We have so many cases coming from communities, not from the contact list,” he said. “We have more than 75% of deaths coming from communities, not from the treatment centers.” ...”

“... There is about \$3 billion in pledged funds for the response, he said, and around \$800 million has been dispersed to implementing partners. Kaseya believes strongly that a “village center approach” is key to turning this outbreak around. ...”

UN News – WHO urges vigilance after Kenya confirms second Ebola case

<https://news.un.org/en/story/2026/10/1168602>

“The World Health Organization (WHO) continues to support Kenya’s efforts to contain Ebola after a second person tested positive for the Bundibugyo virus, **the UN agency’s representative in the country** said on Thursday.”

Reuters – Congo Ebola outbreak spreads to new province bordering Central African Republic

[Reuters;](#)

“ The ongoing Ebola outbreak in Democratic Republic of Congo has spread to a new province bordering Central African Republic, two health officials said on Thursday, posing a fresh challenge for authorities struggling to contain it. North Ubangi becomes the eighth province to be affected by the outbreak of the Bundibugyo species of Ebola, which was announced in mid-May and has become the second-largest Ebola outbreak on record, with more than 9,000 cases and more than 4,000 deaths confirmed.”

And some links:

- [World Bank Group Expands Ongoing Support for Ebola Response in DRC and the Region](#)

(13 Oct) “The World Bank Group is expanding its support for ongoing government and regional led efforts to contain the Ebola outbreak, protect frontline health workers and affected communities, sustain essential health services, and save lives. **To date, the Group has committed \$426.6 million to**

the overall Ebola emergency response, through a combination of existing and new grant and concessional financing....”

- [UN News – DR Congo: Cholera cases spike amid fight against Ebola](#)

“While the country is battling Ebola in the restive east, cholera is gaining ground in several regions, fueled by a lack of access to clean water and sanitation infrastructure...”

Adoption political declaration on PPPR

WHO - Nations political declaration on pandemic prevention, preparedness and response

<https://www.who.int/news/item/12-10-2026-who-welcomes-adoption-of-united-nations-political-declaration-on-pandemic-prevention-preparedness-and-response>

(12 October) Press statement WHO.

“The World Health Organization (WHO) welcomes today’s adoption by the United Nations General Assembly (UNGA) of the **Political declaration on pandemic prevention, preparedness and response (PPPR)**. The Declaration provides a strong reaffirmation of the global solidarity and commitment needed to protect future generations from the devastating impacts of pandemics. ... **Member States considered the Declaration during the second UNGA High-level Meeting on PPPR on 25 September 2026 and referred it to the full General Assembly for today's adoption....”**

“Building on important research and coordination advances made since the COVID-19 pandemic, including the adoption of the WHO Pandemic Agreement, **the UNGA Declaration calls for sustained investment and action to strengthen national, regional and global capacities to prevent, detect and respond to pandemic threats.** ... The Declaration **underscores the need for a holistic approach that treats pandemic preparedness as a health issue, development, economic and security imperative requiring coordinated action across sectors.** ... Members States particularly highlighted the **urgent need to conclude negotiations on the PABS Annex as a key component of the WHO Pandemic Agreement....”**

UN News – General Assembly adopts pandemic declaration, but not by consensus

<https://news.un.org/en/story/2026/10/1168581>

“The General Assembly on Monday adopted a political declaration on pandemic prevention, preparedness and response, **by 153 in favour to three against (Argentina, Israel and United States) with two abstentions (New Zealand and Paraguay).**”

- And via “**The Friends of the PPPR High-level meeting**”, in a response to the adoption: [We applaud the adoption of the Political Declaration but say: now countries must make good on their words](#)

“... It recognises the value of a One Health approach and prevention at source by tackling the drivers of outbreaks. It calls for prioritising equity and promoting access to vaccines, tests and treatments, and for such tools to be available within the first 100 days of a pandemic threat. It acknowledges an estimated US\$15 billion annual gap in preparedness financing, the work of the Pandemic Fund, and the limits of a fragmented and under-funded financing system....”

“But the political declaration contains few concrete, measurable or time-bound commitments. The Friends now challenge all Member States to set ambitious, time-bound targets to ensure that we are truly able to prevent, prepare for, and respond to health emergencies and pandemic threats....”

HPW - With Only Three ‘No’ Votes, UN Adopts Political Declaration on Pandemic Preparedness

<https://healthpolicy-watch.news/un-adopts-political-declaration-on-pandemic-preparedness/>

Must-read coverage & analysis.

“The declaration went to a vote after the UN High-Level Meeting on 25 September could not adopt it by consensus – but only the US, Israel, and Argentina voted against it, while New Zealand and Paraguay abstained. Although European Union (EU) member states voted for the declaration, several distanced themselves from its references to technology transfers and flexibilities when applying World Trade Organisation intellectual property rights agreements during health crises. ..”

“... EU bloc in favor – with key caveats: While the EU praised the declaration’s overarching objective, it distanced the bloc’s nations from what it termed “uncaveated references to technology transfers.” ... Speaking for the EU, Ireland said that these transfers can only be undertaken on “a voluntary basis and on mutually agreed terms”, and stressed the need to respect intellectual property rules, citing the World Trade Organization’s Doha Declaration. These concerns mirror much of the past five years’ debate over the PABS annex: whether countries should rely on voluntary arrangements, or establish stronger, binding commitments to share the benefits of scientific research and manufacturing....”

“Action requires consensus and respect of international rules. The text before us offers salient elements to advance PPPR,” Ireland’s representative said to the assembly. “It also contains setbacks towards our crucial shared goal: a safer, healthier world for all.”...

“The EU also questioned the continued use of the widely cited \$15 billion funding gap in pandemic preparedness, arguing that the declaration’s estimate is “no longer current.” However, it did not provide a revised figure, instead calling for better financial tracking and more efficient use of existing funding mechanisms through a global financial tracker....”

- See also [Devex – UN adopts pandemic declaration despite US opposition](#)

More on PPPR

Geneva Health Files – Suspected Cases of Pneumonia in Russia Put The International Health Regulations to Test

<https://newsletter.genevahealthfiles.com/suspected-cases-of-pneumonia-in-russia-puts-the-international-health-regulations-to-test/?ref=geneva-health-files-newsletter>

“In this edition, **first the facts, communication from the WHO, and Russia's communication on the developments.** We present responses from top WHO officials to the questions posed by reporters at a press briefing earlier this week. **Second, we also briefly discuss how health diplomats are reading these developments in the wider geopolitical context.** There is a context to everything, and health emergencies are increasingly being imbued with the colours of geopolitics.”

Re **The political context:** “Diplomatic sources in Geneva told us they are reviewing the developments on the situation. There is a perception that there maybe insufficient information available to the WHO on the developments in Russia. While at this point there are more questions, than answers, public health experts suggest focusing on facts than giving oxygen to motives and speculations. The incident also highlights the lack of adequate trust in the processes around public health information, communication and governance. **Diplomatic sources are also reading the developments in the wider the political context:** including the ongoing conflict in Ukraine, and the mid-term elections in the U.S. There are **no obligations to share biological or sequence information under the IHR** (but some countries do in the spirit of international collaboration.) **Russia, among a few other countries (including and not limited to: China, India, Malaysia), has suggested, and highlighted the importance of biosecurity measures in the ongoing negotiations of the Pathogen Access and Benefit Sharing System - the annex to the Pandemic Agreement. However, biosecurity measures or obligations around this have not been adequately discussed in the negotiations, sources have said....”**

Journal of Law, Medicine & Ethics - America First Bilateral Health Agreements Threaten to Undermine the Multilateral Global Health Order

S Sekalal et al; [Journal of Law, Medicine & Ethics](#);

“ During the second Trump administration, the United States has signed bilateral health agreements with at least 27 states across Africa and Latin America, reshaping how signatory countries finance, regulate, and monitor their health systems. Grounded in the America First Global Health Strategy, these agreements are being signed as US withdrawal from WHO restructures global health. **This column explores how this turn to bilateralism risks weakening multilateral legal obligations on capacity development, access and benefit sharing, transparency, and the right to health.**”

BMJ – AI bioweapons: how real is the threat?

<https://www.bmj.com/content/395/bmj-2026-101086>

“Biosecurity threats are soaring across the globe, and our ability to spot and tackle them is falling behind, experts say. **What threats does the future hold, and how can they be stopped?**”

- See also [the Guardian – Could AI ‘change the stakes’ in the development of bioweapons?](#)

“Experts say the technology could help terrorists and nation states with production **but that significant hurdles remain.**”

Annual IMF/WB meetings (12-18 October, Bangkok)

With a number of related reads, updates & analyses – with the more critical analyses in the second half.

Devex Pro - AI, debt, and private capital to top World Bank-IMF agenda

<https://www.devex.com/news/ai-debt-and-private-capital-to-top-world-bank-imf-agenda-113565>

Analysis ahead of the meetings. “With bilateral aid shrinking, **the meetings will test whether multilateral lenders can deliver more for the world’s low-income countries.**”

Devex - Demonstrators fear consequences of protesting Bangkok World Bank summit

<https://www.devex.com/news/demonstrators-fear-consequences-of-protesting-bangkok-world-bank-summit-113621>

“Activists say Thai authorities are intimidating foreign attendees and restricting peaceful protest as **civil society challenges the World Bank and IMF over inequality, debt, and climate inaction.**”

Reuters - World Bank in talks with dozens of countries about crisis aid, Banga says

<https://www.reuters.com/business/finance/world-bank-talks-with-dozens-countries-about-crisis-aid-banga-says-2026-10-11/>

“**World Bank chief sees mounting pressure on developing countries.** Private capital up sharply, but not for low-income countries. **World Bank has 14-15 debt-for-development swaps in pipeline,** Banga says.”

“...The **World Bank is in discussions with 30 to 40 countries about potential crisis aid to help them manage energy shocks and price increases triggered by the war in the Middle East,** its president, Ajay Banga, told Reuters in an interview....”

“Banga said the global economy had proven fairly resilient, in part due to big AI investments and adjustments in supply and demand for oil, which meant that **few countries had sought the initial \$25 billion in crisis funds** that the World Bank had made available when the war began in late February....”

But that’s changing now.

Guardian – IMF warns global economy ‘could soon test the limits of resilience’

<https://www.theguardian.com/business/2026/oct/13/imf-global-economy-world-economic-outlook-uk-gdp-forecast-2026>

“World Economic Outlook says states’ oil stocks are low and budgets are overstretched, as it upgrades UK GDP growth forecast for 2026...”

