

IHP news 901 : ‘And then they were 7’ + Run-up to IMF/WB annual meetings, WHS

(9 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,

Given our weekly Friday morning deadline, we pick up from where we left last week. Last Friday, WHO [released new global health estimates](#). Among the key findings: **eight of the world’s ten leading causes of death were NCDs in 2023**. And *“In 2023, for the first time, communicable diseases accounted for less than half of all deaths in low-income countries, marking another step in the global epidemiological transition.”* NCDs increasingly rule the world. Eat that, Donald.

In this newsletter issue, we also briefly come back on the **EU Gastein Forum** (29 Sept- 2 Oct), where [various notions of health sovereignty were being discussed](#). Speaking of health sovereignty, **Zambia** booked a rather neat victory this week, [signing a \\$3.6 billion health plan with the US that won’t require sharing of patient data](#) after all. Also evidence of what N A Evaborhene described in a must-read analysis on Global Policy, [“Domestic Politics and the Future of Global Health Governance.”](#)

The **Ebola emergency** remains worrying, with this week for the first time also [a case in Kenya](#) being reported. It remains to be seen whether this will spark more global attention – not an easy feat in the ‘attention economy’ in a world in chaos. Just in the area of GHS, the [‘plague’ case in Siberia](#) got far more attention this week...

Over to the **WHO DG race**, then. **And then they were 7**: earlier this week, [HPW reported](#) that China also nominated a candidate; by Thursday it became clear it was indeed **Song Li** who enters the race. [Interesting development](#). Given my soft spot for Chinese people, I personally don’t mind a Chinese candidate in the mix. More in general, I tend to align with **Mukesh Kapila** though, who tweeted [“...The good news is that at least the Organization is considered worth fighting for”](#).

On the **planetary health** front, the **first-ever Global Heat Forum** (6-9 Oct) ends today in Bangkok. Among the headline news there: [“Extreme heat is making pregnancy a ‘new fault line’ in climate crisis”](#), with UNFCCC calling for maternal and newborn health to be built into countries’ climate plans.

Next week, the [annual IMF/World Bank Meetings](#) also take place in the Thai capital (12-18 October). There will be no shortage of crises to discuss over there – with the current floods in Bangkok injecting some extra urgency. Last week, **UNDP** already flagged the [‘multicrisis’](#) (*rising energy prices, higher borrowing costs, El Nino*) currently hitting many developing countries. And in her own curtain raiser, **IMF boss Georgieva** [didn't sound much more optimistic](#).

World Habitat Day (5 October) focused this year on the [theme of Adequate Housing for All](#). Another important crisis nowadays, with more than 3 billion people being denied this universal right - including increasingly in so called 'rich countries' (@BillGates) (see eg Spain these days).

Among the reports and publications of the week, the new [Lancet series on digital determinants of health](#) stands out. As the Editorial emphasizes, "... **Governing digital technologies... will be a defining public health challenge of the 21st century.**" That's right and as far as I can tell, [we suck at it](#) for the time being - in spite of some recent encouraging regulating news from various countries. Also worth a read in this context: Kamran Abbasi's "[Hail medicine's latest, and super intelligent, miracle cure](#)". And just one aspect of the huge governance challenge in this area: the relentless rise of **data centers**, increasingly considered as '**digital colonialism**' by many ordinary people in the North. Now that colonialism doesn't just happen 'over there' anymore, maybe the 'decolonizing global health movement' can get an extra boost? And could it be (@EC), "**mutually beneficial**' for South & North to rein in Big Tech?

But let me end by quoting a **columnist** from my country, Belgium, who wrote last week, "[Once you're over 50, it's very normal to think that civilisation is collapsing.](#)" If you let Claude analyze my more recent intros, you know he's not entirely wrong :) Trouble is, though, that these days many youngsters also think they're pretty much "cooked". On Sunday, when the long awaited '[Lancet Commission on 21st century threats to health](#)' is released in Berlin, we might find out whether Gen Z and cranky fifty-somethings have a point. The conspiracy theorist in me certainly thinks it's no coincidence the report is launched the day after [World Mental Health Day](#) (10 Oct). :)

*PS: And finally, some gentle & only half-joking advice to the brave angry youngsters in the streets: maybe it's time for a **global (and literal) version of Tǎng píng ('lying flat')** – lying down for a few months, in front of your schools? There's little that drives right-wing commentators so nuts these days as youngsters not 'diligently working towards a competitive future for the country', allowing to go Pisa scores further going through the roof in the process. Added benefit: police brutality is far more difficult to get away with, and various political sides can't hijack or distort young people's rightful anger as easily, when the youngsters are collectively lying down. So lie down for a few months (preferably when the weather is a bit better, or inside the schools), and watch much of the adult world go berserk. I know, it's not an option in authoritarian countries. But in some of ours, it still is. For now. As Tedros would say, 'Together!' :)*

Enjoy your reading.

Kristof Decoster

Featured Articles

Reflections from the Micronutrient Forum's 7th Global conference in Accra

[Sophie Vusha](#)

From 28 September to 1 October, I attended [the Micronutrient Forum's 7th Global Conference](#) (#MNF2026) in Accra, Ghana. Under the theme “*Nutrition at the Frontiers of a Changing Environment*”, the forum brought together the global nutrition community (researchers, programme implementers, policymakers, funders, and experts from different sectors) to discuss how to ensure that no one is left behind in matters of nutrition. The participation of Ghana’s Deputy President, Professor Jane Naana Opoku-Agyemang, underscored the importance of political leadership and commitment to the nutrition agenda.

