IHP news 904 : Ebola - "Not winning so far" & men's health on the global health agenda

*(**30 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,

For so many reasons, **Lula's victory in Brazil** last weekend was a vital ànd inspiring one. Turns out you can still win elections, if you're over 80 (*and not Adorno material*). Besides Lula's remarkable resilience, the mobilization of Generation Z on and off the streets, women (*often the smarter sex at the ballot box*), and even a left wing evangelical Christian /"Whatsapp general" played key roles in this unexpected victory. After Hungary (*some months ago*) and together with Serbian students (*also this weekend*), Lula & co offered another **lesson in the anti-authoritarian playbook**. Even if this one felt like dodging a bullet.

Next up re 'the political determinants of health' & 'Geopolitical health': the **midterms in the US**, and a bit later, the **French presidential elections**. (*re the latter: it's obvious Le Pen will have no trouble getting to the first 40% of the votes in the second round; however, she'll have to "work" for the remaining 10 % for victory, which to quite some extent will depend on her opponent in that second round. And so, I hope Mélenchon will put his gigantic ego aside, and not run for president – idle hope, I know…*)

In the coming years, the fight against **greedy, gangsterish, gerontocratic, gilded and/or genocidal (GGGGG) leadership** continues around the world. But it's not just Trump, Netanyahu & other Putins that should concern us, we also have to keep asking hard questions about the rather distorted version of **'values-based realism'**, of which some middle power countries & the EU seem rather proud recently. As more often than not, the proportion of "values" in this new motto for our (arguably tough) times, seems rather limited. But I admit 'values-based realism' sounds good. And if you see Ursula with that lovely smile of hers, you might even get close to believing it.

Over to the more usual **global/planetary (policy) health** updates then.

An obvious "highlight" of the global health week was the release of "**The 2026 report of the Lancet Countdown on health and climate change**: a decade of escalating health harms and a decisive moment for all". In the report, **experts call for climate change to be declared a global health emergency**, as many health impacts outpace climate action, and for a health-centred response to this intensifying global health emergency. **Ahead of COP31 in Antalya** (9-20 Nov), more reports on the state of the planet are being published, most of them of the dire kind. Meanwhile, the **IPCC is fighting for its survival**.

Earlier this week, we learnt **the "Super-rich get a 'double dividend'** from causes and costs of climate crisis, via a new **Oxfam report**. Apparently, the richest 0.1% of the world's population are

also heavily invested in disaster preparedness, recovery and reconstruction. Do check out Oxfam's new "Destroy & Rebuild index" which identifies 217 corporations profiting from industries that fuel climate breakdown as well as disaster preparedness, recovery and reconstruction. (*If we don't realize by now that to leave behind "some" future for Gen Z and later generations,* ***we need a post-capitalist global economy*** *sooner rather than later, we probably never will.)*

HPW continued its excellent series of profiles in the **WHO DG race**. And **7 it is**, no more last minute surprises – see WHO's Announcement of candidates for the position of WHO Director-General.

Meanwhile, **Mark Dybul is back at the helm of the Global Fund.** Like most others, we can definitely live with that choice, while at the same time sharing the mixed feelings of others (for similar reasons). One process caveat, though: **not holding any public event with the GF candidates in the year 2026 is a gigantic missed opportunity** for a largely tax-payer funded GHI like the Global Fund. Gotta wonder also why organizations like **Global Citizen** exist if they didn't/don't push for this. Or are "global citizens" only invited to happily sing along with global health and development leaders at fancy festivals in New York, while "stargazing" …?

In the **global health reform** saga, earlier this week HPW reported that the **UNAIDS Board rejected 'Sunsetting' at a special meeting last week, opting instead for transformation**. In other UNAIDS related news, **the organisation** seems to increasingly **advocate for a policy shift in how the world measures pandemic readiness** – linked to the analysis backed by the **Global Council on Inequality, AIDS and Pandemics** (by Kavanagh, Stiglitz et al) from a while ago. They're damned right. **Global inequality** is one of the defining challenges of our time, and not just for PPPR.

Speaking of PPPR, next week the **ninth meeting of the Intergovernmental Working Group re PABS** kicks off in Geneva (2-13 Nov). Let's see whether negotiators can overcome this time the *'**Pandemic Alzheimer's**'* that seems to haunt some of their countries' leadership - the term was coined by Wessam Mankoula, Africa's acting head of Emergency Preparedness and Response Division, in a slightly different context. In this issue, we also pay some attention to a **High-Level forum on community health in Abuja, Nigeria** (28-30 Oct).

On 28 October, **Africa CDC convened an Extraordinary Virtual Ministerial Meeting on Ebola**. The Ebola outbreak in the DRC has now crossed 10,000 cases and is getting close to 5,000 deaths. It's **another grim milestone**. As Jean Kaseya put it, ***"We're not winning so far"***. Adding, *"Ebola anywhere in Africa demands preparedness everywhere in Africa".* It also inspired him to finally pronounce the dreaded words for Northern readers & leaders, in a Guardian article:… ***"We want all countries to know that they are not safe if they don't take appropriate measures,"*** *he said. "Each country, n****ot only in the African region, but all continents****, must now increase the preparedness level and the possibility for treatment.* It's Kaseya's slightly ominous version of Von der Leyen 's "*nobody will be safe till all are safe*" from a few years ago.

Finally, we also want to flag today's **Lancet Series on Men's Health**. A Viewpoint in the series by Hawkes et al, argues that **the manosphere** – "a commercial ecosystem that monetises male grievance and insecurity "- should be understood and addressed as a **commercial determinant of health.** Authors also **advocatesfor a comprehensive public health response**. As co-author **Kent Buse** puts it, "*Angst and rage have real causes. The manosphere gives young men a false one: blame women, not power, then buy the cure. Global health has no institutional answer. No multilateral agency has a mandate to lead on men's health, and the gender equality SDG names neither men nor*

boys in any target. Give men's health a home, hold platforms to account for what their algorithms amplify, and treat boys' needs and women's safety as one agenda."

Not wrong.

Enjoy your reading.

Kristof Decoster

Featured Article

New architecture, old foundations: what global health reform leaves out

Omar Gabriel Torres Valencia

On 12 October the UN General Assembly adopted a political declaration on pandemic prevention, preparedness and response by 153 votes to three, after the United States and a few others blocked the usual consensus. The declaration is non-binding. The binding instrument, the WHO Pandemic Agreement, cannot open for signature until its Pathogen Access and Benefit-Sharing (PABS) annex is agreed, and that annex missed its May deadline; Member States now have until May 2027. A central sticking point is whether manufacturers that use shared pathogens must sign legally binding contracts to share the resulting benefits. At the World Health Assembly, Pakistan warned against a deal that "preserves the commercial privileges of a handful of manufacturers".

In a recent BMJ Analysis, Daniel Bernal-Serrano, Nurul Maretia Rahmayanti and I set out to explain why equity keeps being deferred. As modelling in The Lancet projects that USAID's defunding could cause over 14 million additional deaths by 2030, the push for reform has gathered pace. The Lusaka Agenda seeks to align the major global health initiatives behind country-led priorities, and Ghana's President John Mahama, launching an Accra Reset report in September, insisted there can be "no ownership without control". Both deserve credit, as does the Pandemic Agreement. None of them; however, binds anyone to change the rules underneath. A health ministry can own its national plan and still have little control over the price of a patented medicine or the interest it pays to bondholders.

If global health inequity is a governance problem, better-designed organisations can fix it. If it is a structural feature of how a capitalist world economy allocates the means of life, organisations redesigned under the same rules will reach the same limits. We argue the latter, drawing on two older ideas. In 1845 Friedrich Engels called it social murder when a society knowingly keeps people in conditions that will kill them early; Kamran Abbasi applied the term to the pandemic's avoidable deaths in The BMJ in 2021. Immanuel Wallerstein's world-systems theory explains why such outcomes recur: the capitalist world economy concentrates wealth and productive capacity in core states, while the periphery supplies labour and raw materials on unequal terms. Hickel and colleagues estimate that unequal exchange drained $62 trillion (in 2011 dollars) from the global

South between 1960 and 2018, or $152 trillion counting lost growth. Structural violence describes these conditions; these two lenses add how they are reproduced and who sustains them.

COVID-19 showed the mechanism at work. When India and South Africa proposed a WTO waiver of intellectual property rules on COVID-19 products in October 2020, the European Union, the UK and Switzerland were its most prominent opponents; the decision adopted twenty months later covered only vaccine patents. Pfizer's revenues nearly doubled to $81.3 billion in 2021, largely on a vaccine built on decades of public research funding. Governments defend such monopolies for their export earnings too: in 2025 the EU ran a record €221 billion surplus in pharmaceutical trade. The same interests now sit at the PABS table. At this month's World Health Summit, as Antoine de Bengy Puyvallée reported in these pages, industry asked donors to back a "strong, predictable IP regime".

We propose three structural changes, each with accountable actors. First, make publicly funded innovation a public good, with open licensing and technology transfer as default conditions of research grants, which funders can already impose. Jonas Salk did not patent the polio vaccine; the choice remains available. Second, restructure the debt architecture. UNCTAD reported this month that 3.7 billion people live in countries that spend more on interest than on either health or education. Official bilateral creditors paused debt service for the poorest countries during the pandemic, which shows it can be done. What is missing is a working sovereign debt workout mechanism, and reparative finance from progressive taxes on wealth and corporate profits, for which the UN tax convention, due in 2027, could lay the ground. Third, delink essential health functions from profit through public financing and firm regulation of private providers. England offers the cautionary tale: outsourcing NHS services to for-profit providers has been associated with higher treatable mortality.

Our paper ends, deliberately, without the customary call for political will. Social murder theory locates responsibility in actors making rational, self-interested choices, and goodwill rarely changes those. Accountability and organised pressure can: treatment activists and a coalition of developing countries won the 2001 Doha Declaration on TRIPS and public health over the resistance of far more powerful states. Whether the architecture's foundations move will depend less on technical design than on the organised power behind the demand. Most of us who read this newsletter work somewhere inside that architecture. The question is which side of the balance our own work adds weight to.

About the author: **Omar Gabriel Torres Valencia** is a physician, historian and internationalist working on global health policy and diplomacy. He teaches global health at Tecnológico de Monterrey.

Highlights of the week

Structure of Highlights

- Read of the week
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- Some more reports & publications
- Miscellaneous

Reads of the week

Habib Benzian – Commitment for hire

Substack ;

"The Consulting Labour Regime: What are global health institutions really buying?"

"… **consulting in global health is not just a staffing solution. It is a labour regime**. And like all labour regimes, it reveals how power, risk, judgement and responsibility are distributed…."

Plos GPH - An Ig Nobel for Global Health: The case for laughing at ourselves

D Sharma; https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007569

"The **Ig Nobel Prize, a spoof on Nobel Prize**, has long performed a valuable service to science. It honours achievements that make people laugh and then think. **Global Health, after several decades of earnest endeavour, would seem ready for similar recognition. I therefore propose, with all due humility, the establishment of an Ig Nobel Prize for Global Health.** There is, of course, no intention to mock Global Health, which is too noble, and the inequalities it seeks to address too consequential. But, like most human enterprises, **Global Health has acquired its own vocabulary, rituals, paradoxes and unintended ironies. The proposed Ig Nobel Prize for Global Health would therefore**

recognise such phenomena for their ability to make us laugh first, think second, and perhaps recognise a little of ourselves in the process."

"Five examples readily come to mind…."

Lancet Series on Men's Health

https://www.thelancet.com/issue/S0140-6736(26)X2041-4

With three articles in the series & a viewpoint.

- Plus the related **Lancet Editorial**: Improving men's health in a changing world

Concluding: "… **Questions might be asked of whether calling for attention to men's health might detract from women's health movements**. It is true that men have traditionally occupied a privileged position with most access to power, resources, opportunities, and decision-making authority, and that health systems and interventions have long been designed for men as the default. **But a gendered approach to health is not a zero-sum game; it can serve to enhance wellbeing for all. Equity is about treating according to need, and the Series makes clear the specific health needs of men and the value of recognising and acting on them**: from the ex-miner facing physical ill-health and unemployment, to the middle-aged man reluctant to have his prostate checked, and the adolescent boy feeling anxious, depressed, and neglected. **At heart, the Series' message is a simple one: we need a more empathetic approach to men's health."**

- See also **Kent Buse, via LinkedIn** for some background on a few papers**:**

"… men's health remains one of the most conspicuous blind spots in health policy. **On Friday The Lancet publishes two papers, with Sarah Hawkes and colleagues, that ask why, and what a public health response to the manosphere would look like**. Both will be read as controversial by some. Both are grounded in evidence, and both argue that the health of everyone would improve if their recommendations were taken seriously.

The first, the third paper in the first-ever Lancet Series on men's health, written with fourteen colleagues across five continents, asks why men's health has received so little policy attention globally. The first dedicated national men's health policy was not adopted until 2008, and only a handful of countries have followed. Because men are seen as advantaged, their health harms are treated as undeserving of attention, and the men most at risk, those disadvantaged by poverty, racism, occupation, or place, disappear inside a single undifferentiated category. **Using a lens of power and politics, we trace this neglect to ideas, institutions, and interests:** the conflation of gender with women, path-dependent policy architectures, zero-sum framings that pit men's health against women's, and the absence of any institutional home for men's health at global or national level. We set out power-informed recommendations for advancing men's health within a framework of gender justice.

The second, a Viewpoint, argues that the manosphere, a commercial ecosystem that monetises male grievance and insecurity, should be understood and addressed as a commercial determinant of health. Content moderation, access safeguards, and algorithm diversion treat the symptoms. **A**

comprehensive public health response acts on the economic precarity, educational marginalisation, and social isolation that make these narratives resonate; strengthens the sectors that engage with boys and men; reframes masculinity in positive terms; regulates platforms as tobacco control regulated an industry; and confronts both the misogyny the manosphere amplifies and the well-funded anti-gender movements that contest the evidence base for equality."

"… The **central claim of both papers is that attention to men's health and the pursuit of gender justice are complementary, not competing. It is not a zero-sum game**…."

- PS: make sure you also check out the **first paper** in the series, Men's health: an intersectional and multilevel framework for understanding syndemic patterns of health

" In this first paper of a Lancet Series on men's health, we present a **conceptual framework for understanding men's health from an intersectional perspective, highlighting how structural, social, and commercial determinants of health, intersectionality, and syndemic theory can be combined to analyse men's health at different socioecological levels.** We illustrate the framework using **four selected case studies** that show how the health outcomes of marginalised men are influenced by complex interactions. **We provide a working definition of men's health** that reflects existing literature and builds on the conceptual framework and case studies…."

Ebola emergency

More or less chronologically, starting from Monday.

Reuters - Ebola scientists to probe Nigeria case origin, Africa CDC says

Reuters;

(26 Oct)

Team will study possible link between Nigeria and Kenya Ebola cases, Africa CDC head says. 'Many unknowns' as Ebola reaches fourth African country. Bundibugyo outbreak has infected almost 10,000 people and killed more than 4,600 in Congo."

PS: "… **Kaseya said all countries involved were now willing to collaborate in the investigation, after what he described as tension last** week when Uganda's government insisted the patient in Abuja had been to Congo, while Nigerian authorities suggested she had not and was infected in Uganda, which has been Ebola-free since August…."

"Kaseya said **the team, which will be led by the co-discoverer of Ebola, Congolese expert Jean-Jacques Muyembe**, would also look at more sequencing data to work out where the Kenyan patient was infected…."

- And a link: **Bloomberg - Ebola sequencing links Kenya, Nigeria cases to Congo chain**

(gated) "Genomic sequencing has linked Ebola cases detected in Kenya and Nigeria to the same transmission chain and to viruses circulating in eastern Congo, while leaving open the possibility of an undetected chain in Uganda."

The Cable - Ebola and the geopolitics of blame

S M Johnson; https://www.thecable.ng/ebola-and-the-geopolitics-of-blame/

"**The confirmation of a rare Bundibugyo Ebola case in Abuja (Nigeria) on 20 October 2026 instantly triggered a familiar geopolitical reflex – the urgency to displace biomedical blame**. When Nigeria announced that a woman in the capital city had contracted the virus, officials pointed to her recent travel from Uganda. Ugandan authorities quickly rejected the claim that transmission occurred on their soil. Similarly, the World Health Organisation (WHO) and Africa CDC disputed earlier claims that she had visited eastern Democratic Republic of the Congo (DRC)…."

AP - Congo's Ebola outbreak tops 10,000 cases as authorities race to slow the spread in African countries

https://apnews.com/article/ebola-disease-outbreak-congo-africa-10000-75d315254e5b7f85a706059de6f5024c

(26 Oct) " **The fast-moving Ebola outbreak in Congo has reached 10,000 confirmed cases, government data showed Tuesday**, as health authorities race to slow the spread of the disease in multiple African countries…."

Guardian – Africa's 'unprecedented' Ebola outbreak could reach UK, says top health official

https://www.theguardian.com/global-development/2026/oct/28/africa-ebola-outbreak-could-reach-uk-says-top-health-official

(28 Oct) "**Jean Kaseya, of the Africa CDC, warns of the illness spreading like Covid unless more funding is secured** to increase preparedness and possible treatment."