Some snippets via Devex @theannual meetings:

[Devex](#):

With a very good overview of some of the main action. Excerpts below:

- “[these]... drawn-out crises have given us **some data on how the World Bank and IMF are faring — and experts say it’s not so bad.** “What we don’t say enough is that actually **the international financial institutions are weathering these crises remarkably well compared to other multilaterals,**” Glennerster said. “[The meetings] is an environment where China and Russia and the U.S. and Iran and all of these actors — they may be at war with each other, **but they sit down across the table and the IMF and World Bank and hammer out deals on a regular basis.** So I think that’s the encouraging part of where we are.””
- ... **Make way for philanthropy:** This is the **first year** that the World Bank Group is **hosting a dedicated philanthropy forum.** A **new philanthropy hub**, [set to] launch during this week’s meetings, aims to **make the institution easier to navigate and broaden partnerships beyond traditional trust fund contributions....”**

For more on this, see [World Bank – Philanthropy Forum, 2026 Annual Meetings](#) : “The **first-ever Philanthropy Forum** will bring together some of the world’s leading philanthropic and development leaders **to explore a new era of collaboration for impact.**”

See also [Devex](#) (a few days later):

“For the first time at the annual meetings, **the World Bank held a full-day philanthropy forum**, where **it launched a new philanthropy hub**. But the interesting part isn’t really the hub itself. It’s the **bank’s ambition to change its relationship with philanthropic foundations, moving beyond simply tapping them for money to working much more closely with them.** The bank believes it can play an important role in coordinating philanthropy, bringing foundations into the conversation earlier and making better use of their expertise, not just their financial resources. The hub is designed to make the complex institution easier for foundations to navigate and involve them earlier in creating programs around shared goals. **The new approach will be organized around some of the bank’s big bets**, including **Mission 300**, which aims to expand electricity access in Africa; **AgriConnect**, with its focus on improving smallholder farmers’ livelihoods; and **Water Forward**, which aims to improve water security....”

- “... **Distressed about debt distress:** Debt distress will once again sit among the top agendas in Bangkok. A **new report** shows that **3.7 billion people now live in countries where interest payments on public debt exceed spending on health or education.** Developing countries **paid almost \$1 trillion in net interest on public debt in 2025, nearly**

three times the 2010 level....

“Efforts to reform the G20 Common Framework for Debt Treatments, which is the existing process for low-income countries to restructure or reduce their public debt, **have been stalled for some time.....”** (*but see below*)

- **“... Last chance before IDA22:** Last but not least, **these meetings will be the final chance for shareholders to come together before the next International Development Association, or IDA22, replenishment begins in December.** “The early signals that I’m hearing are that finance ministers are trying to manage expectations down on their commitments to IDA,” McNair says.

Countries will **need to commit to a new amount of money and the terms** on which that money is raised. “There’s a fundamental question between volume, so giving more resources to countries at less favorable terms, or less at more favorable terms,” says Prizzon, who is leading a technical working group on IDA22. With many IDA countries facing debt distress or at risk of it, the **balance between grants, loans, and the long-term financial sustainability of IDA will be central to the replenishment debate.** Landers says that she will be looking for “early indications of where donors are in terms of just how much they think they can contribute, but also the policy agenda around IDA ... especially around focusing IDA on the most vulnerable countries that really rely on it as part of the global financial safety net.”

- And via **Devex** (a few days later) [The new debt club](#)

“... the Borrower’s Platform ... held its first governing meeting on Monday.”

“Among other things, **the group adopted a governance structure, membership criteria, operational principles, and a work plan. Furthermore, it appointed a new chair and announced that 31 countries have officially joined.** It also issued a communiqué recognizing the scale of the debt challenge. Interest costs, it warned, have risen more than twice as fast as government revenues, squeezing the money available for health, education, climate action, and essential infrastructure....”

“Muhammad Aurangzeb, federal minister for finance and revenue of Pakistan, is **the new chair. ...”**
“.... For now, he stressed, the **platform is focused on mutual learning, technical cooperation, and helping countries avoid pitfalls** before they become crises. What does that mean in practice? One example is Pakistan learning from Egypt’s experience issuing a Panda bond, a Chinese renminbi-denominated bond issued by a non-Chinese entity, and following suit....”

“The platform could help debt management offices collaborate, share approaches to increasing government revenue generation, improve public financial management, and find ways to create more fiscal space....” ...”

Bloomberg – The G20’s plans to overhaul its debt-relief framework

[Bloomberg](#);

“African nations that used a pandemic-era toolkit to win debt relief have had to follow a long and treacherous path. Zambia, which first defaulted six years ago, has yet to fully conclude its

restructuring. Ethiopia only narrowly avoided a London court case brought by its bondholders. Ghana clashed with a regional lender over demands it should take losses....”

“Little wonder then that Senegal was reluctant to adopt the Group of 20’s Common Framework even as its need to rework its loans grew increasingly clear. When the West African nation’s government finally announced it was asking creditors for breathing room, **Finance Minister Cheikh Diba** said it would use a [new and improved version](#) of the Common Framework....”

“So what will that entail? **Responding to criticism over arduous negotiations, the G20, IMF and Paris Club have taken steps to accelerate the process.** Those include talking in parallel with the various creditors — from governments to banks and bondholders — rather than dealing with them sequentially. Until now, borrowers first cut deals with bilateral lenders before asking bondholders for similar relief.”

“Senegal will be the [test case](#) for the new approach, which former US Treasury official Stephen Paduano dubs **the Common Framework 2.0....**”

CGD (blog) - Senegal’s Referee Problem

D Grigorian; <https://www.cgdev.org/blog/senegals-referee-problem>

“The “improved” G20 Common Framework finally puts creditors in one room. It still leaves one of them to judge the others by rules no one else can fully see.”

“Last week, Senegal’s external creditors [met for the first time](#), in a virtual session chaired by the International Monetary Fund (IMF). Creditors received an update on Senegal’s financial situation, including its economic reform program and debt-treatment strategy, and while they raised questions, they didn’t actually decide anything. **That distinction, between consulting creditors and making decisions with them, will determine whether Senegal becomes the first quick success or the fifth long wait of the G20’s “improved” Common Framework,** which aims to coordinate debt restructuring among creditors and lenders to help countries address unsustainable debt burdens...”

Guardian - Developing nations face triple shock from energy crisis, El Niño and borrowing costs, UN warns

<https://www.theguardian.com/business/2026/oct/11/developing-nations-triple-shock-energy-crisis-el-nino-borrowing-costs-un-warns>

“UN’s development arm calls for urgent action as crises could ‘throw tens if not hundreds of millions back into poverty’.”

Guardian - Global financial system is failing developing countries, says Ed Miliband

<https://www.theguardian.com/politics/2026/oct/14/global-financial-system-is-failing-developing-countries-says-ed-miliband-world-bank>

“UK foreign secretary will call for World Bank and others to help governments trapped by hefty borrowing costs.”

“The foreign secretary, Ed Miliband, will claim the global financial system is failing developing countries, as he calls for a “new deal” for governments struggling under the burden of debt. Promising to throw the UK’s diplomatic weight behind urgent reform, he will evoke the example of the Gleneagles summit under the last Labour government in 2005 – the culmination of the Make Poverty History campaign....”

“... Speaking in Bangkok on Wednesday, he will call for the World Bank and other multilateral development banks (MDBs) to use the resources they have available to lighten the load for governments trapped by hefty borrowing costs. “We need action on developing country debt through the MDBs,” he is expected to say. “Action that leverages the balance sheets of the international financial institutions to support these countries to repay over longer time horizons, and crucially, refinancing, with better rates, to give them precious fiscal space.” ...”

Project Syndicate - Development Finance Needs More Than One Currency

Justin Yifu Lin and Yan Wang;

<https://www.project-syndicate.org/commentary/chinese-renminbi-lending-developing-countries-by-justin-yifu-lin-and-yan-wang-2026-10>

“For many developing countries, renminbi-denominated loans offer a credible, increasingly accessible, and cost-effective alternative to borrowing in dollars. Now that the stability and predictability of US economic policies and institutions are in question, the Chinese currency is becoming more attractive.”

Devex Pro – Pandemic Fund head: Investing in health creates job opportunities

<https://www.devex.com/news/pandemic-fund-head-investing-in-health-creates-job-opportunities-113625>

(gated) **“Priya Basu says health care is one of the largest providers of jobs globally, from doctors and nurses to lab technicians and veterinarians....”**

Global Policy Forum - The BWIs are not Fit for Purpose

Barbara Adams; <https://www.globalpolicyforum.net/blog/2026/10/09/the-bwis-are-not-fit-for-purpose/?s=09>

Including a blunt recommendation. **“Expecting the Bretton Woods Institutions (BWIs) to reform, or be reformed, to be accountable to human rights, ecological and economic justice is as far-fetched as expecting reform of the UN Security Council to further global peace by adding more veto-wielding permanent members....”**

“... Unlike the BWIs, the UN Charter declares that: “The Organization is based on the principle of the sovereign equality of all its Members” and that “Each member of the General Assembly shall have one vote”. It is time to remove the IMF and World Bank from the UN system and expel them from the UN Chief Executive Board, and to reconsider their role as custodian agencies of several of the SDG indicators.”

P Schellekens – The Deafening Silence on the Poor in the IMF-World Bank Annual Meetings Programme

<https://movingfrontiers.substack.com/p/the-deafening-silence-on-the-poor?s=09>

Another analysis ahead of the meetings. **“The IMF and the World Bank have scheduled 174 events that start soon here in Bangkok. Only one mentions poverty in its title.”**

“... here are five reasons why pushing poverty to the back burner at the world’s most consequential development gathering of the year— even if only in the programme — is a mistake, both optically and substantively....

“...1. Over 800 million are extremely poor, and the pace of extreme poverty reduction has flattened

2. Over 1.1 billion are multidimensionally poor, and half of them are children

3. Jobs are not enough for poverty reduction

4. In some places, private capital will remain slow to arrive

5. Social protection should never be treated as a half-pillar...”

PS: “On the latter: **In next week’s Annual Meetings programme, “social protection” appears in just three event titles. The omission echoes a longstanding tendency to relegate the “insure” component of the World Bank’s “grow, invest, insure” poverty reduction framework to a supplement rather than a full complement.** The 1980 World Development Report noted that the scope for such programs in low-income countries was “necessarily limited.” As Gill, Revenga and Zeballos (2016) show, this evolved into what has been termed as a **“two-and-a-half-point strategy,” where public assistance is the half pillar....”**

“Only in 2016 did the World Bank formally make insurance a full pillar. But even then, the promotion came with conditions attached: countries were advised to expand social insurance only once extreme poverty had been reduced to low levels...”

CGD Note – More Critical Than Ever: Strengthening Growth and Resilience through the Multilateral Development Banks

H Kharas & M Ahmed; <https://www.cgdev.org/publication/more-critical-ever-strengthening-growth-and-resilience-through-multilateral-development>

Re a **report prepared by a group of researchers from four independent think tanks:** “ The Brookings Institution, The Center for Global Development (CGD), The Indian Council for Research on International Economic Relations (ICRIER), and ODI Global.”

“There is an urgent imperative to deliver on sustainable growth, climate and resilience through a push on investments in sustainable infrastructure and human capital. With sharp declines in

investment, many developing countries are constrained in seizing this opportunity because of lack of fiscal space. In this context, MDBs have become more important than ever...”

Read why.

- And full report: [More critical than ever: Strengthening growth and resilience through the multilateral development banks](#)

Exec summary on p. 9

Global Policy Forum - The private turn: Does the World Bank still function as a development bank?

