

IHP news 900 : On red lines, national security, International Safe Abortion day & much more

(2 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,

In this newsletter issue we first come back on the [UN High-level meeting on PPPR](#) in New York from **25 September**. Turned out there were quite some ‘red lines’ for the US administration (*surprise, surprise*) and for the EU (*also not really unexpected, given its rather rigid stance in the neverending PABS discussions*).

Meanwhile, it seems much less of a problem for our western leaders that **all sorts of ‘red lines’ are currently being crossed in the race towards AI**, both in the short term (*with a panoply of social and ecological harms already visible, not really compensating for the benefits so far for ordinary people*) and medium term. By the way, while I take **Bill Gates** with a grain of salt on a number of topics (*climate change, his discourse on ‘rich countries’ still stuck in the MDG era, [Epstein](#)...*), I tend to pay a lot more attention when he discusses technology. His view on the risks of AI in an interview earlier this week, ‘*unchecked AI could ‘cause a billion deaths’*’, sounded - certainly coming from a self-proclaimed optimist – very grim. And he’s far from [the only one](#) lately.

In [a troubled world](#), in which **ever more areas are considered ‘national security’** (eg: [climate & energy](#) at UNGA81) **or should be considered as such** sooner rather than later (eg. *Stiglitz and others are arguing for an [IPCC on inequality](#)*), you wonder what takes our leaders so long to **also consider the risks of AI as ‘national security’**. And more importantly, act like it. For now, their interpretation of AI as key to ‘national security’ is rather different, as I don’t need to tell you. And not just in the US or China.

Four years from the SDG deadline, the **triple whammy** of (1) a **planetary emergency** (*the Lancet published another [call for declaring the climate crisis a PHEIC](#) this week*); (2) increased **geopolitical/war/nuclear risks** (*with a few nutcases close to the button*) and (3) **AI**, in addition to plenty of other major concerns (*like [housing](#), education, ...*), “[leaves behind](#)” **a world to young people** that is rather, ahum, demanding in terms of their ‘**resilience**’. And so I don’t blame these youngsters if many have a half-cynical “whatever” attitude nowadays. As one would say in global health speak: ‘*If your inner Schopenhauer hasn’t awaken by now, then when?* “

On a more upbeat note, **a new stage** started in **the WHO DG race**, with the campaign of the various candidates (*6 so far, but probably with a few more still to come*) now kicking off in earnest. Will be interesting to go through the various platforms in the coming weeks. If you allow me a personal remark as a “fifty something”, however: while I’m obviously overjoyed to see that ‘**Healthy ageing**’ **is steadily rising on the agenda**, WHO DG candidate Sadikin is overdoing it a bit with his [platform](#), “**Healthy Long Lives for All**”. See the paragraph above.

As for the [Global Fund leadership contest](#), that one already [moved to its final phase with Five Finalists](#), announced this week. I'm sure they're all very qualified. Nevertheless, from a [democratizing global health point of view](#), the whole process feels like something Xi Jinping wouldn't feel entirely uncomfortable with. Too bad that 'beautiful ballroom' near the White House isn't ready yet, otherwise that would have been a neat venue to announce the winner end of October :).

On 28 September, [International Safe Abortion day](#) was commemorated. An important day, even more so in our times with a frightening backlash ongoing against SRHR and [gender justice](#). Which brings us to - *deep sigh* - the **Trump administration**. Devex reported that **on 1 October, implementation plans were to start**, overhauling US global health assistance for 35 partner countries. Drafted in cooperation with partner governments, they expand on the memoranda of understanding. HPW's related article, "[Despite the Deadline, US Bilateral Health Deals Not Ready for Implementation](#)", made it clear the money isn't flowing just yet.

We leave you with **Richard Horton's must-read Offline** from last week, though. In "[Bringing hope, organising action](#)" (*not referring to the [recent strikes](#) at the Lancet, as far as I could tell :)*), Richard wondered, correctly : "*As the SDGs come to a humiliating close, **what issues will we take up for the future? Who will be our leaders? Who will we choose as our adversaries? How will we organise? What tactics will we adopt?***"

As for 'our adversaries' in the post-2030 era, I can personally think of a few :) Provided we get to 2030 in the first place - which probably means we better take them on sooner rather than later.

*PS: Meanwhile, I'm already looking forward to the **World Health Summit** in Berlin. With **Friedrich Merz** among the '[patrons](#)' of the event, what could possibly go wrong ?*

Enjoy your reading.

Kristof Decoster

Featured Article

The commercial determinants of NCDs: early lessons from IHP ResNet research in Cambodia

[Srean Chhim](#), [Nicola Deghaye](#) & [Grace Marie Ku](#)

Four industries kill on a population scale. The rules that make their products cheap, available and advertised remain the least measured part of the epidemic, certainly in LMICs like Cambodia.

Tobacco, [ultra-processed food](#), fossil fuels and alcohol [account for 19 million deaths a year](#): 34% of all deaths (56 million), and 41% of deaths from noncommunicable diseases (NCDs) (42 million). [The 2023 Lancet Series on Commercial Determinants of Health](#) notes that these industries [extract income from, and externalise harms to, low- and middle-income countries](#) (LMICs).

Commercial determinants are [“the systems, practices, and pathways through which commercial actors drive health and equity”](#). The Lancet Series sets out a six-level model of these, from upstream to downstream: (1) the political and economic system; (2) regulatory approaches and upstream policies; (3) sectoral public policies; (4) physical and socioeconomic environments; (5) the final routes to health effects — consumption, exposure, access to beneficial products, injury; and (6) the resulting ill health and inequities. NCD research has concentrated almost entirely on levels 5 and 6, putting the weight on consumers. Levels 1 to 3 — where commercial actors shape the rules that make a product cheap, available and advertised — remain the least examined. Routine surveillance is not built to detect them. We aim to help address this gap via ongoing research. Below you find some preliminary findings from Cambodia on tobacco, alcohol and food.

Since 2025, the [IHP ResNet network](#), led by the [Institute of Tropical Medicine, Antwerp](#), has studied whether policy matches commercial exposure and NCD prevalence in Cambodia, Benin, Mozambique and Ghana.

Surveillance needs two kinds of data: NCD outcomes (diabetes, hypertension, obesity and overweight, liver and lung cancers) and commercial exposures — how much tobacco, alcohol and ultra-processed food is sold and used.

The study then pairs surveillance with policy scoring across four tools:

- [Food-EPI \(Healthy Food Environment Policy Index\)](#) scores the extent by which food policy matches good practice on labels, marketing, price and retail.
- [WHO MPOWER](#) scores six tobacco-control measures (*Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit, Warn about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, and Raise taxes on tobacco*).
- The [Tobacco Industry Interference Index](#) (whereby a higher score is worse).
- The [International Alcohol Control Policy Index](#) scores alcohol laws on price, availability and marketing, and their extent of implementation.

Each indicator is scored for whether a policy exists as well as for the extent of implementation.

In Cambodia, data from the [STEPS 2023](#) survey were recoded to match [STEPS 2010](#) (using age groups 25-64). Over the past 15 years or so, diabetes rose from 2.9% to 7.6%, high blood pressure from 11.2% to 19.9%, overweight (BMI ≥ 25) from 15.4% to 22.9%, and obesity from 1.9% to 4.7%. So quite some trends went in the wrong direction.

What did our surveillance/policy scoring reveal? ...

- For the full read (and preliminary findings), see IHP: [The commercial determinants of NCDs: early lessons from IHP ResNet research in Cambodia](#)

Highlights of the week

Structure of Highlights

- UN HL meeting on PPPR (NY, 25 September)
- PABS negotiations

- Ebola emergency DRC
- More on PPPR, GHS & health emergencies
- WHO DG race
- WHO reform
- Post-2030 brainstorm & Future of Development
- Global Fund leadership transition
- More on Global Health Governance & Finance/Funding
- Global Tax Justice
- Decolonize Global Health
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- NCDs & Commercial Determinants of health
- Mental Health
- Adolescent health
- Planetary Health
- Access to Medicines, Vaccines & other health technologies
- AI & health
- Miscellaneous

UN HL meeting on PPPR (25 Sept, New York)

Coverage & analysis below. But we start with the WHO press release.

WHO - World leaders renew commitment to protect the world from future pandemics

<https://www.who.int/news/item/25-09-2026-world-leaders-renew-commitment-to-protect-the-world-from-future-pandemics>

WHO press release after the UN High-Level meeting. “2nd UN General Assembly High-level Meeting underscores need for global action on pandemic prevention, preparedness and response, building on lessons from COVID-19 and recent advances in international health cooperation.”

“Political leaders meeting at the United Nations General Assembly (UNGA) **renewed their commitment to making the world safer from future pandemics, stressing the need for sustained and more equitable investment and action on pandemic prevention, preparedness and response (PPPR).** The UNGA today held its **second High-level Meeting on PPPR, following its first staged in 2023** in response to the challenges posed by the COVID-19 pandemic and gaps in global health security. **Countries stressed that strengthening PPPR is not a health issue alone – it requires a whole-of-government and whole-of-society approach, with involvement of communities and all relevant sectors.**”

“**Leaders recognized the progress made in the past three years to strengthen global systems to detect, prepare for and respond to pandemic threats,** including adoption of the WHO Pandemic Agreement and amendments to the International Health Regulations (2005). Capacities and

infrastructure for PPPR have also been scaled up with the establishment of global centres dedicated to epidemic and pandemic surveillance, sharing of pathogens, and local manufacturing of vaccines, treatments and diagnostics.”

“Addressing today’s meeting, WHO Director-General Dr Tedros Adhanom Ghebreyesus, however, said that continued action and investment were needed to sustain progress and better prepare the world to respond to threats like COVID-19, which was linked to more than 20 million excess deaths between 2020 and 2023, and wiping over US\$ 10 trillion from the global economy.”

“...Countries also stressed the urgent need to successfully finalize negotiations on an annex to the WHO Pandemic Agreement to establish the Pathogen Access and Benefit-Sharing (PABS) system, which is currently being negotiated by WHO Member States....”

“... As discussions continued throughout the day, leaders taking part in the HLM emphasized that prevention, preparedness and response must remain a sustained political priority, not only during crises but in the years between them. They stressed that protecting the world from future pandemics will require continued political leadership, international cooperation and long-term investment.”

HPW- UN Declaration on Pandemic Readiness Appears Headed for Approval in December

<https://healthpolicy-watch.news/un-declaration-on-pandemic-readiness-appears-headed-for-approval-in-december/>

Must-read coverage & analysis. **““A High-Level Declaration on Pandemic Prevention, Preparedness and Response appeared likely to win approval by the United Nations General Assembly, but only later in the Assembly calendar. “ “Objections by the United States and a few other states appeared to block a consensus agreement on the draft text at Friday’s high-profile UN HLM debate, pushing the issue to a vote in the GA, likely to occur just before the close of the Assembly’s annual session in December. “**

““The United States is not in a position to support this text in full,” said the US representative at the debate. “Critical issues remain unresolved – whether it is the inclusion of divisive ideologies that lack definitional consensus or references to an unfinished negotiation on pathogen access and benefit sharing in an agreement that failed to achieve international consensus, the United States is not in a position to support this text in full,” she said.”

There was **strong support from Africa and Caribbean nations.**

“The European Union expressed “overarching support” for the principles behind the agreement – signalling that the 27+ member bloc would not oppose the declaration’s passage. But the EU representative expressed reservations about language in the draft text that supported heavy reliance on international trade rules allowing countries to issue “compulsory licensing” in health emergencies, saying it could undermine intellectual property. Emphasis should rather be placed on “voluntary” license and technology transfer arrangements to low- and middle-income countries, the EU representative said.”

“Italy went further, saying that it “had concerns regarding the political declaration,” noting that it did not support the adoption of the WHO Pandemic Agreement, nor the 2024 amendments to the International Health Regulations, suggesting that they expand the WHO’s role beyond its constitutional mandate and impinge on national sovereignty....”

“WHO urges rapid approval of Pathogen Access and Benefit (PABS) arrangements...”

“Developing nations call for approval of PABS annex ...” (eg Kenya)

“US bilateral deals are elephant in the room of PABS negotiations: The elephant in the room holding up an agreement is, in fact, **the United States’ declared opposition to any multilateral pandemic accord, one former European negotiator told *Health Policy Watch*** just ahead of Friday’s debate. Instead, **the US is setting up bilateral deals with dozens of low-income nations whereby it would be assured of access to pathogen data as a part of donor assistant packages, but with no express guarantees of real-time products for pandemics and health emergencies. Europe is therefore fearful that should it sign onto a PABS agreement that provides for strictly linked provisions on pathogen access and benefit sharing, its pharma industries will be hamstrung**, in comparison to US-based manufacturing powerhouses that face no such financial or technical limitations. “That’s the elephant in the room holding up a PABS agreement,” the former negotiator said, on condition of anonymity. ...”

Also with **“Civil society and industry response to HLM declaration: Meanwhile, NGO access groups expressed disappointment at the delays in adoption of the Political Declaration ...”**

“Meanwhile, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) also took an indirect swipe at the bilateral US moves to secure pathogen access for just one nation or its pharma industries alone, saying: “We are calling for global frameworks that support rapid and effective action by facilitating the timely sharing of pathogen samples and scientific information, strengthening research and development, and enabling regulatory cooperation...”

NYT – U.S. Rejects U.N. Declaration on Preparing for Future Pandemics

<https://www.nytimes.com/2026/09/25/us/politics/us-rejects-un-declaration-on-preparing-for-pandemics.html>

“Most member nations spoke in support of the declaration, but some rich countries had strong objections.”

“The United States and the European Union on Friday rejected a declaration by member countries of the United Nations that pledged international collaboration and solidarity in preparing for and responding to pandemics.”

“...The reasons for the disagreements varied. The European Union said the document crossed “red lines” on intellectual property protections, and that “technology transfer must be voluntary and on mutually agreed terms.” ...”

“The Trump administration’s objections were more along ideological lines. Representing the United States at the session, **Dr. Erica Schwartz, the new director of the Centers for Disease Control and Prevention,** said that despite some meaningful revisions, [the document included](#) “divisive ideologies that lack definitional consensus,” adding that “the United States is not in a position to support this text in full.” She did not clarify what those ideologies were, but **in an early draft viewed by The New York Times, the United States asked to delete mentions of equity, solidarity and universal access to sexual and reproductive health care services.** U.S. officials suggested edits throughout the process that would have made the Trump administration more comfortable with the language, according to one official who spoke on condition of anonymity to discuss internal deliberations....”

- And via Devex: [US and EU push back on parts of UN pandemic declaration](#)

“The European Union also raised concerns. Speaking on behalf of the EU and its member states, **European commissioner for equality, preparedness, and crisis management, Hadja Lahbib,** said the declaration included important provisions, including commitments to integrate pandemic preparedness into health systems, strengthen regulatory systems, support science-based communication and vaccination, and embrace the One Health approach. But **Lahbib said the declaration also “contains setbacks towards our crucial, shared goal: a safer, healthier world for all,”** with several elements remaining “explicit red lines” for the bloc.”

“The EU said technology transfer must be voluntary and on mutually agreed terms, while references to the [World Trade Organization’s](#) Agreement on Trade-Related Aspects of Intellectual Property Rights, or TRIPS, and the Doha Declaration — which set international rules for patents and other intellectual property — must align with existing language. It also argued that the declaration’s emphasis on health sovereignty, domestic financing, and reducing aid dependency should be balanced by recognizing the role of international financing. “While the text before us today falls short of our goals, the EU remains fully committed to the important overarching objective of the political declaration,” Lahbib said....”

PABS negotiations

- Via Devex Check-up: [Elders know best?](#)

Debatable :) But we provide the excerpt in full:

“...the PABS annex is still under negotiation, and talks could drag into next year — or, honestly, who knows how long. So what might actually get them unstuck? A change in attitude — and perhaps a little less negotiating in public. That’s according to **Zeid Ra’ad Al Hussein, a member of The Elders,** the prominent group of high-profile global leaders. Al Hussein **spoke during an UNGA side session hosted by the Resilience Action Network International, or rani.”**

“Irrespective of what the political dynamics are at the moment. If I go into negotiation unprepared to compromise ... I shouldn’t be in the negotiation because there won’t be an outcome. It’s as simple as that. And repetition doesn’t convince the other side,” he said. “The whole point about a negotiation is you create the very conditions to make a compromise doable.”

“His other prescription? Take some of the negotiating out of public view. The Elder said the negotiations should get rid of mid-negotiation plenaries and on-screen negotiations, and allow everything else to be done “away from the eyes of the rest of the world.” “I’m sorry. It’s a sacrifice in terms of transparency because all of us in the NGO world want to know what’s happening, but ... we don’t have to observe them,” he said. “It creates a different effect when it comes to the negotiations.””

“And he had a message for two groups that have been watching the PABS talks particularly closely. He appealed to the [International Federation of Pharmaceutical Manufacturers and Associations, or IFPMA, and the Third World Network](#) — both of which have closely followed the negotiations and engaged with delegates on PABS, but have opposing positions — to “let the negotiators negotiate” and for the two parties to “talk to each other.” “You’re all brilliant. You’re all highly educated ... [but] you don’t talk to each other,” he said.....”

Lancet Regional Health South-East Asia - Unresolved issues in the pandemic agreement's Pathogen Access and Benefit-Sharing (PABS) system annex

Sumegha Asthana et al; <https://www.sciencedirect.com/science/article/pii/S2772368226001617>

Via LinkedIn: “We focus on the annex text and highlight **four concerns....”**

“Ambiguity: delegations read "equal footing" differently, and the difference matters for conditional access.

Scope: pathogen sharing has moved to sequence data, and an annex that tightly controls physical samples but not data will miss most of what is actually shared.

Equity of delivery: capacity-building is still qualified as "subject to available resources." Trust is assumed rather than designed for.

Governance: without monitoring, public reporting and national codification, implementation cannot be verified.”

“We propose three tests for negotiations moving forward:

- ☐ Does benefit-sharing carry the same legal weight as pathogen sharing?
- ☐ Does sequence information face the same conditions and traceability as physical materials?
- ☐ Does the annex build capacity where pathogens emerge?”

Ebola DRC

We start with yesterday’s account via Africa CDC. And then provide some earlier messaging from WHO (and other analysis).