"... **As the current outbreak reached 10,000 cases, with almost 5,000 deaths, Dr Jean Kaseya, director general of the Africa Centres for Disease Control and Prevention (CDC), compared the outbreak to the Covid pandemic**, which first took hold in China before spreading to countries across the world, claiming millions of lives, and ravaging health systems and economies. "**We want all countries to know that they are not safe if they don't take appropriate measures,**" he said. "**Each country, not only in the African region, but all continents, must now increase the preparedness level and the possibility for treatment."**

""It is the first time three African regions have been affected [by Ebola]. The geographic extension of this outbreak is unprecedented," he said…."

"… **Kaseya will convene a meeting of African health ministers on Wednesday to urge greater cross-border cooperation**. He wants governments to **introduce screening and testing for people coming from affected regions at points of entry and exit."**

"… **At a meeting in November with African heads of state, Kaseya will call for a "corridor of peace" in conflict areas."**

"… **Kaseya called for a global effort to fund the response. He said governments had pledged $3bn (£2.3bn), but that more than $2bn was still outstanding**. African countries had committed $120m, he said, while the rest is meant to come from international donors including the US, the UK and the EU. "**We need this money now**," he said….".""

Reuters - Research organization IAVI receives US funding for Ebola vaccine development

Reuters;

" **IAVI, a biomedical research organization, said on Wednesday it was awarded $36 million under a US government contract worth up to $99 million to advance development of its single-dose vaccine candidate against the Bundibugyo strain of the Ebola virus.** …IAVI's **one-dose rVSV-based vaccine candidate** has demonstrated protective efficacy in animal studies, the organization said"

"Single-dose vaccines may offer practical advantages during outbreaks by allowing rapid vaccination without the logistical requirements of a multidose regimen… "

MSF Access (technical brief) – MSF: Ebola vaccines must reach outbreak-affected communities and countries without delay

https://msfaccess.org/msf-ebola-vaccines-must-reach-outbreak-affected-communities-and-countries-without-delay

(28 Oct) "…**MSF Access has published a technical brief examining four vaccine candidates through an access lens: Ervebo, rVSVΔG-BDBV-GP, ChAdOx1-BDBV-GP and mRNA-1469, which are either being evaluated in clinical trials or may enter trials in the future**. The analysis highlights critical gaps in access planning, raising concerns about the present and future access to potentially effective BDBV vaccines. …."

P Marquez – The Ebola Return: Bundibugyo Virus, One Health, and the Pandemic Fund in the DRC

https://pmarquez.substack.com/p/the-ebola-return-bundibugyo-virus

With some info on the role of the Pandemic Fund in the DRC. See **points VI and VII**.

PPPR

UNAIDS – UNAIDS welcomes adoption of UN General Assembly Political Declaration on Pandemic Prevention, Preparedness and Response

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/october/20261026_PS_UNGA_PD_PPPR

(26 Oct) Making the link with the PABS negotiations.

But also with: **"… The Global Council on Inequality, AIDS and Pandemics, convened by UNAIDS, has provided compelling evidence that inequality is not simply a consequence of pandemics; it is a driver of their spread and impact.** Pandemics, in turn, deepen existing inequalities, creating a vicious cycle…."

"… **UNAIDS therefore calls for a fundamental shift in how pandemic preparedness is assessed and measured**. National and global preparedness frameworks must go beyond technical health capacities to assess income and social inequalities, access to healthcare, social protection, discrimination, and the strength of community-led systems. Countries must be equipped not only to detect and respond to outbreaks, but also to protect people from the social and economic shocks that pandemics unleash.

This means integrating inequality assessments into national preparedness and response plans, investing in emergency social protection and community-led responses, and ensuring that pandemic measures reduce rather than deepen inequalities.

It also requires a fairer international financial system. Developing countries need access to affordable finance and sufficient fiscal space to strengthen health systems and respond to emergencies. Countries and international financial institutions should consider measures such as suspending debt repayments during pandemics, alongside broader debt relief and financing reforms, so that governments can protect lives and livelihoods rather than divert scarce resources to debt servicing…."

Geneva Health Files – Most Countries Give Thumps Up for UN Political Declaration on Pandemics, Give Currency to The Negotiations on the WHO Pathogen Access & Benefit Sharing Mechanism

K Alhadi & P Patnaik; Geneva Health Files;

(23 Oct) "…. We bring you an update on the recent adoption of the UN political declaration on pandemic prevention, preparedness and response. And **what this means for the negotiations in Geneva on the Pathogen Access Benefit Sharing system…."**

Re the latter: "**What this means for PABS: Countries resume negotiations on the PABS early next month.** They do so, in the midst of an expanding Ebola outbreak in Africa now in the DRC, Kenya and Nigeria. Sources told us that **within the EU, several member states and see a serious commitment to advance PABS. "We are just mindful that the political climate will be changing in some EU**

countries and while they will be committed to supporting with getting it done by May. We dont know if they will remain as committed if their administrations change," a source told us…." " "**Countries can and must do better, and work together with the urgency pandemic threats demand. This means finding a way through the impasse to agree the PABS Annex by May. In the meantime, it is vital to implement provisions of the Pandemic Agreement**. Delays will only increase our collective risks," according to the Friends of the High-Level Meeting on Pandemic Prevention, Preparedness and Response."

"**On the implications for PABS,** (Alexandra) **Finch** added: **"In my opinion, there are very few implications for PABS. The Declaration itself only acknowledges the PABS process and that work is ongoing, but doesn't otherwise urge or even encourage states to finish by May, or even as soon as possible. New York and Geneva have always been separate processes and there was a general view that New York would try not to step on Geneva's toes. We had hoped that the Declaration would throw political support behind the PABS process. That didn't happen**. But we still heard from individual states when they took to the floor that finishing PABS should be a priority."

IHP –Equity with Accountability: What the UN Political Declaration on Pandemic Preparedness Leaves Unresolved

G W Brown et al; https://www.internationalhealthpolicies.org/featured-article/equity-with-accountability-what-the-un-political-declaration-on-pandemic-preparedness-leaves-unresolved/

"On 12 October 2026, the United Nations General Assembly adopted its Political Declaration on Pandemic Prevention, Preparedness and Response (PPPR). The World Health Organization welcomed it as a commitment to sustained investment and international cooperation. **Supporters hailed a victory for solidarity and equity. Yet adoption of a non-binding declaration is not agreement on how to deliver its promises. The question is whether it addresses the failures of pandemic governance—or perpetuates them…."**

HPW - Treat Pandemic Preparedness as Strategic 'Biodefence', Industry and Health Leaders Urge

https://healthpolicy-watch.news/pandemic-preparedness-biodefence/

Coverage of a **World Health Summit panel discussion, co-hosted by the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA).**

*"Speaking at a flagship **World Health Summit panel** **global health officials and pharmaceutical executives urged governments to reframe pandemic preparedness as 'biodefence' – a core national security asset and not a discretionary health expenditure."***

"… Despite technological advances, **security against expanding biosecurity risks remains imperative and requires framing as a strategic investment rather than a discretionary expense**. Industry leaders contrasted the $31 billion annual price tag of global preparedness with the catastrophic multi-trillion-dollar cost of inaction…. " "… **This warning comes as funding is being rebalanced towards national defence spending, while global development assistance is contracting sharply.** "

"… **Noting that meeting annual global health security needs ($31 billion) represents just 1% of world military spending, Paul Friedrichs, senior biopreparedness fellow at the RAND Corporation and former White House pandemic advisor**, urged governments to **view biodefence as a strategic national security investment rather than a discretionary health expenditure**."

Africa CDC Supports the AUC Chairperson's Call for the Immediate and Unconditional Lifting of Unilateral Sanctions against Zimbabwe

(23 Oct) https://africacdc.org/news-item/africa-cdc-supports-the-auc-chairpersons-call-for-the-immediate-and-unconditional-lifting-of-unilateral-sanctions-against-zimbabwe/

"**The Africa Centres for Disease Control and Prevention (Africa CDC) supports the call issued on 23 October 2026 by the Chairperson of the African Union Commission, H.E. Mahmoud Ali Youssouf, for the immediate and unconditional lifting of unilateral sanctions imposed against institutions and individuals of the Republic of Zimbabwe.** Africa CDC stands with the people of Zimbabwe and joins the African Union and the Southern African Development Community (SADC) in supporting this appeal."

"As the African Union's public health agency, Africa CDC's position is grounded in its mandate to strengthen public health institutions, prevent and control disease, and reinforce emergency preparedness and response. **Barriers affecting health financing and legitimate transactions can complicate procurement, increase costs and undermine access to essential health products and services.**

"Health must never be collateral damage in political disputes. No patient should be denied life-saving care, and no health worker should lack essential supplies because of barriers to financing or procurement. Protecting Zimbabwe's health system is part of protecting Africa's health security," said H.E. Dr Jean Kaseya, Director General of Africa CDC.

Africa CDC calls for uninterrupted access to medicines, vaccines, diagnostics and essential care, particularly for children, pregnant women and people requiring continuous treatment. Protecting these services must not await the resolution of political differences…."

AMR

HPW -Abuja Ministerial Meeting Offers Governments a Chance to Recommit to Fighting AMR

https://healthpolicy-watch.news/governments-asked-to-recommit-to-fighting-antimicrobial-resistance-at-ministerial-meeting/

"Action is lagging far behind the **milestone commitments of the 2024 UN High Level Declaration on Antimicrobial Resistance** (AMR). **But a Ministerial Meeting scheduled for 6-8 December in Abuja offers an opportunity to pick up the baton. Ahead of that, civil society groups will convene in mid-November in Rome."**

" a **long-delayed ministerial meeting to follow up on the commitments made in 2024 is now finally scheduled for 6-8 December in Abuja, Nigeria**. Ahead of the December event, **a multistakeholder meeting** including civil society, academia and private sector, as well as governments, will **meet in Rome 16-18 November, during World Antimicrobial Awareness Week. …**"

"… **A draft "*Abuja Compact on Antimicrobial Resistance*" prepared for the December ministerial calls on governments to recommit to the goals of the 2024 Declaration, and include more AMR spending in routine government planning and budgets.** It notes that **only about 10% of national AMR action plans are adequately financed."**

"**Governments would also be asked to strengthen national surveillance of antimicrobial resistance and antimicrobial consumption** – which includes antibiotics, but also anti-parasitic and anti-viral agents. **And national systems should step up routine reporting of such data to** the World Health Organization (WHO), the Food and Agriculture Organization (FAO) and the World Organization of Animal Health (WOAH). **Governments are also asked to step up commitments to infection prevention; access to clean water and sanitation; improved use of diagnostics and appropriate antibiotics; as well as more investments in R&D, as well as regional manufacturing of health products. "**

"**Finance is another overarching theme of the draft. The Compact calls for greater involvement by finance ministries and asks the World Bank, regional development banks and other funders to consider AMR in grants and lending**. That reflects a problem repeatedly raised by countries and civil society groups that many governments have adopted AMR plans without allocating enough money to carry them out…."

World Polio Day (24 October)

HPW – From the Heart of a Doctor: Why Must We End Polio Now

M Janabi; https://healthpolicy-watch.news/from-the-heart-of-a-doctor-why-must-we-end-polio-now/

By the **WHO Afro director**.

Among others, with **a four-point strategy** to continue momentum.

Lancet World Report - Wild polio cases rise in Afghanistan

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02188-4/fulltext

"Afghanistan has reported twice as many polio cases than in 2025, prompting concern over the Taliban's vaccination policies. Samaan Lateef reports."

WHO DG race

The **HPW series of profiles** continued this week. All are must-reads. And **seven candidates it is.** Below some key excerpts.

HPW - María Neira: Planetary Health Pioneer, Geneva Veteran, Civil Society Candidate – And a Realist in a Changing Climate?

https://healthpolicy-watch.news/neira-realist-in-changing-climate/

A few excerpts:

"**Neira's official manifesto** sets out **five commitments** to guide the WHO towards a more focused and accountable future: …"

"… **Neira frames planetary health as a pragmatic, economic agenda**. Pointing out that "health is increasingly engineered outside the health sector," she advocates using WHO's normative authority to demonstrate the direct financial dividends of primary prevention before populations require clinical care. Investments in clean air, extreme heat protection, universal safe water, and climate-resilient health systems represent "**no-regrets investments" that protect fiscal budgets and national productivity, regardless of a government's stance in international climate negotiations."**

"… By formally registering Neira's nomination, Madrid provided the official statutory vehicle for a **campaign underpinned by a broad global coalition of scientific societies, indigenous advocates, elders' rights coalitions, and environmental health networks across the Global North and Global South.** Yet **her status as a two-decade Geneva headquarters veteran remains a significant point of friction.** To member states demanding operational decentralisation, fiscal austerity, and an end to top-down directives, **an executive rooted in Geneva's normative corridors and propelled by activist networks risks being perceived as detached from frontline, country-level realities."**

"Her viability hinges on convincing sceptical capitals that a headquarters insider can step outside the Geneva bubble to govern **with clear-eyed pragmatism – proving that primary prevention and planetary health are hard-nosed fiscal buffers against disease…"**

HPW – Budi Sadikin: Physicist, Banker, Reformer – And a Balance Sheet Expert for Global Health Crises?

https://healthpolicy-watch.news/sadikin-balance-sheet-expert-health-crises/

"**Indonesia's nomination of its Health Minister, Budi Gunadi Sadikin, for Director-General of the World Health Organization (WHO) introduces an unconventional candidate to the race for the 2027-2032 term**. Entering a field alongside medically credentialed contenders, Sadikin stands out as the **sole nominee whose career originated outside clinical medicine and epidemiology**."

"With the **publication of his official election platform, "Healthy Long Lives for All**", he has anchored his candidacy in a **structured campaign framework encapsulated by his initials: Build, Grow, Scale (BGS).** Positioned around **economic reform, health sovereignty, institutional efficiency, and the**

principles of the Accra Reset, his campaign unfolds as the agency is managing severe financial distress and workforce reductions."

"Representing the world's fourth-most populous nation, **Sadikin brings a distinct Global South perspective grounded in the frontline health realities of a complex middle-income country. However, his central challenge will be convincing member states that an outsider and financial reformer can safeguard WHO's scientific integrity and technical authority, while demonstrating that top-down executive experience can build multilateral consensus** across a diplomatically fragmented global health landscape…."

PS: " Co-leading the 2022 G20 health track, **he spearheaded the creation of the World Bank-hosted Pandemic Fund.** Aside from **co-chairing the high-level expert panel on the Accra Reset**, Sadikin holds **board seats at Gavi and the Stop TB Partnership…."**

"… To demonstrate multilateral commitment ahead of his campaign, **Jakarta backed its candidate with direct capital, scaling up its recorded WHO portal contributions nearly fourfold from $7.67 million in 2024-2025 to $29.39 million for the 2026-2027 cycle**. This baseline – which features $13.13 million in flexible thematic funding – was further augmented by President Prabowo **Subianto's pledge of an additional $30 million to the WHO investment round within weeks of Sadikin's nomination.** Reinforcing Sadikin's broader diplomatic strategy, **this financial backing leverages Indonesia's weight as an ASEAN leader, a G20 economy, and a founding Non-Aligned Movement member to build cross-regional consensus. …"**

"… on the campaign trail, **Sadikin must navigate diplomatic scrutiny over how his home country's domestic record aligns with WHO's normative mandates across three key areas. Indonesia's conservative legal framework,** which criminalises extra-marital sex and cohabitation under its revised penal code, restricts abortion access, and does not recognise same-sex unions, **creates immediate political friction with liberal member states advocating SRHR protections."**

"Speaking with *Health Policy Watch*, **Sadikin addresses this tension by separating global technical standards from domestic execution**. While WHO must operate as an unbiased, science-based normative body, setting standards to prevent maternal mortality, unintended pregnancies, and sexual violence, actual delivery "must remain within the national law and policy of each member state," he maintains…."

"… Navigating domestic normative frictions and his non-clinical background will test his diplomatic agility. **While liberal member states are likely to scrutinise Indonesia's conservative SRHR stance and his portfolio's climate gaps, many capitals may view these issues as secondary to his core assets: proven financial pragmatism, supply-chain execution, and capital mobilisation.** Ultimately, member states must decide whether **private-sector financial discipline and balance-sheet restructuring offer the right antidote for an agency in severe fiscal crisis** – or whether an outsider can sufficiently safeguard WHO's normative and scientific authority."

- Related: **Geneva Health Files – Indonesia's Bold Bid to the Lead the World Health Organization: The Expectations On the Candidature of Budi Sadikin (rather cool analysis by N A Rilfi)**

HPW – Song Li: Maternal And Primary Health Leader, Beijing Veteran – And a Test Case for Post-US Multilateralism?

https://healthpolicy-watch.news/song-li-test-case-multilateralism/

"The formal **confirmation of Dr Song Li's candidacy** by the People's Republic of China on 8 October expands the official election field for WHO Director-General **to seven candidates**, following an **initially tight-lipped rollout** by Beijing. **Her bid introduces into the race a senior public health administrator and physician-scientist whose two-decade career at China's National Health Commission (NHC) has centred on scaling primary healthcare, maternal and child health, and integrated disease prevention.** Her nomination **fundamentally reshuffles the candidate field** amid escalating US-China superpower competition, a geopolitical backdrop underscored by her political role on the Secretariat of the Communist Party-led **All-China Women's Federation (ACWF)**….

"While **Song has not released a standalone campaign manifesto**, China's Ministry of Foreign Affairs framed her bid around **reinforcing multilateralism** upon confirming her candidacy…."