Bodo Ellmers; <https://www.globalpolicy.org/en/news/2026-10-12/private-turn-does-world-bank-still-function-development-bank>

“Since President Ajay Banga took office, the World Bank has placed a renewed focus on the private sector. The **most celebrated World Bank news** this year was probably the announcement that it had “mobilised more private capital in fiscal year 2026 than in any year in its history and issued a record volume of guarantees”. According to the Bank's own figures, **this figure has tripled in just four years**, rising from 35 billion US dollars (US\$) in 2022 to US\$112 billion in 2026. World Bank insiders suggest that **Banga is not yet satisfied. He wants the Bank to mobilise two dollars of private capital for every dollar of its own annual commitments, which is roughly double the current ratio....**

“But low-income countries (LICs) – the world’s poorest countries – are being sidelined by the World Bank's refocusing. While total private capital mobilisation more than tripled, **the amount mobilised for low-income countries remained at around US\$3 billion over the same period.** The World Bank's obsession with maximising private capital mobilisation means staff are increasingly focusing on larger 'deals' and low-hanging fruit, which can only be found in relatively large, wealthy and stable economies. **The poorest and most fragile countries are being left behind.** “

“Moreover, while the World Bank's media department is vocal about the volumes of private capital mobilised, it remains silent about the terms and purposes. In the current context, it is reasonable to assume that the mobilised private capital is expensive, and that **it will burden borrower countries with high debt servicing needs for years and decades to come, consequently shrinking their fiscal space....**” “... While the World Bank's new strategy may generate some new funds in the short term, it also contributes to luring low- and middle-income countries into new debt traps from which they may be unable to escape in the long term The new approach proves that the **World Bank is functioning well as a bank under Banga's management** — a man who took office with substantial Wall Street experience and contacts — **but it is operating more and more like a commercial bank. It no longer functions as a development bank focused on eradicating poverty and reducing inequality.** It is moving further and further away from the internationally agreed principle of sustainable development—to leave no one behind.”

Eurodad - From failed ‘Billions to Trillions’ promise to debt crisis: New reports expose failures of World Bank and IMF finance models

https://www.eurodad.org/from_failed_billions_to_trillions_promise_to_debt_crisis

“As Annual Meetings open in Bangkok, new research reveals how a decade of broken promises has left Global South countries facing deepening debt pressures – and sets out an agenda for systemic reform.”

“... More than a decade after the World Bank launched its flagship Billions to Trillions agenda, two new publications expose the failures of an international development finance system that promised to unlock trillions in private investment but has instead left countries across the Global South facing rising debt burdens, deepening inequalities and shrinking fiscal space. The findings challenge the central premise underpinning international development finance policy since 2015: that scarce public resources should be used to attract private investors into development and climate projects....”

“The first, *The Real Cost of Debt*, shows how mounting debt repayments, austerity measures through IMF conditionalities and shrinking public budgets are undermining essential services, deepening inequalities and eroding democratic decision-making across the Global South. The second, *The failed ‘Billions to Trillions’ experiment: What comes next?*, examines the shortcomings of the World Bank-led drive to mobilise private capital for development - a key topic at this year’s Meetings - exposing the gap between a decade of ambitious promises and the financing actually delivered.”

“... Far from delivering finance at the scale needed, the Billions to Trillions model mobilised just US\$76.8 billion in private capital in 2024, a fraction of the trillions envisaged. Over the entire decade from 2015 to 2024, cumulative private finance mobilisation reached only US\$555.5 billion.”

“In 2026, Global South countries are due to pay nearly US\$400 billion to external creditors - double the amount they paid just a decade ago. A third of this goes towards interest rather than paying off the original loans, further diverting public funds into the pockets of foreign creditor....”

Eurodad – The Real Cost of Debt

I Fresnillo; https://www.eurodad.org/the_real_cost_of_debt_report

(with some more detail on the first report, mentioned above).

“Behind the mounting debt crisis, billions of people are paying the price. This report explores the systemic crisis behind the real world impacts of the Global South debt crisis.”

“In 2026, Global South countries are due to pay nearly US\$400 billion to external creditors - double the amount they paid just a decade ago, according to World Bank projections. A third of this goes towards interest rather than paying off the original loans, further diverting public funds into the pockets of foreign creditors....”

“Behind these numbers lies another story: how mounting debt payments and lending conditionalities imposed by international organisations such as the International Monetary Fund (IMF) impact the daily lives of citizens in borrower countries.”

“... In this briefing, we demonstrate how the share of government revenue devoted to servicing external debt in Global South countries has risen from 11 to 16 per cent. In the most impoverished countries, this burden has more than doubled from 8 per cent in 2015 to a record 19 per cent in

2025. As a result, **the number of countries spending more on external debt repayments than on either education or public health has gone up from 48 in 2015 to 65 in 2023....**"

CESR – Surcharging democracy: How IMF fees deepen debt and fuel authoritarianism

https://www.cesr.org/surcharging_democracy_IMF/

"Drawing on evidence from Argentina, Ecuador, Egypt, Jordan and Pakistan, the briefing reveals a deeply regressive pattern: IMF-backed austerity squeezes essential public services, fuels social unrest and creates conditions in which governments increasingly resort to repression, restrictions on protest and other authoritarian measures...."

"People are being made to pay twice: first through cuts to the services they depend on, and then through the shrinking of their democratic freedoms when they resist. And while communities bear the consequences, decisions shaping their futures are too often made behind closed doors, with little democratic scrutiny."

"In 2026 alone, 12 countries will pay approximately US \$1.7 billion in surcharges, money that could instead for example fully vaccinate 23 million children...."

"CESR is calling for the abolition of IMF surcharges, mandatory human rights impact assessments and genuine democratic accountability in IMF decision-making."

More on the WHO DG race

Habib Benzian - Who wants an independent WHO?

[On Substack;](#)

Great stuff, as usual. "The race to lead WHO, 194 Member States, and **the wrong interview.**"

Benzian concludes: "By May 2027, governments will choose one person to lead the World Health Organization. **Before they decide which candidate can deliver the WHO they want, there is a more revealing question: What WHO are they actually prepared to allow?**"

HPW - Selecting the Next WHO Director-General: Learning from Predecessors (Part I)

Mukesh Kapila; <https://healthpolicy-watch.news/selecting-the-next-who-director-general-learning-from-predecessors-part-i/>

Fabulous read. "The World Health Assembly chooses a new chief for the World Health Organization in May 2027. Before judging the candidates, **assess the predecessors. Eight people have held the post over 78 years. Their varied track record offers pointers for selecting the future incumbent.**"

After the historic overview, **Kapila's ranking**:

- “1. **Mahler** brought moral authority to change what the world thinks health is for.
2. **Brundtland** proved that the office can lead and still survive to flourish.
3. **Candau** built the Organization's lasting foundations.
4. **Tedros** brought resilient leadership to confront our most toxic challenges.
5. **Lee** courageously pioneered attention for the most friendless causes of his day.
6. **Chisholm** kept the ship afloat un-appreciated by his own creation that outgrew him.
7. **Chan** played safe, was wrong-footed anyway, and ultimately disappointed.
8. **Nakajima** brought WHO to its lowest point and is the warning for every DG aspirant.”

More on Global Health reform

N Schwalbe - Is the global health architecture reform progressing?

<https://ninaschwalbe.substack.com/p/is-the-global-health-architecture>

“My colleagues at Spark Street explore the ‘state of play’.”

“This Sunday, global health leaders gather yet again in Berlin for **the three-day annual World Health Summit. Reforming the global health architecture remains a pervasive theme.** So my colleagues at Spark Street asked the question – **what has changed since they gathered for the same discussions last year? What did they find? Lots of consultations and convening, but no concrete actions on who will lead the GHA reform or finance it....**

- See [State of Play](#) : with pretty neat summary of the various processes and mechanisms.

More on Global Health Governance & Financing/Funding

HPW – ‘Zero Tolerance’, 361 Open Cases: The WHO Abuse and Harassment File Only One Candidate Has Opened

<https://healthpolicy-watch.news/zero-tolerance-361-open-cases-the-who-abuse-and-harassment-file-only-one-candidate-has-opened/>

“More sexual misconduct and abusive claims were filed against WHO staff, than closed, over the previous month – with 361 open cases in 2026, as of the beginning of September, according to the agency’s own [investigations dashboard](#). In August, the last month reported, investigators opened 37 new sexual and abusive conduct cases and closed 25 – representing a 25% increase in the queue in just the past month. The overall pace of case openings is running at an average of 28 a month, according to the [WHO misconduct dashboard](#), run by the Office of Internal Oversight Services (IOS)....”

“The data coincides with anecdotal staff reports of lagging investigations and an [internal WHO auditor’s review](#) reporting months of delay in case resolution and closures in 2025 – well beyond the three month/120 day target for investigations set by WHO following reforms made after the 2020 sexual harassment and abuse scandal involving WHO and UN staff and contractors, which surfaced in the Democratic Republic of Congo. The [imbroglio coincides with the WHO’s recruitment of a new IOS director](#), following the recent retirement of [Lisa McClennon](#) who held the post since 2023. Currently, Malika Parent-AiT-Mohamed is serving as acting director – and may be a candidate for the fixed term post.

“However, in light of the reportedly high rate of complaints, backlog of cases, and the sensitivity of the post, critics like Kieron Bligh, have called for more active [supervision of the candidate selection process](#) by the Executive Board. ... [Among the seven \(WHO DG\) contenders that have so far emerged](#) since nominations closed on 24 September, only one has publicly addressed the issue. ... George Tamamyian, an Armenian oncologist nominated by Botswana, had his campaign team analyse publicly available data in the [May 2026 Internal Auditor’s report](#). In a lengthy [LinkedIn post](#), he called upon victims and critics to approach him personally on the issue...

Devex - Exclusive: Global Fund eyes new funding mechanism for malaria

<https://www.devex.com/news/exclusive-global-fund-eyes-new-funding-mechanism-for-malaria-113558>

“The proposed mechanism is called the [Malaria Impact Accelerator](#), or MIA, which could bring in \$2-3 billion in additional funding for malaria programs. And according to sources, it is linked to a potential partnership with GiveWell.”

“The [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) is considering a new funding mechanism dedicated to combatting malaria. The proposed mechanism is called the Malaria Impact Accelerator, or MIA, which could bring in \$2-3 billion in additional funding for malaria programs, on top of what the Global Fund is already allocating to countries. It could expand coverage and the rapid deployment of existing interventions and new malaria innovations....”

PS: “Some members of the board welcome the potential of additional investment, which could boost efforts toward malaria control and elimination. But they also raised several questions and concerns, including its risks in creating another disease-specific program for countries, disincentivizing countries to increase domestic resources for malaria, and setting a precedent for other donors to start earmarking their funding....”

“... MIA is expected to be considered at the Global Fund board’s meeting this October, although sources say they don’t expect significant pushback on the proposal.”

Devex – UNAIDS faces leadership uncertainty as Byanyima prepares to exit

<https://www.devex.com/news/scoop-unaid-faces-leadership-uncertainty-as-byanyima-prepares-to-exit-113579>

“A UNAIDS spokesperson says the search for the next executive director will be discussed by the board during its meeting later this month.”

“...without a clear successor (for Winnie Byanyima), her exit could leave a leadership vacuum at a time when UNAIDS is grappling not only with deep funding cuts but also questions about its future....”

“... the board authorized the creation of a [working group](#) to develop a “responsible, realistic” transition process and timeline for UNAIDS. An [interim report](#) by the group in July shows several options, including a potential merger with another entity. That option, however, appears to have been dropped from consideration in the group’s [latest paper](#)....” **“ A final report containing the group’s recommendations will be considered by the board during a special session this month. But in its latest paper, the group highlighted the urgency of finding a new leader. They considered recommending the appointment of an interim director to oversee UNAIDS’ transition, or a new executive director to implement the transition and manage the newly transformed organization afterwards.”**

PS: “The UNAIDS spokesperson said the **“search process and timeline for the new EXD will be discussed by UNAIDS’ Programme Coordinating Board at its next meeting on 26 October 2026.”** The appointment itself rests with the U.N. secretary-general.”