HPW – Conflict May Explain Drop in Ebola Cases, as Amnesty Documents M23 ‘Abuses’ in DRC

<https://healthpolicy-watch.news/conflict-may-explain-drop-in-ebola-cases-as-amnesty-documents-m23-abuses-in-drc/>

(30 Sept) **“The security situation in the Democratic Republic of Congo (DRC) could be behind the significant decline in Ebola cases over the past week, the Africa Centre for Disease Control and Prevention warned on Thursday. Africa CDC emergencies head Dr Wessam Mankoula cautioned against reading too much into the plunge in cases over the past week, saying that renewed conflict had made it hard for surveillance teams to do their work. The Ebola Bundibugyo outbreak has claimed almost 4,000 deaths and infected 8,224 so far, Mankoula added....”**

Reuters - Congo Ebola contact tracing falls far short as outbreak spreads, Africa CDC chief says

[Reuters;](#)

(25 Sept) From earlier this week. **“Africa CDC says only 30,000 Ebola contacts identified; Expected contact list exceeds 400,000 people. Most new cases found outside contact tracing network; Outbreak still spreading in communities, agency says.”**

“Health authorities battling the Ebola outbreak in Democratic Republic of Congo have identified only about 30,000 people who may have been exposed to the virus, a fraction of the more than 400,000 expected through contact tracing, a senior African health official told Reuters. Dr. Jean Kaseya, director-general of the Africa Centres for Disease Control and Prevention, said the shortfall showed the outbreak remained entrenched in communities despite signs of progress.”

Cidrap News – DR Congo Ebola outbreak tops 8,000 cases, with 48% death rate

<https://www.cidrap.umn.edu/ebola/dr-congo-ebola-outbreak-tops-8000-cases-48-death-rate>

(28 Sept) **“The Ebola outbreak in the Democratic Republic of Congo (DRC) has now topped 8,000 cases, with officials confirming 8,067 cases and 3,901 deaths since mid-May, for a 48% case-fatality rate (CFR). The outbreak is the second-largest in history, but the fastest-growing on record. “**

“Despite some tentative remarks last week from DRC officials who suggested transmission may have peaked, the latest Disease Outbreak News update from the World Health Organization (WHO) describes an outbreak that is entrenched in seven provinces, with an early-September resurgence of activity. ... Most worrisome, the high CFR remains a sign that patients are not seeking supportive care early in their illnesses, and too many are dying in the community and not at treatment centers, the WHO said. “

UN News - DR Congo Ebola emergency: Calls grow for urgent humanitarian access

<https://news.un.org/en/story/2026/09/1168465>

(28 Sept) **“Aid teams trying to keep deadly Ebola disease from spreading in the Democratic Republic of the Congo (DRC) are increasingly concerned about ongoing fighting and violence that has forced thousands of people to flee a displacement camp in the vast, resource-rich east of the country. The latest alert follows reports of security incidents since 20 September linked to an uptick in families fleeing Kigonze displacement camp in Bunia, northeast Ituri province. According to reports, soldiers entered the site searching for weapons and people suspected of belonging to non-State armed groups. Gunshots were also heard. ...”**

UN News - DRC: Early access to care and oxygen decisive for Ebola patients' survival – WHO

<https://news.un.org/en/story/2026/09/1168481>

(29 Sept) Quotes by **Dr Janet Diaz of WHO's Health Emergencies Programme** (Geneva).

"We know that for Ebola disease, early access to care can significantly improve chances of survival," Dr Diaz said. "Yet in this outbreak, many people are still dying at home or in their communities because they are unable to reach health facilities on time."

"... A key component of supportive care for patients with Ebola, particularly those with severe illness, is oxygen, yet this life-saving medicine remains "unavailable or unreliable in many health facilities, especially in emergency settings". Ensuring access to oxygen "is about much more than cylinders or equipment", the WHO official insisted, as **it requires functioning health systems, reliable infrastructure, trained health workers and sustainable delivery systems** "that reach patients wherever they are".

Lancet (early online) - From isolation to burial: dignity in the Bundibugyo virus disease response

Deby Mukendi, P Mbala et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01905-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01905-7/fulltext)

"The 2026 Bundibugyo virus disease outbreak has renewed attention to the conditions under which patients enter isolation and families confront death and burial. Recent commentary explained why the legitimacy of isolation rests on a social contract. The **unresolved question** is more specific: **what should every filovirus treatment centre be required and funded to provide, and assessed on, from admission to discharge or burial?..."**

"... Drawing on international guidance, previous Ebola responses, and this operational feedback, we propose a provisional accountability framework spanning admission, isolation, and burial, linking minimum safeguards to responsible institutions and illustrative process indicators (table). This framework is a starting point for co-design, not a finished standard or a measure of dignity itself...."

Nature Medicine - When detecting Ebola is not enough: closing the response interval in DRC

Justin Kambale Kahing et al; <https://www.nature.com/articles/s41591-026-04698-8>

Authors point to a **"... fundamental limitation of conventional outbreak dashboards: coverage is not the same as effectiveness.** The proportion of alerts investigated, or contacts followed, describes the **reach of surveillance**; it **does not establish whether surveillance was sufficiently timely to prevent secondary transmission...**"

"We propose that Ebola response dashboards add a new response-effectiveness cascade to existing surveillance indicators, measuring, in real time: (i) time from alert to investigation; (ii) time from investigation to specimen collection; (iii) time from specimen collection to laboratory result; (iv) time from confirmation to effective isolation; (v) time from isolation to definitive supportive

care; (vi) the proportion of contacts reached within the first follow-up interval; and (vii) the proportion of deaths occurring in the community before effective isolation (Table 1). **These indicators would transform surveillance from a system that primarily describes where transmission is occurring into one that also identifies where intervention is failing to occur rapidly enough. Together, they shift the unit of performance from coverage to speed....**"

Telegraph – Britain sends team to South Sudan as country braces for Ebola

[Telegraph](#);

"Experts deployed to the capital are on hand to assist with testing, infection control and awareness, in anticipation of imported cases."

BMJ GH – The 2026 Ebola outbreak and the politics of forgetting: why global health keeps relearning the same lessons

Justin Onyebuchi Nwofe et al; <https://gh.bmj.com/content/11/9/e025747>

« Recurrent outbreaks reveal a persistent cycle of panic and neglect in which **preparedness gains and political attention weaken between health emergencies**. The 2026 Ebola outbreak suggests that these recurring vulnerabilities reflect not a lack of technical knowledge but a failure to institutionalise lessons once crises lose political urgency. »

« We describe this pattern as **a politics of forgetting**, whereby crisis-driven commitments weaken between emergencies, leaving reforms incomplete. We introduce **preparedness inflation**: the tendency to interpret expanding plans, frameworks and assessments as evidence of resilience despite persistent gaps in financing, workforce and institutional capacity."

BMJ GH - How mistrust emerged in real time in the Bundibugyo virus disease outbreak: 'Ebola business', social media and the history of mistrust in Ebola epidemics in eastern Congo

Soon Y Park et al ; <https://gh.bmj.com/content/11/9/e025522>

« In the 2026 Bundibugyo virus disease outbreak in Ituri, eastern Congo, mistrust emerged **simultaneously with the public health response, rather than developing after response activities began**. Communities accept that Ebola is real but **interpret case numbers, deaths and response activities through the explanation that 'Ebola is a business'**. Memories of corruption, violence, resource extraction and unequal benefit during previous epidemics shape how the current response is understood. **Social media, including video and AI-generated content, accelerate competing explanations of the outbreak and move rumours rapidly from online platforms into everyday community discussion....**"

And a link:

- [G20 Chair's Statement: Ebola Ministerial on Accelerating Collective Action to Defeat Ebola](#)

Re last week's US convened meeting. With an **overview of the respective commitments** (including from the World Bank).

More on PPPR, GHS & health emergencies

Development Today - Sluggish donor response to CEPI's pandemic prevention ask

A D Usher; <https://www.development-today.com/archive/2026/dt-6--2026/cepi-3.0>

"The Coalition for Epidemic Preparedness Innovations (CEPI) is asking donors for USD 2.5 billion to reduce the likelihood of a future global health emergency, but it has so far raised less than one-fifth of the target amount. With three months remaining before the start of the next five-year strategy period, only four of CEPI's 13 top donors have pledged funding. CEPI expects more pledges in the coming months."

TGH - A Fast and Fair Response: Reflections on Pandemic Preparedness

<https://www.thinkglobalhealth.org/article/a-fast-and-fair-response-reflections-on-pandemic-preparedness>

"Access to medicines expert Suerie Moon shares her perspective on the world's ability to respond to health emergencies, from COVID-19 to Ebola."

"Moon shared her perspectives on **what the world has learned about preparing for crises** since the COVID-19 pandemic, and **what gaps remain** as global health funding shrinks...."

With focus on the **role of CEPI**.

Lancet Planetary Health - International organisations agree on the importance of surveillance, but not on its definition

Iris A Holmes, Scott Greer et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00112-9/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00112-9/fulltext)

"We investigated how the organisations comprising the global Quadripartite Secretariat for One Health—WHO, Food and Agriculture Organization (FAO), UN Environment Programme (UNEP), and World Organization for Animal Health (WOAH)—and their advisory body, the One Health High-Level Expert Panel (OHHLEP), define surveillance. We found that all members of the Quadripartite use distinct definitions of surveillance and diverge in their surveillance definitions in two primary ways: how surveillance and specific surveillance techniques are individually defined, or how they should be understood in practice; and the types of surveillance prioritised, signalled by inclusion of individual definitions of different surveillance terms in governing body documents..."

BMJ GH - Beyond resilience frontline healthcare workers and structural fragility in African epidemic response

O A Ojomo et al ; <https://gh.bmj.com/content/11/9/e025630>

“Recurrent Ebola and Marburg virus disease outbreaks across Africa expose persistent ethical and structural weaknesses in epidemic preparedness, particularly for frontline healthcare workers. The duty of healthcare workers to provide care during high-risk outbreaks is ethically legitimate only when governments, health systems and international partners meet reciprocal obligations to protect and support them. Ethical preparedness must include transparent resource allocation, workforce protection, psychosocial support, fair compensation and shared institutional responsibility for difficult outbreak decisions....”

“This commentary argues that ethical preparedness must become a central component of epidemic response....” “Ethical preparedness, including workforce protection, transparent decision-making, reciprocal institutional obligations, psychosocial support and meaningful community engagement, **must become central to global health security frameworks.”**

International Affairs - What do scientists think? Receptivity of gender expertise according to the WHO's IHR Emergency Committees

Mariel Verroya, Sara E Davies et al;
<https://academic.oup.com/ia/article/102/5/1809/8785715?searchresult=1>

« This article examines one international scientific expert committee, **the World Health Organization's International Health Regulations (IHR) Emergency Committee**, for its receptivity to gender knowledge and gender expertise....”

Lancet World Report – Platform trials: the study design transforming infectious diseases

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01946-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01946-X/fulltext)

“Fast, flexible, and able to enrol large numbers of participants, adaptive platform trials are helping to address long-standing clinical questions and the latest emerging infections. Talha Burki reports.”

“... The format is transforming the study of infectious diseases, allowing investigators to scale up recruitment and answer several questions at the same time....”

Globalization & Health - The securitization of global slow-onset risks/threats: long COVID, a case study

P Finkelstein; <https://link.springer.com/article/10.1186/s12992-026-01241-9>

“This paper investigates why Long Covid, despite affecting millions globally and posing a serious threat to public health and economic stability, remains largely absent from contemporary security agendas. It argues that the condition’s chronic, diffuse nature presents a temporal mismatch with

existing security frameworks designed for acute, visible crises. Drawing on **the Copenhagen School's securitization theory and Olaf Corry's concept of "riskification,"** the paper shows how structural, normative, and political obstacles—namely the difficulty of constructing chronic disability as collective harm within dominant security imaginaries—prevent Long Covid from being framed as an existential threat. “

“... U.S. reluctance to lead, domestic political fragmentation, and a cultural emphasis on individual responsibility further diminish the prospects for securitizing moves. **Internationally, institutions like the UN and WHO exhibit similar inertia due to ambiguous mandates and competing priorities.** The paper concludes that **Long Covid exposes critical gaps in traditional security thinking, particularly in addressing slow-onset, mass-disabling threats.** As similar slow-onset disabling conditions may emerge in future biological crises, prevailing security conceptions could leave societies insufficiently prepared. **The paper therefore uses securitization theory diagnostically to argue that political conceptions of security should better account for chronic harm and disability.”**

WHO reports latest global trends in cholera, meningitis and plague

<https://www.who.int/news/item/29-09-2026-who-reports-latest-global-trends-in-cholera--meningitis-and-plague>

“Cholera deaths increased by 30% in 2025, despite fewer cases being reported to the World Health Organization (WHO). In 2025, 47 countries reported 451 499 cholera cases and 7870 deaths to WHO. This is the **highest number of annual cholera deaths reported to WHO since 1999.** These figures reflect surveillance data reported to WHO and not the actual global burden of cholera, which is estimated to be substantially higher as many cases go unreported. ...”

“Seven countries – Angola, Bangladesh, the Democratic Republic of the Congo, Nigeria, South Sudan, Sudan and Yemen – accounted for around 90% of all reported cholera cases and deaths globally. The WHO African Region reported the largest burden, with a 34% increase in cases and a 58% increase in deaths compared with 2024. “

“These findings are published in the latest edition of the Weekly Epidemiological Record alongside updates about two other epidemic-prone bacterial diseases: meningitis and plague. ...”

PS: **“Global production of oral cholera vaccines more than doubled between 2022 and 2025, increasing from around 30 million to approximately 80 million doses annually, significantly improving vaccine availability.** Last year, the International Coordinating Group (ICG) on Vaccine Provision approved 71 million doses for use in affected countries, including 20 million doses for preventive vaccination, which resumed earlier this year after being suspended for more than three years. ...”

WHO DG race

HPW - As WHO Nominations For Next Director-General Close, Six Contenders Emerge – But More May Remain Under Seal

<https://healthpolicy-watch.news/who-nominations-close-six-candidates/>

(25 Sept) **“Following the statutory WHO nomination deadline for the next Director-General, six candidates have now been publicly declared on the agency’s prospective candidate page. While oncologist Dr Gevorg Tamamyan has been proposed in a cross-regional nomination by Botswana, sources with knowledge of the process said Gavi CEO Dr Sania Nishtar was reportedly not nominated by Pakistan. Additional nominees, however, may remain hidden behind a month-long procedural “black box.””**

“... However, the global public may not learn the complete, official candidate roster until November. Under WHO election protocols, nominating governments can request early public acknowledgement of their nominee as a “prospective candidate” on the agency’s website. But if a government chooses not to make such a request, the candidate’s filing will remain confidential until November, the agency said....”

““The names of candidates and the proposals received will be published on the WHO’s website after the closure of the last Regional Committee session held this year, expected at the beginning of November 2026,” WHO told *Health Policy Watch* in an official statement....”

With respective profiles of the candidates. **“... The inside reformer (Kluge), institutional regionalist (Balkhy), middle-power broker (Al Kuwari), corporate outsider (Sadikin), primary prevention advocate (Neira), Oncology advocate & crisis specialist (Tamamyan). ...”**

PS: **“Campaign roadmap towards WHA80: As the confidential nomination window transitions into the public campaign phase, Member States will soon begin direct evaluations of all prospective candidates.... The WHO Secretariat will open a password-protected web forum in November 2026, allowing Member States to submit written questions to candidates. The first live, interactive Candidates’ Forum will convene in Geneva starting 18 November 2026, providing a public platform for nominees to present their visions.”**

“Following these presentations, the 34-member Executive Board will gather at its 160th session in January 2027 to shortlist and nominate up to three finalists. The final appointment will occur via secret ballot during the Eightieth World Health Assembly (WHA80) in May 2027, with the new Director-General taking office on 16 August 2027.”

Budi Sunadi Sadikin (platform) - Healthy Long Lives for All.

https://bgs4who.com/?utm_source=substack&utm_medium=email

“A WHO that listens, responds and delivers, with countries and for people.”

Devex Pro - Dr. Hanan Balkhy: We have to be ‘very clear-minded’ on WHO’s mandates

<https://www.devex.com/news/dr-hanan-balkhy-we-have-to-be-very-clear-minded-on-who-s-mandates-113448>

(gated) **“The candidate for WHO director-general said the organization needs to focus on what it does best, and should not be doing everything that member states ask on its own....”**

“The **World Health Organization** needs to prioritize by understanding what it does best and identifying areas where other entities can lead, according to Dr. Hanan Balkhy, one of the candidates for the WHO director-general position. She said that while there are a lot of requests from member states, it doesn’t mean that WHO “should be doing it ourselves all the time.” A **prime example is antimicrobial resistance, or AMR**, a major health threat globally. Balkhy, who was the agency’s first assistant director general on AMR when she joined its Geneva headquarters in 2019, said **WHO has around 800 collaborating centers, and several of them have the expertise that can support countries in implementing their national action plans on AMR....**”

- And via Devex Check-up [What the latest WHO candidate has to say about his nomination](#)

Re **Dr. Gevorg Tamamyan**, a pediatric oncologist from Armenia.

“... Tamamyan is relatively unknown among many people I spoke to in global health circles. And his nomination immediately raised another **question: Why was Botswana — rather than his native Armenia — putting his name forward?** I asked that directly to Tamamyan, along with another question: What exactly are his ties to Botswana? He told me he has no affiliations with the government, but said he’s “deeply grateful” to President Duma Boko and the Botswana government for nominating him.”

“As for his own country, Armenia? “I am very proud to be Armenian. My country and my people have given me enormously throughout my life. **But from day one, I made a strategic decision that I would pursue this candidacy only if I could build it as a genuinely cross-regional one,**” he says. “I believe WHO belongs to everyone, and its Director-General must be able to work across regions, political systems, and different realities. **Over the past months, I have traveled thousands of miles, listened to leaders and health professionals across different parts of the world, shared my ideas, and received a great deal of advice and encouragement. That journey ultimately led to Botswana’s nomination,**” he adds.”