"… In the absence of a formal campaign manifesto, **Song's prospective platform can be anticipated across four core public health pillars…."**

PS: "… **Song's nomination coincides with a major shift in global health governance following the declared withdrawal of the United States from WHO. Beijing has stepped into this funding landscape with significant financial weight, backed by $320.1 million in projected biennial WHO contributions for 2026-2027. This includes $275.7 million in mandatory assessed dues, making China the largest active state contributor in assessed funding**. However, China is not the largest donor overall; it ranks fourth behind non-state and multilateral entities like the Gates Foundation, the European Commission, and the World Bank…."

"**Politically, China secured a seat on the 34-member WHO Executive Board starting in May 2026, positioning Beijing as an insider during the critical screening process in January 2027**. Under WHO election procedures, candidates must first clear a 10% threshold of members present and voting to reach a shortlist of up to five. To then be nominated among the up to three candidates submitted to the World Health Assembly, a contender must secure a simple majority of members present and voting on the Executive Board…."

"This financial and political weight mirrors China's transition over the past two decades from an international health aid recipient into a major multilateral donor. …"

"… **Despite her technical credentials, Song's candidacy encounters formidable diplomatic headwinds rooted in broader Western concerns over China's expanding political footprint**. Global health analysts observe that a Chinese candidate **heightens geopolitical friction**, drawing strong bipartisan opposition in Washington and rendering potential US re-engagement with WHO far more politically complex. This scrutiny is compounded by residual diplomatic **friction over early COVID-19 transparency** and persistent US allegations of institutional bias. … … … **Furthermore, member states face institutional hesitation regarding executive concentration, noting that China already held the WHO leadership for two consecutive terms under dual Chinese and Canadian citizen Dr Margaret Chan (2007-2017). "**

The analysis concludes: "… **Song's candidacy brings a distinctive profile to the race: a physician-scientist and technical administrator whose career centres on primary care equity and South-South health cooperation**. For member states seeking a technical reformer aligned with Global South health sovereignty, her domestic record at the National Health Commission offers a concrete template of country-led implementation. **However, her path to Geneva faces steep diplomatic and structural hurdles. To build a winning coalition beyond Beijing's core voting bloc, Song must convince sceptical capitals of her institutional independence. She must also navigate lingering geopolitical friction over early pandemic transparency, bipartisan opposition in Washington, and member state hesitation regarding Chinese leadership concentration across UN agencies.** Ultimately, her bid forces member states to **weigh two competing visions for WHO's post-US era**. One path opts for a senior technical administrator focused on frontline primary care and South-South self-reliance. The other prioritises alternative candidate profiles designed to restore traditional Western donor confidence, and safeguard normative neutrality amid intensifying superpower rivalries."

HPW – Gevorg Tamamyan: Paediatric Oncologist, System Builder, Transregional Nominee – And a Test for Geneva's Entrenched Machinery?

https://healthpolicy-watch.news/gevorg-tamamyan-paediatric-oncologist-system-builder-transregional-nominee-and-a-test-for-genevas-entrenched-machinery/

"… his central challenge will be **convincing member states that a clinician-academic without sovereign ministry or UN executive experience can govern the world's premier health agency**. While his sweeping platform offers bold prescriptions for an overextended organisation, his wide-ranging proposals could conflict with operational command of dense UN statutory frameworks, civil service rules, and entrenched national interests."

His platform rests on **four core commitments.**

"To translate these principles into immediate momentum**, Tamamyan outlined a focused first 100 days roadmap in Berlin**. His priorities centre on **empowering WHO's internal workforce and launching direct diplomatic outreach to non-participating nations – specifically visiting the United States and Argentina** to listen, address concerns, and encourage their full return to the organisation…."

"**A surprise candidate, Tamamyan's nomination introduces an unconventional geopolitical manoeuvre: an Armenian clinician-academic nominated by the southern African nation of Botswana**. He leverages his positioning as a complete outsider to WHO headquarters and national ministries to differentiate his bid from his competitors."

"… Facing WHO's budget contraction and recent external audit scrutiny over the **WHO Foundation**'s low transfer rates and heavy earmarking, **Tamamyan proposes reforming the Foundation into a mass public-giving instrument. C**iting the Foundation's reported $215 million mobilised across its first five years, **he envisions cultivating millions of regular individual donors to generate flexible, unearmarked support for WHO's core budget – backed by full transparency regarding administration costs, donor acquisition, and net transfers."**

"… **Grounding his campaign in an unconventional cross-regional nomination by Botswana, Tamamyan rejects traditional regional bloc politics in favour of his "WHO for U" platform**. Setting

out his core rationale for organisational reform – that "architecture begins with who we are building for" – he argues that a WHO built for people must lead rather than compete."

"His **diagnostic of WHO's vulnerabilities** – sluggish recruitment, unfunded mandates, and operational drag – **strikes a chord across capitals eager for change**. Yet the **critical friction running through his candidacy remains the divide between expansive frontline vision and granular institutional execution.** In Geneva, promises of unbureaucratic overhaul inevitably collide with rigid civil service statutes, binding legal frameworks, and the fiscal discipline demanded by member states. **Ultimately, Member States face a fundamental choice between seasoned political executives and an outsider offering bold, unvetted ambition**."

HPW – Selecting WHO Director-General: The Job Nobody Has Described (Part II)

M Kapila; https://healthpolicy-watch.news/selecting-who-director-general-the-job-nobody-has-described-part-ii/

Part II. While awaiting Part III.

Recommended read. "… Part I of this analysis sought to learn from the experiences of eight previous incumbents. ***Part II goes back to the WHO constitution, takes stock of the world's health and that of the organization safeguarding it,*** *before asking what its next chief must actually do."*

Kapila sketches "… **a core accountability problem. If you don't know what you want your chief officer to do, how do you select them or design the metrics to assess their delivery?"**

"… **This column seeks to construct a formal job description for the next WHO DG, which requires reverting to undisputed fundamentals**. Article 1 of its **constitution** says that the WHO objective of "the attainment by all peoples of the highest possible level of health" is to be realised through 22 functions set out at Article 2 with an extraordinary prescience that remain as fresh today as in 1946. Following that organizational compass can help the DG avoid getting lost in the treacherous jungles and swamps of global health. **However, the constitution is the organization's framework and not the chief's marching orders. Devising that job description takes authorisation from the last line of Article 2 for "all necessary action to attain the objective of the organization". So, what necessary actions are personally required from the next DG over their initial tenure in 2027-2032?** …"

"They derive from the prevailing state of global health and WHO's legitimate role.

Kapila then lists **7 facts (on current global health trends**). ("demand side"). He also assesses the **state of WHO** ("the supply side").

And then concludes: "… **Since WHO began measuring healthy life expectancy in 2000, the world has added six and a half years of life but under five years of health. In short, the gap between living and living well has widened to 10 and a half years**. Of course, that is not the sole responsibility of WHO and less even of its DG. **Nevertheless, an organization originally built to add years to life must shift to add life to years. But this is far more complex**. Not least because we cannot say how many years of health climate change, chronic diseases, mental illness, or wars are taking, because measurements of healthy life are modelled rather than counted."

"**Meanwhile, in institutional terms, WHO appears strongest where it is least seen and weakest where it is most expected**. That creates the **perception imbalance that so bedevils confidence in the organization and inevitably reflects badly upon its leaders."**

"The new DG will want to rise above that after taking a hard look in the organisational mirror. That has been the purpose of this piece, which also suggests pointers for what is required from future WHO leadership. But this is **still too imprecise a basis for electing the ninth DG. That requires a specific job description against which electors can quiz candidates to determine their fitness for the position. We will get there at Part III of this series.** "

Lancet Letter – What kind of leader does WHO need?

T Pangestu ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02092-1/fulltext

"As campaigning begins, **a pattern has emerged in the profiles of the seven candidates** that declared their intention to contest for the role. "

"**First, the candidates fall into two categories. There are internal candidates from within the senior ranks of WHO itself (eg, Regional Directors of WHO in the six regions of the organisation), and external candidates with extensive public health credentials and experience** who are often senior civil servants in ministries of health in their countries of origin, often serving as ministers of health or as ministers in other key portfolios. **Some candidates might also have had key leadership roles in the private sector. "**

"**Second is the important distinction between candidates who are physicians and those who are not—**ie, those who have come into the post from various related disciplines. … **Third is regional representation.** The eight previous Director-Generals of WHO have come from the Americas, Europe, Western Pacific, and African regions. **Arguably, although not explicitly stated, it might be the turn of the Eastern Mediterranean or South-East Asian regions of WHO to have the opportunity** to lead the organisation."

"The aforementioned factors notwithstanding, what are the requirements in terms of experience and the technical, organisational, and political skills that the new Director-General should possess? **There is no doubt that candidates with technical, scientific, and medical skills and experience, in addition to familiarity and knowledge of the culture and organisational politics of WHO, might be better suited to the role**. However, given the broader and much more complex challenges facing WHO, including the daunting budget shortfalls, **perhaps additional skills are needed**. WHO's current crisis is not only a health issue, but also concerns finance, governance, and operational capacity. **Therefore, the role requires organisational leadership, management skills, public policy and/or private sector experience, international coordination, and financing and health diplomacy skills, not just health and scientific expertise."**

Global Health reform

UNAIDS board rejects sunsetting of UNAIDS

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/october/20261027_PR_PCBSpecial

Press release (26 Oct). "**The UNAIDS Programme Coordinating Board (PCB) has reaffirmed strong support for a continued, streamlined and efficient UNAIDS Joint Programme**. Board members were unanimous that its transformation must protect people and communities living with, at risk and affected by HIV, and ensure governments and communities sustain and enhance the gains of the AIDS response. …"

"… **At its special session today, the Board took note of the final report of the PCB Working Group and approved the overall strategic direction for transition of UNAIDS as set out in the report**. It asked the PCB Chair to transmit that direction and the Board's decisions to the United Nations Economic and Social Council (ECOSOC). " " "The decisions taken by the board are **in support of the directions set by the Secretary-General's UN80 reform…."**

Do read what the **strategic directions** involve.

- See also HPW – UNAIDS Board Rejects 'Sunsetting', Opting Instead for Transformation (Recommended coverage & analysis)

"… The board has charged the executive director with establishing a "transition task team, comprising secretariat and cosponsor representatives and two community representatives nominated by the PCB NGO delegation", according to a UNAIDS media release. "The team will work closely with implementing countries, consult relevant joint programme stakeholders and be accountable to the board for **delivering a fully costed implementation plan." However, Byanyima's term ends at the end of December, so the UN Secretary-General will need to appoint an interim replacement to manage the transition process. "**

"**PCB chair Ambassador Erica Schouten,** the Netherlands representative to the UN in Geneva**, has been tasked with reporting the UNAIDS decision to the United Nations Economic and Social Council (ECOSOC)…."**

PS: "However, **there are still issues to be worked out**. The working group noted that its members had "differences of opinion" over "the optimal length of the transition process; whether the UNAIDS Joint Programme should retain a standalone country presence or be fully integrated into existing UN or national-level institutions; and whether budgeting should be function-led or made to fit within an agreed funding envelope. It also notes that stakeholders "expressed divergent opinions as to whether a new executive director should be named or an interim director should manage the transition, with a permanent executive director named thereafter."

Lancet Letter – Global health reform: a suggestion

D A Ross; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02093-3/fulltext

“Having worked for WHO for 5 years at the end of a career as an academic in global health, I was keen to read Richard Horton's Offline on the tragic fallacy of global health reform. Although the Offline summarised the reasons why current efforts might fail, **I was disappointed that Horton did not make any suggestions for what he thought should be done instead**, as well as the inference that WHO might not include voices from Latin America, Asia, the Middle East, or civil society in their deliberations related to reform. …”

“**I suggest that effective global health reform might start by member states committing to increasing their assessed contributions to WHO by at least five-fold over the next decade. Member states’ total annual assessed contributions to WHO were only approximately US$578 million per year during 2024**, whereas the costs of running the Mayo Clinic's 1157-bed hospital in Rochester, Minnesota, USA—a city of approximately 125 000 residents—were approximately $2·7 billion in the same year, almost five times the assessed contributions to WHO.”

Lancet (Letter) – Mahler, polycrisis, and the next Director-General of WHO

R Irwin ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02091-X/fulltext

Also reacting to Horton’s Offline from a while ago. “With the rise of nationalism and fascism, **the 1930s has become the go-to analogy for modern times, but the 1970s and 1980s also offer lessons**. Similar to today, **these decades were characterised by both polycrisis and opportunities, and we should reflect on how leaders such as Mahler handled the politics of global, or rather international, health at that time**.”

Do read how.

Post-2030 brainstorm & Future of development cooperation

The Capability State: Delivering Beyond 2030

Rainer Kattel; https://ny.fes.de/topics/publication/the-capability-state-delivering-beyond-2030.html

“What if the key to achieving sustainable development is not just more financing, but **more capable states?”**

- Related **Substack post**: The capability state

“…. For the Beyond 2030 framework itself, **the paper’s central proposal is to pair every goal with a public sector capability dimension.** Just as the SDGs paired targets with indicators, **a new framework should pair them with benchmarks for the structural capacities, routines and dynamic capabilities needed to reach them**. The table below illustrates what this could look like **across six emblematic goals….”**

One of them being **UHC.**

IDOS (paper) - The new Washington dissensus: Trump, development cooperation and global (dis)order making

A Sumner & S Klingebiel; https://www.idos-research.de/en/others-publications/article/the-new-washington-dissensus-trump-development-cooperation-and-global-disorder-makin/

Must-read. "**This paper examines the ideological and policy shifts in US development cooperation under the second Trump administration and their implications for international development and the**

evolving global (dis)order. Recent US measures, we argue, amount to more than a domestic policy change. They signal a foundational challenge to longstanding norms of the development cooperation system. We identify and discuss **five principles underpinning what we term the 'new Washington Dissensus'**. These five principles shift development cooperation away from country partnerships and the logic of global public goods and to an overtly transactional, nationalist model of cooperation. The paper situates these developments within broader debates about the fragmentation of global order, focusing on development cooperation as a site of normative contestation and (dis)order-making. **We argue the second Trump administration's approach to development cooperation constitutes a new form of coercive order. This can be termed a 'nationalist conditionality regime' in the sense that it seeks to assert national dominance and marginalise universal norms**. Beyond the US we explore norm imperialism and the risks of normative contagion. We provide a typology of competing regimes of development cooperation to situate the Trump administration's approach. We close with a set of implications for decision-makers in governments, multilaterals and recipient agencies."

Comeback Mark Dybul at the helm of the Global Fund

Global Fund - Global Fund Board Appoints Mark Dybul as Next Executive Director

https://www.theglobalfund.org/en/news/2026/2026-10-28-global-fund-board-appoints-mark-dybul-as-next-executive-director/

(28 Oct) "Today at the 56th Board Meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), the Board appointed **Dr. Mark Dybul** as the organization's next Executive Director. He **will begin his four-year term in early 2027…."**

- See also **Devex – Breaking news: Mark Dybul makes a comeback as new Global Fund chief**

"**The new chief will take over the Global Fund amid significant changes in global health**, where traditional foreign aid is seeing a decline and there are **calls for global health institutions to consolidate their work."**

"… **Dybul is a seasoned public health leader who previously served as U.S. global AIDS coordinator and led the Global Fund through one of the most turbulent periods in its history.** He was also **one of the founding architects of the U.S. President's Emergency Plan for AIDS Relief, and served on the Accra Reset high-level panel."**

"**His selection came as little surprise to many global health experts, who had long tipped him for a comeback.** A **World Health Organization source** familiar with Dybul, who spoke on condition of anonymity because they were not authorized to comment, described him as the **"only candidate with deep command of what is a super complex business model, strong political support where it matters most, extensive private sector and [multilateral development bank] networks and, crucially, the determination to deliver the change that is badly needed."**

"… Over the past few months, Devex has reported on **a Global Fund secretariat proposal to scrap its evaluation function, as well as a separate proposal for a Malaria Impact Accelerator** that could bring in billions of dollars in additional funding for malaria programs through a potential partnership with GiveWell. **The Global Fund has also been ramping up its procurement work**. The board approved in July the establishment of a non-Global Fund-financed procurement mechanism with a prefinancing option that would enable them to place orders before the money becomes available."

"… **Among the questions the new chief will have to grapple with is how to ensure a sustainable transition for countries that have long relied on Global Fund grants**. Many are set to receive their final grants for at least one of the three diseases the fund targets — HIV, tuberculosis, and malaria — between 2026 and 2031…."

- And HPW - Global Fund Appoints Mark Dybul as Executive Director Amid Mandate and Funding Challenges

" Former Global Fund executive director Mark Dybul returns to the helm in Geneva, **facing an unprecedented $5.36 billion funding gap, fraught domestic transitions, and mounting demands to overhaul the global health architecture**. While **experts welcome his track record**, balancing transatlantic rivalries with rising country sovereignty will demand delicate diplomacy and an updated playbook."

Excerpt: "**Dybul, who also previously served as the US Global AIDS Coordinator from 2006 to 2009, takes charge as recipient countries press for greater health sovereignty**. Under Grant Cycle 8, 61 disease components across 35 countries are scheduled to transition out of grant support toward domestic financing. Addressing the urgent execution timetable for these shifts, Dybul warned **in a recent Devex podcast interview** that **implementing countries must rapidly establish national governance, data systems, and transition units before donor budget reductions take full effect. "There is a very narrow window of opportunity – 12 to 18 months – to get it right this time**," Dybul said **regarding health transitions**. "If we focus on supporting countries for what they want and need now, where we are in five years could be so dynamic and exciting." **Demonstrating measurable country-led progress within this timeframe, he noted, will be essential to maintaining donor confidence across international capitals."**

""Mark understands that the future of global health depends on greater country ownership, self-reliance and sustainable health systems," said **Bience Gawanas, the board's vice-chair**. "Under his leadership, the Global Fund will support countries to accelerate this transition while ensuring that the most vulnerable communities are not left behind.""