P4H - From billions to balance sheets: where will the money for health actually come from? Raising more capital for the MDBs – Part 2C

Kalypso Chalkidou & Rahul Singhal; <https://p4h.world/en/from-billions-to-balance-sheets-where-will-the-money-for-health-actually-come-from-raising-more-capital-for-the-mdbs-part-2c/>

Must-read. **“Expanding the lending capacity of multilateral development banks (MDBs) requires new forms of capital and better use of existing resources. Hybrid capital, Special Drawing Rights (SDRs), callable capital and shared best practices could help mobilise more financing for health.”**

“This blog post concludes Part 2 of the P4H series on financing health systems in the age of the aid retreat...”

- Via LinkedIn: **“In this blog, [Kalipso Chalkidou](#) and [Rahul Singhal](#) set out how multilateral development banks can expand their lending using capital they already hold.**

Several routes are already open. The [African Development Bank Group](#)'s first public hybrid bond drew eight times the demand on offer. The [International Monetary Fund](#) has approved channelling idle Special Drawing Rights into bank capital. NZ New Zealand became the first country to convert part of its existing pledge into capital the rating agencies will count.

Risk Control’s analysis for [The Rockefeller Foundation](#) puts the headroom at **\$162 billion**

of additional **The World Bank Group** lending over a decade, from capital that already exists.

These instruments have proven themselves in climate finance. The opportunity now is to put them to work for health.”

- **Kalypso Chalkidou on LinkedIn:** “ In our latest blog <https://lnkd.in/encl5qFM> **Rahul Singhal** and I look at **how more MDB capital can be raised and (ideally) directed to health and UHC**. Leverage is spoken about a lot, including most recently by the UK's Foreign Secretary https://lnkd.in/e5H_Q3d9. This is good news given the pressures on national budgets. What we want to see more of, is more money (and better money) for health.

This is a conversation which has to be had alongside the global health architecture discussions both bc the architecture ought to help raise and direct money towards UHC and also because financial flows shape the structures which in turn define what gets (de)prioritised in government (and within health) budgets. MDB/PDB financing for health matters because it can leverage domestic public and external (grant) as well as private monies. **As we are debating the architecture, the question of where the money will come from, through which channels and towards which priorities should be (way more) central.”**

- And a quote from the blog to provide you with a flavour:

“... The **universal health coverage (UHC) Knowledge Hub**, established by World Health Organization (WHO) and the World Bank Group with the support of the Government of Japan and **launched in Tokyo in December 2025**, exists to bring senior finance and health officials together on health financing reform. **With ministries of health and finance from several countries engaged, the UHC Knowledge Hub offers an ideal platform for exploring financing innovation**, including by drawing on Japan's Impact Investment Initiative for Global Health (**Triple I**)...”

Plos GPH –Beyond aspiration: An expenditure-based evaluation of progress towards the Abuja Declaration target and implications for domestic health financing in Africa

Alex Olateju Adjagba, Justice Nonvignon, Jean Kaseya et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007423>

« **In 2001, African Union (AU) member states committed to allocating 15% of their annual budget to health under the Abuja Declaration (AD)**. However, after more than two decades, health allocations across many countries still fall short of the target. **This study uses an expenditure-based proxy for the AD to examine the likelihood and timing of attainment of the benchmark under historical fiscal trajectories**. We compiled a 2002–2023 panel for 54 African countries using WHO and World Bank data ...”

« **...In 2023, South Africa was the only one of 54 countries at or above the expenditure-based 15% benchmark. Five countries had attained it at least once during 2002–2023, and three sustained it for at least three consecutive years**. Under the **primary trend specification**, which included the 51 countries with complete series, **42 (82.4%) were off track to attain the benchmark by 2063**. Among the 48 countries without previous attainment, the median adjusted conditional probability of first attainment during 2023–2063 was 7.9% (IQR 4.6%–13.3%). The primary system-GMM lag coefficient was 0.821 (95% CI 0.635 to 1.006), indicating strong expenditure-share persistence. Higher government health prioritisation was associated with higher domestic government PHC expenditure

per capita, while the association with total immunisation expenditure per capita was not statistically significant. **Attainment of the expenditure-based Abuja benchmark remains uncommon and is unlikely to become widespread by 2063 if historical trends continue. While the 15% target remains politically useful as an accountability signal, efforts should target improving public health expenditure per capita, fiscal capacity, budget execution, financial protection and service coverage. »**

World Bank - 1.5 Billion People with Quality, Affordable Health

<https://openknowledge.worldbank.org/entities/publication/dae9f500-0dae-4c2c-96df-df150a0547e4>

In case you missed this -from August.

“This report presents the World Bank Group (WBG) Health Target Implementation Plan 2026, which outlines a roadmap to provide 1.5 billion people with quality, affordable health services by 2030 through a digitally enabled primary health care (PHC) platform. The plan aims to transform health systems by integrating public and private providers, expanding access to essential services, strengthening financial protection, and improving healthcare quality through digital technologies, AI, and data-driven decision making. **It is built around six scalable solutions:** investing in service-ready health facilities, diversifying service delivery models, redesigning health service packages, expanding and upskilling the health workforce, increasing affordable health coverage, and strengthening access to medicines and health products through resilient supply chains and local manufacturing....”

Devex on UNFPA funding

<https://www.devex.com/news/devex-checkup-global-health-has-a-war-problem-113551>

“When one donor door closes ...: Another organization that knows a thing or two about working in some of the world's toughest places is the **United Nations Population Fund, or UNFPA. And lately, the agency has been fighting a battle of its own — to keep its reproductive health programs running amid a funding crunch.**”

“It's been a bruising year and a half, thanks in large part to politically driven U.S. funding cuts. The Trump administration and Congress have been at odds over whether the agency should receive U.S. funding. **Since President Donald Trump returned to office, UNFPA hasn't received any new U.S. funding or agreements, and dozens of existing agreements have been cut short. Congress did appropriate funding for the agency for fiscal year 2026, but that money is being redirected away from UNFPA to bilateral global health programs supporting similar activities.** Meanwhile, its fiscal year 2025 funding was rescinded. **“It was tough — very, very tough — and very hard to lose \$330 million at once,”** Dr. Diene Keita, UNFPA's executive director, tells me....”

“... if there's one thing the aid world has learned, it's that donors sometimes have a change of heart. Take the United Kingdom. After years of steep cuts to reproductive health funding, it returned this year with what UNFPA describes as the largest single government investment in reproductive health supplies worldwide. “They came back stronger, bigger,” Keita says.”

“Of course, that doesn't mean UNFPA's money troubles are over. Far from it. **Keita says the agency's work remains underfunded across the board**, forcing it to stretch every dollar and find new ways to get resources flowing....”

Devex Pro -Polio eradication is within reach. Can the funding keep up?

<https://www.devex.com/news/polio-eradication-is-within-reach-can-the-funding-keep-up-113600>

(gated) “A 30% reduction in the global polio eradication budget is forcing tough choices about which children to reach, even as Pakistan reports historic progress against the disease.”

“... The **Global Polio Eradication Initiative**, or GPEI, is operating with a budget **roughly 30% smaller** than originally planned for 2026, forcing difficult decisions about where to concentrate resources and which children to prioritize. “We’ve had to make some difficult trade-offs,” Dr. Kathleen Neuzil, who leads polio eradication at the **Gates Foundation** — one of GPEI’s core partners and major funders — told Devex on the sidelines of the World Health Summit in Berlin. “We’d like to do campaigns in many of these areas in children or other supplementary activities up to 10 years of age, and we may have to cut the age down to 5 years of age.”...

CEPS - European leaders launch high-level Roundtable to position global health as a European strategic interest

<https://www.ceps.eu/ceps-news/european-leaders-launch-high-level-roundtable-to-position-global-health-as-a-european-strategic-interest/>

“**The European Roundtable for Global Health** brings together senior leaders from politics, business and global health to ensure that global health and development is part of the decisions shaping Europe's future.”

“... Co-chaired by Marisol Touraine and Lars Fruergaard Jørgensen, the Roundtable provides a new platform for senior leaders to build broader support for sustained European engagement in global health and development. Additional members will be announced shortly and comprise a diverse group of senior leaders from politics, business, global health, finance and international organisations....”

CGD - Remittances Dwarf Aid and Foreign Investment. Where Does the Money Come from and Where Does It Go?

S Huckstep et al; <https://www.cgdev.org/blog/remittances-dwarf-aid-and-foreign-investment-where-does-money-come-and-where-does-it-go>

“In 2024, low- and middle-income countries received an estimated US\$695 billion in remittances. That is more than gross official development assistance (ODA, **about US\$96 billion**) and net foreign direct investment (FDI, **about US\$420 billion**) combined. ... For 59 countries, remittances were worth more than **5 percent** of gross national income (GNI). As **aid budgets shrink** and investment flows **remain volatile**, remittances are becoming **an ever larger share** of the external finance reaching poorer countries....”

“... in a [new CGD note](#), we replicate its methodology to produce an updated bilateral remittances matrix for 2024, and look at what has changed....”

“...**Low-income countries are largely left out of remittance networks:** Low-income countries receive relatively fewer remittances. **For low-income countries remittances are only modestly larger than ODA, at US\$24.5 billion and US\$19.7 billion respectively.** Across all 70 low- and lower-middle-income countries receiving both remittances and ODA, by contrast, remittances exceeded assistance for 48 in 2024: as income levels increase, countries receive relatively less ODA and can send more migrants. With aid now falling, that number has likely risen....” “Citizens of low-income countries [face barriers against emigration to high-income countries](#), and so have less opportunity to send large remittances....”

With three policy implications.

Future of Development Cooperation

The OECD Development Assistance Committee at 70: Who defines ‘Mutual Interest’?

A Sumner & S Klingebiel; <https://policybrief.org/briefs/the-oecd-development-assistance-committee-at-70-who-defines-mutual-interest/>

“The OECD’s aid committee turns 70 in 2031, as record aid cuts and a shift from solidarity to self-interest reshape why countries give. Where this leads is still open. Aid could become a genuine partnership, a deal between elites, a tool of geopolitical bargaining or a purely commercial transaction. Each path would change the committee’s role, and with it the future of the 0.7% aid target....” “ ***The DAC remains a symbol of inequality between countries: donors in the Global North provide resources and recipients in the Global South receive them. Today, the DAC is under major review. Official development assistance (ODA) has suffered its largest recorded fall with all major donors cutting ODA in 2024 and 2025, while the largest contributor to the OECD itself, the US, has threatened to defund the organisation. In this context, the old idea of development cooperation as solidarity is giving way to a new one: ‘mutual interest’. Our piece takes that idea and asks one question: if the DAC survives to 2031, which face of mutual interest will it represent? We argue four faces are possible and each produces a different kind of DAC and implies a different fate for the 0.7% development cooperation target. Our argument also concerns the future of development cooperation as a whole, not only the DAC.***”

“...The issue is that ‘mutual interest’ raises two questions. The first is the distribution of benefits between parties. Are the gains symmetric, or does one side capture much of the material benefit — say 66 per cent or more — such that it becomes a hierarchical relationship rather than a genuinely mutual one? The second question concerns distribution of benefits within parties. Whose preferences count when a provider of development cooperation or recipient government declares something to be in their ‘national interest’? Is it largely elite interests or a broader set of the population’s interests?”