“So that explains — at least partly — how Tamamyan ended up in the race. **But what would he actually do if he won it? He believes global health’s biggest challenge today is “not the absence of science or knowledge, but our ability to deliver it.”** As a pediatric oncologist, he says he’s seen children die not because the medicine to treat them was not available, but because “it did not reach them in time.”...” “**I believe we need a WHO that is stronger, more agile, and closer to the countries and people it serves,**” he says.”

Euractiv – WHO leadership race tests funding and US ties

<https://www.euractiv.com/news/who-leadership-race-tests-funding-and-us-ties/>

With views of **Suerie Moon, Pete Baker**. Some excerpts:

“**Suerie Moon**, a professor at the Geneva Graduate Institute, said that while there is “no shortage of highly qualified technical experts,” **Tedros’ successor will have to balance competing demands from member states while protecting the WHO’s scientific and global integrity.** “The next D-G will have to be **politically adroit,**” Moon said. ...”

“**Pete Baker**, acting director of global health at the Center for Global Development, agrees. “The WHO needs a new leader with a bold vision for the future that inspires member states to work collectively – and then the funding will flow,” he said. ...”

“... Moon said that whether or not the US rejoins the WHO, the organisation will need a relationship with Washington, adding that “we have seen a quiet return to engagement on the part of US health officials over the past year.” ...”

“...Asked whether the next WHO leader could be from the EU, Baker said it’s too early to tell. **“It’s all about coalition building, with a focus on regional blocs. There are two regional directors who may have an advantage here, Balkhy and Kluge,”** he said. “ ...**“But another force may prove more consequential: the growing emphasis on health sovereignty, embodied by the ‘Accra Reset’,** an African-led initiative aiming to rebuild power imbalances between wealthier and poorer countries in global health. **That dynamic could favour a candidate from a low- or middle-income country,** said Baker. ...”

“**“I don’t think any particular region is a shoo-in, nor is any region a non-starter at this point,”** concluded Moon. ...”

- And via [Stat](#): **“Tedros’ successor is widely expected to confront extraordinary challenges.”**

Also with views of T Bollyky, Suerie Moon, L Gostin.

“... This year has seen major cost-cutting at the WHO and the financing issue will continue to be daunting, said Moon. “

“Bollyky agreed. “I absolutely think that finding a WHO leader who can stabilize institution financing, rebuild its credibility, and make hard choices about its future role is going to be key,” he said.”

“Another major challenge the next director-general will face is what to do with the United States. While there is still some communication between the country and the WHO — Tedros recently told a group of reporters that he speaks at times with health secretary Robert F. Kennedy Jr., and the agency interacted regularly with the U.S. during this spring’s hantavirus outbreak — there are no official ties....” “ “Everybody I talk to thinks that this is one of the factors going on: Will there be somebody that can work with the United States?” said Gostin. “ ...There appears to be little hope of a rapprochement while President Trump is in office. And Moon said she isn’t sure there’s even universal willingness among the WHO member states to try to change that. “I think views are divided on how big a priority it is for the next DG to be able to rebuild bridges with the United States. But I think that decision is much less in the hands of the DG and much more in the hands of the U.S.,” she said....”

“Another looming question is whether the U.S. — or Trump himself — might try to influence the outcome of the election through political horse-trading in response to requests for help from a nominating country. That could backfire, several experts suggested....”

Global Health Reform

Devex – How to get away with merger

[Devex](#);

“Many assumed that a controversial merger between UN Women and the U.N. Population Fund might move forward at UNGA last week, or at least be mentioned. Instead, not a peep, leaving questions swirling about the two agencies’ fates.”

“There are a lot of voices that are saying, it seems that [the merger] is not going forward, and that it’s dead,” Maria Antonieta Alcalde Castro, the director general of the **International Planned Parenthood Federation**, told my colleague Elissa Miolene. **“We’re watchful because we think that these plans may continue. But we were expecting that this would be the moment — and so far, nothing.”** “

“A spokesperson for UNFPA told Devex that a joint proposal from the two agencies — which outlined alternatives to a merger — was shared with member states before UNFPA’s latest executive board meeting in late August. The process, the spokesperson said, “is now in the hands of the Secretary-General and the Member States.” ...”

“UN Women did not comment, but at the agency’s latest executive board meeting, the board acknowledged they were “not in a position to make a recommendation of support” on a merger, adding that “the protection of mandates cannot be guaranteed.” ...”

“There are a lot of questions out there, because whatever scenario this takes, there are going to be costs upfront or costs on the backend,” said **Nabeeha Kazi Hutchins**, the president of reproductive rights advocacy organization **PAI**. **“But the bigger piece is the alignment of objectives and the programming. And answering the question: What will no longer happen? That question has not been answered.” ...”**

TGH – WHO Elections: Reform Without Reckoning

Summer Galloway; <https://www.thinkglobalhealth.org/article/who-elections-reform-without-reckoning>

Recommended read. **“The organization cannot be reshaped without confronting its internal structure, partnership rules, and expanding operational role.”**

Discussing some important questions for the **WHO Convened Process** – so far not really on its radar.

Re: Subsidiarity and the Internal Federation of WHO; WHO's Framework for Engagement with Non-State Actors and Mandates; Pathogen Access and Benefit-Sharing Annex and WHO's Increasing Operational Role; Emergency versus “Between Emergencies”.

And concluding: **“The Choice Facing Member States and the Next Director General:**

Reconciling these issues is a governance decision for member states. By the time the next DG takes office, both the joint process and potentially the Pandemic Agreement's PABS annex may already be settled. The real question is whether member states are willing to create a more coherent division of labor: what WHO can realistically manage, what it should stop doing, and which functions should move to bodies with clearer mandates and greater accountability to affected populations. Otherwise, the next DG will inherit an institution with unresolved contradictions.”

J Ratevosian - Who controls the next era of global health?

J Ratevosian; [on Substack](#);

“What UNGA81 revealed about America First, the Accra Reset, and the Global Fund’s next leader.”
Some excerpts below:

“ The America First train is moving. The question now is whether it is headed toward the kind of sovereignty countries are asking for....”

“... State reported 35 signed bilateral health agreements, with \$14 billion in U.S. commitments and more than \$10 billion in partner-country co-investment. It did not meet its original timetable for completing agreements with the countries receiving most U.S. health assistance by the end of 2025. Still, 35 agreements after a dramatic year amount to a major change in how U.S. global health programs will operate. And all under impressive timing!...”

“Brad Smith offered the clearest picture I have heard yet of the planned transition. Across the country plans presented, partner governments would fund more than half of combined spending by year five. Government-to-government funding would reach roughly 60%. Countries would take on more than 80% of the health workers covered by these plans and purchase about 60% of commodities locally. He stressed that the pace will vary by country. State also made a more concrete case for integration...”

PS: “... United States and other donors ... can back country plans while investing in Africa CDC, regional procurement, regulatory capacity and reliable markets for products made in Africa...”

“... Accra asks donors to align with country plans, budgets and reporting systems. That will require more than asking governments to co-invest. Donors will have to change how they make decisions, move money and measure success. The Global Fund is an immediate test. State said it is moving most commodity procurement through the Fund, giving it a central role in how the new U.S. agreements work. Yet I have heard much more detail about how State expects countries to change than about how the Fund will adapt.... This week, the Global Fund welcomed the Accra Reset. Its executive director, Peter Sands, cautioned that “accelerating the pathway to health sovereignty should not be equated with a retreat from global solidarity....”

“... The Accra Reset also offers global institutions a pointed test: Commit, Collaborate, Consolidate or Close. It leaves open which institution should do what. For the Fund’s donors and Board, that raises a practical question: which functions should the Fund continue to lead, which should it share with country and regional institutions, and where should it step back as those institutions grow stronger? I’m watching the Global Fund’s leadership search closely because it could give us a chance to hear some answers. The Fund expects to publish the names and biographies of four or five shortlisted candidates next week. They will meet Board members in early October, and the Board expects to choose a new executive director at its October 28–30 meeting in Geneva...”

Re “... The countries outside the room: The discussion offered little insight into what happens in countries without agreements. Zimbabwe is one urgent example...”

And he concludes: “... The MOUs have made America First a working reality. Now the United States, other donors and the Global Fund must show how *their* practices will change. We should judge this transition by whether medicines remain available, health workers get paid, regional institutions grow stronger and families stay connected to care without taking on new costs.”

Plos GPH - Reclaiming the new era in global health: A proposal for an equity-centered paradigm

Pooja Yerramilli & Mickey Chopra;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007379>

“... While recently proposed frameworks for the next phase of global health represent meaningful progress in grappling with this context, their central weakness is not technical but normative. In this Essay, we argue that if the new global health architecture is defined without meaningful interrogation of its central purpose, then the system will reproduce the very problems it aims to solve. On the other hand, explicitly centering health equity as the organizing principle of the new “global health” brings to the foreground the shared struggles and movements of marginalized communities worldwide. In doing so, it demands a more fundamental, global reckoning with the structural determinants – politics and power - that produce ill health across and within countries. From this logic flows substantive shifts in global health functions, predicated on a social-ecological model: from substitution to mutual aid; from technical assistance to knowledge sharing; from global public goods to multisectoral common goods for all; and from mechanisms that facilitate global coordination to ones that also critically address the distribution of power and resources.”

Post-2030 brainstorm & Future of Development

Lancet Offline – Bringing hope, organising action

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01943-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01943-4/fulltext)

Last week’s Offline. A few excerpts below:

“What happened to the radicalism that once motivated those struggling on the front lines of global health? The values embodied in global health were a credo for living, a kind of personal faith. But look at us now. We are stumbling in a foggy stupor, unable to plan, unwilling to campaign, unready to lead. Signs of defeat were visible long ago. The sharp focus on a few objectives during the Millennium Development Goal era, which inspired so many, evolved into a comforting blancmange of hopelessly unrealistic aspirations—otherwise called the Sustainable Development Goals (SDGs)—designed more to appease development cognoscenti than to solve the challenges of those they claimed to serve... ... The movement that was global health is now entering its death throes, the final, painful moments of an era that simply ran out of ideas, energy, and hope. Is resuscitation possible?...”

“... And what of our leaders in global health? Alinsky describes several essential characteristics. Curiosity. Irreverence. Imagination. A sense of humour. Distrust of dogma. An organised personality. An understanding of the irrationality of much of human behaviour. The global health leader seeks “power for others to use”. Global health will never achieve its goals without learning the art of communication. Good communication does not depend only on facts. Stories matter too. Those stories must be simple, specific, immediate, and realisable. Mobilising support for a global health cause means instilling a desire for change—“Change comes from power, and power comes from organisation. In order to act, people must get together.” And once together, their apathy must be disrupted by stirring discontent. A movement needs an adversary. Global health advocates should not be arguing over abstract goals. We should be identifying our opponent, causing confusion, and

maintaining constant pressure. As the SDGs come to a humiliating close, **what issues will we take up for the future? Who will be our leaders? Who will we choose as our adversaries? How will we organise? What tactics will we adopt?** These are questions once asked, but now forgotten.”

Social Watch - What options remain for global sustainability policy?

Roberto Bissio; <https://www.socialwatch.org/2026/09/what-options-remain-for-global-sustainability-policy/>

“Inspiration for a ‘Beyond 2030’ agenda from the legacy of Jens Martens.” Well worth a read.

Excerpts:

“... The current US administration and its followers like President Milei of Argentina are dissociating themselves from Agenda 2030. In his UN speech of last year, Milei said that the 2030 Agenda “WAS ill conceived” and constitutes “a supranational programme of a socialist nature, which seeks to resolve the problems of modernity with solutions that undermine the sovereignty of nation states and violate people’s right to life, liberty and property”. The misogynist and homophobic alliance of market fundamentalists and religious fundamentalists is deleting all references to climate change, gender equality or social protection from the international agenda whenever they have an opportunity.”

“In this context, to kick off a discussion on “Beyond 2030”, as many organizations and think tanks are doing, is likely to fire back. We do not have a crystal ball. Given how fast power and alliances are shifting today, it is impossible to predict which view will prevail by 2030. But one thing seems safe to say: reaching consensus on any major global issue is going to be difficult. In today’s political climate it would be impossible to get consensus on the SDGs or even on the Universal Declaration of Human Rights.”

“But same as the Universal Declaration is not up for discussion, we shouldn’t accept the date of 2030 as an expiry date for sustainable development. 2030 is only the time reference for some of its numerical goals, as was 2020 for others. The core of sustainable development are not the 17 goals and 165 indicators, but the “Rio principles” agreed to in 1992, reaffirmed in Rio 2012 and expanded in the 2030 Agenda for Sustainable Development and the Pact for the Future. And they don’t expire. They are not an arrival point but a horizon that is never reached but motivates the journey and shows a direction.”

“... What we need is not a single number, but a dashboard of numbers... The sustainability dashboard should replace GDP as the standard against which success is evaluated. ... The success of this debate could change the mindset and policies towards sustainable development and away from the obsession with growth. And it would be a key step towards understanding what Willy Brandt called in 1980 “the *mutuality of interest between North and South*”. So that “the search for solutions is not an act of benevolence but a condition of mutual survival”.”

David McNair – Future of Development Initiatives and Thought leaders

https://docs.google.com/spreadsheets/d/1tD5ivFEDnXyf3Nj_GXjoNiDHSKixoSdNu5JNcMg9zgo/edit?pli=1&gid=881053153#gid=881053153

Overview of all related initiatives in an **excel sheet**.

ODI - Small states, big vulnerabilities: the case for reforming ODA eligibility

V Panwar et al; <https://odi.org/en/insights/small-states-big-vulnerabilities-the-case-for-reforming-oda-eligibility/>

“Small Island Developing States (SIDS) can look rich on paper while remaining highly vulnerable to shocks. **As the OECD reviews the rules governing graduation from official development assistance (ODA), income per capita should not be the only test: countries’ structural vulnerability must count too.**”

UNDP (blog) - The Future of Development Beyond 2030 - Six Delivery Pathways

K Khoday et al; <https://www.undp.org/jamaica/blog/future-development-beyond-2030-six-delivery-pathways>

“...The **decisive post-2030 question** is not merely what should replace the catalogue of goals and targets, but **what governance machinery can deliver transformation..**”

Authors argue for **linking post-2030 measurement to budgets, delivery systems, accountability and adaptive learning** so evidence feeds back into implementation.

Global Fund leadership transition

Devex – Here are the contenders fighting to lead the Global Fund

<https://www.devex.com/news/here-are-the-contenders-fighting-to-lead-the-global-fund-113498>

“The next phase of the process will include interactions with members of the Global Fund board, starting with a board retreat scheduled in the next two days.”

“The **Global Fund to Fight AIDS, Tuberculosis and Malaria** has **published** the names of the candidates who could succeed Peter Sands, its current executive director. They include Dr. Mark Dybul, who previously led the fund and was a founding architect of the **U.S. President's Emergency Plan for AIDS Relief**; Dr. Richard Hatchett, outgoing CEO of the **Coalition for Epidemic Preparedness Innovations**, or CEPI; Lutz Hegemann, president of global health at **Novartis**; Joyce Msuya, former U.N. assistant secretary-general for humanitarian affairs; and Janti Soeripto, president and CEO of **Save the Children US.**”

“The **candidates have been selected as part of a monthslong process that started in late 2025, supported by Russell Reynolds Associates, an executive search firm.** It included multiple rounds of interviews and candidate assessments. **Some have called for more transparency in the process, including a German lawmaker who said the Global Fund needs to ensure that donors, partners, and the broader global health community have confidence in the process and that it is conducted fairly....**”

“... Now that the list has been published, the **next phase** will include interactions with members of the Global Fund board, starting with a board retreat scheduled in the next two days. The board will

select and **appoint the fund's next executive director during its 56th board meeting on Oct. 28-30. They will start in the first quarter of 2027.**"

- Press release Global Fund: [Here are the contenders fighting to lead the Global Fund](#)

HPW – Global Fund Leadership Shortlist Unveiled Amid Donor Friction and Push for Reform

<https://healthpolicy-watch.news/global-fund-shortlist-unveiled/>

Must-read analysis. A few excerpts:

"With two high-profile US candidates on the shortlist – and several senior global health leaders describing Mark Dybul to *Health Policy Watch* as the most likely candidate – **observers emphasize the delicate balance between maintaining US financial support and preserving the agency's multilateral mission.** A successful US candidate would maintain Washington's global health influence, even as it has withdrawn from multilateral involvement in agencies like the World Health Organization (WHO)....

"... ... Speaking on the condition of anonymity, **an African global health leader** warned that the US approach risks politically driven US procurement, commercializing pharmaceutical innovations and treatment access at the peril of recipient states, particularly in Africa...."

"Senior European global health experts interviewed by *Health Policy Watch* warn that European states risk being reduced to "passive watchers" if Washington exerts growing influence over the agency's strategic direction and leadership selection...."

PS: "... Pointing to structural inequalities, **sources note that around 40 African nations share just two voting seats.** Meanwhile, **major nations hold individual donor seats, including the US, the United Kingdom, France, Germany, and Japan, alongside private foundations.** Critics emphasize that this setup preserves legacy power dynamics that contrast sharply with the one-country, one-vote model of the WHO...."

The analysis concludes: **"... Whoever takes the helm will inherit an institution at a historic crossroads, charged with bridging a \$5.36 billion shortfall** while proving the Global Fund can evolve rather than erode in a reordered global health landscape."

Geneva Health Files – Equal Votes, Unequal Voice? The Global Fund's Leadership Test

Merlin Ince (& Priti Patnaik); <https://newsletter.genevahealthfiles.com/equal-votes-unequal-voice-the-global-funds-leadership-test/?ref=geneva-health-files-newsletter>

Hard-hitting analysis (from the day before the announcement on the candidates). **"One of the most powerful actors in global health - the Global Fund to Fight AIDS, Tuberculosis and Malaria - is choosing its next leader. This process has implications not just for these three diseases, but also in the larger scheme of how money flows in global health, and how decisions are made upstream,**

and their eventual impact downstream in countries. To this, add another layer of the overall reforms in the sector, and this becomes a key moment in the life of the institution. ...”