PS: "**The transition coincides with a broader leadership turnover across the organisation's top governance bodies. Morauta and Gawanas will hand over board governance stewardship to former Norwegian Prime Minister Erna Solberg and Argentinian Javier Hourcade Bellocq**, who has served in "**multiple capacities**" at the Global Fund, including on the board representing the Communities Delegation…."

Also with interesting first reactions by **Magda Robalo & J Ratevosian**.

- And via **Devex Check-up**: Devex CheckUp: Former Global Fund ED Mark Dybul returns for second term

"The Global Fund's board members are not the only ones enthusiastic about Dybul. Some 3,200 miles away from the fund's Geneva headquarters, **the African pharmaceutical manufacturing sector is gathering this week in Addis Ababa for the African Healthcare Manufacturing Trade Exhibition and Conference.** My colleague Sara Jerving, who is at the conference, said that when the news broke of Dybul's appointment, **attendees started buzzing**, showing their phones to one another to share the news. "It's a done deal," one said in celebration. Two men even hugged….

"Dr. **Iain Barton**, founding principal of Health 4 Development, took the stage calling it a "superb announcement." He said **this news has a "huge impact" on the local pharmaceutical manufacturing sector in Africa because "Mark is a fundamental supporter of the concept of the Accra Reset," which includes an emphasis on increasing the amount of African-produced pharmaceutical products.** "For every one of us in this room, this is massive because Mark is absolutely committed to transforming the procurement of the Global Fund to drive the development of local manufacturing in Africa," he said. **"This is a great day."…"**

CGD (blog) – Priorities for the Global Fund's New Executive Director: From Reform Rhetoric to Meaningful Change

J M Keller; https://www.cgdev.org/blog/priorities-global-funds-new-executive-director-reform-rhetoric-meaningful-change

Listing **four priorities.**

1. "Concentrate grants in the poorest countries and set wealthier ones on a realistic transition path; …
2. Reform how the Global Fund delivers support…
3. Test new financing models…
4. Go bigger and faster to expand access to high-impact innovations…"

(*as for point 3, I would have hoped she mentioned 'tax Big Tech & the ultra-wealthy, and tax them hard, in order to help pay for GPGs' – but no… CGD staff still not reading the tea leaves of what our times require.)*

More on Global Health Governance & Finance/Funding

Devex Op-ed – The hard work of health sovereignty starts now

E J Sirleaf & J Kaseya; https://www.devex.com/news/the-hard-work-of-health-sovereignty-starts-now-113760

"Health sovereignty is not declared — it is **created by those building it at home and partners supporting its realisation."**

"Governments, donors, and multilateral partners now agree that lasting health progress depends on strong African institutions, sustainable domestic financing, control of health data, and a professional workforce. The more urgent question is how we turn that conviction into practice, building durable systems and capable institutions that reduce dependency rather than deepen it, and sharpen Africa's ability to prevent, detect, and respond to health threats. **This week's High-Level Meeting on Community Health in Abuja is the moment to answer it…."**

- For more on this meeting, see **Vanguard - Africa CDC, Nigeria target 2m community health workers by 2030**

" **The forum, scheduled for October 28 to 30**, is expected to secure political commitments, sustainable financing and concrete national action to address the continent's health workforce shortages and strengthen preparedness for disease outbreaks. According to an advisory issued by Africa CDC on Thursday, **the meeting will take place at the Transcorp Hilton Hotel, Abuja, under the political leadership of President Bola Tinubu, the African Union Champion for Human Resources for Health, and the Community Health Delivery Partnership."**

"It will bring together African ministers of health and finance, senior government officials, African Union institutions, development partners and community health representatives **to discuss strategies for strengthening the continent's health workforce…"**

- And see **Nigeria faces shortage of community health workers as Africa seeks $4.3bn annually**

With some **key messages from the opening day.**

"Nigeria is facing a shortage of community health workers to serve its population of more than 240 million people**, as African governments and development partners seek $4.3 billion annually to recruit, train and sustain two million frontline health workers by 2030."**

"The concern came at the opening of a three-day high-level forum in Abuja on Wednesday, where health authorities warned that inadequate manpower, poor remuneration, declining international assistance and excessive dependence on foreign donors could undermine primary healthcare delivery and the continent's ambition to achieve universal health coverage…."

"Minister of State for Health and Social Welfare, Dr. Iziaq Salako, said **Africa had approximately 1.36 million community health workers as of May 2026, still short of its two-million target.** Salako, who was represented by the Director of Health Planning, Research and Statistics, John Ovayoru, disclosed that **only 68 per cent of African Union member states formally recognised community health workers as part of their national health workforce, while only about half paid them through government budget lines."**

"**He said approximately 85 per cent of African countries depended on donors for at least half of their community health workforce financing**, warning that the arrangement was unsustainable without stronger domestic investment and predictable funding."

"According to him, **estimates presented at the forum indicated that approximately $4.3 billion annually would be required to support the continental workforce target**, with every dollar invested in community healthcare capable of generating an estimated $19 in economic and social returns…."

PS: "… The minister stressed that **the Abuja Communiqué, expected to be adopted at the end of the forum on Friday**, should contain specific, measurable and time-bound commitments capable of accelerating progress towards the 2030 target…."

Devex: Big news on who's behind Anthropic's Public Benefit Fund

https://www.devex.com/news/devex-newswire-big-news-on-who-s-behind-anthropic-s-public-benefit-fund-113745

"With foreign assistance contracting — painfully for a sector long reliant on it — development is scouring for alternate pots of funding. **Philanthropy is one general bucket, but the sector is especially eyeing the fortunes being fueled by artificial intelligence.** We got a glimpse yesterday of those potential riches when **Anthropic filed for an initial public offering** that could potentially be the biggest to date…. But if you're in the social impact space, you're homing in on **the Anthropic Public Benefit Fund,** which **may – or may not – be a vehicle for massive giving**."

"**The newly announced fund is still a bit of a mystery**, but we learned some important news: **Dr. Neil "Buddy" Shah**, CEO of the Clinton Health Access Initiative, is **listed alongside Anthropic cofounders Dario Amodei, Daniela Amodei, and Jack Clark as an initial manager of the fund**, according to the company's filing with the U.S. Securities and Exchange Commission.
The board will initially determine the fund's allocations and distributions. Decision-making authority is expected to shift to designated managers once a governance structure is approved."

"**Why the IPO matters for development**: It would give founders and employees a path to **turn their stakes into serious philanthropic cash**, my colleague Catherine Cheney tells me. Anthropic's seven co-founders — who each hold shares worth roughly $14 billion — **have pledged to give away 80% of their equity holdings.** There's also a **company matching program for employees who donate equity**, and the AI giant says **it will commit at least 5% of its shares to the new public benefit fund**, pending stockholder approval. The company says the fund could support a range of activities, including donations to nonprofits and direct distributions to specific populations."

"The catch: Don't expect a windfall overnight. Anthropic hasn't set a date to go public, though reports point to November, and its filing outlines restrictions on when shareholders can sell their stock. Plus, even after shares can be sold, pledges may take time to translate into grants. But the news of who will be helming Anthropic's Public Benefit Fund is a key step forward. **Shah brings experience in both global health and effective giving**. A former managing director of GiveWell, he also chairs Anthropic's Long-Term Benefit Trust, an independent body with authority over the company's board…."

The Collective Blog - Philanthropy as private power over public health policy

K T Storeng ; https://www.globe.uio.no/english/research/networks/the-collective-for-the-political-determinants-of-health/blog/katerini-storeng/philanthropy-as-private-power-over-public-health-p.html

"As multilateralism weakens and public funding for global health declines, many look to private mega-philanthropy to fill the gap**. Scrutiny must extend beyond how much philanthropy gives, to how it governs and influences public decision-making**, says Collective Co-Chair Katerini T. Storeng."

Lancet - Lessons from the WHO South-East Asia Regional Director debacle

N Alaam; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02087-8/fulltext

"**Saima Wazed, the Regional Director for WHO's South-East Asia Regional Office, resigned in September, 2026**. Wazed's appointment drew considerable public attention and controversy, particularly when her qualifications were compared with those of other candidates…"

Alaam concludes: "… **The controversy surrounding Wazed's appointment and resignation highlights the need for stringent scrutiny in executive recruitment, including clearer and more consistent eligibility criteria, more transparent assessment processes, and stronger conflict-of-interest and integrity screening**. A credible global health institution cannot rely solely on member state nominations and opaque internal processes when appointing leaders to such important positions. **To maintain the confidence of member states, staff, and the public, WHO should visibly protect transparency, merit, and institutional integrity."**

Devex Check-up on WHO funding

https://www.devex.com/news/devex-checkup-who-s-who-in-trump-s-america-first-global-health-strategy-113693

"**At WHO**, Director-General **Tedros Adhanom Ghebreyesus** reassured member states at its Western Pacific office last week that **the organization is "fully funded" for 2026–2027, although some priority areas are not due to earmarked funding. "**

"And the next WHO chief already has their work cut out. **The agency is considering a flat base budget of $4.267 billion for 2028–2029 — the same as in the 2026–2027 biennium**. Taking inflation into account, that means the agency will have to operate with even less money, currently estimated at $4.02 billion. And **projected financing for 2028–2029 currently stands at only 49%, which includes a potential increase in assessed contributions that member states still need to approve next May**."

"Imre Hollo, director of strategic planning and budget at WHO, says **member states can view this scenario as "glass half full" or "glass half empty."** "On one hand, it's quite optimistic that already in 2026 we have half of the resources available for 2028–2029. But at the same time, we also know that the outlook is going to be even more difficult in the next biennium in terms of securing the needed financing," he tells member states…."

APPG - 5 priorities for the UK Government as G20 president

https://globalhealth.inparliament.uk/files/globalhealth/2026-10/Global%20Health%20%40%20UK%20G20.pdf

"As the UK prepares to assume the G20 Presidency, the **All-Party Parliamentary Group on Global Health and Security has set out five priorities** for how the Government can use this opportunity to advance global health and security. …"

"It highlights **opportunities for UK leadership on tuberculosis vaccines, access to new antibiotics, pandemic preparedness, health workforce mobility and polio eradication** - turning G20 cooperation and financing reform into measurable health, economic and security outcomes."

More in particular: "Get ahead of the science. UK G20 leadership prepares for the first new TB vaccine in a century; Fix the market. UK-led coalition fixes the broken market for new antibiotics; Scale the mission. UK turns the 100 Days Mission into a live G20 commitment; Set the terms. UK leads a fairer global deal on health worker mobility; Finish the job. UK G20 closes out one of the great public health victories of our time (re polio eradication)."

SIPRI - Global aid gap widens as major donors prioritize higher military spending, new SIPRI research shows

https://www.sipri.org/media/press-release/2026/global-aid-gap-widens-major-donors-prioritize-higher-military-spending-new-sipri-research-shows

"**There is a widening gap between the official development assistance (ODA) provided by major donor countries and actual development and humanitarian needs**, which could have potentially serious consequences for human security and political stability, according to a new report released today by the **Stockholm International Peace Research Institute** (SIPRI). **The gap could be closed with only a small fraction of the resources committed to new military spending."**

PS: "This is the second in a series of three publications produced under **the project 'Development Aid as a Security Priority' funded by the Gates Foundation. "**

Global Council on New Economics for the 21st century (Policy brief) - Fiscal Rules and Long-Term Inclusive Growth

https://neweconomicscouncil.org/publications/fiscal-rules-long-term-inclusive-growth/

"What does fiscal responsibility actually require?"

"Governments must be able to meet their obligations over time, and the credibility of public finances affects borrowing costs across the economy. **This brief asks whether defining fiscal responsibility primarily as reducing deficits and debt serves that objective**. It **examines five myths about fiscal policy** and shows how they became embedded in the rules used to assess and constrain public finances."

"The brief sets out what governments can do now: protect essential and productive spending through the economic cycle, measure what the state owns as well as what it owes, invest with direction, align the fiscal framework with the growth strategy, and manage the external constraint. **It also sets out the changes to international rules that countries cannot make alone**, on lending programmes, liquidity, debt resolution and tax cooperation."

It draws **on evidence from Greece, the United Kingdom, Brazil, Mexico and Spain**.

Trump 2.0, US Global health strategy & bilateral health agreements

Devex Pro - Meet the team behind the America First Global Health Strategy

https://www.devex.com/news/meet-the-team-behind-the-america-first-global-health-strategy-113249

(gated) "U.S. Secretary of State Marco Rubio and Jeremy Lewin have been among the most visible figures behind the strategy's rollout, but there's **a much wider cast of officials that have been working behind the scenes to turn the strategy into reality."**

- See also **Devex Check-up: Here are three names worth knowing :**

"Brad Smith. Like Lewin, Smith is a DOGE alumnus. **He oversaw more than $67 billion in cuts at the U.S. Department of Health and Human Services before landing an influential role as senior adviser at the State Department's Bureau of Global Health Security and Diplomacy. He's been a key player in negotiating some of the bilateral health deals, as well as the U.S. agreement with Gilead and the Global Fund to Fight AIDS, Tuberculosis and Malaria aimed at bringing the HIV prevention drug lenacapavir to 3 million people in countries hardest hit by HIV.**

Jeffrey Graham. Unlike some of the newer faces, Graham was already working on global health security under the Biden administration. So his rise within the State Department's global health bureau is less of a surprise. **He is currently serving as acting U.S. global AIDS coordinator** while the Trump administration's nominee Johnny Figueroa awaits Senate confirmation. **He also has a seat at several influential tables, serving on the boards of the Global Fund, the Pandemic Fund, and the Stop TB Partnership. And he's been one of the more vocal public defenders of the "America First" strategy.**

Bethany Kozma. Kozma is director of global affairs at the U.S. Department of Health and Human Services. While she does not sit at the global health bureau, **she is known to have been in rooms negotiating the U.S. bilateral health deals, and for her fierce opposition to abortion**, an issue that has faced even tighter restrictions under the Trump administration's foreign assistance policies."

Devex Check-up – what we know about U.S. global health implementation plans (so far)

A Green; https://www.devex.com/news/devex-checkup-former-global-fund-ed-mark-dybul-returns-for-second-term-113741

Excerpt: "… Speaking of "America First," **it's been nearly a month since the U.S. State Department began implementing plans developed with partner countries from bilateral health agreements signed over the past year. And yet, they remain cloaked in secrecy**. Almost no one, including lawmakers from the United States and most partner countries, has even seen the implementation plans. But that doesn't mean we know nothing about how implementation is going…."

"This week, I was joined by **two experts — the Center for Global Development's Janeen Madan Keller and Partners In Health's Vincent Lin — to consider what we can ascertain about the plans**. Keller and Lin also highlighted the challenges they foresee with the implementation."

"One of the key points that emerged is that **while the health deals prioritize direct funding to partner governments, those mechanisms are still being developed**. As a result, much of the State Department funds that went out the door at the end of the 2026 fiscal year in September were for maintaining programs run by implementing organizations rather than directly to governments…."

"… Keller and Lin **also raised concerns about the steep cofinancing obligations partner countries face and the milestones they have to hit if they want to sustain U.S. support.** …"

NYT - C.D.C. Deputy Director Resigns After Four Months in the Job

https://www.nytimes.com/2026/10/27/health/shuford-cdc-resign.html

"Dr. Jennifer Shuford, a respected former Texas health official, had been appointed by President Trump to help steady the agency."

"…**News of Dr. Shuford's exit comes as the C.D.C. faces criticism over its response to unrelenting measles outbreaks in the country**. The agency is embroiled in a dispute over its refusal to acknowledge several measles-related deaths reported by the Pennsylvania Health Department…."

"… **Dr. Shuford previously served as health commissioner for Texas and earned respect from public health officials** as she oversaw the state's response to its measles outbreak last year. She gained a reputation as a data-driven epidemiologist who understood the importance of childhood vaccines. **She joined the C.D.C. in June. "It is highly concerning that the most qualified person in the office of the director is departing the agency," said Dr. Demetre Daskalakis**, who resigned from the agency in August 2025 in protest of the administration's policies."

"… … **News of her planned departure came as a disappointment to people inside and outside the C.D.C. who had hoped for more stability and sparked speculation that she must have disagreed with an upcoming policy from the administration."**

Devex Pro - What did the US spend on aid in 2026?

https://www.devex.com/news/what-did-the-us-spend-on-aid-in-2026-113727

(gated) "… In **the last fiscal year, the United States spent just $11.8 billion on foreign assistance — a quarter of the $48 billion the year before.** That's according to **preliminary figures on disbursements from ForeignAssistance.gov,** which Devex assessed following the end of the U.S. fiscal year on Sept. 30. **This marks the Trump administration's first full reporting year**, as the first and second quarters of fiscal year 2025 took place wholly or partially under the Biden administration. **This offers a clearer gauge of foreign aid under the second Donald Trump presidency**."