“If we cross these two dimensions, we get four potential faces of mutual interest (see Figure 1). Each of these we give a name to. So, Type 1 is symmetric gains, broadly shared or what we call a

‘developmental partnership’. Type 2 is symmetric gains, narrowly captured or an **‘elite pact’**. Type 3 is asymmetric gains, broadly shared; we label this **‘strategic concession’**. Finally, Type 4 is asymmetric gains, narrowly captured or what can be called **‘extractive cooperation’**...

Then the authors sketch potential futures: **Future 1: the OECD-DAC as a developmental partnership... Future 2: the OECD-DAC and de-development of development cooperation... Future 3: the OECD-DAC and strategic interests ... Future 4: the OECD-DAC and extractive cooperation...**”

ODI - Where donors stand: the case for solidarity as strategic global interest

J Puduserry et al; <https://odi.org/en/insights/why-solidarity-as-a-strategic-global-interest-is-the-right-development-narrative-for-today/>

“... we created a framework to capture donors' narrative starting points using latest available data. Understanding these positions can reveal which development purposes are likely to attract more support, where advocacy may face resistance and which donors may be willing to act together. Our findings suggest that a credible narrative framing, one that is aligned with the positions of over two-thirds of official DAC donors, would embrace solidarity as a strategic, shared interest....”

“...No donor relies exclusively on any single anchor narrative (See Ternary plot in Flourish below). Nevertheless, most donors are united by a narrative preference that lies between supranationalism and solidarity...”

“... A relatively cohesive group of 21 donors already demonstrates that solidarity as a shared global interest can be a north star to guide the difficult negotiations and funding decisions that lie ahead. ...”

With also **graphs for every donor country** (on the three narrative axes).

The Insider & David McNair - Is it [now] possible to rewire the development finance system?

[The Insider](#);

Introducing the **Development Finance Observatory**. A new resource.

*“This is a joint post between The Insider from ONE Data and Sense of Things by David McNair to mark the launch of a new platform—the **Development Finance Observatory**—that we believe will make the development sector faster and better. More importantly, **it will help ensure that every development dollar is spent more efficiently and effectively**. Below, we explain why we built it, the impact we hope it will have, and how you can use it in your work.”*

“There’s certainly a lack of money. But... Money is (also) flowing into a system that could be considerably more efficient and impactful....”

“... A quick scan of the literature offers a range of estimates to assess the sums of money lost to inefficient or wasteful spending, based on two proxies:

- **Efficiency gaps:** Outcomes that fall short of what the best performers achieve with the same money. The main estimates come from the International Monetary Fund (IMF) (2025).
- **Measured waste:** Money lost to overpricing, excess payroll, and leakage. The best estimate comes from the Inter-American Development Bank (IDB) (2018, an estimate specific to Latin America). This is money related to procurement, payroll, and transfers that miss their targets.

If we apply these two institutions’ estimates across all spending by low-and middle-income countries, we get the following range:

- Efficiency gaps in investment, health, and education come to about US\$0.9 trillion. If the same gaps applied to all non-interest spending (money the government spends on programs as opposed to debt service), the figure would rise to **US\$1.8 trillion**.
- **Measured waste** is about **US\$1 trillion** a year, **or 16% of spending**. “

And then there’s the **new (expected) third philanthropy wave**. ...

“What if, rather than plugging \$50 billion into the existing system, we used some of that money—plus the technology that created it—to unlock the \$1-2 trillion being spent sub-optimally every year?....”

“Enter the Development Finance Observatory: “... The Development Finance Observatory is ONE Data’s modest contribution to re-wiring the system, replumbing the pipes, and **reimagining the \$6 trillion *already being spent* by low- and middle-income countries. So we **partnered with Google and The Rockefeller Foundation—along with many others, such as the Gates Foundation, SEEK Development, and the International Aid Transparency Initiative—to fix this**. We undertook a massive data engineering task to **connect fragmented datasets across debt, domestic spending, aid, and other financial flows, and** asked leading development finance experts to **train an AI tool that allows you to interrogate it....”****

Global Tax Justice

TWN - What is at stake in the UN tax negotiations

<https://www.twn.my/title2/finance/2026/fi261002.htm>

“Intergovernmental negotiations to craft a United Nations Framework Convention on International Tax Cooperation have been taking place at the UN. According to a new TWN Briefing Paper written by Manuel F. Montes, a Senior Advisor with the Society for International Development, the current international tax system allows multinational companies and wealthy individuals to transfer their earnings to low- or no-tax jurisdictions, depriving countries of substantial tax revenues. What is at stake in the UN talks is a proposed change in the rules to accord all governments the means to tax profits and incomes made in their own territory.”

“The Briefing Paper is available [here....](#)”

Trump 2.0, US Global Health Strategy & bilateral health agreements

Devex - Watchdog finds holes in State Dept. plans for regional aid leadership

<https://www.devex.com/news/watchdog-finds-holes-in-state-dept-plans-for-regional-aid-leadership-113574>

“State Department leaders said regional bureaus would make better foreign aid decisions. They’ve lacked the guidance to do so, according to the inspector general.”

“The **U.S. State Department**’s independent watchdog found major shortcomings in the Trump administration’s plan to put regional bureaus and “regional assistance hubs” in charge of foreign assistance programs inherited from USAID. The process was hindered by unclear division of responsibility, poor communication, and planning gaps that jeopardized the department’s ability to monitor its programs, according to [an evaluation released this week](#) by the Office of Inspector General....”

Daily Trust - Nigeria-US health deal under scrutiny

<https://dailytrust.com/nigeria-us-health-deal-under-scrutiny/>

“A health agreement worth \$5bn between Nigeria and the United States has raised dust after Ghanaian President, John Dramani Mahama, revealed that his country rejected a similar deal over data infringement concerns. “

Devex Pro – ‘Values are not for sale’: The European NGOs turning down US aid funds

<https://www.devex.com/news/values-are-not-for-sale-the-european-ngos-turning-down-us-aid-funds-113491>

(gated) “Norwegian People’s Aid and DanChurchAid are rejecting State Department money rather than comply with an expansive anti-abortion policy, costing jobs and de-mining programs across the world.”

Health transitions, integrated care...

Devex - TB blunt

[Devex](#) ;

“Africa has spent decades building systems to detect and treat tuberculosis. But those same systems can leave patients with other serious lung diseases overlooked, even when they have similar symptoms. Now the [World Health Organization](#) wants countries to build on that TB infrastructure to tackle a much wider range of lung diseases, [under a landmark resolution calling for integrated respiratory care](#).

“... But there’s a catch, writes Devex Senior Editor Rumbi Chakamba. While TB programs have benefited from political attention, dedicated financing, and sophisticated reporting systems, diseases such as asthma and chronic obstructive pulmonary disease have largely been left behind. Many African countries don’t even have reliable national data on how many people are affected.”

“Some countries, including Ethiopia, Uganda, and Nigeria, are already moving toward more integrated care. But with health budgets stretched and external financing shrinking, the question is whether they can afford to expand services....”

“As professor Jeremiah Chakaya Muhwa, who serves on the executive committee of the Pan-African Thoracic Society, warns, countries first need to understand the scale of the problem. “If we are going to make this resolution come alive in the African setting, we need to be able to know what the situation is as far as chronic respiratory disease is in Africa.”...”

- For more, see [Devex](#) : Africa wants to transform lung care. Can TB show the way?

“A landmark WHO resolution calls for integrating respiratory care into existing health systems. Experts say Africa’s decades-long fight against tuberculosis offers both a blueprint and a cautionary tale.”

Human Resources for Health

Lancet Regional Health Africa (Editorial) - Harmonising health-professions education across Africa for a resilient health workforce

[Harmonising health-professions education across Africa for a resilient health workforce](#)

“ Africa faces a profound mismatch in its health workforce: a projected 40% increase in workforce numbers, alongside a needs-based shortage of 6.1 million health workers by 2030. Although increasing the number of trained professionals is needed, it is even more crucial to ensure that the competencies they acquire across Africa's diverse education institutions are aligned with the health-system needs and practice environments in which they will work. For example, graduates should not only be prepared for hospital-based care, but also for primary health care, community engagement, digital health, emergency response, and service delivery in rural and underserved settings....”

“Despite shared challenges, Africa's fragmented health-professions education systems produce graduates with variable competencies. Differences in curricula, learning outcomes, faculty capacity, educational resources, assessment and accreditation, clinical exposure, practical training, and the portability of qualifications continue to limit the development of a consistent, high-quality health workforce. This fragmentation makes it difficult to assure a common standard of competence, support mobility, or compare the quality of training between institutions.

To address this fragmentation, the **Africa prototype competency-based curricula**, developed by the WHO Regional Office for Africa (WHO/AFRO curricula) in collaboration with regional and global experts, lay the foundation for harmonisation that will contribute to trusted, high-quality health-professions education across Africa. At the recent 9th African Forum for Research and Education in Health (**AFREhealth**) conference in Uganda, the need to adopt and adapt such curricula for health workforce education was echoed in an urgent call to strengthen competency-based training to bridge the gap between educational programmes and health system expectations....”

World Mental Health Day (10 October) & other mental health news

WHO's new guidance urges shift from institutional to community-based mental health care

<https://www.who.int/news/item/09-10-2026-who-urges-shift-from-institutional-to-community-based-mental-health-care>

“Ahead of World Mental Health Day, the World Health Organization (WHO) has released a **new guide** to support countries in shifting away from institutionalized mental health care models focused on long-term stays in psychiatric hospitals **towards person-centred care in the community** that respect people’s rights and choices.”

“Many people with mental health conditions are currently living in large psychiatric hospitals and social care institutions. Nearly half are kept in these facilities involuntarily for months, years, or even decades, isolating them from the outside world.”

“ Known as **deinstitutionalization (DI)**, this **process involves helping people who have spent long periods (six months or more) in psychiatric hospitals to return and live in their communities**, with the care, support and opportunities they need to lead fulfilling lives....”

More on NCDs

Lancet (Health Policy) – Strengthening health systems to prioritise, provide care, and prevent osteoarthritis: a roadmap for global health policy

A M Briggs; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01700-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01700-9/fulltext)

PS: 12 October is World Arthritis Awareness day.

“By 2050, almost 1 billion people are expected to live with osteoarthritis—a disabling musculoskeletal condition with currently no cure. Despite its burden and costs, osteoarthritis remains largely invisible in national and global health agendas, is poorly integrated within service models for other chronic health conditions, and is frequently perceived as inevitable with ageing

and associated with limited therapeutic options. This context drives an osteoarthritis identity problem that fuels frustration among those living with the disease and health-care professionals, perpetuates stigma and inequities, undermines access to effective interventions, and crucially, deprioritises osteoarthritis in health policy. **How can health systems be strengthened to mitigate the burden of disease and prioritise the prevention and control of osteoarthritis? We outline a co-created, globally relevant roadmap for health policy responses for osteoarthritis prevention and care that extend beyond the UN's Agenda 2030 targets. The roadmap anchors to three strategic priorities underpinned by guiding principles of a life course approach, prioritising health equity, and ensuring that responses are affordable and sustainable across economies. Priority 1:** recognise and respond to osteoarthritis with capacity building in national surveillance of burden, cost, and modifiable risk factors, and explicitly embedding musculoskeletal health within national and subnational health policies. **Priority 2:** scale up high-value, person-centred, equitable care for approximately 600 million people living with osteoarthritis. This priority requires reframing of societal narratives around osteoarthritis and reconfiguring service models to integrate osteoarthritis into primary and chronic disease care while also addressing social, environmental, and commercial determinants of musculoskeletal health. **Priority 3:** slow the osteoarthritis trajectory via primary and secondary prevention targeted at excess bodyweight and joint injury, enabled by cross-sectoral and cross-disease cooperation.”