A few excerpts:

“The selection of a new Executive Director: Weeks from now in October 2026, the Global Fund's Board will meet in Geneva to choose the institution's next Executive Director. ... The Board's 20 voting seats are split evenly between donor countries and the countries where HIV, TB and malaria cause the most illness and death. That structure was built to give both groups equal say in decisions such as leadership selection. **But before the Board votes, a nomination committee draws up the shortlist it will choose from, and every candidate named publicly so far is a United States national.** (The final list is not public yet.)”

“A shortlist assembled before the vote raises the question: where power inside the Global Fund actually sits, and whether the countries carrying the heaviest burden of these diseases have a real hand in choosing who leads the institution built to serve them.” **“A nomination committee, not the full Board, is preparing a shortlist of four or five candidates expected to reach the Board in late September. A board retreat is scheduled for this week.... The Board votes on 28 to 30 October, and the successful candidate takes office in the first quarter of 2027.** The three candidates named publicly so far are Mark Dybul, who led the Global Fund from 2013 to 2017; William Steiger, now affiliated with the George W. Bush Institute and Malaria No More; and Ashwin Vasan, a former New York City health official....”

And a bit further in the article: **“... A pattern runs through [each of these] decisions. The money available is set before the Board allocates it. A country's readiness to exit support is judged by the Fund. The prevention tools a country can choose from are secured on terms fixed before the choice arrives. In every case the decision that matters is taken upstream of the people it lands on....”** **“... By the time the Board's equal vote is exercised, the options it can choose between have already been set. The leadership selection follows the same shape. By the time the Board's 20 votes are cast in Geneva at the end of October, the field will have been set by a committee, and the countries where HIV, TB and malaria cause the most deaths will be choosing from a list they had little or no hand in drawing up....”**

Devex (op-ed) - 4 points on country transition for the next Global Fund leader

B Orya; <https://www.devex.com/news/4-points-on-country-transition-for-the-next-global-fund-leader-113467>

“The next leader of the multilateral health fund must set where and how the transition fits into a grant, who owns the handover, and what financial reporting really shows.”

“As partner countries are being asked to take on more financing responsibility for national global health programs, transition and self-reliance must now move from rhetoric into the core grant model....”

“... four questions for the next executive director of this multilateral health financing institution: When should transition begin, how should it shape the grant itself, who is accountable for

delivering it, and what evidence shows that financing and functions are becoming integrated into country systems?”

More on Global Health Governance & Financing/Funding

With also still some snippets from UNGA81, among many other updates.

HPW - PAHO's Annual Meeting Opens Amid Political Tension and Calls for Stronger Regional Cooperation

https://healthpolicy-watch.news/pahos-annual-meeting-opens-amid-political-tension-and-calls-for-stronger-regional-cooperation/?feed_id=1095&unique_id=6abce51c45344

“At the opening of the Pan American Health Organization’s (PAHO)’s annual meeting on Monday, officials celebrated progress made in tackling regional health challenges – despite political and economic challenges. However, the US warned PAHO’s **63rd Directing Council** not to stray into “ideological” issues, as it continues to withhold millions in unpaid members’ dues.”

“The opening highlighted the regional **achievements**, including the elimination of mother-to-child transmission of HIV in Brazil and the Bahamas, Chile’s elimination of leprosy, and immunization recovery following the COVID-19 pandemic. ...”

“... despite PAHO Regional Director Barbosa’s call for cooperation, **the underlying political tensions currently afflicting the region, particularly the polarizing effect of the Trump administration’s anti-globalism stance, were evident.** ...”

PS: “**Financial threats to PAHO:** Barbosa also drew member states’ attention to the financial sustainability of the organization. The **US, PAHO’s largest donor, hasn’t paid its membership fees since 2024, and owes the body over \$134 million.** In addition, the Trump administration has **signalled its intention** to cut all funds to PAHO by 2027....”

“**Last year, member states approved a 19% budget reduction,** which Barbosa said had affected the organization’s ability to sustain operations across the region. At the same time, PAHO’s director said that, despite growing financial constraints, the body has demonstrated resilience, adaptability and leadership. **The meeting approved a change that unified technical cooperation mechanisms into one single Regional Revolving Fund,** which should be stronger and more efficient. ...”

Nigeria deserves global health superpower status – Expert

<https://nannews.ng/nigeria-deserves-global-health-superpower-status-expert/>

“Dr Kumanan Rasanathan, Executive Director, Alliance for Health Policy and Systems Research at the World Health Organisation (WHO), says Nigeria should become a global health superpower by developing innovative approaches to domestic health financing. Rasanathan made the assertion in an interview with the News Agency of Nigeria (NAN) on Wednesday in Abuja.”

“He said **health taxes** provided an opportunity for Nigeria to reduce harmful consumption while generating additional domestic resources to strengthen healthcare delivery and expand health coverage....”

P4H - From billions to balance sheets: where will the money for health actually come from: reducing risk and freeing up lending capacity for the MDBs – Part 2B

Kalypto Chalkidou et al ; <https://p4h.world/en/from-billions-to-balance-sheets-where-will-the-money-for-health-actually-come-from-reducing-risk-and-freeing-up-lending-capacity-for-the-mdbs-part-2b/>

“MDBs: their privileges and constraints, and innovative ways they use to reduce risk, free up incremental lending capacity and raise new equity capital. The health sector seems to benefit less than other sectors from released lending capacity: we ask why and explore new and scalable approaches.”

“This is **Part 2B of the P4H series on financing health systems in the age of the aid retreat**. Part 2 comprises three posts – 2A, 2B, and 2C. In Part 2A we show how Africa’s institutional capital would be hard to mobilise for investing in health. **Here, we discuss MDBs: their privileges and constraints and review innovative ways MDBs use to reduce risk and free up incremental lending.**”

PS: “... In the next blog we discuss ways in which MDBs can raise more equity capital and go into ways forward with a particular pro-health bias.”

“In the next post, **From billions to balance sheets: where will the money for health actually come from: raising more capital for the MDBs – Part 2C**, we continue our series on financing health systems in the age of the aid retreat, by **reviewing recent innovative ways MDBs use to raise new equity capital.**”

Foreign Policy - Health sovereignty and multilateralism are two sides of the same coin

Axel Pries; <https://sponsored.foreignpolicy.com/world-health-summit/health-sovereignty-and-multilateralism-are-two-sides-of-the-same-coin/>

“The challenge is not to choose between national interests and collective action.”

“In a more transactional global environment, protecting national interests and strengthening collective action must go hand in hand.... “

PS: “**At the World Health Summit 2026 in Berlin**, under the leitmotif “**From Crisis to Resilience: Innovating for Health**,” this question will run through our discussions: **how can global health cooperation adapt to a more transactional world order while remaining effective in protecting and improving health? ...**”

IPS - The Global Leaders Network Pushes to Protect Women's and Children's Health

<https://www.ipsnews.net/2026/09/the-global-leaders-network-pushes-to-protect-womens-and-childrens-health/>

With coverage of the **High-Level meeting**, [Financing for Women's, Children's and Adolescent's Health in a Time of Austerity](#), of 22 Sept.

Devex Op-ed - Development banks had finally got behind LGBTQ+ programs. Now what?

F Houdart; <https://www.devex.com/news/development-banks-had-finally-got-behind-lgbtq-programs-now-what-113296>

"Development banks were embracing LGBTQ+ inclusion. Now political shifts threaten to silently undo that progress."

"Two years ago, the paperwork suggested multilateral development banks were becoming allies to LGBTQ+ inclusion. Today, the danger is not necessarily that they will formally repudiate this programmatic area. It is that they will simply stop doing anything about it...."

"LGBTQ+ inclusion in development work probably peaked at multilateral development banks in the fall of 2024. It was still a new and fragile agenda, but for the first time, these institutions seemed to have gotten it: **Poverty and exclusion among LGBTQ+ people were development issues and significant resources might finally follow.** ... The fact that the development world had even acquired terminology for the topic, **"Sexual and Gender Minorities,"** and an acronym, **SOGIE — for sexual orientation, gender identity and expression** — was encouraging. In these bureaucracies, adopting an acronym is sometimes the first sign that an issue has gained legitimacy...."

"... Two years later, the picture is considerably less encouraging. And what is retreating isn't just institutional ownership of the agenda. It is the prospect that LGBTQ+ people will have a meaningful claim on that quarter-trillion-dollar development system...."

"In April 2025, U.S. Treasury Secretary Scott Bessent told the World Bank and the International Monetary Fund, in which the United States is the largest shareholder, that "mission creep has knocked these institutions off course," singling out gender and social issues as examples of that drift. When a treasury secretary, ironically the first openly LGBTQ+ treasury secretary, uses "gender" and "mission creep" in the same sentence, staff two levels down do not need a memo to understand that the "gay stuff" goes back in the drawer...."

With an **overview of the picture at several development banks so far (ADB, World Bank, ...).**

GAVI - Mozambique recognised as the first-ever Gavi Leap Champion for health system reforms

<https://www.gavi.org/news/media-room/mozambique-recognised-first-ever-gavi-leap-champion-health-system-reforms>

“Mozambique becomes the first recipient of Gavi’s Leap Champion recognition for its leadership in country ownership and sustained health investment....” ““As the first country to implement unified vaccine budgets under the Gavi Leap, Mozambique is a standard bearer in the movement towards greater country sovereignty in global health.”

“Mozambique today became the first country to receive the Gavi Leap Champion recognition. The inaugural recognition was presented in acknowledgment and appreciation of Mozambique’s leadership in country ownership, health system strengthening and sustainable health investments. Mozambique was the first country to implement Gavi’s 2026–2030 strategic shift towards holistic immunisation budgets in alignment with its own National Immunisation Strategy, setting a new benchmark for how countries align national priorities, partner investments and health system goals around a single vision.”

“Driving the new approach is the Gavi Leap principle of country-centricity, which has led to a wholesale re-design of Gavi’s operating model to be simpler, less resource-intensive and more responsive to the needs of countries.”

“The Leap Champion recognition will be presented to countries that have achieved exceptional performance across criteria including: advancing country ownership, strengthening health systems and delivering sustainable health impact.”

Global 50/50 The organised many: a gender justice agenda for action

<https://global5050.org/gender-justice/in-dialogue/the-organised-many-a-gender-justice-agenda-for-action/>

“In 2026, more than 150 gender justice leaders, from grassroots women’s rights organisations to multilateral agencies, came together across four convenings and a survey of the field. This Action Agenda is the outcome - five priority actions for gender justice.”

The Conversation – G20 needs a new approach to tackle the changing world order

H Moore; <https://theconversation.com/g20-needs-a-new-approach-to-tackle-the-changing-world-order-292621>

“In December, the UK will take over the G20 presidency from the United States. The US presidency of G20 this year has been characterised by a lack of action and strained relationships between countries. So Andy Burnham’s government has a rare opportunity to set a new direction on global cooperation. The UK has the chance to pioneer a new approach to international leadership suited to the world as it is now. In this era of fragmentation, G20 leadership will be judged not by declarations alone. It needs to demonstrate an ability to realign governance with the realities of shared risk, and to demonstrate that collective action remains possible in a divided world.”

“I believe the UK should adopt a new, three-tier approach – pushing for consensus where sufficiently ambitious action can command universal support, and broad agreement where an overwhelming majority is ready to proceed. Most importantly, under UK leadership, the G20 needs to strive to build open, problem-specific coalitions where neither of those routes can produce meaningful action....”

“The idea starts from a simple but important reversal: begin with the problem, and ask what outcome is needed. Then consider which countries, institutions, businesses and communities have the capabilities to deliver that desired outcome, and which policies are able to work together, rather than against one another. Consensus remains valuable, but it stops being a precondition for progress. Instead, what’s needed is a way of turning partial agreement into practical cooperation.”

“... To achieve this, **UCL’s Institute for Global Prosperity has developed a new framework for global cooperation called The New Alignment**. I co-lead our new global convening platform, the New Alignment Hub, with economist Dennis Snower. **We aim to build the necessary infrastructure to make this level of deep, cross-border collaboration possible** – bringing together universities, thinktanks, research institutes, civil society, business and practitioner networks across many different regions...”

ODI (Expert Comment) - Building resilient health systems requires new ways of working between ministries of finance and health

M Blecher et al; <https://odi.org/en/insights/building-resilient-health-systems-requires-new-ways-of-working-between-ministries-of-finance-and-health/>

Recommended read. “... African health ministers recognise the urgency of this challenge. **In August 2026, the WHO Regional Committee for Africa endorsed the Strategy for Financing the Future of Health in the WHO African Region, 2026–2035**, setting out a decade-long roadmap towards health sovereignty, strengthening domestic financing and reducing financial hardship. **Meeting this challenge will require a collective government response, but as budget constraints bite, success relies on building effective collaboration between ministries of health and ministries of finance.** That collaboration needs to be **anchored by the goal of supporting an effective health financing transition.**”

Devex – GiveWell to hit \$1B in giving this year: What comes next?

<https://www.devex.com/news/givewell-to-hit-1b-in-giving-this-year-what-comes-next-113415>

“GiveWell co-founder and CEO Elie Hassenfeld discussed doubling the group's giving to \$1 billion this year, preparing for a potential AI wealth boom, and evolving to fund systemic programs that go beyond simple metrics.”

“...One criticism of GiveWell’s effective altruism approach is that it focuses on that which can easily be measured, while potentially ignoring systems change support that can have significant impact but is difficult to concretely measure. But Hassenfeld said that his organization has taken on more that is less measurable over time, including programs to reduce maternal syphilis — often difficult to track and diagnose because it often presents with mild or no symptoms in pregnancy — and supporting technical support units in African health ministries to help them make better decisions in the aftermath of recent global aid cuts....”

Nature (News Q&A-) How to spend \$25 billion on science: OpenAI’s staggeringly rich research charity gets under way

https://www.nature.com/articles/d41586-026-03015-0?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=63954089

“Jacob Trefethen, who leads life sciences at the OpenAI Foundation, speaks to Nature about the organization’s ambitions to cure disease.”

“The OpenAI Foundation — the charity arm of the artificial-intelligence behemoth — is on track to become one of the wealthiest non-profit organizations on the planet. And, with a 26% stake in OpenAI, which is seeking a valuation of around \$1.4 trillion, it could even become the richest. The foundation was created in October 2025, after a tumultuous shake-up of OpenAI’s governance and structure. It has so far committed to giving away at least \$25 billion.”

Quote: “... We intend to be ambitious. **We have started with three areas in the life sciences to focus: AI for Alzheimer’s; public data for health; and high-burden diseases — which for us means any disease that leads to over half a million deaths around the world each year or similarly massive ill health....**” “We’re going to try and ask the question, what’s newly possible, for example, in tuberculosis — the largest infectious killer — that may help people who don’t currently have good-enough options...”

Devex – France’s development aid budget set for another cut in 2027

<https://www.devex.com/news/france-s-development-aid-budget-set-for-another-cut-in-2027-113331>

“France’s development budget could fall to €3.3 billion in 2027, roughly half its 2024 level, as the government looks to rein in spending ahead of next year’s elections.”

PS: “... **this isn’t only about less money. France is also quietly changing how it talks about aid — moving away from “development” toward “mutually beneficial partnerships” and “solidarity investments,”** as funding becomes more closely tied to diplomatic and commercial interests and private finance...”

- See also **Devex Pro** – [French budget proposes 43% cut in development commitments](#)

“France’s proposed €1.9 billion development budget cut would be its largest ever, and it includes an 11% cut to its 2027 disbursements. ... The 43% cut, amounting to €1.9 billion (\$2.1 billion), would be the largest cut ever to the country’s development budget, advocates said, and the sixth consecutive reduction in annual budgets.”

Reuters – IMF review calls for 'fewer but deeper' reforms in design of loan programs

[Reuters](#)

(24 Sept) “IMF review covers January 2018 to December 2024. Critics say changes could lead to 1990s-style austerity measures. IMF said recommendations include better assessment of risks.”

“The International Monetary Fund on Thursday called for targeted refinements to the design and implementation of its loan programs, including a focus on fewer but deeper reforms, to reflect the challenges of a more shock-prone global economy....”

“Civil society groups warned that the IMF’s recommendations for changing the conditions built into loan programs could leave developing countries facing stiffer austerity measures at a time

when they were already saddled with rising public debt, soaring borrowing costs, sharp drops in official development assistance and successive systemic shocks....”

“...The IMF said the review does recommend more front-loaded and sustained fiscal adjustments, or budget cuts, because they are associated with higher chances of program success. But it stressed that such front-loading should occur only to the extent feasible, along with realistic steps to boost growth and adequate social spending to protect the vulnerable.”

“... The IMF's review of program design and conditionality, its third since 2002 guidelines were put in place, assessed the performance of IMF-supported programs from January 2018 to December 2024 — a period that included the US-China trade war during President Donald Trump's first term, the COVID pandemic and Russia's invasion of Ukraine.”

“Oxfam and other groups argued during the review process that insisting on large spending cuts at the start of a program would hurt ordinary people most, resuming the harsh austerity measures that characterized IMF lending in the 1990s....”

“... The IMF's executive board backed the recommendations, which broadly call for more balanced reforms that rely on both revenue growth and fiscal consolidation, better assessment of risks and greater realism about project financing. The IMF said the goal was to improve implementation and outcomes, not to lower standards. The review comes on the heels of changes in a [joint IMF-World Bank debt framework](#) for low-income countries, and a forthcoming review of the IMF's process for evaluating countries' economies.”

- IMF press release (24 Sept): [IMF Executive Board Concludes the 2026 Review of Program Design and Conditionality](#)

Journal of Global Health - Implementing innovative financing mechanisms in global health – perspectives of stakeholders from global health organisations: a qualitative study

S W Ching et al; <https://jogh.org/2026/jogh-16-04260>

“... Participants revealed that innovative financing mechanisms are not replacements, but strategic complements to traditional aid. We identified three primary patterns in our data: an evolution from direct funding to complex, multi-stakeholder risk-sharing arrangements; a fundamental transformation of stakeholder relationships, increasing coordination complexity; and the critical role of institutional capacity in successful implementation. Analysis of five innovative financing mechanisms, namely Advanced Market Commitments, Blended Finance, the International Finance Facility for Immunization (IFFIm), Debt2Health, and Micro-levies, demonstrated distinct patterns in complexity, coordination, and risk distribution across said mechanisms. The success of the implementation depended on clear problem definition, stakeholder alignment, and robust risk management. Blended Finance and IFFIm showed the highest complexity, while Debt2Health offered a more streamlined, triangular model...”