CGD (blog) - Five Lessons for Pay-for-Results in the State Department's Global Health MOUs

E Kandpal; https://www.cgdev.org/blog/five-lessons-pay-results-state-departments-global-health-mous

"... a **common thread across previous experiences** is that results-based financing works best when the contract comes after a diagnosis of what is actually constraining results. If frontline facilities lack money and autonomy, then you must first finance them. If providers know what to do but aren't doing it, a well-designed incentive, combined with supervision and feedback, may help. If patients face costs that keep them from seeking care, then reduce those costs. If money cannot reliably reach facilities, fix the public financial management system. And most of all, don't assume that attaching a price to an indicator means that the indicator is under the control of the person responding to the price."

- And a link: The Independent - DOGE bro who fired thousands and ended USAID may not have had authority to make changes: report

"Former DOGE affiliate Jeremy Lewin detailed the cutting of USAID in a memorandum named: 'USAID's Final Mission'."

Impact aid cuts

BMJ - Trump's aid cuts risk killing women around the world

https://www.bmj.com/content/395/bmj-2026-101191

"The health of women and girls has been disproportionately affected by the United States' cuts to foreign aid, say health experts. **Rebecca Root** examines how and where healthcare has been dismantled—and the enormous permanent damage."

Telegraph - Nigeria's women and girls impacted the most by British and US funding cuts, committee is told

https://www.telegraph.co.uk/global-health/women-and-girls/nigerias-women-and-girls-impacted-the-most-by-funding-cuts/

"**The country is among the hardest-hit** as Western governments slash overseas development budgets to increase defence spending."

"At the **International Development Committee's first hearing on the impact of aid cuts on global health in Africa**, MPs were told that UK government cuts had **impacted water, sanitation, and hygiene (WASH) programmes in Nigeria significantly,** putting women and girls at risk…."

PS: "**Among the services that have been the most significantly reduced across Sub-Saharan Africa, including Nigeria, are those critical to women's safety and protection, according to research from**

UN Women. Services tackling issues such as **gender-based violence, support for survivors of sexual assault, and reproductive care** have been reduced or entirely suspended, according to the research…."

HHR – Donor Withdrawal as a Human Rights Event: HIV Care After the 2025 US Foreign Assistance Freeze

M Ngcobo; HHR;

*"… **Focusing on South Africa and Kenya, this paper examines donor withdrawal as a human rights issue that brings into focus states' continuing obligations when essential services have long been financed or delivered through external programs**. It distinguishes the international minimum core framework from the South African reasonableness review and argues that the relevant retrogression inquiry should focus on state conduct, including failures to regulate, monitor, and plan for the foreseeable termination of external financing. **The paper also examines earlier transition and co-financing commitments**, showing how formal commitments to sustainability may coexist with inadequate preparedness, particularly for community-led services, key-population programs, and other interventions that are difficult to absorb into ordinary public systems. **It proposes enforceable transition arrangements** centered on advance planning, continuity of access, transparency, and accountability, while also considering the legal and ethical responsibilities of withdrawing donor states where serious extraterritorial harm is foreseeable."*

- And via **Devex: USAID for the Nobel Peace Prize?**

"Here's a twist few people would have predicted a couple of years ago: **USAID has been nominated for the Nobel Peace Prize.** And the **nomination comes from** someone who knows a thing or two about the award: **Ellen Johnson Sirleaf,** Liberia's former president and a Nobel Peace Prize laureate herself. **In her letter to the Nobel Committee obtained by Devex, Sirleaf makes the case that USAID's 63-year history of fighting disease, preventing famine, supporting democracy, and helping countries recover from conflict** makes it a worthy contender. She draws on her own experience leading Liberia through the aftermath of civil war and the 2014–2016 Ebola crisis, arguing that USAID was instrumental in helping her government navigate those challenges. "I can think of no more worthy recipient of the Nobel Peace Prize," she writes."

"The **nomination** also has the backing of David Beasley, **former executive director of the World Food Programm**e, who credits USAID with helping WFP save lives and prevent famine — and argues that recognition could help revive the agency's work…."

SRHR & Women's Health

BMJ (Editor's Choice) – Strongman politics, women's health according to Trump, and how to save the world

J Clark; https://www.bmj.com/content/395/bmj-2026-101277

So far not sounding too optimistic on recent electoral victories. She's not wrong.

Quote: "**What's wrong is to believe that women's health has no political priority. It absolutely does—when convenient for leaders**…."

And concluding: "…**It's this type of fight that holds the key to safeguarding health and protecting rights—and to delivering democratic revival. The gains of the golden era of democratisation over the past 50 years have been eroded, and the world we knew has changed profoundly**. Restrictions on freedom of expression and repression of civic participation are hallmarks of strongman politics and the backslide towards autocracy. **The essential counterweight is civil society: the campaigners, advocates, journalists, and health leaders who speak out for health and rights, challenge restrictions and authoritarian orders, and build coalitions and communities**. Disaffection exists across the political spectrum. **Civic engagement can bridge these divides and create collective purpose. In doing so, it has the power not only to defend health and rights but to set the ground for a more peaceful, democratic path**."

UHC & PHC

Guardian - Is universal healthcare finally becoming a vote-winning issue in US elections?

https://www.theguardian.com/us-news/2026/oct/27/michigan-abdul-el-sayed-medicare-for-all

"Democrats in the midterms are finally backing Medicare for All as a campaign issue amid a rising tide of US support."

Lancet World Report – Health-care costs could help decide US midterm elections

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02187-2/fulltext

"With an opportunity to overturn Republican control of Congress, **Democrats hope to win voters' support by focusing on cuts to health-care programmes**. Susan Jaffe reports from Washington, DC."

Everyone agrees, little moves: The consensus of Universal Health Coverage

E Druga; https://www.linkedin.com/pulse/everyone-agrees-little-moves-consensus-universal-health-druga-phd-pw2se/
Very neat read.

" **The most widely endorsed goal in global health has produced remarkably little pressure on the budgets and policy choices that would have to change for coverage to expand. Is the obstacle a lack of money, political will, or technical knowledge?** Or does the consensus itself hide disagreements that must be settled before coverage can expand? To answer these questions, we need to look at UHC not only as a policy goal but as an idea that circulates through global health governance. I **argue that UHC rests on an ambiguous consensus: agreement on a word that leaves open what it means, who pays, and who decides**. Ambiguity made the consensus possible, because actors with very different projects could sign up to the same goal (Palier 2005; Béland and Cox 2016). **The same ambiguity now limits what the consensus can deliver**. **The essay proceeds in four steps.** The next section sets out the monitoring data and the three readings of the implementation

gap that dominate the literature. The third traces how UHC became the consensus. The fourth develops three mechanisms: semantic ambiguity, fiscal displacement and metric substitution, tests them against the comparative literature on successful country cases, and returns to the three readings. The fifth draws out the **implications for the 2027 High-Level Meeting and for global health governance…."**

Decolonize Global Health

The Matthew Effect and Blind Research Excellence as Drivers and Amplifiers of Global Health Inequities.

Luchuo E Bain; https://www.linkedin.com/pulse/matthew-effect-blind-research-excellence-drivers-engelbert-bain-mehcf/

"Excellence must remain a central aspiration of global health research, but its pursuit must never become a justification for reproducing the very inequities that global health seeks to overcome."

Mental Health

Geneva Health Files – Who Holds The Custodianship of Global Mental Health?

D Mehjabeen; https://newsletter.genevahealthfiles.com/who-holds-the-custodianship-of-global-mental-health/?ref=geneva-health-files-newsletter

"In today's edition, we bring you a thoughtful **examination on the custodianship in mental health. This pieces considers how authority and responsibility are distributed across the institutions, and actors involved in shaping the global mental health agenda.** The author of today's essay, **Deena Mehjabeen**, lays out the various actors involved in shaping and developing priorities for mental health; how existing processes and politics influence the agenda; and what is needed to clarify responsibilities, and advance accountability of the actors involved…."

Excerpt: "… **The increasing integration of mental health into broader global health agendas presents both opportunities and tensions. Positioning mental health within universal health coverage and health-system strengthening** can help move it beyond the margins of health policy and support greater investment in services…. **Similarly, integrating mental health into NCD strategies recognises the links between mental and physical health**. At the same time, integration can affect which priorities remain visible within broader health agendas. The recent convergence of discussions on NCDs and mental health provides an opportunity to examine how these priorities are balanced and how decisions about integration are made…. **Rather than treating integration as inherently positive or negative, the article would consider what it means for the governance of mental health, including how its priorities are maintained within wider health-system and NCD agendas."**

TGH – Data Workers and the Mental Toll of Cleaning the Internet

E O Nsoesie et al ; https://www.thinkglobalhealth.org/article/data-workers-and-the-mental-toll-of-cleaning-the-internet

"Better workplace conditions, preparation, and support are needed for the African content moderators who are scrubbing harmful content from AI and social media."

"… **Content moderation, such as data labeling and data cleaning, is just one visible part of a broader ecosystem of data work that is increasingly outsourced to low-income countries**. Social media companies employ tens of thousands of moderators (around 15,000 for Meta and around 40,000 for TikTok) through third-party companies to facilitate this job. In Africa, this workforce is now experiencing a mental health crisis—a **recent study** **of 134 moderators from 12 African countries found that more than half of content moderators experienced moderate to severe mental distress**. This **topic is mostly discussed in news media and computing conferences, but rarely in global health spaces. It is important for the global health community to pay attention. Better workplace conditions, preparation, and support are needed to address the mental health challenges** that African content moderators are facing…"

The 2026 report of the Lancet Countdown on health and climate change: a decade of escalating health harms and a decisive moment for all

M Romanello et al; *https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01779-4/abstract*

The backdrop: "**The *Lancet* Countdown was established 10 years ago in 2016—the year the Paris Agreement entered into force—to annually assess the effects of climate change on health, and the health benefits of climate change interventions**. Although insufficient to meet its goals, action since then has reduced projected greenhouse gas emissions, lowering end-of-21st-century expected temperature increase from 3·0–3·5°C to 2·6–3·4°C. The growth of zero-emission energy has exceeded expectations, delivering health and economic benefits globally. In parallel**, recognition of the links between health and climate change has increased substantially (indicators 5.1–5.6), and tackling climate change has become a priority for global health**, with WHO identifying it as the first strategic objective in its Fourteenth General Programme of Work."

"**Despite this progress, greenhouse gas emissions continue to reach record highs, climate change is increasingly affecting health and threatening people's survival worldwide, and the window of opportunity to avoid a potentially catastrophic future is rapidly closing. Weakening multilateralism and growing climate change disinformation, denialism, and scepticism are now increasingly undermining collective action and threatening to reverse progress to date. Yet, this moment of disruption also presents an opportunity.** The system-wide reform of the UN, under the UN80 initiative, and the impending reform of the Global Health Architecture, provide opportunities to strengthen cross-sectoral coordination, optimise resources, and enable an effective global response to climate change for a healthier future."

"**Against this backdrop, the 54 indicators in this report document the growing health impacts of climate change and reveal opportunities for a health-protective response**. The findings inform key

and urgent priorities to alter the current direction on health and climate change and protect the health and survival of present and future generations…."

You obviously then have to read the full Lancet Countdown report (or at least the exec summary) : -

The report concludes: "… A decade after the Paris Agreement entered into force, this report shows that action remains grossly insufficient to avoid the growing impacts of climate change on health, and that the health opportunities of climate change interventions remain largely undelivered. **As the window of opportunity to prevent a potentially catastrophic future narrows, the evidence in this report informs urgent priorities to change course and protect the health and survival of present and future generations: (1) recognise, prepare for, and respond to the health emergencies of climate change through established WHO and broader UN mechanisms, and develop a new WHO instrument to formally recognise and address climate change as a global health emergency. (2) Align global governance and international systems around climate change and health as a top priority and optimise the deployment of international resources to address it. (3) Prioritise and promote the urgent, just, and equitable reduction of greenhouse gas emissions as a global health imperative. (4) Put health at the centre of climate action by placing present and future mortality reduction, health, and wellbeing as core objectives and key measures of success across all climate action. (5) Establish a global climate change and health data commons as critical public infrastructure and a global public good. (6) Increase the provision of grant-based and highly concessional finance for climate change and health interventions in alignment with international obligations.**

With a number of **recommendations at the global level**: (see panel 1).

- Coverage via **UN News - Record heat-related deaths in 2023, WHO-partnered report finds**

"Climate inaction continues to harm and kill people in all countries with a record 710,000 estimated deaths globally from heat in 2023, a UN-partnered report warned on Wednesday**. For the first time, more than seven in 10 fatalities were attributable to human-caused climate change."**

With some more key findings.

- And via **HPW - Call for New WHO Instrument to Address Climate-Driven Global Health Emergency**

In-depth analysis. "A decade after the Paris Agreement took effect, climate-related heat, drought, floods, disease and dirty air are killing millions. **The authors of a major annual report want the World Health Organization (WHO) to classify the crisis as a health emergency**."

"The authors want WHO to develop a new instrument that formally recognises climate change as a global health emergency. **Until one exists, they want existing tools, including the International Health Regulations (IHR), to be used to grade and respond to climate-driven health crises."**

"**The WHO's highest-level alarm, a public health emergency of international concern (PHEIC**), has been used declared for COVID-19 and Ebola. However, **it and other existing WHO instruments are**

designed for short outbreaks, not crises like climate change that run for decades. "The problem currently with the public health emergency of international concern … is that it's very tailored to short-lived emergencies and especially to emergencies that can cross borders like infectious diseases," **Marina Romanello, executive director of the Lancet Countdown**, based at University College London, told a media briefing. **The Countdown wants an emergency response "that is fit for purpose, not only for emergencies like infectious diseases but also for catastrophes like those caused by climate change** … so **that we're not responding to emergency after emergency",** Romanello added."

PS: **Some more stats from the report**: "By 2025, 71% of WHO member states still had no plan to adapt their health systems to climate change, and 76% had not assessed their vulnerability since 2020, the report found. Only 34.6% of the lowest-ranked countries on the HDI reported a strong ability to detect, prepare for and respond to health emergencies in 2025, in comparison to 80.6% of the highest-ranked countries, according to their own reports to WHO. That capacity matters more as climate change makes such emergencies more frequent and severe, the report said. Where climate-informed health early warning systems exist, now in 75 countries, the number of people affected by storms and floods is rising more slowly. **Developing countries have costed their health adaptation needs at $3.3 billion a year. However, donors committed $1.1 billion in 2024**…."

- And a related Lancet Offline (by R Horton) – Seizing new opportunities for climate and health

Making the link between the latest Countdown & **'Despite it All: A Handbook for Climate Hopefuls'** (2026) (by environmental journalist Fred Pearce, in which he challenges the idea that the Anthropocene is an irredeemably dystopian era) & **'Feminism for a World on Fire'** (2026), in which "Natasha Walter points to "a growing chasm between the airy rhetoric of mainstream feminism and the deep crises that so many women are experiencing". Feminism has taken a wrong turn, she suggests, associating itself more with individual advancement than collective change…."

Horton concludes: "Walter makes a plea for feminism to ally itself with climate activism. Turn this proposition around. **The climate movement might do more to ally itself with other social movements on which its success will depend—against inequality, racism, and nuclear conflict**. The tenth anniversary of The Lancet Countdown is an opportunity to rethink the future in the face of an insidious, dangerous, and growing opposition."

More on Planetary Health

With more and more reads ahead of COP31.

Geneva Solutions - Is the UN's climate conference circuit waning?

https://genevasolutions.news/climate-environment/is-the-un-s-climate-conference-circuit-waning

"**The Cop31 climate conference is just a month away**. Yet, surprisingly, after a year of intensifying disasters and a historic legal precedent, **the drumroll ahead of the session in Antalya has been fainter, with climate action coming from beyond the UN climate cycle."**

Climate Change News - Lula's election win in Brazil raises hopes for zero deforestation drive

https://www.climatechangenews.com/2026/10/26/lulas-election-win-in-brazil-raises-hopes-for-zero-deforestation-drive/

"Lula's re-election makes it **more likely Brazil can meet a key goal to end forest loss in the Amazon and builds confidence in a new fund to protect the world's rainforests**, experts say."

- Related: **Development Today** - **After Lula's win, the Amazon Fund awaits new payment from its largest patron**

"Several new donors, including Denmark, have in recent years joined the Amazon Fund, the Brazilian result-based mechanism designed to incentivize forest protection**. Norway is still the largest donor, providing almost NOK 10 billion (USD 1.3 billion) since 2009**. Lula's presidential win guarantees continuation of the fund and **Norway must now decide how much to pay for the record-low deforestation achieved by Brazil last year."**

Climate Change news - Africa wants adaptation finance on COP31 agenda, raising risk of a fight

https://www.climatechangenews.com/2026/10/28/africa-wants-adaptation-finance-on-cop31-agenda-raising-risk-of-a-fight/

(gated) **"The African Group wants dedicated space on tripling adaptation finance, the Green Climate Fund and trade, setting up a possible clash."**

"**African negotiators have asked the UN to open a formal space at COP31 for contentious talks on adaptation finance and trade**, lining up a potential fight over the agenda when the climate summit opens in Antalya on November 9." "In **a letter** sent to UN climate chief Simon Stiell last Sunday, **Ghana, which is chairing the African Group of Negotiators (AGN) this year, requested three additional agenda items on tripling adaptation finance, trade and climate change, and the financing arrangements of the Green Climate Fund. "**

Climate Change News - Loss and damage fund agrees $20m for Nepal but rich nations warn it should not set precedent

Climate Change News;

"Board members from developed and developing countries **disagreed over whether the decision should become a model for the fund in the long-term."**

UN News - Record carbon dioxide levels will impact us for centuries, says UN weather agency

https://news.un.org/en/story/2026/10/1168677

"**Levels of carbon dioxide (CO2) and other major greenhouse gases in the atmosphere caused by burning fossil fuels reached record highs in 2025**, locking in more long-term global warming, the **World Meteorological Organization (WMO)** said on Tuesday. The agency's latest Greenhouse Gas Bulletin indicates an **average global concentration of CO_2 at 426.8 parts per million (ppm) last year**, or 153 per cent of the 1750 pre-industrial baseline. …"

"… Equally worrying, **levels of methane and nitrous oxide** – the second and third most important long-lived greenhouse gases caused by human activities – **also hit a new peak in 2025…."**

Nature Editorial – Global climate body fights for survival: why the IPCC must be saved

https://www.nature.com/articles/d41586-026-03403-6

"The UN organization faces perhaps the most serious crisis in its nearly 40-year history — but it is too precious to lose."