Determinants of Health

SRHR Globalization & Health - Integrating the social and solidarity economy into global health: towards structural transformation for equity, resilience, and sustainability

M Fujita, D McCoy, R van de Pas et al ; <https://link.springer.com/article/10.1186/s12992-026-01240-w>

“Global health is shaped by complex and interdependent challenges across social, commercial, environmental, technological, and political domains that cannot be solved by the health sector alone. In response, alternative economic models and paradigms have gained attention. **The concept of the Social and Solidarity Economy (SSE)—formally recognized in a 2023 United Nations resolution—has emerged as a promising approach. This paper examines how SSE has been addressed in global health scholarship and explores its potential contributions to equity, resilience, and sustainability, not simply as a normative framework but to provide an institutional approach to realize these norms.** To illustrate this potential, **we focus on migration health**, a key global health agenda that highlights how multiple determinants of health interact to influence the health of populations. **Migration health exemplifies how SSE’s inclusive and solidarity-based practices can engage with these determinants** while promoting cross-border learning and advocacy for more equitable, resilient, and sustainable systems. “

“... **We argue that, although SSE remains marginal in global health discourse, it holds substantial and underrecognized potential as an integrative and community-driven approach for advancing equity, resilience, and sustainability.** Recognizing and embedding SSE within global health frameworks is both timely and necessary for addressing the diverse determinants that shape population health. Noting why previous equity-oriented health and economic frameworks have struggled to achieve structural change, **we situate SSE within this broader question of accountability in global health governance.**”

Planetary Health & environmental determinants of health

Reuters – Inside the deadlock at the world's top climate science body

[Reuters](#);

Summary via Nature: **“An unprecedented deadlock among members of the Intergovernmental Panel on Climate Change (IPCC) could affect the publication of its influential climate-change report. The disagreement means that the 2028 UN climate conference (COP33) — which will include an important ‘global stocktake’ of progress — might go ahead without an up-to-date scientific basis for climate negotiations. Oil-producing nations have been accused by some others on the panel of using the issue as a stalling tactic.”**

- See also the **Guardian**: [IPCC is under pressure to delay publication of key global climate report](#)

“AR7 report was scheduled for 2028 in time for Cop33 summit but some petro-states and major developing countries want to postpone it.”

Climate & Health Alliance - Scorecard: Colombia Gets Top Marks While High Emitting Countries Doing Too Little to Protect Health from Climate Change

<https://climateandhealthalliance.org/press-releases/scorecard-colombia-gets-top-marks-while-high-emitting-countries-doing-too-little-to-protect-health-from-climate-change/>

“Colombia integrates health most deeply into its national climate plan, according to a new global scorecard published today, closely followed by Nigeria and Cambodia.”

“The latest [Healthy NDC Scorecard](#), published by the Global Climate and Health Alliance finds that conversely, the climate commitments of the governments of Japan, New Zealand and India fail to adequately consider health, while high-emitting economies, including EU members, China, Brazil, and the UK refer to health in their national climate plans, but do not match this with the ambitious emissions reductions targets required to protect health.....”

HPW – Low-Income Countries’ Push for Climate Money for Health Meets German Pushback Ahead of COP31

<https://healthpolicy-watch.news/low-income-countries-push-for-climate-money-for-health-meets-german-pushback-ahead-of-cop31/>

Still from the World Health Summit in Berlin.

“ Germany’s top climate civil servant pushed back on Monday against a call from the world’s poorest countries for more climate finance for health. The money fight of COP31 opens officially in Antalya, Türkiye, next month. In the halls of the World Health Summit in Berlin, it’s already started....”

“Less than 0.5% of climate finance goes to health, Dr Sidi El Moctar, a Mauritanian health ministry official, told a World Health Summit panel. He wanted to know how the least developed countries, Mauritania included, could get more to address the health crises amplified by climate change.

...But Jochen Flasbarth, state secretary at Germany’s environment ministry, questioned the number before answering. “I would make some question marks,” he said about the figure, which the World Health Organization (WHO) first published in 2021 and which was still being cited at COP30 in Brazil last year....”

“Health-specific climate finance reaching climate-vulnerable countries totals roughly \$500 million to \$700 million a year, about 2% of adaptation funding and the 0.5% of multilateral climate finance the negotiator cited, Health Policy Watch reported at COP30....”

“Whenever we work on mitigation, it has an impact also on the health sector,” Flasbarth said. “When you narrow it down to how much money is going to the health sector, like hospitals, medical institutions and so on, then it might be smaller.””

“... The exchange, cut short as Flasbarth left the panel early for another engagement, previews a critical question for the health world that will return next month at COP31: will global health ever get a serious spot in the climate money conversation?...

“ As wealthy governments count their emissions cuts as health protection, countries on the front line of the climate crisis say the clinics, cold chains and disease surveillance they need to survive heat, floods and outbreaks are unfunded. A special report from the WHO and Brazil, launched at COP30 in Belém last year, put the cost of direct health adaptation in those countries at more than \$22 billion a year by 2035.... “

“The case made by Flasbarth for mitigation as health spending is borne out by critical environmental threats like air pollution from burning fossil fuels, which causes about five million premature deaths a year. Cutting emissions could deliver major health gains and reduce pressure on health systems within years....”

PS: “In Antalya, health will have no formal negotiating track of its own. Türkiye’s health ministry plans a Health Day on 9 November, the summit’s opening day, and “Dynamic and Resilient Health Systems” is one of 10 themes in the presidency’s action agenda, a voluntary track outside the formal talks.”

““There is some progress,” the Mauritanian negotiator said of the push to bring health financing into the climate talks. “But we need more voices in these rooms.”

PS: “Adding to the funding crunch, more than 90% of what development banks provide for health adaptation arrives as loans rather than grants, a major barrier for low-income governments already struggling to service their debts.....”

Science (Editorial) - To reverse nature loss, change what drives it

D Cooper et al; <https://www.science.org/doi/10.1126/science.aen0122>

“This week, at the 17th Meeting of the Conference of the Parties to the Convention on Biological Diversity (COP17), delegates from 195 countries and the European Union are gathering in Yerevan, Armenia, for a global review of progress under the Kunming-Montreal Global Biodiversity Framework, an international set of goals and targets adopted in 2022 to tackle the biodiversity crisis. The urgent question before them is clear: What must change now to halt and reverse nature’s decline and put it on a path to recovery by 2030? COP-17 comes as international cooperation is under increasing strain. ...”

- Related: UN News - [The world is waging a ‘war on nature’ as progress on biodiversity targets lags](#)

“Fewer than half of the national targets set to protect the world’s plants, animals and ecosystems are on track, the UN warns in a new report, days before countries gather in Yerevan, Armenia, for the COP17 biodiversity conference.... ... One of the deal’s flagship goals was to protect at least 30 per cent of the world’s land, inland waters, coasts and oceans by 2030. Yet even if current commitments are met, only 26 per cent of land and 12 per cent of the ocean would be protected by that deadline, the report finds.”

“Progress is also lagging on money, skills, cooperation and data, as well as on economic incentives that reward protecting nature rather than destroying it....”

Climate Change News - Global deforestation slowed in 2025 but Brazil’s election could undo “fragile” gains

<https://www.climatechangenews.com/2026/10/14/global-deforestation-slowed-in-2025-but-brazils-election-could-undo-fragile-gains/>

(gated) **“Countries remain 70% off track to meet a goal to end deforestation by 2030, as progress in Latin America offset by failures in Africa.”**

“ ... Latin American governments cracked down on forest clearing in 2025, leading global deforestation to fall by the most this decade, but political shifts and the likely impact of a strong El Niño threaten to undo those “fragile” gains, a new report has found....”

HPW Watch – Over 800 million children Have Unsafe Lead Levels in Their Blood

<https://healthpolicy-watch.news/over-800-million-children-have-unsafe-lead-levels-in-their-blood/>

“Over 800 million children have unsafe lead levels in their blood, according to the latest estimates of the World Health Organization (WHO)....”

- See also UN News - [WHO urges faster action to end lead exposure which kills 3.5 million annually](#)

“Countries must accelerate efforts to prevent lead exposure, which is estimated to cause more than 3.5 million deaths globally each year and affects hundreds of millions of children, the World Health Organization (WHO) said on Thursday.”

“The UN agency issued the call ahead of [International Lead Poisoning Prevention Week](#), which runs from 18-26 October. ...”

BioScience - The 2026 state of the climate report: challenges and opportunities

W B Ripple et al ; <https://academic.oup.com/bioscience/advance-article/doi/10.1093/biosci/biag125/8836482?login=true>

“Earth’s climate system is moving deeper into uncharted territory. We present the 2026 update of planetary vital signs that track the state of Earth’s climate system, alongside indicators of the human activities driving ongoing change. Of 16 climate-related indicators, seven are currently at record extremes....”

Independent - Vegetables are now half as nutritious than 60 years ago. Experts have worked out why

<https://www.independent.co.uk/news/uk/home-news/vegetables-nutrition-soil-quality-decline-b3063325.html>

“Fewer than a third of wheat varieties used in bread released since the 1960s meet the recommended zinc target, due to poor soil quality.”

“The [study](#), by researchers at Deep Science Ventures (DSV), found twice the number of fruit and vegetables need to be eaten today to get the same level of minerals such as potassium, magnesium or copper than 60 years ago....”

More on SRHR

PMNCH (Policy brief): Closing the financing gap for adolescent sexual and reproductive health and rights

<https://pmnch.who.int/resources/publications/m/item/policy-brief-closing-the-financing-gap-for-adolescent-sexual-and-reproductive-health-and-rights>

“Developed with support from the Partnership for Maternal, Newborn & Child Health (PMNCH) and Canada’s International Development Research Centre (IDRC), this policy brief makes the case for increased, sustainable and equitable financing for adolescent sexual and reproductive health and rights (ASRHR), particularly in low- and middle-income countries. The brief highlights a substantial financing gap, estimated at US\$2.4–4.2 billion annually across Africa, Asia, Latin America and the Caribbean, based on 2016 prices. “

“... It demonstrates that investing in adolescent health, including ASRHR, can generate significant health, social and economic benefits, with returns of up to US\$8.70 for every US\$1 invested in comprehensive adolescent health interventions in certain low- and middle-income countries. ... The brief calls on governments and development partners to strengthen domestic resource mobilisation, integrate comprehensive ASRHR services into universal health coverage, improve financing transparency and accountability, and adopt multisectoral approaches that address structural inequalities. It also emphasises meaningful adolescent participation in financing decisions, evidence-based policymaking and stronger coordination between health, education and social protection systems. **Ultimately, the policy brief positions ASRHR financing as both a public health priority and a strategic investment in sustainable development...**”

Access to medicines, vaccines & other health technologies

HPW - Experts Recommend Ways to Stretch Vaccine Supplies in Face of Dwindling Budgets

<https://healthpolicy-watch.news/experts-recommend-ways-to-stretch-vaccine-supplies-in-face-of-dwindling-budgets/>

“In the face of dwindling health budgets, the World Health Organization’s (WHO) expert committee on immunisation has made several suggestions to enable countries to optimise existing vaccine supplies....”