Devex (Opinion) - New rating agency can change how development is financed in Africa

R Gilpin et al; <https://www.devex.com/news/new-rating-agency-can-change-how-development-is-financed-in-africa-113354>

“Africa’s development finance gap isn’t just about a lack of money, it is also about weaknesses in the domestic financial architecture. A credit ratings agency launching in October can change that.”

“Africa does not lack capital; it lacks the domestic financial architecture required to price risk accurately and channel domestic savings into transformative development investments. **The Africa Credit Rating Agency, or AfCRA, scheduled for launch in early October in Mauritius, represents a critical step toward fixing this structural flaw.** AfCRA must not be treated as a political reaction to grievances against global rating agencies. **Its success hinges on whether it can deliver rigorous, context-sensitive credit assessments that deepen domestic capital markets and mobilize African resources for African development....”**

“... Turning AfCRA’s promise into reality requires deliberate, coordinated regulatory action across four fronts. ...”

CGD – Fixer or Shaper? What AI Could Become in Global Health Financing

A Gheorge; <https://www.cgdev.org/blog/fixer-or-shaper-what-ai-could-become-global-health-financing>

“AI is now part of most conversations about health systems and development finance. Yet little has been said about what it could mean for health systems financing: how health aid is pooled, allocated, and disbursed to low- and middle-income countries (LMICs). AI could be a “Fixer,” solving discrete, operational problems while leaving the underlying power structures intact, or it can be a “Shaper,” changing who decides what in and on what basis. I argue that only a Shaper role can deliver the upsides of AI, but these upsides should not be taken for granted, nor will they come about automatically....”

“... That the best of AI won’t happen on its own is not a new message in development—the latest WDR and the Gates Foundation’s Goalkeepers report say the same. It applies to health systems financing, too.... ... In theory, AI can level the playing field of data, knowledge, and analysis firepower. In practice, many LMIC governments are unlikely to absorb and implement AI solutions at a scale and pace matching those of donors and global health institutions. If the likes of Gavi and the Global Fund, or the big philanthropies, adopt faster and more comprehensively than the governments they finance, the status quo is further entrenched: institutions will make more, better, and quicker allocation decisions with increasingly little cooperation from those governments..”

“... If, on the other hand, LMIC governments built in-house capacity and used AI tools to their full potential when dealing with health donors, from applications to reporting, and coordinating across a wide range of partners, this would strengthen their sovereignty, improve alignment with national priorities, improve coordination, cut transaction costs, and help hold funders to account—a strong pivot towards the vision of the Lusaka Agenda. The same technology, but very different consequences stemming from who adopts it first and how deeply....”

Gheorge then lists **three speculative scenarios for AI use.**

“How beneficial AI turns out to be and to whom will depend on two things: how transparent its use is across the global health ecosystem, and how evenly and deeply it is adopted between LMIC governments and global health funders. Table 1 sets out deliberately provocative scenarios for what AI use could amount to in health systems financing....”

Global Tax Justice

Tax Justice Network - Europe-on-Europe tax pillaging revealed by new tracker

[Tax Justice Network](#);

“ Most of the wealth and finances illicitly exiting European countries’ economies solely for the purpose of cheating on tax goes to other European countries, a new tracker launched by the Tax Justice Network at an event at City St George’s, University of London revealed.”

“The estimated US\$673 billion illicitly crossing European countries’ borders in this way every year adds little to no real local economic value to the places it goes to but is turbo-boosting the hoarding of extreme wealth by the world’s superrich. Wealthy individuals and multinational corporations operating in Europe get to keep an extra US\$100 billion a year that otherwise would have been paid as tax to European governments.”

“While countries’ losses to tax cheating multinational corporations and the superrich are well known, the new tracker now makes it possible for countries to identify where the illicit money exiting their economies is going – and where the secretive wealth and finance illicitly entering their economies is coming from. For virtually all European countries on the tracker, other European countries are consistently identified among the top destinations for illicit flows. Of the total US\$673 billion illicitly crossing European countries’ borders, over US\$377 billion (56 per cent) is directed towards other European countries.”

“The findings starkly contrast a common misperception of Europe as a victim of primarily palm-fringed island tax havens on the one hand, and an inflictor of tax losses to primarily the global south on the other. Europe is its own worst tax victim and tax abuser, warns the Tax Justice Network.”

“The findings have significant implications for the ongoing global negotiations on a world-first UN tax convention expected to come into effect next year...” *““European countries stand to gain the most from the UN tax convention but are astonishingly refusing to engage on it, all because they mistakenly see themselves as trying to hold onto a position as winners of a global tax fight – when really they’re the losers of a mostly European tax fight. Europe’s outdated dog-eat-dog mentality on tax is blinding it to the fact that the UN tax convention offers a win-win for everybody....”*

Decolonize Global Health

Guardian - Africa’s universities need overhaul to harness continent’s young talent, says public health expert

<https://www.theguardian.com/global-development/2026/sep/25/africa-young-talent-decolonise-universities-public-health-expert-john-nkengasong-higher-education>

“Dr John Nkengasong, a former WHO adviser who worked with Biden administration on Aids policy, says decolonising curriculums and investment are key to unlocking potential of continent’s graduates.”

“African governments need to shake off the legacy of colonialism and underfunding if their education systems are ever to harness the vast potential of the continent’s young talent, says the public health expert Dr John Nkengasong. ... Africa’s young demographic – it is the world’s youngest continent with 70% of people aged under 30 – is seen as its greatest asset. But a lack of cohesion between education institutions and employers means graduates in Africa, whose number is rising, are not well prepared when they start work, Nkengasong says. In an interview with the Guardian, he says students should be primed to address the continent’s socioeconomic problems, whether through influencing public health policy or technological innovation. He adds that the continent needs to immediately prioritise investment and leadership that will create universities that not only catch up with the rest of the world but leapfrog ahead.... ... Nkengasong says that by looking to countries such as Singapore and South Korea, the continent could find examples of governments that had overhauled their systems to become leading forces in innovation and business....”

“... “My ask to countries is that we should see higher education as a national interest and an investment, not just a social sector that you want to pour money into. There hasn’t been the political recognition that this is an investment and that you do not develop without doing research, innovation and ethical leadership,” he says.”

“... Nkengasong says the causes of the disconnect between education and employment are deep-rooted. In part, they come from a reliance on colonial-era education systems that have not adapted to the modern world, but also because of the impositions made on governments receiving loans in the 1980s. He points out that organisations such as the International Monetary Fund made governments deprioritise spending on higher education and focus only on primary and secondary education. Even now, sub-Saharan African countries are spending 3.6 times more on debt than education. This, he says, turned universities into a “high school-plus”, which provide students with education but do not produce research or scientists prepared to have a public impact....”

““The history of higher education on the continent is shaped by its past, which is the colonial past, where these curricula were designed many, many years ago. Africa hasn’t decolonised its educational system enough,” he says. Nkengasong says the public health sector is an example of where Africa could benefit from new talent equipped to deal with the continent’s problems, and believes the continent needs its own research and development hubs creating vaccines and diagnostic tools in order to ensure its health sovereignty.”

Global Policy – Why Aid's Funding Crisis Could Finally Force Real Localisation

Meike Schleiff; <https://www.globalpolicyjournal.com/blog/01/10/2026/why-aids-funding-crisis-could-finally-force-real-localisation>

“Meike Schleiff argues that after a decade of failed pledges to decentralise or localise aid, tightening budgets might, for the first time, align incentives with the change the sector has been saying it wants.”

She proposes **three lenses** to do this properly.

BMJ GH (Commentary) – Eliminating ‘slum’ from urban health research

A Dorsey; <https://gh.bmj.com/content/11/9/e018609>

“The incorporation of ‘slum’ in academic articles is rooted in prejudice and stigma, authors discussing the Global South should avoid using this term.”

“Alternatives to this word include areas of concentrated urban poverty and/or deprivation, low-income settlement, informal settlement, under-resourced neighbourhood and historically disadvantaged neighbourhood.” “To avoid perpetuating negative connotations about these areas, it is also essential for researchers to describe the historical and contemporary processes that impact low-income households and communities.”

Trump 2.0, US Global Health strategy & bilateral health agreements

Devex – Scoop: US to launch global health plans Congress hasn’t seen

<https://www.devex.com/news/scoop-us-to-launch-global-health-plans-congress-hasn-t-seen-113472>

“The U.S. State Department is launching new implementation plans on Oct. 1 that will govern billions of dollars in healthcare financing and influence healthcare for millions of people around the world.”

“Beginning Oct. 1, the U.S. State Department intends to launch implementation plans that will overhaul global health assistance for 35 partner countries, including a shift toward increasing the amounts of U.S. health funding sent directly to foreign governments — even as the U.S. Congress has yet to see the plans, according to a congressional source.”

“The State Department has already notified Congress that it intends to establish government-to-government, or G2G, financing for Kenya, Malawi, and Uganda, potentially offering an early glimpse into how the new model will work. But with the Oct. 1 launch approaching, the implementation plans have not been publicly released or provided to Congress. Drafted in cooperation with partner governments, **they expand on the memoranda of understanding** U.S. officials began striking with countries last December and will determine how billions of dollars in health financing are spent.”

“... the model has been developed without input from legislators — in Washington or in many of the partner country capitals — and is set to be operationalized largely without the involvement of the communities that will be most impacted. “The implication is that civil society then has no ability to shape and design what the interventions look like,” Allan Maleche, the executive director of the Kenya Legal and Ethical Issues Network on HIV and AIDS, told Devex. **“And if anything goes wrong, how then do you hold them to account if you don’t have all that documentation available?” ...”**

“The secrecy surrounding the implementation plans has raised particular concerns because of the size of the investment. The MOUs are worth more than \$24 billion — \$14 billion from the United States and over \$10 billion in cofinancing commitments from partner countries....”

- Related: Devex Pro - [What we know — and still don’t — about the US global health deals](#) (gated)

“Though the bilateral health agreements the United States has struck with 35 countries have been shrouded in secrecy, the known components have proven controversial.”

HPW – Despite the Deadline, US Bilateral Health Deals Not Ready for Implementation

<https://healthpolicy-watch.news/despite-the-deadline-us-bilateral-health-deals-not-ready-for-implementation/>

“Although the United States’ bilateral health memorandums of understanding (MOUs) with **35 countries** are due to come into effect on Thursday (1 October), the start of the US fiscal year, the money will not flow yet – as countries have until Friday to submit their final 2027 budgets. ...”

“...The US has committed around \$14 billion for the MOUs, in terms of its **America First Global Health Strategy**, which replaces grants from the now-defunct US Agency for International Development (USAID) and the US President’s Emergency Plan for AIDS Relief (PEPFAR). However, **country teams have until Friday (2 October) – the day after the start of the US government fiscal year – to submit new documentation of “budget allocations, organisational charts and commodity procurement plans” for the 2027 fiscal year, according to author Emily Bass**, who has been tracking the MOUs closely....”

“Clearly, the MOUs are not on track for implementation, and countries will have to wait – again – for their funds....”

CGD (blog) - Six Questions for the State Department's Global Health Agreement Implementation Plans

J Estes et al; <https://www.cgdev.org/blog/six-questions-state-departments-global-health-agreement-implementation-plans>

« **Rumor has it that the State Department will soon release (some) implementation plans for its global health agreements.** The plans should add much-needed detail to one of the most consequential shifts in US global health policy. That is big news for anyone following the Trump administration’s new approach....”

« **Here are six things we’ll be looking for:** 1. How much money will flow through country systems, and how? ... 2. What is the spending breakdown by disease and health area, and how does it align with congressional directives? ... 3. What happens when countries fail to comply with the MOUs’ terms or fall behind on milestones? And what’s the State Department’s backup plan? ... 4. Who will collect, verify, and publish data to inform performance-based payments? ... 5. Are the co-financing requirements and transition timelines realistic for each country and appropriately tailored for each context? ... 6. How will other moving parts play into the rollout?... »

TGH - Tracking the "America First" Bilateral Health Agreements

<https://www.thinkglobalhealth.org/article/tracking-the-america-first-bilateral-health-agreements>

Update as of 29 Sept. “Think Global Health's analysis found gaps between country needs and new cofinancing commitments with the United States.”

“After a year of dissolving the U.S. Agency for International Development (USAID), withdrawing from the World Health Organization (WHO), and reducing foreign assistance for health, **the Trump administration is finalizing bilateral arrangements that will define the next era of U.S. global health engagement.** These **memoranda of understanding (MOU), released under the America First Global Health Strategy,** intend to transition the United States away from aid and toward jointly financed health agreements. **The 35 countries that have signed MOUs as of September 29 face widely varying cofinancing provisions, raising questions about their capacity to meet spending benchmarks, achieve target health outcomes, and replace foreign assistance.”**

“**This interactive assesses the sustainability and scope of the cofinancing obligations under the MOUs.** Toward this effort, we analyze the partner governments' recent and projected health spending, examine how U.S. funding is expected to change under the agreements, and evaluate the available text of the MOUs....”

Modern Ghana - Mahama explains why 'humiliating' US, Ghana health deal was thrown out with speed of light at Cabinet

<https://www.modernghana.com/news/1531327/mahama-explains-why-humiliating-us-ghana-health.html>

Read why. Ghana already did so in April 2026.

PS: “...President Mahama said the **decision to develop the Accra Reset initiative was partly influenced by the abrupt withdrawal of US assistance.** “

All Africa – Nigeria Govt Urged to Reveal Details of U.S. Health Deal

<https://allafrica.com/view/group/main/main/id/00098304.html>

“**Former Vice President Atiku Abubakar has called on Nigeria's government to publish the full text of its five-year health agreement with the United States.** His demand follows Ghanaian President John Mahama's disclosure that Ghana **rejected** a similar proposed deal over concerns about medical records, pathogen information, funding commitments and the inspection of medicines. **Nigeria signed its agreement in December 2025, covering disease surveillance, laboratory systems, pathogen sample handling and health data systems.”**

“The US is expected to provide nearly \$2 billion in grants, while Nigeria has committed to increasing domestic health financing by about \$3 billion over five years. **Atiku questioned whether Nigeria can meet those commitments amid existing funding gaps in the health sector and urged the government to disclose all related data-sharing, specimen-sharing and financial arrangements.”**

Semafor on Zambia

https://www.semafor.com/newsletter/09/25/2026/namibia-seeks-more-local-minerals-processing?utm_source=headernewsletterlink&utm_medium=africa

(Sept 25) **“Zambia is close to resolving a monthslong dispute with the US over a proposed health agreement, the southern African nation’s foreign minister told Semafor. Foreign Minister Mulambo Haimbe said the two sides had also agreed to drop a proposed link between the health pact and a separate critical minerals deal. “I believe that it has now been agreed that those provisions be replaced completely,” he said, adding that the revised deal was ready to sign now the minerals linkage “has also been set aside.” The US State Department has not publicly confirmed the change. A [Zambian statement](#) said the countries would deepen cooperation on health, investment, and critical minerals, but did not confirm the changes....”**

WP – U.S. ends health aid to Zimbabwe after ‘America First’ deal is spurned

[Washington Post](#);

“The African nation refused to make an agreement with the Trump administration, which has sought to slash foreign assistance and impose new terms on recipients.”

PS: **“ Zimbabwean officials pledged this week to raise government spending and to seek more funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, an international global health financing organization based in Geneva, and other partners to meet the deficit left by the U.S. withdrawal...”**

Devex – Watchdog finds holes in the US foreign aid review story

<https://www.devex.com/news/watchdog-finds-holes-in-the-us-foreign-aid-review-story-113513>

“The Government Accountability Office says the State Department and USAID were unable to provide evidence of any review process to guide the termination of thousands of foreign assistance programs.”

Devex Pro - Scoop: Lawmakers warn State Dept. is phasing out famine monitoring system

<https://www.devex.com/news/scoop-lawmakers-warn-state-dept-is-phasing-out-famine-monitoring-system-113460>

(gated) “The State Department is reportedly weighing whether to end funding for the 40-year-old famine monitor just as a “Super El Niño” threatens to push tens of millions more people into acute hunger.”

“The U.S. State Department is considering phasing out its support of the Famine Early Warning Systems Network, or FEWS NET, a platform that has monitored the world’s hunger hotspots to predict — and help humanitarians respond to — famine since 1985. That’s according to a letter penned by four Democratic lawmakers and sent to Secretary of State Marco Rubio on Monday, and which Devex obtained. Today, FEWS NET has enough resources to operate through the end of 2026, but will need to begin terminating staff by Wednesday, Sept. 30, if its funding is not continued....”

FT - Maha split shows all is not well with Kennedy's US health revolution

<https://www.ft.com/content/a1bff0d7-be5a-434f-8856-c45337b9449f?syn-25a6b1a6=1>

(gated) **"Republicans worry Make America Healthy Again is an electoral liability while activists claim it has abandoned its values."**

- And a link: Stat - [At MAHA Summit, a grassroots movement goes corporate](#)

"The Make America Healthy Again movement has changed, if Tuesday's MAHA Summit is any indication. The insurgent movement that coalesced around mistrust of the health system and corporate influence put on a summit where industry leaders promoted their work under the MAHA banner, whether as insurers controlling costs or pharma companies developing the next breakthrough...."

NYT - 'Zombified' C.D.C., Hobbled by Cuts, Struggles to Fulfill Scientific Mission

<https://www.nytimes.com/2026/09/26/health/cdc-staff-cuts-rfk-jr.html>

"The agency has lost its independence and nearly a third of its staff, as Health Secretary Robert F. Kennedy Jr. and associates have tightened control."

"The Trump administration's widespread layoffs in early 2025 cut 18 percent of the C.D.C.'s staff. But new personnel data, compiled by a group of former federal scientists and reported here for the first time, indicate that the agency's staff has dwindled far more, as large numbers of employees retired or resigned. As of May 2026, the C.D.C. had 30 percent fewer employees than it did before the layoffs, the data show. Interviews with more than 30 current and former employees reveal the agency is now tightly controlled by Mr. Kennedy and his associates, and its scientists are finding it increasingly difficult to do their jobs effectively...."