Excerpt:

"… But **the IPCC faces an even more serious problem: it is running out of money. For the first time in its history, it might not have the funds to finish an assessment report.** The body relies on voluntary donations from governments and other UN agencies, and these have been falling since 2023 (see 'Lack of trust'). The funds are also used to support scientists from the poorest countries, allowing them to attend meetings. Many of the countries that want to delay the next report have contributed nothing to the IPCC in years, if ever, although Russia is a notable exception. If contributions continue at current levels, by the end of 2028 the IPCC will be left with just 5 million Swiss francs (US$6 million) — the amount needed for an orderly wind-down of the body. **But there is a way forwards. The IPCC needs more than 20 million Swiss francs to stay operational until the end of 2029, and to complete AR7. Nations must consider increasing their contributions immediately. Other donors, including philanthropists and non-governmental organizations, should also approach the IPCC to see how they can help…."**

Lancet Planetary Health (Editorial) – Climate overshoot

https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00129-4/fulltext

Excerpts:

"**In the Late 1990s and early 2000s focussing on climate adaptation was seen by some in the climate change community as a potentially dangerous sliding of ambition on climate mitigation**. Of course, it is possible to intellectually understand that mitigation, to reduce the degree of climate heating, and adaptation, to address unavoidable climate change impacts, are complementary objectives. However, **there was a concern at the time that with limited political, financial, and cognitive capacity allocated to climate initiatives adaptation could, in practice, squeeze out mitigation policy. Ultimately leading to more climate heating and greater adaptation and mitigation challenges**. In hindsight it seems unlikely that engagement with climate adaptation research and policy is one of the major factors that has limited progress on climate mitigation, and we no longer have the luxury of contemplating that adaptation could be unnecessary. Nevertheless,

these concerns did perhaps correctly identify the risk of a kind of mission creep where climate policy drifted from a focus on preventing climate heating to ever weaker and more fateful positions of acceptance and coping."

"**Arguably a significant change was defining and accepting a 'relatively safe' level of heating (1.5°C according to the 2015 Paris Agreement)**. And although it has seemed unlikely that we will manage to limit warming to 1.5°C for some time, the dominant message has, until recently, remained that this target is still possible and important. **Now a UN report has acknowledged that global temperature rise is likely to cross 1.5°C within the next few years. According to the report, it is still possible to bring temperatures down and achieve global temperature goals aligned with the Paris Agreement, but only after a period of overshoot….** … The most optimistic scenario would see temperatures peak at 1.8°C above pre-industrial levels. **Although this is probably the best available option given where we are, it is noteworthy how far the goalposts have moved and how much scope this provides for further target slippage in the future."**

"… **Probably the most significant aspect of acknowledging that overshoot is now probable is that carbon dioxide removal (CDR) which was previously only part of certain scenarios now seems set to be an integral component to all future scenarios**. According to the UN report CDR can only contribute credibly to a modest reduction in warming with a peak of below 2°C. This leaves very little wiggle room beyond their most optimistic scenario. Nevertheless, **it seems likely that CDR practices and technologies, as well as governance frameworks, will now have a significant increase in profile, and while technical documents may be clear that these must not replace decarbonisation there does seem to be a real risk that wider discourse becomes increasingly preoccupied with CDR at the cost of decarbonisation coverage**. No doubt there will be techno-optimists claiming that CDR will cure all, but as researchers begin to apply a health lens to the implications of overshoot, for example, in terms of climate impacts and adaptation, and policy co-benefits and trade-offs, the **importance of decarbonization must remain central** and prominent. **If climate targets continue to slip and the expected contributions of CDR gradually creep up to compensate, we can only hope that this isn't a slippery slope towards geoengineering being seriously considered next."**

Global Climate & Health Alliance - Health Community Calls on WHO Member States to Recognise Climate Disinformation as Public Health Threat

https://climateandhealthalliance.org/press-releases/health-community-calls-on-who-member-states-to-recognise-climate-disinformation-as-public-health-threat/

" Health and civil society organisations today called on WHO member states to recognise climate disinformation as a public health threat and make information integrity a core part of climate and health policy, preparedness and response."

"… a **new report**, ***Protecting Health in the Age of Climate Disinformation***, produced by the WHO Civil Society Working Group on Climate and Health states that "a healthier information environment is not a communications luxury. It is a condition for climate justice, public health, and the right to a healthy future." **The report is the first instance of the health community addressing how climate disinformation directly and indirectly harms human health around the world**, from undermining emergency warnings and public-health guidance to delaying policies on air pollution, clean energy and fossil fuels. **Case studies highlighted in the report** show that climate disinformation interacts with existing inequalities and power structures…."

"… **The report argues that the climate crisis now demands the same level of institutional seriousness that public health has brought to other major information threats**. It **calls for information integrity to be embedded across climate and health policy**, rather than treated as the responsibility of communications teams alone…"

Passblue - Heat-Wave Effects on Pregnant Women to Be Part of the COP31 Agenda

https://passblue.com/2026/10/26/heat-wave-effects-on-pregnant-women-to-be-part-of-the-cop31-agenda/

"**In the ramp-up to the United Nations annual climate change conference in November, alarming and under-reported statistics on the effects of climate change on maternal health and pregnancy are being pushed to the fore of discussions."**

"Pregnancy and birth are a "new faultline in the global climate crisis," said Simon Stiell, UN executive secretary on climate change, speaking at a "birthright" global call to action event led by Britain's Wellcome Trust at a pre-COP31 event held in Fiji in early October…. … **Wellcome is behind a strong push in this year's climate change conference to ensure that the new statistics for extreme-heat effects on pregnant women become integral to climate resilience planning, with financial backing to match it."**

"During the Conference of the Parties, or COP31, in Antalya, Tūrkiye next month**, health will be a dedicated topic on Nov. 9, and it is being included in the so-called Action Agenda for the first time**. The agenda was formalized around the Paris Agreement and is **meant to mobilize voluntary participation by civil society, businesses, investors, cities and states to scale up movement around the climate change agenda."**

"… "**We want three things from Antalya," Hartwell (head of climate and health policy at Wellcome.) said,** "for pregnant women to be written into national climate and heat plans, delivery of the first WHO guideline on heat and pregnancy" and better data to track the health impacts of heat on pregnancy."

Lancet (Letter) – Super El Niño threatens a public health emergency in Africa

Douglas T Mombeshora et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02156-2/fulltext

"**Africa stands on the cusp of an El Niño-driven public health emergency, superimposed on an increasingly unpredictable and extreme climate**. The projected toll of heat-related deaths in Africa in the coming months will dwarf that in the northern hemisphere during the summer of 2026.[1,2] Equally concerning are heightened risks for floods in the Greater Horn and Central Africa, droughts in southern Africa, and rainfall anomalies across the Sahel. Compounding hazards converge around water insecurity, wildfires, infectious disease outbreaks, and disrupted health care. Cholera outbreaks linked to cross-border travel show that outbreak risks do not respect national borders. **Africa bears little responsibility for this crisis but faces vastly disproportionate harms…."**

"**We echo the call by Nicholas Brink and colleagues for WHO to declare a public health emergency of international concern (PHEIC). However, we emphasise the urgency of a PHEIC determination given Africa's disproportionate vulnerability to climate-related health harms**, compounded by

insufficient resources, gaps in preparedness, and limited cross-country coordination. Available climate financing falls far short of what is required…."

"… **We, as policy leaders in Africa, reinforce the Pan-European Commission on Climate and Health's May 2026 call for a PHEIC and urge WHO to act without delay**. Countries bearing historical responsibility for the climate crisis should help finance a scaled-up response in climate-vulnerable low-income and middle-income countries. Equally, for Africa, this crisis presents a chance for us to contribute key lessons to the global response, using the urgency of El Niño to reshape health systems for a changing climate. **We call on other African states to request a PHEIC determination now, and on WHO to give this its fullest attention."**

BMJ – Annual climate issue

https://www.bmj.com/content/395/8499

This year focused **on how war and militarisation impact the climate emergency (& vice versa).**

Our World in Data - How much development aid is spent on climate change?

H Ritchie et al; https://ourworldindata.org/how-much-development-aid-is-spent-on-climate-change

(26 Oct) **"And does this crowd out funding for other aid projects?"**

"Using tags from the RioMarkers database, we've constructed a dataset on how much aid is spent on climate change, and what that funding is used for."

"The **headline statistic** is that **around one-fifth of development aid is now coded as climate-related**. **For allocable bilateral aid** — that is, aid given from one country to another for specific projects — **the share was one-third….**

"… **Ideally, all of this climate funding would be additional**: funding for everything else could stay the same, and new money would be available for climate change. But that scenario seems unlikely. **Many countries view climate finance as part of their overseas commitments, not as something on top…."**

"That leaves **two concerns, which pull in opposite directions.** The first is **displacement**: climate projects could divert funding from more traditional ones. Clean energy infrastructure could crowd out antimalarial bed nets, or anti-deforestation projects could divert money from maternal nutrition programs. The second is **relabeling**: traditional aid programs with a climate code attached. Donor countries have often committed to climate finance in addition to their aid spending, not instead of it. If this is simply an exercise in relabeling, they are ticking off these commitments without providing any new money. For example, when a new hospital gets a climate tag for being energy efficient, no bed nets are lost, but no new climate money is generated either. **My guess is that both are happening. …"**

Guardian - Super-rich get 'double dividend' from causes and costs of climate crisis, report finds

https://www.theguardian.com/environment/2026/oct/27/super-rich-double-dividend-climate-crisis-oxfam

"Oxfam says investing by rich in disaster recovery widens inequality and **gives incentive to delay climate action."**

"**The world's wealthiest people are not just profiting from the polluting causes of climate breakdown, they are also increasingly cashing in on the catastrophic consequences, according to a study by Oxfam.** The global equality organisation has found that **the richest 0.1% of the world's population are heavily invested in disaster preparedness, recovery and reconstruction** – a market that is projected to grow from $70bn to $92bn a year by 2029. **This gives the planet's wealthiest and most powerful people a "double dividend" from the climate crisis and, more alarmingly, an incentive to delay or disrupt action to solve the proble**m, the NGO says."

HPW - World Must Triple Nature Restoration to Meet 2030 Goal, UN Report Tells Biodiversity Summit

https://healthpolicy-watch.news/world-must-triple-pace-of-nature-restoration-to-meet-2030-goal-un-report-tells-biodiversity-summit/

"The destruction of farmland, forests, wilderness and waterways is still outpacing restoration efforts worldwide, which lag far behind 2030 goals. **Annual spending on restoration would need to rise more than fourfold, from $64 billion in 2022 to $296 billion by 2030**, according to a **report** released in Yerevan, Armenia, **a day before the close of the UN biodiversity summit, COP17."**

In-depth coverage of this report.

- Related: **UN News - Nature is making a comeback – now restoration funding must quadruple**

Access to Medicines, vaccines & other health technologies

Global Fund and World Bank Group Join Forces to Help Countries Access High-Quality Lifesaving Health Products at Better Value

https://www.theglobalfund.org/en/news/2026/2026-10-29-global-fund-world-bank-group-help-countries-access-health-products-better-value/

"**Joint statement by Peter Sands**, Executive Director, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and **Paschal Donohoe**, Managing Director and Chief Knowledge Officer, World Bank Group."

"**The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the World Bank Group yesterday signed a Letter of Intent that will enable countries to use World Bank financing to buy quality-assured health products through wambo.org, the Global Fund's online pooled procurement platform.** The agreement **builds on a Memorandum of Understanding signed by the two institutions in December 2025 to mobilize at least US$2 billion in aligned financing over three years and improve access to quality-assured health products**. It also marks a further step in expanding access to wambo.org beyond Global Fund grants…"

"… **Pressure on health budgets is greatest in the poorest countries. Many of them receive financing from the International Development Association (IDA),** the World Bank's fund for them and the single largest source of concessional finance for the poorest countries in the world. **Using IDA financing to procure from the wambo.org platform will help these countries get more health products for their money. Financing from the International Bank for Reconstruction and Development (IBRD) will offer the same option to middle-income countries…."**

"**The World Bank already enables borrowers to procure through United Nations agencies. The collaboration with the Global Fund expands this approach by giving borrowers an additional procurement channel**. The two institutions share a commitment to make their financing work together, reduce duplication and ensure the multilateral system delivers more for countries. **This work also contributes to the World Bank Group's goal of helping countries deliver quality, affordable health services to 1.5 billion people by 2030…."**

GAVI – Gavi and UNICEF secure lower malaria vaccine price, saving US$ 50 million for childhood immunisation programmes

https://www.gavi.org/news/media-room/gavi-and-unicef-secure-lower-malaria-vaccine-price-saving-us-50-million-childhood

(22 October) "**An agreement announced today will cut the price of the RTS,S/AS01 malaria vaccine by approximately 40 per cent**. The **deal, executed by UNICEF and financially backed by Gavi, the Vaccine Alliance,** is expected to generate around US$ 50 million in savings between 2027 and 2029." " As demand for malaria vaccines grows, **this could protect up to one million more children with the full four-dose course or help countries reach more children with other vaccines."**

"The deal, **enabled through an advance payment by the International Finance Facility for Immunisation (IFFIm),** will bring **the price of the vaccine to EUR 5.50 per dose, a reduction of approximately 40 per cent from the price paid today**. The agreement is subject to regulatory and manufacturing milestones – including WHO prequalification of a new manufacturing facility that will enable greater supply capacity – which must be met before UNICEF begins procuring doses. …"

Dev Discourse - Global Diagnostics Coalition urges action as 47% lack access to timely diagnosis

https://www.devdiscourse.com/article/health/3997103-global-diagnostics-coalition-urges-action-as-47-lack-access-to-timely-diagnosis

"Discussions reflected the World Health summit's theme of moving from crisis to resilience, with participants examining how recognition of the diagnostic gap could lead to practical action directed by countries and more integrated diagnostic systems."

"**The Global Diagnostics Coalition (GDC) brought together government leaders, health experts, civil society, industry and partner organisations at the World Health Summit 2026 in Berlin** to address gaps in diagnostic services that continue to prevent people from receiving timely treatment. **An estimated 47% of the world's population lacks access to a timely, reliable diagnosis**, leaving many people without the early detection and effective care that diagnostics make possible, with consequences for universal health coverage, health security and pandemic preparedness."

Joint policy paper (GARDP, DNDi, MMV & MDGH) - Strengthening WHO's role in public health innovation: a PDP perspective

https://gardp.org/strengthening-whos-role-in-public-health-innovation-a-pdp-perspective/

"As the global health architecture undergoes reform, **four product development partnerships (PDPs) outline the WHO functions that are critical to needs-driven health innovation and explain why these must be protected and strengthened."**

"**WHO and PDPs play distinct but complementary roles**. WHO sets global priorities, develops standards and policy guidance, assures quality, and supports countries in adopting and implementing health interventions. PDPs, meanwhile, bring together the scientific, clinical, manufacturing and access partnerships needed to develop health technologies for diseases and populations that markets often overlook. Since 2010, PDPs have helped develop and introduce 79 health technologies. **The paper examines nine WHO functions that underpin the journey from research priority-setting to patient access**. These include WHO priority pathogen lists that helped shape GARDP's Gram-negative portfolio, target product profiles such as the 2026 WHO antibacterial TPPs, the WHO Essential Medicines List, which now includes cefiderocol, prequalification processes, and regulatory reliance pathways that enable national authorities to build on assessments conducted elsewhere. The paper sets out **seven recommendations** to protect and strengthen the WHO functions that are essential for needs-driven health innovation and equitable access to health technologies."

Reuters - Bavarian Nordic donates 75,000 mpox vaccine doses to global emergency stockpile

Reuters;

"**Bavarian Nordic will donate 75,000 doses of its MVA-BN vaccine to the emergency stockpile.** The donation comes on top of a contract to supply 150,000 doses to the stockpile. The **stockpile is managed by the International Coordinating Group on Vaccine Provision, a mechanism hosted by the World Health Organization."**

PHM - As drug prices in Europe soar, Public Pharma advocates are charting a new course

https://phmovement.org/drug-prices-europe-soar-public-pharma-advocates-are-charting-new-course

"Public Pharma activists gathered in Frankfurt (Oct 22-23) to outline an alternative vision for Europe's pharmaceutical landscape, free from Big Pharma's influence."

FT – China's rapid human trials draw western drugmakers — and safety concerns

https://www.ft.com/health

"Pharma groups including AstraZeneca are using a fast-track clinical testing route for cutting-edge medicines."