“Countries can continue giving a single dose of the human papillomavirus (HPV) vaccine to girls aged 9-14 years to prevent cervical cancer – instead of two doses, the Strategic Advisory Group of Experts on Immunization (SAGE) advised. This could enable resource-constrained countries to extend the vaccine to women aged up to 30 who have missed out, and routine vaccination to boys aged 9-14. SAGE also recommends that countries can consider routine vaccination of girls aged 4-8 years with a single dose of HPV vaccine “if this is likely to result in increased vaccination uptake and coverage””

“... Countries may also consider a single diphtheria vaccination during an outbreak, although SAGE cautions that this must be followed by routine immunisation. Children under a year usually get three doses of a diphtheria-tetanus-pertussis (DTP3) vaccine.....”

“...The key driver of SAGE’s new recommendations is the funds shortfall facing Gavi, the global vaccine platform. Gavi supports immunisation in the world’s poorest countries with a gross national income per capita of \$2,300 or less – and 56 countries qualify this year. ... However, Gavi has only secured \$9.3 billion of its recalibrated \$10.2 billion strategic budget.”

“SAGE noted that currently available Gavi funding is “insufficient to maintain use of vaccines currently included in national immunisation programmes, which jeopardises country gains achieved to date and may undermine trust in vaccine programmes””

“Dr Kate O’Brien, WHO’s director of Immunisation, Vaccines and Biologicals, acknowledged that domestic and Gavi funding shortfalls will require countries to make “difficult prioritisation decisions””

“... SAGE welcomed the accelerated development of vaccines that target Ebola Bundibugyo Virus Disease (BVD), and the establishment of the “single protocol, adaptive platform design of the TUMAINI randomised controlled trial (RCT)”. This platform will enable the efficient evaluation of two BVD-specific vaccine candidates (Oxford University’s ChAdOx1 BDBV and Moderna’s mRNA-1469), and Ervebo, a vaccine already licensed for Ebola Zaire. ...”

“O’Brien said that the phase 1 trial for ChAdOx1 has been completed and a WHO technical advisory committee would be reviewing its data “in a short number of days or weeks”, and reviewing Moderna’s vaccine’s progress. If the safety data is “sufficiently positive”, she expects the vaccines to move rapidly into phase 2 and phase 3 trials – possibly as early as the end of this month....”

“SAGE also recommended targeted mpox vaccination of people at risk of infection in communities affected by the virus, including children, people exposed through sexual networks, contacts of people with mpox and health workers with repeated exposure. ...”

Guardian - Controversial vaccine trial touted by RFK Jr gets go-ahead in Guinea-Bissau

<https://www.theguardian.com/society/2026/oct/09/vaccine-trial-guinea-bissau-rfk-jr>

“Recommended dose of hepatitis B vaccine will be withheld from thousands of newborns by Danish researchers.”

Four members of the committee have resigned in protest. ... “ Stig Børsen Hansen, a founding member who was one of two reviewers who presented the study to the Danish committee, resigned from the group in protest on Friday, **citing major ethical issues with the study.** “You are now enrolling newborns in a lottery to test a hypothesis,” Hansen said. The children who are randomly selected not to receive the birth dose of the vaccine, those who “lost the lottery”, face in their earliest days the risk of contracting hepatitis B, which can cause irreversible lifelong damage. “They contract hepatitis B in the context of being part of a research project,” Hansen said, which made their infection happen, in effect, “by design””

- But see also this **Reuters update:** [Guinea-Bissau says it has not approved hepatitis B vaccine trial in newborns](#) (13 Oct)

Global Policy - Diagnostic Sovereignty in a Fracturing World

<https://www.globalpolicyjournal.com/blog/14/10/2026/diagnostic-sovereignty-fracturing-world>

“José Pereira-Leal argues that diagnostics should be understood as the sensing infrastructure of bio-sovereignty. Governments increasingly recognise their strategic importance, but recognition rarely becomes accountable capability.”

“... A recent *Global Policy* commentary placed **bio-sovereignty within this wider struggle for control over biological systems, infrastructure and knowledge. I want to take that argument one layer**

down. **Diagnostics are what make those biological systems visible.** A government cannot exercise meaningful authority over a risk it cannot reliably detect, quantify, interpret or follow.....”

“I use the term **diagnostic sovereignty** to mean: *The capacity of a political community to generate and use reliable, timely and appropriate diagnostic information across human, animal, plant, food and environmental systems, in routine conditions and crises, while retaining effective control over the critical dependencies required to sustain that function....*”

“...In a **comparative working paper**, I examined 20 official policy documents across 15 national and regional entities, with World Health Organization instruments providing the global context. The review, which concentrated on human diagnostics, covered preparedness, medical countermeasures, medical technology and industry, health sovereignty and resilience, genomics, data and precision health....”

The Collective for Political Determinants of health - Medical Manufacturing for Africa, by Africa

L Paremoer; <https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/lauren-paremoer/medical-manufacturing-for-africa-by-africa.html>

"Though contemporary efforts to establish medical manufacturing infrastructures on the continent are sometimes framed as path-breaking, they in fact precede the Covid-19 pandemic, and even the HIV/AIDS pandemic" says Collective Member **Lauren Paremoer**. **She presents key findings from a recently published article she co-wrote with Hamish Evans and Anne Pollock, exploring how medical manufacturing was imagined and pursued in the 1960s and 70s versus in a post-covid world.** “

Miscellaneous

UN News - Rise in poverty is ‘a wake-up call for the world’, UN development chief says

<https://news.un.org/en/story/2026/10/1168574>

“The number of people living in “multidimensional” poverty has risen for the first time in 15 years, reaching 1.2 billion, as families struggle to meet their basic needs. “

“The finding comes in the **2026 update** of the global Multidimensional Poverty Index (MPI) published by the United Nations Development Programme (UNDP) and Oxford University, which measures overlapping hardship across health, education and standard of living. ... **The 1.2 billion figure represents 51.5 million more people than in the 2025 update.** Of this number, **more than half are children – 617 million – and 83 per cent live in rural areas.** ...”

HPW – International Day of Rural Women: Geography Should Not Decide a Woman's Health

A Kanhai et al ; <https://healthpolicy-watch.news/international-day-of-rural-women-geography-should-not-decide-a-womans-health/>

“On this International Day of Rural Women (15 October), countries need to commit to **addressing the disparity between health services in urban and rural areas.**”

PS: “WHO estimates that **around two billion people** living in rural and remote communities do not have adequate access to essential health services. Shortages of health workers are part of the problem. ...”

Lancet World Report - Health in Brazil's election

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)02084-2/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02084-2/abstract)

“Ahead of a presidential runoff between Lula and Flávio Bolsonaro, experts outline what is at stake for health. Luke Taylor reports from Rio de Janeiro.”

Lancet Letter - Prioritising the future of youth is an urgent political choice

Johann Omiya; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)02086-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02086-6/fulltext)

“... France is not the only country where youth have expressed their anger and distress. For example, in India, the Cockroach Janta Party arose from angry students. I therefore call for a holistic consideration of these factors, using a health-promoting approach, through actions on cross-sectoral policies and the environments in which young people live. Youth and children should be considered genuine political actors and their participation in policy-making processes, in every sector, should be made possible—as stated by the WHO–UNICEF–*Lancet* Commission. More generally, fighting against vested commercial interests is an urgent priority for future generations’ wellbeing.... ”

Guardian – LGBTQ+ people go into hiding in Senegal as hundreds are arrested

<https://www.theguardian.com/global-development/2026/oct/15/senegal-homosexuality-criminalised-anti-lgbtq-arrests-hiv-testing-human-rights-watch>

“At least 320 people detained for ‘acts against nature’ after law criminalising homosexuality toughened, **HRW reports.**”

“Mass arrests, **forced HIV testing** and barriers to legal representation are part of an escalating crackdown against LGBTQ+ people in Senegal, according to a **new report....**”

Global health governance & Governance of Health

UN News - 'Need for UN has never been greater,' UN chief says, proposing slimmer \$3.3 billion budget for 2027

<https://news.un.org/en/story/2026/10/1168586>

“Amid climate disruption, an AI revolution, war and growing hunger, “the need for the United Nations has never been greater,” **Secretary-General António Guterres said on Tuesday, presenting a \$3.3 billion programme budget proposal for next year – a cut of \$40.8 million.**”

“The **proposed 2027 programme budget is 1.2 per cent below the 2026 approved level... UN80 Initiative reforms will continue, with more cuts, staff relocations and the abolition or downgrading of some posts...** Predictable cashflow and timely payment of dues are essential as efficiency gains will not be sufficient to resolve the liquidity crisis...”

- Related – [Passblue: The UN Corridor Rumors Hanging Over the Secretary-General Race](#)

PS: “A Politico **report** last week said that the Trump administration opposed all current candidates and wanted new contenders because none sufficiently supported US plans for sweeping changes to the UN...”

Globalization & Health - The gates of influence: a mixed-methods analysis of gates foundation media funding and discourse in global health

J Hasler-Bail et al ; <https://link.springer.com/article/10.1186/s12992-026-01248-2>

« **This study aimed to analyse media portrayals of the Gates Foundation across the United States, United Kingdom, and Australia between 2013 and 2023**, and to examine whether the Foundation’s grant funding of media organisations influences these portrayals....”

Among the results:” Utilising a mixed-methods approach, this empirical study uncovered that **media portrayals predominantly frame the Gates Foundation positively and favour coverage of vertical, disease-specific approaches to global health, particularly infectious diseases, while giving limited coverage to broader horizontal approaches...**”

CESP – South and Southeast Asia in Global Health Governance: A Regional Perspective

S Venkateswaran et al ; <https://csep.org/discussion-note/south-and-southeast-asia-in-global-health-governance-a-regional-perspective/>

“... **South and Southeast Asia—regions that collectively host a third of the world’s population—have high stakes in and the potential to shape the landscape of GHG** (World Bank Group [WBG], 2025). Yet, despite the growing manufacturing, pharmaceutical, and technical capacities coupled with the expanding geopolitical influence of countries within the regions, **South and Southeast**

Asia's representation in GHG discourse remains constrained by uneven institutional capacity. This study looks at how the major institutions of GHG engage with countries of the region (including Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka, Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Timor-Leste, and Vietnam) and explores pathways to strengthen its collective representation in GHG...."

In Development - The Death of Aid Was Political Suicide

Lant Pritchett; <https://indevelopmentmag.substack.com/p/the-death-of-aid-was-political-suicide>

"Since 2009, many countries have eliminated or downgraded their historically free-standing, semi-autonomous or ministerial-level development agencies.... ...Discussing the events around USAID in isolation misses the bigger picture. I argue that for the last few decades, the national organizations of foreign assistance have pursued a fundamentally misguided political strategy. Aid agencies narrowed the focus of bilateral assistance to just direct actions — rather than actually assisting developing countries in making progress on their broader national development goals. This had the positive effect of making their contribution to specific outcomes more legible and hence easier to sell. But this narrower focus also weakened core elements of political support, which eventually resulted in organizational downgrading and budget cuts. By cutting off their political support — their lifelines — they committed assisted suicide...."

ODI (Briefing paper) – Where next for feminist foreign policy on regional multilateralism and human rights?