"...The changes have hindered the C.D.C.'s ability to respond to outbreaks as measles spreads at home and Ebola abroad, and to issue timely guidance on vaccinations as cooling temperatures kick off the respiratory season, according to current and former employees. State and local health departments, which rely on the C.D.C. for resources and technical advice, have been stymied by delays. Entire divisions have been shuttered, including teams that worked on smoking, sexual violence, child abuse and falls among older adults...."

"...Beyond staff reductions, there is a leadership vacuum...."

PS: **"...Despite a series of high-profile disease outbreaks, C.D.C. workers have had little contact with the World Health Organization, with members of Congress and even, for a time, with their partners in state and local health departments, some employees said. Statements to the media about health crises are also tightly controlled by H.H.S...."**

- See also [Devex – US CDC hemorrhages global health staff](#)

"The Global Health Center at the U.S. Centers for Disease Control and Prevention has lost 27% of its workforce under the Trump administration, according to a new database published by AFGE Local 2883."

Development Today - Nordic NGOs pay high price for standing up to new US aid rules

<https://www.development-today.com/archive/2026/dt-6--2026/nordic-ngos-pay-high-price-for-standing-up-to-new-us-aid-rules>

(gated) **“Major Nordic relief organisations have rejected the Trump administration’s new conditions requiring NGOs to “abandon” equality and diversity efforts. Some are phasing out their US-funded projects entirely, while others seek a pragmatic approach to the dilemma of rejecting US funding that could save lives. The US State Department brushes aside the concerns, saying to Development Today that objections to the new US policy have been “minimal.””**

- And a link: [Emily Bass – State Extends Malaria Supply Chain Contract to Avert Stock-Outs](#)

“New GHSD memo includes a rare diagnosis: We caused this.”

“The Department of State is extending its malaria supply chain contract to avoid stock outs of lifesaving drugs and bed nets that it says would otherwise occur as a result of the Trump Administration’s overhaul of foreign assistance. In a September 28 memo justifying the continuation of an award without open competition, the Bureau of Global Health Security and Diplomacy states that three orders for commodities including anti-malarial medications and insecticide-treated bed nets are on hold, with an additional 23 “at risk of being put on hold,” and that a no-cost extension of the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) Task Order 2 is the only way to avert the potential crises of stock outs...”

“State writes that the “foreign assistance review and transition to the State Department” slowed the process of awarding a new GHSC-PSM contract that had been underway prior to January 2025, and that, “State/GHSD is currently exploring options for the next procurement service agent(s). ...”

NCDs & commercial determinants of health

Stat – Once described as obesity medicines for ‘patients,’ GLP-1s are increasingly lifestyle drugs for ‘customers’

[Stat](#) ;

(gated) **“Novo Nordisk, a pioneer in the field, has leaned hard into the shift.”**

“In advertisements around the world, the company has trotted out slogans like “Live lighter” and “Summer Glow Up.” On its website, Novo no longer labels its treatment, Wegovy, as a “weight management” drug or “anti-obesity” medicine, but instead as a “weight loss” drug. And the company now often refers to the people who take its drugs less as “patients” and more as “customers.””

“Why are they making this shift? Elaine unravels that mystery, weaving together the way insurance companies’ coverage decisions have shaped how these medicines are used....”

Mauritius is the first country to show it is reversing the type 2 diabetes epidemic using gold-standard testing

https://medicalxpress.com/news/2026-09-mauritius-country-reversing-diabetes-epidemic.html#google_vignette

“New research presented at the Annual Meeting of the European Association for the Study of Diabetes (EASD) in Milan, Italy, Sept. 28–Oct. 2 and **published in The Lancet Diabetes & Endocrinology** shows that **the small island nation of Mauritius is the first country to demonstrate that it is reversing the type 2 diabetes epidemic using the gold-standard two-hour oral glucose tolerance test...**”

WHO – UN Decade of Healthy Ageing midpoint report finds progress, calls for greater investment

<https://www.who.int/news/item/01-10-2026-un-decade-of-healthy-ageing-midpoint-report-finds-progress--calls-for-greater-investment>

“New evidence in the Secretary-General's report to the 81st UN General Assembly, prepared by the World Health Organization (WHO) in coordination with the UN system, finds more countries acting on healthy ageing than ever before – but longer lives will not become healthy, dignified ones without faster, more sustained investment at country level.”

Lancet Editorial – Peripheral arterial disease: counting what matters

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01985-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01985-9/fulltext)

Today's Lancet Editorial.

“**Peripheral arterial disease**, caused by atherosclerotic narrowing of the arteries supplying the limbs, is widely regarded as a local disease of the legs and, particularly when asymptomatic, as relatively benign. Both impressions are inaccurate. **Peripheral arterial disease is a manifestation of systemic atherosclerosis**, and when symptoms do appear, they are often attributed to ageing or musculoskeletal disease, and only a minority of patients report the classical intermittent claudication—exertional leg pain relieved by rest—that clinicians are taught to search for. **A three-paper Series in this issue of *The Lancet* examines the burden and diagnosis of peripheral arterial disease, current approaches to treatment, and the lived consequences of the disease.** The Series exposes a **striking mismatch between the scale and severity of the disease and the attention it receives....**”

Nature Comment - Vaping in childhood has bigger health risks than we'd thought

W D Carroll et al; <https://www.nature.com/articles/d41586-026-02962-y>

“**Use of e-cigarettes makes it more likely that young people will experience mental-health disorders and take up smoking. Governments must act.**”

“A systematic review published in August (for which we are co-authors) identified a range of health consequences for children and young people who vape. The extent of the likely harmful effects is wider than anticipated, and increasingly evident in the children we see in hospital practice....”

“Here, we outline the risks, and call for governments to act to legislate as necessary and ensure these laws are effectively enforced....”

Lancet GH (Comment) – Chewing tobacco: the neglected component of the tobacco epidemic

P C Banik et al ; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00229-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00229-9/fulltext)

Comment related to a **new study in the Lancet Global Health.**

“In their analysis published in *The Lancet Global Health*, the Global Burden of Disease (GBD) 2023 Chewing Tobacco Collaborators highlight a persistent and neglected challenge in a global health landscape in which tobacco control has made substantial progress. Their comprehensive study shows that despite decades of global tobacco-control efforts, **241 million people used chewing tobacco in 2023, with use concentrated in south Asia and prevalence changing little since 1990. The analysis adds crucial granularity to our understanding of this risk factor, estimating 251 000 deaths and 6·48 million disability-adjusted life-years (DALYs) attributable to chewing tobacco in 2023. **It distinguishes the substantial contribution of chewing tobacco from the broader category of smokeless tobacco. Notably, it broadens the recognised burden beyond oral cancer, identifying stroke as the largest source of disease burden attributable to chewing tobacco, contributing 3·63 million DALYs globally....”****

- The study in the Lancet GH [Global, regional, and national burden of exposure to chewing tobacco, 1990–2023: a systematic analysis of the Global Burden of Disease Study 2023](#) (by GBD 2023 Chewing Tobacco Collaborators)

“... We observed little change over time in the prevalence of chewing tobacco use, accompanied by a growing burden of associated death and disability. This **burden of stroke and head and neck cancers is seen most heavily in south Asia. ...”**

Stat – Top journal’s special issue on women’s health casts spotlight on menopause and pain

<https://www.statnews.com/2026/10/01/womens-health-issues-academic-journal-science-special-edition/>

“Sex-dependent differences affecting many diseases are poorly understood, authors say.”

“...This led the *Journal Science* to plan **a special issue dedicated to women’s health, published Thursday. “Biomedical science has come a long way over the years, and it has become increasingly clear that there are sex-dependent differences in many diseases that do not involve reproduction and that occur at all ages,” according to the introduction. ...”**

- Related: **Science insider** - [Menopause puts the brain at risk. Researchers are starting to learn why](#)

Habib Benzian - When Hunger Changes Shape

[On Substack](#)

“Why hunger and obesity belong to the same political economy.”

‘... The pattern is global. Across much of Africa, Asia and Latin America, countries now carry overlapping burdens of child stunting, anaemia in women and adult overweight. What looks like scarcity in one body and excess in another can coexist within the same food system. The old thinking of “too little” and “too much” starts to look increasingly inadequate.’

‘... Undernutrition amid abundance matters for exactly this reason. Neither scarcity nor excess adequately describes the modern nutrition problem. A society may have supermarkets full of food while children remain stunted. More calories than previous generations could have imagined while micronutrient deficiencies persist. Once we stop asking whether there is enough food, the contradiction disappears. A better question is whether the food system reliably produces health...”

“For decades, the double burden has been described as the coexistence of an old problem and a new one. That description may now obscure more than it reveals. Undernutrition and obesity are not simply opposites appearing side by side. They can be different manifestations of food systems that distribute nutrition, calories, choice and risk profoundly unevenly. The burden, then, is not simply nutritional. It is political. When a food system repeatedly produces both deprivation and excess, who do we ask to change?”

McKinsey (Report) – The future of healthy living: A \$16.4 trillion opportunity

<https://www.mckinsey.com/mhi/our-insights/the-future-of-healthy-living-a-16-4-trillion-opportunity>

“New McKinsey Health Institute analysis finds that addressing modifiable risk factors could add 12 years to healthy life expectancy at birth and add nearly 9 percent to the global economy by 2050.”

WHO - Fifteen years of tobacco tax reform show countries can make harmful products less affordable

<https://www.who.int/news/item/30-09-2026-fifteen-years-of-tobacco-tax-reform-show-countries-can-make-harmful-products-less-affordable>

“Major tobacco-tax reforms in several emerging economies have sharply increased cigarette prices and helped drive down smoking, offering powerful lessons for countries seeking to protect health, raise revenue and advance the World Health Organization’s 3 by 35 Initiative.”

“A new independent analysis of 15 countries finds that every country made improvements to cigarette taxation between 2009 and 2025. The strongest results came where governments acted boldly, substantially raising taxes, simplifying tax systems and preventing cigarettes from becoming more affordable as incomes rose.”

“WHO urges countries to use health taxes to increase the real prices of tobacco, alcohol and sugary drinks by 2035. **The 3 by 35 Initiative** aims to reduce consumption of products that drive noncommunicable diseases and injuries, while generating resources that governments can invest in health and development....”

Contemporary European History - Inventing the Global Competitiveness Race: The World Economic Forum, the IMD and the Neoliberal Benchmarking Tool They Created

J M Schaufelbuehl; [Contemporary European history](#)

“This article offers a historical analysis of the World Competitiveness Index, which the World Economic Forum (WEF) developed after 1979 and continued to produce for four decades, partly in collaboration with the International Institute for Management Development. It examines the conceptualisation of this global performance indicator (GPI), the institutional and methodological choices that were made and the underlying neoliberal theoretical views on which it was based. A case study on the use of the competitiveness indicator in the context of the newly established European Union at the beginning of the 1990s helps to show how business groups (the European Round Table of Industrialists and the Union of Industrial and Employers’ Confederations of Europe) relied on this quantification of competitiveness to make policy recommendations that mirrored their economic interests. Competitiveness was used as a performative notion to support policies that came of the toolbox of neoliberalism, above all the deregulation of the labour market. Finally, the contestation of the WEF’s flagship indicator by leading economists is discussed.”

Mental Health

New UN Report Calls for a Global Shift Towards Ecosystem-based Approaches to Youth Mental Health and Well-being

<https://www.un.org/youthaffairs/en/press-releases/new-un-report-calls-global-shift-towards-ecosystem-based-approaches-youth-mental>

(23 Sept) **“More than 2.6 billion young people between 15 and 35 are coming of age amid profound uncertainty, facing intersecting pressures from economic insecurity, climate change, armed conflict, inequality and a rapidly evolving digital environment. A new report from the United Nations Youth Office and United Nations University International Institute for Global Health calls for a fundamental shift in how youth mental health and well-being are understood and addressed — from a primary focus on individual diagnosis and treatment towards the social, economic and environmental conditions that shape young people’s lives.”**

“Youth Mental Health & Well-Being in an Uncertain World: A Global Call to Action, launched today during United Nations High-Level Week, argues that promoting youth mental health requires strengthening the interconnected systems in which young people grow, learn, work and connect. ... The report proposes a Youth Mental Health & Well-being Ecosystem Model that brings together key areas of young people’s lives as interconnected entry points for action. These include governance, education, decent work and secure housing, as well as peace and security,

intergenerational relationships, digital spaces, climate, community life, sports, arts, culture and spirituality....”

“Rather than presenting a one-size-fits-all framework, **the model is designed to be flexible and adaptable to different cultural, social and economic contexts...**”

Adolescent health

Lancet Public Health (Viewpoint) - Securing our global future: investing in adolescent health

Prof Susan M Sawyer, et al ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00165-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00165-9/fulltext)

“Over the past decade, there has been growing recognition of adolescence as a unique developmental stage, across which focused interventions can reap a triple dividend of benefits: during adolescence itself, as adolescents mature into adulthood, and for the next generation parented by those adolescents. Yet, despite evidence of a ten-fold return on investment, adolescents remain largely invisible within the public health agenda and have not attracted the policy attention and financing needed for transformative change. Beyond prominent increases in obesity and mental ill health, immense challenges—climate disasters, conflict, pandemics, commercial interests, digital technologies, and political shifts—are reshaping young people's lives in ways that are more pervasive, complex, and severe than in the past. These threats risk reversing many of the gains in adolescent health over the past 20 years. Gender-sensitive and age-sensitive multisector interventions are needed to co-create opportunities that realise the potential of today's young people, which will help ensure the health and prosperity of future populations and the planet.”

“... Missing within the MDGs, and still hiding within the SDGs, a specific post-SDG adolescent goal is needed to integrate the many different global agendas that are required to work more coherently to advance adolescent health and wellbeing.... .. Investment in the first 1000 days of life is essential, but maximising the potential of early investments will only be achieved by sustained commitment across the first 10 000 days that ultimately shape health and human capital....”

HP&P Supplement - New Perspectives on Advancing Adolescent Health and Well-being

https://academic.oup.com/heapol/issue/41/Supplement_2

- Start with the [Editorial – The health and well-being of adolescents: responding to their priorities](#) (by David A Ross et al)

“Adolescents aged 10–19 years represent the largest cohort in human history and a critical global resource—yet realizing their potential requires deliberate, sustained investment in their health and well-being. This editorial introduces a six-article supplement in Health Policy and Planning addressing key priorities for adolescent health and well-being policy and programming, with

particular attention to young people's own perspectives and evidence from low- and middle-income countries....”

Planetary Health

HPW - ‘Armies Can’t Stop Wind’: Energy Costs of War Drive Calls for Green Transition at UN General Assembly

<https://healthpolicy-watch.news/weapons-dont-stop-wind-energy-costs-of-war-drive-calls-for-green-transition-at-un-general-assembly/>

“The evolution in the language of climate diplomacy took its latest step at the United Nations General Assembly this week as world and diplomatic leaders framed the push for green energy as a matter of national security amid energy price shocks driven by global wars. With COP31 fast approaching, the pitch reframes renewables as a source of energy autonomy rather than a tool to save the planet, sidestepping the deadlocked fights over fossil fuel phase-outs that sank the last two climate summits....”

PS: “Turkish President Recep Tayyip Erdoğan, hosting COP31 in Antalya from 9 to 20 November, billed it as an “implementation COP,” a label every presidency since COP27 in 2022 has claimed with mixed results. COP28 in Dubai produced the first-ever agreement to transition away from fossil fuels. COP29 in Baku failed to build on it. COP30 in Belém ended with no mention of fossil fuels at all in its final text.... The presidency’s agenda is built around six targets, led by raising electricity’s share of global energy from 23% to 35% by 2035, dubbed “35 by 35.” The others include halving the growth in global waste, cutting building energy intensity by 25%, and increasing circular material use to 15%, all by 2035.”

“The agenda is deliberately fossil-fuel free, built to avoid the political torpedoes that sank the last two COPs. It mirrors the broader strategy on display at the summit: winning ground on electrification, waste and construction without triggering the veto of oil-producing states that have blocked fossil fuel exit language since Dubai....”

Lancet Letter – Declare the climate crisis a Public Health Emergency of International Concern

N Brink et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01919-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01919-7/fulltext)

“The International Health Regulations prescribe a Public Health Emergency of International Concern (PHEIC) for just these kinds of extraordinary events that require an internationally coordinated response. During a PHEIC, countries are legally obligated to establish national surveillance structures and support coordinated international activities.... The 2026 Pan-European Commission on Climate and Health and others have previously called for a PHEIC declaration. It is now time for member states to formally trigger the PHEIC mechanism. This would catalyse a more equitable and coordinated public health response, prioritising care and support for affected populations, while laying the platform for a public health approach to emissions reduction. It would define time-bound step changes in climate action, anchored in global coordination, financing, and

collaboration, as per the International Health Regulations. **Once a more robust health-centric response to climate change is established, the PHEIC could be terminated and ongoing responses then managed as part of WHO and member states' core functions.** A PHEIC would mark a moment to reimagine WHO's role in the climate response....”

PS: “The time to act is now, while globally coordinated action can still reduce harm.”

WHO releases new guidance to prevent heat-related illness at mass gatherings

<https://www.who.int/news/item/30-09-2026-who-releases-new-guidance-to-prevent-heat-related-illness-at-mass-gatherings>

(30 Sept) “... The World Health Organization (WHO) has today published a new review of evidence with guidance showing that most of the heat-related illnesses at major events can be prevented or treated on site when timely risk management measures are put in place....”

Climate Change News - Brazil confident new rainforest fund will reach \$10bn donor milestone

<https://www.climatechangenews.com/2026/09/29/brazil-confident-new-rainforest-fund-tfff-10bn-fund-finance/>

“Brazil’s environment minister João Paulo Capobianco said their new rainforest fund proposal has raised billions in record time, which he hopes will convince more investors.”

“Brazil's environment minister says he is "very optimistic" that the Tropical Forest Forever Facility (TFFF) - a new rainforest fund to channel private and public finance to developing nations - can meet a key \$10 billion funding target this year, and is not at risk from his country's elections next month.”

“The TFFF, launched by Brazil at COP30 in the Amazon last November and co-led by Norway, is intended as an alternative to traditional grant-based forest finance. The fund aims to raise \$125bn in public and private capital, invest it in bond markets, and then pay countries that keep their forests standing from the annual returns....”