"**Western drugmakers have spent record sums on medicines developed in China in recent years**. Now they are **going one step further — using Chinese hospitals to test experimental cell and gene therapies on humans for the first time.** Over the past 18 months pharma groups, including AstraZeneca, Sana Biotechnology and Tempest Therapeutics, have **pursued so-called investigator-initiated trials (IITs) with Chinese partners to take advantage of a fast-track route into clinical testing."**

"**The trend signals a new stage in western pharma's reliance on China**. **Foreign biotechs have turned to the country to license novel drugs or conduct researc**h in recent years but **are now entrusting Chinese hospitals to test experimental drugs in patients earlier than would be allowed in their own countries.** "A western biotech would previously only run clinical trials in China later in the drug development cycle when a drug was already close to commercialisation," said Jerry Wu, venture partner at UK-based biotech investment group LongRiver Investments. "Now the model has changed. They are coming to China from the beginning." **Foreign groups are increasing their involvement in such studies despite concerns about patient safety and oversight following two recent deaths."**

"… **In an FT analysis of 15 Nasdaq-listed companies that disclosed they were working on Chinese IITs, many told investors they were doing so in order to generate rapid and cost-effective early-stage data to inform more extensive industry-sponsored trials**. "

PS: "… **The IIT route is also becoming more difficult within China itself. Beijing has tightened the rules governing IITs this year**, leading to potential delays to a pathway western groups have seized on for its speed. China's new regulations were announced months before it emerged that two children had died in gene-editing studies, raising questions over the oversight of IITs and whether patients and their families were adequately informed of the risks. News of the deaths, the first reported in Science magazine and the second disclosed by the company, came **months after the government introduced order 818 — tougher rules for clinical research involving "new biomedical technologies" such as cell therapies and brain implants. Under the new regulations, only so-called Sanjia hospitals — those with the best researchers and access to patient populations can conduct IITs — and hospitals and companies can be fined for breaking them**. The new rules also introduce a new national filing requirement."

Rapporteur -Lithuanian presidency to put pharma at heart of EU security push

https://www.rapporteur.com/news/lithuanian-presidency-to-put-pharma-at-heart-of-eu-security-push/

"Europe braces for a so-called 'China Shock 2.0'."

"**Lithuania wants pharmaceuticals to be treated as a strategic sector** as Europe steps up its efforts to reduce dependencies on China and strengthen its economic security. **The country is assuming the**

rotating Council presidency in January 2027, and economic security is expected to feature prominently on its agenda…."

Conflict/War & health

UN News - Ending conflict is 'number one thing' to reduce world hunger, new WFP chief says

https://news.un.org/en/story/2026/10/1168693

"Reducing conflict is the single most effective way to tackle global hunger, the new head of the UN World Food Programme (WFP), Luke Lindberg, said on Wednesday, noting that **conflict drives two thirds of the acute food insecurity affecting 266 million people worldwide."**

Lancet Healthy Longevity (Series) - Older adults in humanitarian settings

https://www.thelancet.com/series-do/older-adults-humanitarian

"**Older adults are disproportionately affected by humanitarian crises but are often overlooked in health-care planning, preparedness, and response in these settings**. In this Series, we aim to highlight these issues and provide a framework for including the health-care needs of older adults in humanitarian crises."

Some more reports & publications

A Lancet Commission on the Health and Poverty Alleviation Initiative in China

Wannian Lian et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01196-7/abstract

"Over the past few decades, China has made progress in poverty alleviation due not only to rapid socioeconomic growth, but also to its campaign to eliminate poverty-related illness. **Launched in 2015, China's Health and Poverty Alleviation Initiative was a pioneering effort to integrate health into its national poverty reduction strategy, and contributed to China achieving its ambitious goal of eradicating extreme poverty by 2020**. The campaign was underpinned by values of equity and inclusivity and **has evolved from fragmented medical and welfare programmes into universal coverage and so-called last mile efforts, which target the most vulnerable people**."

"Unlike conventional programmatic interventions that can be assessed with straightforward cost-effectiveness tools, **this initiative is a complex, layered package of multisectoral policies with long-term investments and multidimensional outcomes**. Evaluating its performance requires recognising the interplay between health, education, social protection, infrastructure, and governance, and therefore calls for a broader analytical approach. **This Commission aims to systematically, critically, and independently assess China's experiences, setbacks, and challenges regarding its poverty**

alleviation campaign, especially around health-related domains, thereby identifying prioritised pathways towards achieving the SDGs."

For the **key messages**, see the box in the exec summary.

PS: "…**For other low-income and middle-income countries, integrating health as a core pillar of poverty alleviation could transform health investment into a powerful driver of sustainable poverty reduction**. Strong multisectoral coordination and data-driven precision targeting, in alignment with health system reforms, are essential to ensure resources reach people who are most in need and achieve equitable impact."

- Related **Lancet Editorial – Health and poverty: lessons from China**

" … **Over the past four decades, economic growth, complemented by a series of poverty alleviation policies, helped lift close to 800 million people in China out of extreme poverty, accounting for almost three-quarters of the global reduction in extreme poverty over that period. But poverty is not just a matter of economics; it is a health issue too**. When China registered households living in poverty in 2014, 42·2% were recorded as having fallen into or returned to poverty because of illness at the end of 2013. **Recognising chronic diseases as a key driver of persistent poverty, China made health central to its targeted poverty alleviation strategy and launched the Health and Poverty Alleviation Initiative in 2015."**

"**The initiative sought to improve access to treatment and local health services, reduce out-of-pocket medical expenditure, and integrate health into a broader poverty alleviation effort that addressed safe water, sanitation, housing, nutrition, and education**. In 2020, China reported that it met its national target of eliminating extreme rural poverty under the national poverty line. But crossing a poverty threshold is not the same as being protected when illness strikes. Drawing on administrative data, population surveys, and field visits, **the Lancet Commission on the Health and Poverty Alleviation Initiative in China examines the experience in China and draws lessons both for the country and elsewhere…."**

"… **The Commission argues that China's health and poverty alleviation efforts must move beyond a time-limited campaign and become a long-term, institutionalised approach**. Its **recommendations** include **diversifying funding, strengthening primary health care, and using digital health to expand access without deepening existing inequalities**. The Commission **also calls for health to be embedded across development strategies, with clearer responsibilities and stronger coordination across sectors. Universal health coverage should provide the foundation for a more resilient health system**, supported by stronger infrastructure and preparedness for environmental and emerging threats."

"**China is not alone in linking health and poverty reduction. Its distinctive contribution lies in integrating financial protection, health services, social policy, and household-level monitoring within a national poverty-reduction strategy**. Although this whole-of-government mobilisation cannot simply be replicated elsewhere, **its broader lesson** is widely relevant: **health must remain at the centre of poverty reduction, supported by sustained political commitment, continuous monitoring, and timely assistance. "**

Miscellaneous

Development Discourse – Right to health must come with remedies for violations and accountability: UN expert

https://www.devdiscourse.com/article/health/3996881-right-to-health-must-come-with-remedies-for-violations-and-accountability-un-expert

"Simão stressed that everyone whose right to health has been violated must have access to an effective remedy, with laws that recognise the multiple, overlapping factors affecting people's health and their ability to seek justice."

"**The right to health is a legal protection that must give people access to effective remedies when it is violated, a UN expert said**, calling for **justice and accountability** to be treated as **essential parts of protecting people's health." "** "**Mariângela Simão, the UN Special Rapporteur on the right to health**, said legal obligations become meaningful when people can challenge violations and obtain redress, with independent institutions able to establish what went wrong and provide appropriate reparations."

Nature News – Accounting of Africa's water reveals a management gap

https://www.nature.com/articles/d41586-026-03260-3

"A map of Africa's water demand reveals that **the scarcity of water is only part of the problem facing the continent — management is a separate challenge."**

Survey on HPSR funding disruptions in Sub-Saharan Africa

https://ee.kobotoolbox.org/x/teO2eweM

Via **Makerere school of Public Health/The Alliance for HPSR**: "**The study examines how changes in global health funding since January 2025 have affected health policy and systems research (HPSR) in sub-Saharan Africa**, including research activities, organisations, partnerships and careers, and how individuals and institutions are responding. The survey is available in English and French and takes approximately 10–15 minutes. Participation is voluntary. Responses will be treated confidentially, and findings will be reported in summary form without identifying individual participants. **The invitation is for individuals who conduct, support, fund or use HPSR in or concerning sub-Saharan Africa**, wherever they currently live. We also welcome people who have left the field or changed sectors because of funding changes…." " "We would greatly appreciate **responses by Friday, 30 October 2026.** Please consider sharing the invitation with relevant members, partner institutions, country focal points, fellows and alumni whose work concerns HPSR in sub-Saharan Africa…."

Global health governance & Governance of Health

Devex - 3 questions global health leaders must address following WHS 2026

Axel Pries & Carsten Schicker; Devex;

"The World Health Summit 2026 highlighted the **major health threats of this century, calls for country ownership, and new investments in health**. But **three questions remain** about how global health moves forward."

"**For us, three themes stood out** across the discussions, each raising a question that global health leaders will need to address.

1. How will we counter the biggest health threats of the next 80 years?

2. How will country ownership be balanced? … with international cooperation.

3. Will investments in health be sufficient for growing needs? One of the central messages running through the summit was clear: Health is not simply another area of public spending. It is an investment in resilient societies, economic stability, security, and human development…."

Global Health & Medicine - Reforming World Health Organization governance in a changing global health architecture: An integrated governance analysis informed by field observation, interview data, and policy mapping

Haruka Sakamoto et al; https://www.jstage.jst.go.jp/article/ghm/8/4/8_2026.01076/_article/-char/en

"**Between January 2025 and early 2026, the World Health Organization (WHO) faced three interrelated structural pressures: a budget shortfall exceeding US$1.05 billion triggered by the announced United States withdrawal; a weakening of strategic governance functions at the Executive Board (EB) and the Programme, Budget and Administration Committee (PBAC); and the parallel emergence, outside WHO, of multiple Global Health Architecture reform agendas**, including the Lusaka Agenda, the Accra Reset, the UN80 Initiative, and the America First Global Health Strategy. **This study presents an integrated governance analysis** using four complementary data sources:…"

"**The findings suggest a bidirectional problem in which constraints on Secretariat function and difficulties in substantive Member State deliberation reinforce each other, while reforms remain headquarters-centric and may contribute to implementation gaps at regional and country levels**. As a **policy implication**, the forthcoming Director-General selection and the UN80-linked reform cycle offer an opportunity for governance reform. These developments may offer opportunities for WHO Member States, including Japan and the Global South, to strengthen WHO's coordinating role…."

U.N.-Health-y Choices?

Rick Lesaar; https://www.healthandcommunications.com/articles/2026/10/14/un-health-y-choices

"Ten years ago, I wrote an article titled The Next UN Secretary General will have Little/No Background in Health, looking at the resumes of the dozen leading candidates to fill that office. **Today, the UN is in the midst of selecting a new Secretary-General to succeed António Guterres on January 1st, 2027, less than three months from now, and the situation, unfortunately, is exactly the same. Whoever succeeds Mr. Guterres will have no meaningful experience in global health…."**

CGD - Donors Weren't Spending a Lot on Evidence. It's Now Going Off a Cliff.

Michelle Rao et al; https://www.cgdev.org/blog/donors-werent-spending-lot-evidence-its-now-going-cliff

« **Over the past two decades, the development community has made substantial progress in evidence generation**. Donor agencies drove much of that progress by funding evaluations, research programmes, and the institutions that produce them. **With recent cuts in aid, we are now at a critical moment where evidence generation is under threat. How much do donors actually spend on evidence generation? And, given the unevenness of cuts across development agencies, which donors spend the most? »**

« **Our findings suggest that evidence generation is in dire straits. Spending had been low: evidence generation accounted for less than 1 percent of annual disbursements from 2010 to 2025, even at the upper bound of our estimates. It is also concentrated: FCDO and USAID were the largest funders of evidence generation. Given that one agency is gone and the other is retreating, other donors will need to step up**. And we need to do more to effectively use the evidence we do have…."

« Evidence spending is low, concentrated, and declining : We focus our **analysis on the aid disbursements of nine of the largest development donors from 2010 to 2025**: ADB, African Development Bank, FCDO, IADB, the Islamic Development Bank, the Ministry of Foreign Affairs of the Netherlands, Sida, USAID, and the World Bank… … **Our data come from the International Aid Transparency Initiative (IATI)**, which provides information on donor activities, including the activity title, description, and disbursement…."

Brookings – Country platforms for transformational impact at scale: A proposal

K Kemper et al ; https://www.brookings.edu/articles/country-platforms-for-transformational-impact-at-scale-a-proposal/

"**Country platforms have, as of yet, rarely achieved transformational impact at scale** because they are created to answer the urgency of the moment, without the incentives and alignment that longer-term scaling requires. **This note aims to proactively connect country platforms and scaling approaches by laying out a phased, maturity-based approach and a diagnostic checklist for measuring readiness to help country platforms progress from transactional coordination toward transformational scaling."**

CGD (blog)- What the Data Show about the G20's Progress on Care

K Harris et al; https://www.cgdev.org/blog/what-data-show-about-g20s-progress-care

"…. **The G20 has increasingly recognized and prioritized the care economy in recent years**—beginning with the Brisbane goal set in 2014 to reduce the gender gap in labor force participation by 25 percent by 2025, a metric inextricably linked to unpaid care. Because more than half of the G20 countries did not meet the goal by the initial deadline, the G20 extended it to 2030 during the 2025 South Africa G20, adding a target to reduce the gender pay gap by 15 percent by 2035. **Groups such as the W20 have championed bolder targets such as the Johannesburg goals, which incorporate the reduction and redistribution of unpaid care as a key structural labor market issue. To drive continued progress toward these commitments, the W20's Care Economy Working Group (co-chaired by one of the blog post authors, Kelsey Harris) examined where the G20 currently stands on the care economy; this blog further explores those findings and visualizes the results…."**

Global Studies quarterly - How Adaptive and Maladaptive Evolution Coincide: Transparency and the International Aid Regime Complex

Catherine Weaver; https://academic.oup.com/isagsq/article/6/4/ksag146/9001903

Part of a Special forum in this journal.

- For an **introduction to this Special Forum**, see The Evolution of International Regime Complexes: Adaptation and Maladaptation in International Cooperation (by Eugénia C Heldt et al)

"**This article introduces a special forum devoted to the evolution of international regime complexes in three parts**. First, it develops **a novel distinction between adaptive and maladaptive evolution** and maps diverse patterns of change in well-known and emerging international regime complexes. Second, **it theorizes a variety of exogenous and endogenous sources of change that impact the configuration and effects of regime complexes…."**

Global health financing

Asian Development bank (paper) – Closing the gap for climate-resilient health systems

N Beyeler et al; https://www.adb.org/sites/default/files/publication/1184231/sdwp-124-financing-gap-climate-resilient-health-systems.pdf

"A **new Asian Development Bank (ADB) paper** lays out **five strategies** to close that gap: strengthening institutions to coordinate finance, aligning domestic public spending, improving access to international public finance, engaging the private sector, and deploying innovative financing mechanisms suited to health systems. It also offers a practical guide to help policymakers and development partners match financing approaches to their country context…."

UHC & PHC

Plos GPH - Associations between the universal health coverage service coverage index and the human development index: A country-level longitudinal panel study

Akira Hayasaka et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007328

Also re the 4 UHC sub-indices.

- See also the press release via **Eurekalert - Health coverage more strongly associated with income than world region**

"Higher levels of human development are associated with better universal health coverage worldwide, and disparities in coverage between income groups are generally larger than disparities between world regions…."

"… **After adjusting for other variables, low-income countries had significantly lower UHC coverage than high-income countries (21% lower overall), with the largest gaps in the infectious disease domain (31% lower). These income-group disparities were generally larger than differences between WHO regions.** A 0.1-unit increase in HDI was associated with a 6.8-point higher overall UHC score (95% CI 5.6–8.1), with the strongest association for service capacity and access (11.7 points) and the weakest for noncommunicable diseases (2.2 points)…."

Lancet Primary Health Care – Quality of life measurement in people with multiple long-term conditions: a co-produced scoping review and visual evidence map

Megan A Kirk et al; https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00110-X/fulltext

"**In this scoping review, we systematically mapped the development and use of QoL measures in adults with MLTC.** … …. Our **findings** highlight that generic QoL measures dominate despite their low capacity to fully capture the complexity of MLTC. QoL measurement requires person-centred and flexible approaches that better reflect the diverse experiences of people with MLTC."

Pandemic preparedness & response/ Global Health Security

Nature Health (World View) – Possible plague lab leak shows global biosecurity gaps

L Gostin; https://www.nature.com/articles/s44360-026-00224-9

"A possible lab leak of pneumonic plague in the Russian Federation shows vulnerabilities in global biosecurity."

- Related: **O'Neill institute - AI Is Rapidly Ushering the World into a New Era of Biological Threats Demanding an Incremental Framework to Strengthen Biosecurity.** (by M Chirenga)

Planetary health

Lancet Planetary Health - Prioritising environmental determinants in health technology assessment: a framework for integrating environmental considerations into health-care decision making

Lan Gao et al; https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00116-6/fulltext

"**Environmental determinants**, such as air pollution, climate change, water quality, and waste, substantially influence population health, yet health technology assessment (HTA) rarely considers how health-care technologies affect these determinants and their downstream health consequences. **In this Personal View, we propose a four-step prioritisation framework to identify the environmental determinants that should be prioritised for consideration in HTA. …"**

Covid

Cidrap News - Policy brief suggests speedier, fairer COVID vaccine rollout could have averted millions of deaths by 2022

https://www.cidrap.umn.edu/covid-19/policy-brief-suggests-speedier-fairer-covid-vaccine-rollout-could-have-averted-millions

"**Had lower-income and lower middle–income countries rolled out the COVID-19 vaccine at the same rate as their wealthy counterparts, they might have prevented up to half of deaths related to the virus by fall 2021, according to a model-based policy brief from Canada's United Nations University Institute for Water, Environment and Health (UNU-INWEH) and international partners**. And rolling out the vaccine 100 days after the virus was sequenced **could have saved more than 8 million lives around the world by 2022, mostly in poorer countrie**s, the authors said."