J Michalko et al ; <https://odi.org/en/publications/where-next-for-feminist-foreign-policy-on-regional-multilateralism-and-human-rights/>

"As the liberal order faces increasing challenges, and geo-political centres of power shift, regional human rights mechanisms are essential for safeguarding gender equality, social inclusion and sustainable peace and security."

"The key recommendations fall under three core areas: Strengthening the legitimacy of regional human rights mechanisms; Increasing the capacity of regional human rights mechanisms; Closing compliance and implementation gaps..."

Planetary health

The Conversation - Some climate tipping points are being studied far more than others – new research

A Tszachor; <https://theconversation.com/some-climate-tipping-points-are-being-studied-far-more-than-others-new-research-293614>

"In a new study published in Proceedings of the National Academy of Sciences, colleagues and I examined 20,736 scientific publications on 14 climate tipping elements published between 2000 and 2025. We wanted to know where scientific attention has accumulated, and whether the systems

with relatively low estimated warming thresholds tend to receive more of it....” Check out the findings.

Philosophy compass - The Political Philosophy of Postgrowth and Degrowth

Catarina Neves, Ingrid Robeyns; <https://compass.onlinelibrary.wiley.com/doi/10.1111/phc3.70134>

“This article discusses the emerging field of the political philosophy of degrowth and postgrowth. ‘Postgrowth’ and ‘degrowth’ are visions of socio-economic systems that do not focus on GDP and economic growth, but rather on sustainable prosperity, that is, wellbeing within planetary boundaries. The paper argues that there is much to gain from more interaction between the postgrowth and degrowth literature on the one hand and political philosophy on the other hand—for both fields. After a discussion of the concepts of postgrowth and degrowth, and the different ways in which they could be distinguished, the paper discusses several philosophical topics that are relevant in this debate: the normative standing of growth, conceptions of wellbeing, distributive and global justice and questions related to future generations. ”

Infectious diseases & NTDs

Telegraph – Progress against HIV stalls in South Africa, research shows

<https://www.telegraph.co.uk/global-health/science-and-disease/progress-against-hiv-stalls-in-south-africa-research-shows/?s=09>

“Number of new infections in one of the country’s most populous provinces stops falling after years of steep decline.”

“... The **number of new cases of the infection in KwaZulu-Natal province**, centred around the eastern port of Durban, **have stopped falling after years of steep declines**. Data from a long-running study following thousands of people also showed those with detectable levels of virus in their blood had risen slightly despite years of medics prescribing antiretroviral drugs. Researchers said the **peer-reviewed study published in The Lancet HIV medical journal** “provides a **stark warning on prevailing HIV trends in rural South Africa**, where ground is being lost in the fight against the HIV epidemic”.”

PS: “The researchers, led by scientists at Durban’s Africa Health Research Institute (AHRI) and Stellenbosch University’s South African Centre for Epidemiological Modelling and Analysis (SACEMA).

AMR

The Conversation – Good gut bacteria vs bad: what we learnt about antibiotic resistance from a community in Nairobi

E Ng’eno <https://theconversation.com/good-gut-bacteria-vs-bad-what-we-learnt-about-antibiotic-resistance-from-a-community-in-nairobi-289108>

“Disease ecologist Eric Ng'eno shares findings from his research on how some resistant strains of Escherichia coli bacteria are taking over the guts of people who are otherwise healthy. He suggests how this displacement can be slowed down....”

NCDs

TGH - How to Measure Aging in a Global Context

J R Ehrlich et al; <https://www.thinkglobalhealth.org/article/how-to-measure-aging-in-a-global-context>

“Researchers should consider language and cultural context when assessing a person's cognitive ability, including differing concepts of time and place.”

“...work done for the **Longitudinal Study of Health and Ageing in Kenya (LOSHAK)** demonstrates that, all too often, the dominant tools to assess the health and well-being of older adults are best suited to Westerners with access to amenities such as electricity and who have high levels of literacy. **The project's research shows that "standard" approaches often aren't measuring people's health but rather their Western education. To ensure that data accurately represents local contexts, researchers should reimagine the data collection that informs national aging policies, working closely with communities to capture unique features of different cultures and languages....”**

BMJ GH – Association between cigarette tax and the global burden of non-communicable diseases: a longitudinal ecological study in 193 countries

<https://gh.bmj.com/content/11/10/e024235>

By W Peng et al.

Lancet GH - 2022 WHO estimates for overall and human papillomavirus test-based cervical cancer screening coverage worldwide: a review and synthetic analysis

Beatriz Serrano et al; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00206-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00206-8/fulltext)

Interpretation of the findings: **“Despite policy updates, overall and HPV-specific screening coverage remains far below WHO’s 70% target. Three in five women aged 30–49 years worldwide have never been screened, and 92% have never received HPV testing, with substantial disparities across regions and country-income levels. Scaling up high-performance HPV test-based screening, alongside HPV vaccination, will be essential to accelerate cervical cancer elimination....”**

- PS: There’s also some **Lancet Correspondence** on this issue this week, see eg [WHO should adjust its cervical cancer plan – Authors’ reply](#) (by Gary M Clifford et al).

“We share the concern that **global access to HPV-based cervical screening remains inadequate. Although the global community has rightly invested in expanding HPV vaccination through mechanisms such as Gavi, the Vaccine Alliance**, no comparable financing mechanism supports large-scale access to cervical screening. **A global funding platform for HPV tests** could accelerate progress towards cervical cancer elimination, provided it also supports the downstream components of screening programmes....”

And a link:

- **Nature Health** - [Taxes on tobacco, alcohol and sugary drinks can reduce disease and boost health funding](#) (by M Sandhu, R Krech et al)

Mental health & psycho-social wellbeing

SSM Health Systems - Advancing Mental Health Leadership in Africa: A Public Health Approach through the Africa CDC Mental Health Leadership Programme – one year on

U Sesay et al ; <https://www.sciencedirect.com/science/article/pii/S2949856226001601>

“In 2024, Africa Centers for Disease Control and Prevention (Africa CDC) launched the **Mental Health Leadership Programme (MHLP)** with the aim to strengthen mental health leadership in the continent through the acquisition of public health competencies. **This commentary describes the design of the Programme as well as the lessons learnt over one year of implementation, including the initial outputs and outcomes....”**

Plos GPH - Reframing youth suicide as a public health crisis: Where does accountability lie?

Ananya Mosur Sridhar et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007368>

With focus on India.

Nature News – Overlooked brown fat in our bodies linked to wide range of health benefits

<https://www.nature.com/articles/d41586-026-03302-w>

“Massive study of more than 100,000 people finds **surprise connection between ‘good’ body fat and improved mental health.**”

Sexual & Reproductive health rights

Lancet Regional Health Africa – Is control of sexually transmitted infections among adolescents and young people achievable through screening in high prevalence settings?

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00149-5/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00149-5/fulltext)

By Kevin Martin et al.

Adolescent health

Lancet Regional Health Africa - The tricky business of protecting and intentionally serving adolescents with lived experience embedded in mental health research in Africa

Nataly Woollett et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00151-3/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00151-3/fulltext)

by researchers in South-Africa.

Decolonize Global Health

SS&M – Adhering to the Brief: Global Health Images as Repeated Icons

A Alenichev et al ; <https://www.sciencedirect.com/science/article/abs/pii/S027795362601021X>

« ... We approach **institutionalized global health photography** as a system of icon production. **Global health iconography** is our term for the recurring types of highly-controlled images. **Decolonizing global health requires iconoclasm and wrestling with the harms of generative AI....”**

Conflict/War & Health

SSM Health Systems -Development assistance for health reductions: early impacts and responses in four fragile and shock-prone (FASP) countries

Sophie Witter et al;

<https://www.sciencedirect.com/science/article/pii/S294985622600156X>

Focus here on **Lebanon, Nepal, Sierra Leone and Somalia**.

“This study is one of the first studies to our knowledge of impact of health aid cuts in fragile settings and how countries have responded. We highlight resilience strategies in responding to aid cuts, including some ability to absorb and adapt in the less dependent settings...”

“The **paper identifies resilience enablers and barriers**, the latter including structural weaknesses, depletion of absorption reserves through repeated recent shocks, development of an aid-dependent mentality amongst leadership, as well as tight fiscal space.”

“**No transformatory strategies were identified**, which is to be expected, given the rapid nature of the shock and the fragile contexts. **Resilience should be considered not just on the public sector side but also on the side of the aid ecosystem**, which responded in diverse ways in these contexts, not all of them helpful...”

Plos GPH –The governance gap: Determinants of health, international humanitarian law violations, and the case for health diplomacy

Ellen Beer, Duha Shellah et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007482>

“**Twelve years after the Lancet-Oslo University Commission on Global Governance for Health global governance frameworks for protecting health in conflict continue to be treated as separate humanitarian, geopolitical, and security issues rather than an integrated part of everyday public health governance.** We sit in a time of record attacks on healthcare and severe consequences of armed conflict. **In 2024, over 3,600 attacks on healthcare were recorded globally, a 15% increase from 2023, and 62% increase from 2022.** In 2024, over 900 healthcare workers were killed, 470 detained, and 140 kidnapped, and more than 1,100 health facilities were destroyed amid systematic obstruction of ambulances and humanitarian access. In the last year fatal attacks on humanitarian personnel were reported in the Democratic Republic of Congo, Gaza and the West Bank, Lebanon, Myanmar, South Sudan, Sudan, and Ukraine....”

“**Global governance for health must explicitly govern the political, commercial, environmental, and epistemic determinants of health at an institutional level and governance to protect life in conflict should be part of routine public health governance discourse, with health diplomacy responding more directly to upstream drivers of health impacts and health system collapse, and IHL violations.**”

AI & health

IHME, Planet Labs, and Microsoft’s AI for Good Lab collaborate on Populace, a project that generates up-to-date, highly localized population density estimates worldwide.

<https://www.healthdata.org/research-analysis/population-about-populace>

A new population mapping tool.

“Populace is a global map of where people live, estimating the number of residents in every 40 m × 40 m grid cell of the world’s land surface. It is updated quarterly, with estimates from the first quarter of 2020 onward. **Populace is produced by the Institute for Health Metrics and Evaluation (IHME) in collaboration with Planet and Microsoft’s AI for Good Lab. ...**”

Miscellaneous

UN News - 800 million young people face a future without jobs

<https://news.un.org/en/story/2026/10/1168588>

“Approximately 800 million young people entering the labour market in developing economies over the coming years will not find jobs unless countries act, the head of the UN Development Programme (UNDP) warned on Tuesday, as the agency **launched two initiatives to boost investment and employment....**

“... Mr. De Croo said the gap was **driven by demographics** – in many developing countries, the median age is between 18 and 25 – **and that the job projections were based on the current state of technology....**”

Papers & reports

Lancet Global Health – October issue

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

Most articles already appeared online before.

- Do start with the [Editorial - Children with arthritis: orphans of the NCD agenda?](#)

IJHPM – Evidence, Power and Implementation in Global Health Policy

C Birungi; https://www.ijhpm.com/article_4942.html

“This viewpoint synthesises established insights from health policy analysis, political science, and implementation research into a six-force heuristic covering evidence, interests, institutions, ideas and framing, incentives, and implementation capacity...”

Lancet Regional Health Africa – October issue

<https://www.thelancet.com/journals/lanafri/issue/current>

We already covered the Editorial above. Check out the rest of the issue.