HPW - World Leaders Approve First UN Declaration on Sea Level Rise, Guaranteeing Statehood for Sinking Nations

<https://healthpolicy-watch.news/world-leaders-approve-first-un-declaration-on-sea-level-rise/>

“World leaders on Thursday approved the first United Nations declaration on sea level rise, affirming that nations losing land to the ocean will keep their statehood and maritime rights, as a new UN report warned that up to 1.2 billion people could be displaced by 2050.”

“Championed by small island states, the declaration affirms a “presumption in favour of continued statehood,” including membership of the UN....”

Guardian - UN warns of 'narrowing window' to restore world's forests

<https://www.theguardian.com/environment/2026/sep/29/un-warns-of-narrowing-window-to-restore-worlds-forests>

"Food and Agriculture Organization urges governments to make forest restoration a national priority."

"The world faces a "narrowing window" to restore forests essential for food security and resistance to the climate emergency, a United Nations report has warned. More than 489m hectares (1.2bn acres) of forests have been cleared since 1990, while an even greater area is degraded, the world body said in a call for governments to make forest restoration a national priority."

"The State of the World's Forests report acknowledges recent steps forward in protection and tree planting around the globe but says action has not kept pace with commitments...."

Independent - Climate aid driving up public debt of poorest countries by billions of pounds each year

[Independent;](#)

"New Independent analysis reveals how many of the poorest and most climate-vulnerable countries are being priced out of the climate aid system, while countries able to access aid are seeing billions added to their already-critical levels of national debt."

Based on OECD climate finance data.

Quote: **"Most climate aid comes to Africa as public debt - and ends up in wealthier countries..."**

CESR - New resource: The Climate Advisory Playbook

<https://www.cesr.org/the-climate-advisory-playbook/>

"Government's international human rights obligations as they relate to climate change are becoming clearer. "

"The International Court of Justice and the Inter-American Court of Human Rights have clarified that governments' existing legal obligations require them to prevent climate harm. Their advisory opinions carry substantial authority. And for the climate justice movement, they offer new ways to press for accountability. CESR's new report, *The Climate Advisory Playbook*, turns the courts' findings into practical strategies across four connected fronts: climate finance, fossil fuel phaseout, human rights, and reparations and loss and damage...."

Access to Medicines, Vaccines & other health technologies

Science – Can Africa make 60% of its vaccines by 2040? That’s a tall order, as the travails of South African companies show

<https://www.science.org/content/article/africa-s-effort-make-most-its-own-vaccines-2040-faces-significant-headwinds>

“... the Partnerships for African Vaccine Manufacturing (PAVM), [was] launched in April 2021 and spearheaded by the African Union and the Africa Centres for Disease Control and Prevention (Africa CDC). PAVM aimed to help companies access financing and build expertise, and to get neighboring countries to pool resources, creating larger marketplaces for manufacturers in their regions. **PAVM had an ambitious—some said unrealistic—goal: to drive up the proportion of African-made vaccines to a staggering 60% of demand by 2040. ...**”

“**More than 2 dozen companies are now vying to seize the postpandemic momentum and contribute to PAVM’s vision.** Media have intensively covered African presidents and global health leaders holding shovels at groundbreaking or ribbon-cutting ceremonies for new and expanding plants. **But the experiences of Biovac and South Africa’s two other vaccinemakers, the tiny, mRNA-focused Afrigen Biologics and Vaccines and the giant Aspen Pharmacare, show tremendous hurdles remain—even in a country that has the largest economy on the continent and one of the most developed infrastructures....**”

PS: “A June report issued by the [Clinton Health Access Initiative](#) interviewed the three manufacturers in South Africa and 24 others to assess the state of vaccine production on the continent. “What we found is a sector making genuine progress and running into serious headwinds,” its report concluded. Biovac and IPD are the only two African companies that will likely do end-to-end manufacturing of vaccines in the next 5 years, it predicts. In the same time frame, Aspen and Egypt’s Vacsera are the only two that will receive bulk product made elsewhere and do fill and finish....”

WHO announces expansion of prequalification programme for medical devices

<https://www.who.int/news/item/25-09-2026-who-announces-expansion-of-prequalification-programme-for-medical-devices>

(25 Sept) “The World Health Organization (WHO) today announced a major expansion of its prequalification programme to include a wider range of life-saving medical devices such as contraceptives and innovative tuberculosis (TB) screening technologies. This broadens the range of quality-assured, safe and effective products covered by the programme, which **already includes in vitro diagnostics (medical tests) and male circumcision devices.**”

Stat - Licensing deals on generic versions of Roche flu drug aimed at preparing for pandemic

<https://www.statnews.com/pharmalot/2026/09/25/roche-xofluza-influenza-treatment-agreements/>

(gated) **“Eleven companies will be permitted to develop, manufacture, and supply Xofluza in 129 countries.”**

“With an eye toward pandemic preparedness, a U.N.-backed agency has signed sub-licensing deals with 11 manufacturers to develop and manufacture generic versions of a Roche influenza treatment. Under the agreements, brokered by the Medicines Patent Pool, the companies can develop, manufacture, and supply Xofluza in 129 countries, covering nearly all low- and middle-income nations. The manufacturers will also have access to technical data, reference products for bioequivalence studies, and other support intended to help with regulatory approval in those countries.”

“This marks the latest effort to widen access for a needed medication to lower-income countries, a goal that has often required the pharmaceutical industry to balance its financial priorities with ensuring its medicines can be affordably obtained by the largest number of patients possible....”

- See also [HPW – MPP Signs Multiple Regional Agreements to Expand Access to Flu Antiviral Medicine](#)

“The Medicines Patent Pool (MPP) has signed sublicense agreements with 11 manufacturers across multiple regions to expand access to generic baloxavir marboxil, a single-dose antiviral treatment for influenza that was originally developed by Swiss pharmaceutical company Roche. The announcement, made the night before last Friday’s UN High-Level Meeting on Pandemic Prevention, Preparedness and Response, reignited calls for partnership to strengthen geographically diverse manufacturing capacity during what has been referred to as an era of ‘peacetime’ for flu before the next pandemic. ...”

“... The agreements follow an initial voluntary licensing agreement made in May 2026 between MPP and Roche to expand access to baloxavir by allowing generic manufacturers to develop, manufacture and supply affordable generic versions of the treatment in 129 countries, subject to local regulatory authorization. The 11 manufacturers include four manufacturers with a global presence – Laurus Labs and MSN in India, and Desano and Guilin Pharma (Fosun) in China – alongside seven regional manufacturers with Biolab in Brazil, Kimia Farma in Indonesia, Hovid in Malaysia, Fidson in Nigeria, QCIL in Uganda, Lekhim in Ukraine and Stellapharm in Vietnam. “

GAVI - Eight lessons from the Big Catch-Up on childhood vaccination

<https://www.gavi.org/vaccineswork/8-lessons-big-catch-childhood-vaccination>

“Launched in 2023 to help reverse pandemic-related declines in childhood immunisation, the Big Catch-Up showed that children who miss out on vaccines can still be reached.”

“... A new report examining the Big Catch-Up's implementation in five countries offers lessons for this next phase, assessing what worked, what hindered progress and how catch-up vaccination can become part of routine immunisation....

Here are **eight key lessons** that could strengthen countries’ ability to reach missed children in the future....”

Daily Nation – Kenya to manufacture HIV-prevention drug

<https://nation.africa/kenya/health/kenya-to-manufacture-hiv-prevention-drug-5611386>

“Kenya has been granted a licence to manufacture a groundbreaking HIV prevention pill for African markets, making it one of three countries on the continent set to produce the drug. This marks the first time that African manufacturers are part of the licensing for an HIV medicine from the very start.”

“On Friday, pharmaceutical company Merck announced that it was going to license seven generic drugmakers to produce a low-cost version of a new monthly HIV-prevention pill. One of the drugmakers is in Kenya. The decision is intended to make the drug, alimtravir, immediately available in developing countries if clinical trial results next year live up to expectations for the pill....”

“The study that started last year and is being done by the Kenya Medical Research Institute (Kemri) is in a late-stage trial involving young women in three countries: Uganda, Kenya and South Africa. This means the clinical evidence itself is being generated in the region the drug is meant to serve, not imported as a finished product from elsewhere....” “In Kenya, the drug will be manufactured by the Universal Corporation.”

Telegraph - ‘Pooled’ TB testing could save money and improve diagnosis, study finds

<https://www.telegraph.co.uk/global-health/science-and-disease/pooled-tb-testing-could-save-money-and-improve-diagnosis/?s=09>

“Countries urged to adopt WHO backed strategy of testing samples from several patients at once.”

“Mixing phlegm samples from multiple patients in “pooled tests” for tuberculosis could halve costs and help find millions of missing cases, according to a major new study. While most advances in fighting TB come with a large price tag, the shift in strategy could dramatically boost access to diagnosis and save money, experts said....”

- Cfr the new study in the Lancet Global Health: [Diagnostic performance and testing costs of pooled testing for molecular detection of tuberculosis in seven countries: a prospective, observational, diagnostic accuracy study](#)

JAMA - Equitable Access to GLP-1 Receptor Agonists—Essential but Not Accessible

S A Karim, T J Bollyky et al; <https://jamanetwork.com/journals/jama/article-abstract/2854745>

On why the measures being taken to expand access to GLP-1s in low and middle income countries won't be enough to meet this challenge.

Washington Post – Secret contracts reveal undisclosed terms in Trump’s drug-pricing deals

<https://www.washingtonpost.com/politics/2026/09/19/secret-contracts-reveal-undisclosed-terms-trumps-drug-pricing-deals/>

“Agreements with Pfizer and Eli Lilly include tariff protections, overseas pricing inducements and broad confidentiality clauses. “

AI & health

Reuters - Anthropic quietly sets up biology lab as it ramps AI drug program

<https://www.reuters.com/world/anthropic-quietly-sets-up-biology-lab-it-ramps-ai-drug-program-2026-09-18/>

“Anthropic sets up Bay Area lab beyond computer simulation work, two sources say. Startup aims for Claude AI to direct robots in lab environments, one source says. Company to stop short of clinical trials to avoid drugmaker competition, life sciences head says.”

If you wonder whether this fits ‘AI & health’ (or the opposite), you’re not alone :)

Economist - How will AI philanthropy change development aid?

[*Economist*](#):

“As Anthropic and its ilk join the donor class, they must avoid old pitfalls.”

“Daniela, Amodei’s (from Anthropic) sister and the firm’s president, is instead excited about how AI could save lives. She tells The Economist that **global health is becoming a focus for Anthropic, which is working with aid organisations across Africa to use Claude in health care and to forecast food insecurity...**”

“Nan Ransohoff, who works on public goods at Stripe, a payments company, estimates that the OpenAI Foundation, Anthropic’s founders and its employees could eventually account for \$37bn-100bn in charitable spending each year. Some of that will go to poor countries. How will the new money help development...”

Miscellaneous

Geneva Solutions – “The UN’s human rights system is being hollowed out so it can be captured

V Madrigal-Borloz;

<https://genevasolutions.news/opinions/the-un-s-human-rights-system-is-being-hollowed-out-so-it-can-be-captured>

“The UN human rights architecture is being hollowed out from within and carefully prepared for capture. Nobody should be watching from the sidelines, warns Victor Madrigal-Borloz, trustee at the UN’s fund for torture victims.”

Lancet World Report – NHS campaigners target Palantir

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01982-3/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01982-3/abstract)

“Activists hold a day of action after mounting concerns over the contract between the NHS and the tech company. Talha Burki reports.”

Plos GPH – How (not) to write about health equity

A Koay, R Burgess et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007292>

Lovely (& wry) article. Must-read.

“Health equity is defined by the World Health Organization as the “absence of unfair, avoidable or remediable differences among groups of people”. Taking inspiration from Binyavanga Wainaina’s essay ‘How to Write About Africa’, this Opinion offers a guide on how to write about health equity with authority, clarity and impact....”

Global health governance & Governance of Health

ODI (Expert Comment) - UNGA 2026: four ways the UN can meet the moment

J Salmon et al ; <https://odi.org/en/insights/unga-2026-four-ways-the-un-can-meet-the-moment/>

“At ODI Global, we believe four shifts are essential: 1. Acquire a renewed sense of purpose (just because we don’t agree on everything, does not mean we don’t agree on anything)... 2. Take more selective action (do less)... 3. Adapt to shifts in power and conflict ... 4. Take a new approach to finance...”

- And via [RANI’s Resilience action playbook](#) :

“Irish revival of the ‘like-minded’ for development. With development cooperation an explicit priority for the Irish Presidency, Irish Minister of State Neil Richmond reiterated plans to build the coalition of ‘like-minded’ countries, gathering Development Ministers from the EU and the U.K., Iceland, and Norway to drive forward a positive agenda on development. For many years, the ‘like-minded’ – a group of countries deeply committed to development – was an accepted feature of the EU development landscape, but recent politics saw those efforts grind to a halt. The Irish

reconvening this group is a shot in the arm to those looking for leadership on crucial development issues, just when the EU's long-term budget is about to be debated....”

ECDPM (Commentary) - Putting mutual interests into practice: What it means for the future of EU development cooperation

<https://ecdpm.org/work/putting-mutual-interests-practice-what-it-means-future-eu-development-cooperation>

“Alexei Jones, Sophie Desmidt, San Bilal and Sara Tessema Manshlot argue that the language around ‘mutual interests’ and ‘mutually beneficial partnerships’ is appealing, but what does it actually entail, and what happens when European and partner-country interests do not fully coincide?”

“As the EU is reconsidering both the role and the scope of development cooperation, **we explored some of these questions at an ECDPM–Oxfam discussion in Brussels on 23 September, held as an associated event of the Irish Presidency of the Council of the EU.** ... There was broad recognition that European strategic interests, partner countries' investment needs, and development objectives can reinforce each other. The more difficult issue is what happens when they do not. Across the discussion, **four areas in particular seemed to deserve more attention** as the EU shapes its next seven-year budget....”

“Mutual interest needs to be defined, not assumed ... The conversation is moving towards choices... Investment matters, but it cannot be the whole model... Fragility brings these tensions into sharper focus...”

- And related note: [ECDPM – How can mutual interests work for development?](#)

“This note draws on last week's ECDPM-Oxfam event on the future of EU development cooperation in a contested world. **Four messages emerged on how these EU interests interact with development objectives and partner-country priorities in practice.**”

Global Studies Quarterly - To Confront or to Evade? The Evolution of the International Regime Complex for Multilateral Development Finance

B Faude et al ; <https://academic.oup.com/isagsq/article/6/4/ksag144/8845539>

“This paper seeks to advance our knowledge about the evolution of regime complexes made up of operational institutions **by studying how existing (legacy) MDBs react to the entry of new MDBs into the regime complex for multilateral development finance. We argue that the creation of a new MDB gives rise to inter-institutional competition to which existing MDBs may respond either by evading or by confronting the newly created bank...**”

Global Policy - The Boom and Bust of Donor Development Regimes

Dirk-Jan Koch; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70233>

In the same series. **“The article introduces the concept of the donor development regime (DDR): a configuration of mutually reinforcing narratives, institutions, actors, and practices that generates sustained public and political commitment to development....”** With case study: the Netherlands.

Scientific Reports - Understanding the leaky pipeline for female leadership in global health research in Germany

By J Lorenz et al. <https://www.nature.com/articles/s41598-026-72104-x>

“..... We identified five interrelated themes influencing women’s advancement: gendered socialization; personal qualities, including self-confidence and initiative; workplace conditions, including hierarchical structures and supportive leadership; sector-specific challenges, including fixed-term contracts and international mobility; and persistent patriarchal structures reinforcing inequalities...”

Global health financing

International journal of Health Planning & Management - Political Economy of Budgeting Reforms: A Comparative Analysis of the Adoption and Implementation of Programme-Based Budgeting in Health Across Seven LMIC Countries

Maria Paola Bertone, Helene Barroy, Susan Sparkes, Lucas Sempé, MyMai Yungrattanachai, Sophie Witter; <https://onlinelibrary.wiley.com/doi/10.1002/hpm.70142>

“Despite its widespread application in public financial management reforms across low- and middle-income countries, programme-based budgeting (PBB) implementation often remains relatively superficial. The technical weaknesses of the reform have been widely documented; however, the political economy dynamics around the introduction and implementation of PBB in the health sector have not been studied. **This comparative case study analysis of seven low and middle-income countries (Burkina Faso, Cameroon, Ghana, Kenya, Peru, Philippines, and South Africa) aims to unpack the political economy drivers of PBB reform in the health sector. ...”**

Via **H Barroy**: “Our newly released paper explores the incentives, interests, and governance dynamics that can shape reform success, and highlights lessons from seven country experiences. ...”

Brookings – Measuring fiscal space in emerging market and developing economies

H Kharas et al; <https://www.brookings.edu/articles/fiscal-space-emerging-developing-economies/>

“Fiscal space is a qualitative concept requiring a quantitative framework to be useful for policymakers. Fiscal space models are forward-looking and attempt to answer questions such as “how much headroom does a government have to invest in its development priorities?” “

“This working paper finds that the massive shocks associated with COVID-19 and the war in Ukraine have reduced fiscal space in many countries. It also finds that 59 of the 144 emerging market and developing economies in the sample are still fiscally constrained.”

“Climate readiness is one of the most important determinants of fiscal space, along with revenue mobilization and governance. It reflects the difference between a country’s ability to respond to a natural disaster and its physical exposure to such shocks.”

UHC & PHC

SSM Health Systems - Unpacking the Drivers for Public-private Partnerships in South Africa’s National Health Insurance Scheme

<https://www.sciencedirect.com/science/article/pii/S2949856226001467>

By Sean Beckett et al.

Pandemic preparedness & response/ Global Health Security

Global Public Health – Beyond dependency: Ethical health sovereignty and global justice after the pandemic treaty

<https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2725429>

By C H Onyebuchi.