""COVID-19 vaccines were developed and deployed faster than any before them, yet countries differed widely in their ability to finance, procure, distribute and administer them," they wrote. **Sharing supplies more fairly could have averted 1.3 million deaths worldwide by 2022 by more evenly disrupting transmission, reducing the risk of new SARS-CoV-2 variants, and speeding economic recovery,** they added…."

Infectious diseases & NTDs

Cidrap News - Global measles cases in kids rose 40% from 2020 to 2023, study estimates

https://www.cidrap.umn.edu/measles/global-measles-cases-kids-rose-40-2020-2023-study-estimates

"**Global measles cases among children younger than 5 years rose an estimated 40% between 2020 and 2023, according to a study published last week in *Nature Medicine***. Deaths among children in that age-group increased 12% during the same period. For the study, an international team of researchers analyzed **data from the Global Burden of Diseases, Injuries and Risk Factors Study (GBD) 2023."**

Cidrap News – Long-acting injected combo drug keeps HIV in check, real-world study finds

https://www.cidrap.umn.edu/hivaids/long-acting-injected-combo-drug-keeps-hiv-check-real-world-study-finds

"A new study finds that a long-acting, injectable treatment for HIV works as well in the real world as in controlled clinical trials. Researchers found that **Cabenuva, an injection of the drugs cabotegravir and rilpivirine, suppressed HIV to undetectable levels in 94% of people in the study**, presented today at ID Week, a medical conference about infectious diseases in Washington, DC…."

NCDs

HPW – Endocrinologist Unpacks Why People Living with Diabetes in India Delay Treatment

https://healthpolicy-watch.news/endocrinologist-unpacks-why-people-living-with-diabetes-in-india-delay-treatment/

"**Over 100 million people in India are estimated to be living with diabetes, and many with the most common form, type 2 diabetes, delay insulin therapy by seven to nine years**, according to studies. **Dr Viswanathan Mohan, one of India's leading endocrinologists**, explains some of the facts and myths about the condition. …"

Plos Med - Cost-effectiveness of recommended interventions for managing low back pain: A systematic review

Stephanie Mathieson, et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005273

Interpretation of the Findings: "**Non-pharmacological, non-surgical interventions that include education, psychological support, acupuncture and exercise seem to be cost-effective for managing LBP, compared to usual care**. Improved access to and implementation of these effective treatments is urgently needed so more people can benefit from them in routine care."

Science News - Devastating 2004 Indian Ocean tsunami left victims more prone to obesity, heart disease

https://www.science.org/content/article/devastating-2004-indian-ocean-tsunami-left-victims-more-prone-obesity-heart-disease

Re Aceh, Indonesia. "**Study adds to mounting evidence that traumatic experiences can negatively impact health years—or even decades—later."**

" A preprint posted this month on bioRxiv shows **people exposed to the worst devastation have lower levels of thyroid hormone and are more prone to problems including obesity, heart disease, and high cholesterol…."**

Social & commercial determinants of health

SS&M - The Political Economy of Health and Imperialism: A Conceptual Model of Pathways and Mechanisms

J C Ferre; https://www.sciencedirect.com/science/article/pii/S0277953626010701

"Imperialism must be understood as a structural determinant of health. Multinational corporations from the global north, assisted by their governments, obtain extraordinary profits at the expense of adverse health outcomes in the global south. **Three primary pathways** link imperialism to health outcomes: **direct violence, economic compulsion, and ecologically unequal exchange**."

Mental health & psycho-social wellbeing

Plos GPH – Common mental health problems experienced by adolescents living with HIV in sub-Saharan Africa: A scoping review

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006832

By Celumusa Ndlangamandla et al.

Access to medicines & health technology

Stat - After a cancer vaccine's first success, the race is on to expand the impact

https://www.statnews.com/2026/10/25/mrna-cancer-vaccine-merck-moderna-esmo-intismeran-next-applications/

"The positive Phase 3 melanoma study **comes after 100 years of 'bad news'.**"

- Related: Washington Post – Breakthrough vaccine for the deadliest skin cancer cut risk by almost half

"The vaccine used against melanoma is **based on mRNA technology** that helped end the coronavirus pandemic."

Nature News - Why pharma firms are betting billions on psychedelic drugs despite setbacks

https://www.nature.com/articles/d41586-026-03390-8

"Regulatory pushback stalled the field. But researchers are optimistic about mind-altering drugs as potential treatments for depression and mood disorders."

Guardian - India slashes cost of cancer drugs after court rules mark-ups are 'extortion'

https://www.theguardian.com/global-development/2026/oct/23/india-cuts-cost-cancer-drugs

"Case filed in 2022 by patient unable to afford medicine leads to cap on drug prices for millions who face ruin if diagnosed."

Nature (News) – Dengue comes back even in vaccinated people — new clues

https://www.nature.com/articles/d41586-026-03488-z

"Researchers help to answer a question dogging the development of improved vaccines against the mosquito-borne disease."

The Journal of World Intellectual Property - Compulsory licensing in middle-income countries: A comparative content analysis

https://onlinelibrary.wiley.com/doi/10.1111/jwip.70042

By R D Trasher et al.

Human resources for health

Journal of Public Health in Africa - Africa's unpaid outbreak frontline workers: The political economy of community health worker neglect

Eric N Ikoona et al; https://publichealthinafrica.org/index.php/jphia/article/view/1920

"… **despite a substantial evidence base, more than 80% of Africa's 1.4 million CHWs operate under volunteerism frameworks, without formal employment, salaries or enforceable protections. This is not a consequence of resource scarcity. It is a deliberate programme design choice, endorsed by governments and development partners that extracts community labour from the most precarious workers in the system without commensurate investment.** We write from national public health institutions in West and East Africa, sub-regions where outbreak frequency, CHW volunteerism prevalence and weak Joint External Evaluation (JEE) surveillance scores converge. **We argue that the evidence for CHW effectiveness is settled and that the policy frameworks for professionalism are in place. The principal remaining barrier is the political economy of global health security financing**. The 2023 Monrovia Call to Action and 2023 Lusaka Agenda provide an actionable roadmap. **The most tractable path to binding accountability is the formal incorporation of CHW surveillance capacity as a scored metric in the World Health Organization (WHO) JEE process**."

Lancet - Advancing African health workforce capacity through a consortium model

Lionel Green-Thompson et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00162-8/fulltext

"Despite carrying a quarter of the global disease burden, **Africa faces a shortfall of approximately six million health workers by 2030,** with only 34.6% of its needed doctors, nurses, and midwives. **The dominant policy response has been to scale up numbers of medical schools and graduates…."**

"… While expanding enrollment contributes to closing the 65.4% gap in doctors, nurses, and midwives **numerically, it doesn't adequately tackle the underlying structural issues and is not sufficient to bridge the projected health worker gap by 2030. An effective workforce strategy to bridge this gap must rather address the structural factors shaping educational quality, graduate competencies, and retention mechanisms."**

"… **Global HPE literature consistently documents the limits of the school-by-school model**, with fragmented systems producing fragmented workforces and faculty shortages, worsening when institutions compete rather than collaborate. Harmonizing curriculum, standards, regulation, and accreditation promotes a workforce that is more "fit-for-purpose" to meet the health system's needs. Harmonized recognition standards also promote south-to-south collaboration, physician retention and mobility, and joint degree recognition. … … **Consortia models offer a response to bridge this gap, operating as the vehicle for medical schools to achieve shared governance structures with pooled resources, harmonized standards, and collective accountability**. Evidence across Africa demonstrates that consortia better engage in workforce planning issues with a unified voice, building infrastructure that outlasts any individual initiative or grant. …"

"**The recent establishment of the Consortium of Medical Schools–Africa, uniting over 200 medical schools across 37 countries, demonstrates this at continental scale**, representing a deliberate shift

to African-owned partnership that centers shared decision making, distributed leadership, and locally owned agendas…"

Authors conclude: "… **Achieving the WHO African Region's health workforce targets requires more than establishing new schools. We are calling for a different kind of institution building, one that invests in the connective tissue between schools rather than the schools themselves**. This means **resourcing consortium infrastructure as a priority**, with international partners channeling support through African-led consortia, and with accreditation bodies and governments developing frameworks that recognize and reward such collaboration. "

Plos GPH - Health worker strikes in Kenya: A symptom of governance inadequacies in a devolved health system

Benjamin Tsofa et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006412

"**Recurrent health worker strikes in Kenya** since the 2013 devolution reforms reflect more than episodic labour unrest; they **signal broader governance challenges that may be particularly pronounced in decentralised and resource-constrained health systems…."**

Decolonize Global Health

Lancet GH (Comment) – Global health deserves better criticism

P N Schwerdtle; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00277-9/fulltext

The author makes a compelling case for more rigorous, evidence-based, and constructive criticism within global health.

"**Equity has been a central principle to global health since the field emerged approximately 25–30 years ago. More recently, attention has turned inwards, towards disparities and questions of inequities within global health as a discipline**. Unequal access to funding, visa and language barriers, authorship practices, and the concentration of resources and influence shape who participates in global health. **Yet, observed disparities and inequities are not the same thing**. A disparity is a starting point for an investigation: understanding whether it reflects inequity, what produced it, and what might change it requires explanation."

"… Global health exists to understand and address health problems that transcend borders, reduce avoidable suffering, and improve health equity…. "

The author concludes: "That distinction is particularly important today, as development and humanitarian funding decreases, international cooperation faces growing scepticism, and trust in science and academic institutions can no longer be taken for granted. Global health has always occupied a vulnerable position: unlike in many other fields, the case for directing resources, expertise, and political attention towards health problems beyond national borders needs to be made continually. **Critique is necessary for improvement, but overly cynical accounts of global**

health can inadvertently reinforce those already inclined to attack it. Critique should help the field to address its shortcomings, not undermine the value of the endeavour itself. Climate change, pandemics, conflict, antimicrobial resistance, and fragile health systems are extraordinarily complex problems. Inequality within global health deserves the same analytical seriousness. **We should investigate disparities rather than assume that they reveal their own causes, address inequities according to the mechanisms producing them, and value relevant expertise wherever it is found**. Above all, global health should remain focused on its central purpose: understanding and solving health problems."

Conflict/War & Health

UN News - Women and girls' share of civilian war deaths doubles since 2021

https://news.un.org/en/story/2026/10/1168673

"War is growing deadlier for women and girls, who accounted for one in four of the more than 37,000 civilians killed in armed conflict last year – double their share in 2021 – according to **major UN report** released Monday. "

"**At least 25 women and girls are killed every day in conflict settings**, the **UN Secretary-General's annual report on Women, Peace and Security find**s – and as civilian deaths mount, sexual violence is surging and women continue to be largely shut out of peace talks. …"

Miscellaneous

Lancet Public Health (Comment) – A more complete global picture of acute poisoning is required

Michael Eddleston et al; https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00204-5/fulltext

Comment linked to a **new study in the Lancet Public Health**: Global, regional, and national burden of unintentional poisoning, 1990–2023: results from the Global Burden of Disease Study 2023

"**In *The Lancet Public Health*, the GBD 2023 Poisoning Collaborators published updated estimates for the number of deaths that occurred in 2023 from unintentional acute poisoning worldwide**. They report 2·54 million poisoning cases, resulting in 69 805 deaths, and a loss of 3·68 million age-standardised disability-adjusted life-years (DALYs). **Carbon monoxide poisoning accounted for 44·3% of deaths while poisoning by other means (predominantly due to pesticide poisoning) accounted for 55·7%**. Good news comes from an **overall 47·5% reduction in DALY loss since 1990. Deaths caused by carbon monoxide poisoning decreased worldwide**; by contrast, the global trend for deaths caused by other means of poisoning (eg, pesticide) was uncertain due to a scarcity of data from Africa, despite drastic reductions in deaths in Asia."

“**However, due to the structure of GBD's framework, in which poisoning from all intents and substances is distributed across multiple cause categories, the Article's focus on unintentional carbon monoxide and pesticide poisoning shows only a partial story….”.** Read why.

PS: “**Acute poisoning is a neglected clinical and public health problem that strongly affects low-income and middle-income countries (LMICs)….”**

Papers & reports

Textbook – Understanding Public Health: Clear Thinking for Effective Action

J Frenk, S Moon et al; https://www.cambridge.org/highereducation/books/understanding-public-health/031A0E6AC1EB87B788D1264AA529B533#overview

“Offering a concise yet comprehensive overview, **this textbook explains the fundamental concepts and frameworks that underpin the field of public health**. Chapters define key terms and cover topics such as measuring health, technology, equity, leadership, health systems and reform. Real-world health issues, including COVID-19, obesity, HIV/AIDS and climate change, are used to make abstract ideas more easily digestible. Designed for students and professionals interested in public health…”

WHO launches working papers on traditional medicine

https://www.who.int/news/item/23-10-2026-who-launches-working-papers-on-traditional-medicine

“**The WHO Global Traditional Medicine Centre is launching a series of working papers designed to document and examine traditional, complementary and integrative medicine (TCIM) worldwide**. The inaugural publication, **Cupping therapy: descriptive synthesis of training**, provides a first-of-its-kind overview of training approaches for cupping therapy primarily based on Traditional Chinese Medicine (TCM). “

“**The series covers two streams: comprehensive traditional medicine systems and specific therapeutic modalities. Drawing on scientific evidence, accreditation frameworks and expert inputs, the series describes traditional medicine practices within their respective theoretical frameworks and in relation to contemporary biomedical evidence**. The working papers are descriptive and **contribute to strengthening the evidence base for traditional medicine**, in line with the WHO Global Traditional Medicine Strategy 2025–2034. “

PS: “… **Additional papers are forthcoming in 2026–27**, addressing training in chiropractic, Siddha, Taijiquan and TCM; as well as papers dedicated to practice in Nuad Thai, Siddha and TCM. “

Journal of Social Policy - No constituency for universal basic income? Evidence from seven Latin American countries

F A Borges et al ; Journal of Social Policy;

« Despite the expansion of non-contributory cash transfer programmes in Latin America – especially during the COVID-19 pandemic – public support for a universal basic income (UBI) remains remarkably low. Using original survey data from seven countries, **we find that fewer than 10 per cent of respondents support both the universality and unconditionality that define UBI**. Notably, support for UBI is not significantly shaped by socio-economic status or left-right orientation, and current recipients of targeted transfers are no more likely than others to favour UBI. **In contrast, support for targeted programmes – particularly for the extreme poor – is robust and explained by income, education and ideology, consistent with classic self-interest models. These findings challenge the view that targeted programmes may serve as stepping stones toward universalist policies. Rather, they suggest that such programmes may consolidate a political logic of deservingness that constrains broader redistributive ambitions. »**

Journal of Health Communication - The Imperative for Political Advocacy Education in the Global Health Curriculum

B M Meier et al ; https://www.tandfonline.com/doi/full/10.1080/10810730.2026.2748322

"If the public health community is to advance global health amid rising political divisions**, we must actively teach political advocacy to the next generation of global health practitioners…."**

- And see also **Public Health - The geopolitical architecture of public health: Integrating political literacy and diplomacy into academic and practical training (by M Codd et al)**

"Based on current literature, the ASPHER Geopolitical Health expert group agreed on the following definition of **Geopolitical Health: '***Geopolitical Health is the analytical and ethical framework that examines how power, ideology, and technology influence global health equity, specifically by positioning high-level, interconnected forces as central determinants of health rather than peripheral threats, and equipping public health professionals with the insights to navigate a world where health is increasingly victim to political, economic, and ideological struggles.***'**

This commentary is a complementary response to the agenda for public health diplomacy in an age of populism proposed by McKee et al…"

Tweets (via X & Bluesky)

Gavin Yamey

(re Global Fund choice for Dybul) : "**Got mixed feelings** I should declare: I know & respect him & worked with him on the Lancet Commission on TB I get the value of having an American & Republican who can keep the US on board (they're the biggest donor) & who ran it before. **But many of us were hoping for a leader from the Global South."**

Kalypso Chalkidou

Quoting a **Fortune** article - Billionaires can't fill the $50 billion foreign-aid gap. The World Bank wants to make their money go further

"The **real test is whether the world's wealthiest donors start routing money through the World Bank rather than around it."**

Nirmal Kandel

"**Global health reform has a 90:10 problem.**

90% of those talking and posting about global health reform, institutional change and leadership have never carried sustained responsibility on the ground. Yet they lecture the 10% who have….

… Those working on the ground learn in real time. They negotiate access, earn trust, work with local partners and adapt when plans collapse. They make difficult choices with limited resources, and stay to manage the consequences. If you have never carried those responsibilities, you have not earned the authority to lecture those who have.

Start by learning from them. Ask how they managed uncertainty, what failed, what worked and how they achieved results with what they had. **Reverse the ratio: 90% listening and learning. 10% lecturing."**