SS&M - Bridging Divides: The Role of Social Science in Operationalising Transdisciplinarity for Epidemic Preparedness in sub-Saharan Africa, 2012–2023

Dr Catherine Grant et al;

<https://www.sciencedirect.com/science/article/abs/pii/S0277953626009573>

« Social science has the potential to act as catalyst and nexus and operationalise transdisciplinarity. A conceptual framework of power, knowledge and crisis explains whose expertise is heard. Three case studies, namely neglected zoonoses, Ebola, and COVID-19, demonstrate the challenges and potential of transdisciplinarity in sub-Saharan Africa. Power and knowledge politics shape transdisciplinary integration and bridging in practice. Participatory and rapid-response methods can generate actionable, context-specific knowledge and advance community-centred, transdisciplinary epidemic preparedness. »

Global Health Action - From continental strategy to country implementation: a document-based scorecard for assessing health security and sovereignty readiness in Africa

Augustus Osborne et al; <https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2735716>

“A document-based readiness scorecard applied to 48 policy documents from 12 African countries found stronger readiness in governance and strategic planning, but persistent gaps in financing specificity, digital health architecture, laboratory systems, and pharmaceutical systems.”

“... This study provides a feasible and replicable tool that translates the Africa Health Security and Sovereignty Agenda pillars and World Health Organization health-system building blocks into a structured approach for assessing policy readiness across countries.”

Planetary health

Annals of Global Health - The Role of Greenness in Heat-Related Mortality: A Systematic Review and Meta-Analysis

Maria Martinez-Andres et al; <https://annalsofglobalhealth.org/articles/10.5334/aogh.5216>

« The systematic review and meta-analysis included 11 articles. These cover **data from China, France, Germany, Jordan, Switzerland, and the USA, as well as a global analysis covering 24 countries. ...**”

« ... **Higher temperatures were associated with increased mortality in both low- and high-greenness areas; however, the heat–mortality association was 11% stronger in low-greenness areas.** These findings suggest that greater greenness may attenuate vulnerability to extreme heat, although the limited evidence base and considerable between-study heterogeneity warrant cautious interpretation. »

Environmental Politics - Just transitions under pressure: from early visions to new proposals and trajectories in the Global South

Yanis Rih; <https://www.tandfonline.com/doi/full/10.1080/09644016.2026.2710465>

“Just transition has gained salience in international climate governance, yet its meaning remains mainly defined by institutional and academic frameworks of the Global North. Here, I trace the concept’s genealogy, exploring how its meaning has shifted over time, and examine its too-often underexplored contemporary uses in the Global South. A transregional and multi-scalar analysis of Africa, Southeast Asia and Latin America, drawing on heterogeneous sources, reveals three recurring, overlapping just transition articulations: technocratic policy approaches centred on energy-sector restructuring; grassroots environmental justice mobilisations emphasising human rights and territorial protection; and systemic transformation discourses highlighting the (geo)political-economic constraints shaping multilevel climate policy. They underscore intertwined structural barriers to transformative measures, such as epistemic exclusion, governance asymmetries, climate finance injustices, and growth-oriented economic rationalities. Finally, I

highlight how they mirror, differ from, or expand early conceptions from the Global North, thereby advancing a conceptual cartography of just transitions in global climate politics.”

Globalization & Health - Global systematic review of how climate change degrades the wellbeing and health of Indigenous children

<https://link.springer.com/article/10.1186/s12992-026-01235-7>

By J J Turnbull et al.

AMR

Nature (World View) - Tuberculosis treatment has advanced — now we need to stop drug resistance dragging us backwards

<https://www.nature.com/articles/d41586-026-02963-x>

“The next major advancement in TB might not be a new drug, but a better understanding of how and why resistance to medicines emerges.”

Excerpt: “... **RESPECT-TB**, an international collaboration launched in September and funded by Wellcome in London. Coordinated by researchers at the University of Oxford and Queen Mary University of London in the United Kingdom and the University of the Witwatersrand in Johannesburg, South Africa, the project involves scholars, public-health bodies and national TB programmes in India, Vietnam, Kazakhstan, South Africa and Mozambique.”

“Built on the international CRYPTIC collaboration, which demonstrated the power of combining genomic and drug-susceptibility data at an unprecedented scale, **RESPECT-TB will combine genomic sequencing, laboratory studies of TB drug resistance and detailed clinical information to understand how resistance arises, and how the bacterium can evade specific drugs. Learnings and evidence generated from this project will be openly available to researchers around the world to drive progress collectively.** RESPECT-TB will work with policymakers and national TB programmes to inform and improve TB diagnosis and treatment by connecting data on bacterial resistance with information on treatments and patient outcomes....”

Lancet Primary Care (Health Policy) - Refinement of a scoping tool to tackle antimicrobial resistance via a primary health care approach: insights from Kazakhstan, Sweden, and Thailand

Serena W Y Chong et al; [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(26\)00107-X/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(26)00107-X/fulltext)

« WHO developed a scoping tool to identify AMR-relevant interventions that can be used to strengthen PHC-oriented health systems and applied it to country reviews in Kazakhstan, Sweden, and Thailand. The objective was to identify AMR interventions in primary care and the community that are context relevant, improve quality of care, and strengthen health systems. ...”

Stat - Merck discontinues a crucial antibiotic despite concerns over superbug resistance

<https://www.statnews.com/pharmalot/2026/09/28/merck-discontinues-antibiotic-recarbrio-in-u-s-despite-superbug-concerns/>

“The antibiotic was pegged as a treatment of last resort by the Food and Drug Administration.”

“In an unexpected move, Merck discontinued an important antibiotic from the U.S. market earlier this month, underscoring concerns about the commitment large pharmaceutical companies are willing to make to a field that is crucial to public health. The drugmaker is no longer supplying Recarbrio, which was approved seven years ago and is used to treat serious infections in adults and children, such as pneumonia that develops from a hospital or ventilator, as well as complicated urinary tract and stomach infections in patients with limited or no alternative treatment options.”

“The company did not explain its decision, but the antibiotic — a three-drug combination injection — was pegged from the outset as a treatment of last resort by the Food and Drug Administration in hopes of mitigating antibiotic resistance. However, this also limits market and sales potential. Merck did not disclose Recarbrio sales in its regulatory filings....”

American Journal of Health Policy & Management - Framing the Silent Pandemic: A Descriptive Study on Media Advocacy and One Health AMR Policy in West Africa

<https://www.sciencedirect.com/article/10.11648/j.ajhpm.20260101.13>

By R Abujah.

NCDs

Guardian – ‘Godzilla’ of weight-loss drugs could provide other important health benefits

<https://www.theguardian.com/science/2026/sep/29/retatrutide-godzilla-of-weight-loss-drugs-other-health-benefits>

“Though not yet approved by any regulatory agency, retatrutide could help improve blood sugar levels and reduce inflammation.”

“The ‘Godzilla’ of weight-loss drugs could help improve blood sugar levels, reduce inflammation and cut a person’s body weight by a quarter, according to the largest study of its kind. ... Retatrutide mimics three key gut hormones that help control appetite, blood sugar and metabolism: GLP-1, GIP and glucagon. Unlike other drugs such as Wegovy, which primarily targets the GLP-1 pathway to suppress appetite, or Mounjaro, which contains GLP-1 plus GIP to control blood sugar levels, retatrutide also engages the glucagon receptor, which helps increase energy expenditure. The drug has not yet been approved by any regulatory agency. But the results of the global trial in people

living with obesity and type 2 diabetes suggest it could help them shift enormous amounts of excess weight while also providing other important health benefits.”

“Retatrutide demonstrated substantial reduction in body weight alongside glycaemic control and cardiometabolic risk factors, with a safety profile generally similar to other molecules with GLP-1 receptor agonist activity,” the researchers said....” “ **The findings from the study, funded by retatrutide maker Eli Lilly, were published in the Lancet medical journal and presented at the annual meeting of the European Association for the Study of Diabetes in Milan, Italy....**”

Nature (BDJ) - Understanding global health diplomacy: oral health and the United Nations' Non-Communicable Diseases Declaration

<https://www.nature.com/articles/s41415-026-0146-1>

By Habib Benzian & Sudeshni Naidoo.

Social & commercial determinants of health

SS&M - Overcoming the corporate playbook in international treaty negotiations: Insights from the Framework Convention on Tobacco Control

Leah Shipton; <https://www.sciencedirect.com/science/article/abs/pii/S0277953626009627>

“Industry can impede health-promoting obligations in global treaty negotiations. **The Framework Convention on Tobacco Control is strong despite industry pressure. A diverse coalition overcame the corporate playbook to negotiate the Convention.** Coalitions with diverse and pooled authority can challenge industry power. Effective coalitions share a vision, evidence base, and moral claims.”

Neonatal and child health

Lancet Regional Health Africa - Maternal smoking and household tobacco smoke exposure and childhood stunting in sub-Saharan Africa: a pooled analysis of Demographic and Health Surveys from 29 countries

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00138-0/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00138-0/fulltext)

By Anesu Marume et al.

GAVI – New research suggests vaccines could help prevent autism

<https://www.gavi.org/vaccineswork/new-research-suggests-vaccines-could-help-prevent-autism>

“A major new study of 3.7 million people **suggests certain infections, including rubella, could be linked to the development of autism in babies born with the disease.**”

Adolescent health

SS&M - “Being safe and being yourself is two different things”: a scoping review on the violence faced by sexual and gender minority adolescents living in low- and middle- income countries

Cara Frances et al; <https://www.sciencedirect.com/science/article/pii/S0277953626009500>

“Sexual and gender minority youth experience high rates of interpersonal violence. Schools are frequent sites where peers and trusted adults perpetrate violence. **No peer-reviewed violence prevention interventions for Global South minority youth.**”

Access to medicines & health technology

Lancet GH (Health Policy) – Symptom-agnostic endpoints in tuberculosis vaccine efficacy trials

M Ruhwald; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00241-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00241-X/fulltext)

“Tuberculosis vaccine prevention-of-disease efficacy trials traditionally rely on symptom-triggered case detection.... In this Health Policy paper, we outlined a framework for integrating symptom-agnostic screening into tuberculosis vaccine efficacy trials and reviewed emerging diagnostic technologies that could enable this transition.”

Human resources for health

CGD (blog) – How Overworked Are Healthcare Workers in Low-Income Countries?

J Das et al; <https://www.cgdev.org/blog/how-overworked-are-healthcare-workers-low-income-countries>

See also last week’s IHP newsletter.

“A widely held view is that there is a severe shortage of health workers in low- and middle-income countries, particularly in sub-Saharan Africa. There is no doubt that many countries suffer from severe shortages of various kinds of specialized health workers, for instance, OB/GYNs and surgeons. **But does this mean that *primary care* health systems as a whole suffer from the same problem?** ... Based on existing studies, it is very difficult to understand how general the workforce shortage is in primary care and how it manifests as high workloads for existing providers.”

“Our [new paper](#) provides that evidence.....” “We combine a review of a literature focused on multiple aspects of human resources in healthcare with analysis of an unusually rich dataset assembled by the World Bank through its Service Delivery Indicators program. These indicators provide unique data on 7,915 facilities, each physically visited by survey teams, as well as matched

data on the medical knowledge of 14,367 healthcare providers working in these facilities. The **data were collected across 10 countries in sub-Saharan Africa—Kenya, Madagascar, Malawi, Mozambique, Niger, Nigeria, Tanzania, Togo, Sierra Leone, and Uganda.** Note that the **emphasis in this dataset, and in our paper, is on primary care only**—the first point of contact for many patients.”

“Here are **four questions and answers** that explain what we found....”

Authors conclude: “...These findings should not be interpreted as a call to reduce the healthcare workforce or to indiscriminately increase the workload of existing doctors. Instead, **they are a call to examine *how health systems match resources to needs.*** Concerningly, they suggest that these health systems simultaneously contain highly skilled doctors whose talents are often unused, while other facilities face high congestion, and no effective policy in place to connect the two. In this case, then there is little reason to expect that more providers would meet unmet needs, because the health system is already failing to mobilize skilled practitioners who stand ready to do so. **The reassessment offered here suggests a different way forward: new staffing commitments must be demonstrably delivered either at *higher quality* or, alternatively, *better allocated* than the human resources currently available in these systems.**”

- The paper they discuss (in Research Observer): [Reassessing the Human Resources Crisis in Primary Health Care: A Review of Global Findings with New Evidence from 10 Sub-Saharan African Countries](#) (by B Daniels et al)

Lancet World Report - Barriers to care: how new immigration rules are reshaping the US health workforce

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01984-7/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01984-7/abstract)

“Volatile and prohibitive immigration rules are raising concerns about staffing health and social care across the USA. Roxanne Nelson reports.”

Journal of Global Health - Best practices for designing interventions to improve health worker performance in low- and middle-income countries

<https://jogh.org/2026/jogh-16-03027>

By A K Rowe et al.

Decolonize Global Health

Plos GPH - Decolonising global health evaluations: A scoping review of methodological frameworks

Sali Hafez et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007362>

« The field of global health evaluation is critiqued for its reliance on Eurocentric paradigms that perpetuate epistemic injustice. A rapidly evolving yet conceptually fragmented literature on decolonising evaluation has emerged in response. We conducted a scoping review to chart the nature and breadth of this literature and synthesise insights to guide future evaluation scholarship and practice. ... Our synthesis reveals that the literature points in two concurrent, dialectical and complementary theoretical projects: the first involving the deconstruction of colonial systems, and the second the (re)construction of decolonial and Indigenous-centred alternatives. We organised our findings into a typology that illustrates a spectrum of praxis in global public health evaluation, which moves from minimal adaptation of dominant methodological approaches to a more profound philosophical and political reorientation of practice. ... »

Conflict/War & Health

SSM health systems - Inclusion, power, and coordination: a relational analysis of health system resilience in fragile and shock-prone settings

Arek Dakessian et al; <https://www.sciencedirect.com/science/article/pii/S2949856226001455>

“Power in health systems, and shock response, operates through inclusion, brokerage, and exclusion. **Relational analysis reveals governance dynamics obscured by structural approaches.** Learning-oriented platforms can reconfigure inclusivity in governance, and thus leadership and resource mobilisation.”

“This paper presents a secondary, cross-country analysis of qualitative and relational **data from four fragile and shock-prone contexts (Lebanon, Myanmar, Nepal, and Sierra Leone)** generated through the ReBUILD for Resilience programme....”

Miscellaneous

HPW - Progress on Nutrition Has Stalled But Accountability and Integration Can Accelerate Impact

<https://healthpolicy-watch.news/progress-on-nutrition-has-stalled-but-accountability-and-integration-can-accelerate-impact/>

“Progress towards **global nutrition targets** is too slow, and **rising food prices** threaten to put healthy diets even further out of reach for many, according to the 2026 *State of Food Security and Nutrition in the World* published recently by the Food and Agriculture Organization (FAO)....”

“It is estimated that **645 million people faced hunger in 2025**. Beyond ensuring access to sufficient dietary energy, populations must have economic access to safe, diverse and nutritious foods. Yet, healthy diets are unaffordable for about **2.7 billion people worldwide**, with the crisis deepening particularly in Africa....”

Papers & reports

Academia Medicine & Health - A new agenda for health policy and systems (HPS) education: how high-resource universities can support health system transformation

Meike Schleiff & Dina Balabanova; <https://www.academia.edu/3070-3530/3/3/10.20935/AcadMedHealth8566>

“... Drawing on developments in the field and on the authors’ experience as educators and thought leaders working with colleagues from diverse contexts around the world, **we argue that high-income-country-based universities must move beyond content delivery to intentionally cultivate learning spaces and collaborations that support professional identity formation, employability, and ethical engagement with complexity....”**

L E Bain - Global Health Politics: A Discipline Reclaiming Its Reality

<https://www.linkedin.com/pulse/global-health-politics-discipline-reclaiming-its-engelbert-bain-bclpe/>

LinkedIn post related to global health education for the new times.

Lancet Regional Health Africa - Nuclear medicine in Africa: not a luxury, but a decision-making tool

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00137-9/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00137-9/fulltext)

By Mariza Vorster et al.

Book – Leadership in Global Health - Strategic Blueprint for Scalable Change

O Ezezika; <https://www.routledge.com/Leadership-in-Global-Health-A-Strategic-Blueprint-for-Scalable-Change/Ezezika/p/book/9781041165903>

“Leadership in Global Health outlines the essential leadership principles that transform promising health interventions into global movements, offering a timely and compelling blueprint for leaders seeking to drive lasting, scalable change.... the book centers the **role of leadership—strategic, adaptive, and collaborative—as the critical engine for scaling health interventions...”**

Blogs & op-eds

IHP - White Coats in the Streets: Doctors’ Protest Exposes a Deepening Health System Crisis in Iraqi Kurdistan

Goran Zangana; <https://www.internationalhealthpolicies.org/featured-article/white-coats-in-the-streets-doctors-protest-exposes-a-deepening-health-system-crisis-in-iraqi-kurdistan/>

“On 27 September 2026, **thousands of doctors marched through the streets of Sulaymaniyah in what was arguably the largest healthcare protest witnessed in the Kurdistan Region of Iraq (KRI) in recent years. Beginning at the **University of Sulaymaniyah campus** and ending at one of the city’s main public hospitals, the march represented a dramatic escalation of a movement that has been building for months.**

At the centre of the demonstrations is a simple but deeply consequential demand: employment for approximately 1,400 medical graduates from the 2025 and 2026 cohorts who remain unable to secure positions within the public health system. **The march highlights a broader crisis unfolding within Kurdistan’s healthcare system, one that raises fundamental questions about the future of public healthcare, workforce planning, and the right to health....”**

Tweets (via X & Bluesky)

Tedros

“@WHO and @WorldBankGroup are closer partners today than at any time since our establishment. We are jointly hosting a UHC Hub in #Japan, helping countries advance health financing schemes to achieve #HealthForAll, and co-managing the @Pandemic_Fund to help countries address emergency preparedness gaps. Thank you, Ajay, for your partnership and friendship. Together, for a healthier, safer, fairer world.”

Jean Kaseya

“An important step for health financing in Africa. I congratulate Dr Samuel Roger Kamba, the DRC Ministry of Health and the Health Promotion Fund following the announcement that US\$130 million in domestic resources has been mobilised through the Health Promotion Tax. This is the kind of shift we need to accelerate across our continent: African countries mobilising more of their own resources to finance their health priorities. **Health sovereignty requires sustainable and predictable domestic financing that delivers tangible results for our people. Congratulations to the DRC on this progress.”**