The [Micronutrient Forum](#) is the central platform for evidence and advocacy to improve micronutrient health. Discussions in Accra reflected the changing and increasingly complex nutrition landscape. Key topics included climate change and food insecurity, nutrition in fragile and humanitarian settings, artificial intelligence and nutrition, [adoption of the United Nations International Multiple Micronutrient Antenatal Preparation \(UNIMMAP\) MMS](#) by countries, data quality, research, and product innovation. The forum also emphasized the importance of strengthening scientific quality and evidence availability to support critical nutrition decisions.

Participants highlighted the need for different sectors including health, agriculture, economics, and social sciences to work together and leverage their complementary expertise. Discussions also focused on sustaining important nutrition work despite funding uncertainties and on ensuring that evidence generated through research translates into meaningful action. ...

- To continue the read, see IHP: [Reflections from the Micronutrient Forum’s 7th Global conference in Accra](#)

From Stories to Systems: Why Lived Experience Matters for Mental Health in India

[Maya Annie Elias](#);

The theme for [World Mental Health Day 2026](#), “*Lived Experiences Heard: Real Voices, Real Change*”, is particularly relevant and timely for India. As mental health receives increasing attention in public health, policy and research, the theme invites us to look beyond the availability of services and ask whether the experiences of people living with mental health conditions are shaping how those services are designed, delivered and evaluated.

In recent years, India has made important progress towards a rights-based approach to mental health. The [Mental Healthcare Act, 2017](#) recognises the rights of persons with mental illness, including the right to live in and be part of society, and provides a framework for community-based mental health care. Yet translating these principles into people’s everyday lives remains a challenge, with continuing [stigma and barriers to seeking care](#), as well as [gaps in rehabilitation](#), community support and reintegration.

The 2026 theme therefore goes beyond simply listening to people’s stories. It calls for lived experience to be recognised as valuable knowledge and for people to have a meaningful voice in shaping the mental health systems that affect their lives....

- To continue the full read, see IHP - [From Stories to Systems: Why Lived Experience Matters for Mental Health in India](#)

Highlights of the week

Structure of Highlights

- New WHO global health estimates
- PABS & more on PPPR
- Ebola emergency
- “Plague” in Siberia
- EU Gastein Forum
- Global Health Reform
- WHO DG race
- Run-up to the IMF/WB annual meetings
- Future of Development Cooperation
- More on Global Health Governance & Financing/Funding
- Global Tax Justice
- UHC
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- Impact aid cuts (& transition)
- SRHR & Women’s Health
- Lancet series on the Digital Determinants of Health
- World Habitat Day (5 Oct)
- NCDs
- World Mental Health Day (10 Oct)
- Planetary Health
- Decolonize Global Health
- Conflict/War & health
- Access to Medicines, Vaccines & other health technologies
- Miscellaneous

New WHO global health estimates

Released end of last week.

New WHO estimates show changing global health landscape

<https://www.who.int/news/item/02-10-2026-new-who-estimates-show-changing-global-health-landscape>

(2 October) “WHO’s latest **Global Health Estimates**, released today, **provide a picture of how health has changed across countries and regions between 2000 and 2023**, including trends in life expectancy, causes of death and disease burden. ...”

“**Global health is recovering, but not all gains have returned: Global life expectancy** reached 73.3 years in 2023, close to the 73.4 years recorded in 2019. **Healthy life expectancy** has recovered more slowly, reaching 62.8 years in 2023, still 0.4 years below its 2019 level. ...”

“**At the same time, the long-term shift towards NCDs continues.** NCDs accounted for 74% of deaths globally in 2023, compared with 58% in 2000. **Eight of the world’s ten leading causes of death were NCDs in 2023.** This shift is increasingly visible across all income levels. “

“**In 2023, for the first time, communicable diseases accounted for less than half of all deaths in low-income countries**, marking another step in the **global epidemiological transition.** “

- Related: [WHO – The top 10 causes of death](#)
- And via [HPW - COVID-19 Drops Out of World’s Top 10 Causes of Death for First Time Since Pandemic Began](#)

“**COVID-19 dropped out of the world’s 10 leading causes of death in 2023 for the first time since the pandemic began in 2020, and only two years after it topped the list**, according to new World Health Organization **estimates** released Friday....”

“**The virus directly killed an estimated 0.9 million people in 2023, ranking 14th**, as global life expectancy climbed back to near its pre-pandemic level. WHO declared an end to COVID-19 as a global health emergency in May that year.”

“... **Chronic diseases claim three in four lives; heart disease is still the top killer:** Eight of the 10 leading causes of death were noncommunicable diseases (NCDs), led by ischaemic heart disease, stroke and chronic obstructive pulmonary disease (COPD). ...”

PS: “**Chronic diseases climb in low- and middle-income countries:...** Nevertheless, “ **In low-income countries, seven of the 10 leading causes of death in 2023 were still communicable diseases. Lower respiratory infections have been the top killer there since around 2010**, except in 2021, with more than 350,000 deaths every year since 2000 and no notable downward trend. **Malaria, tuberculosis and HIV remained in the low-income top 10, though deaths from all three fell significantly....”**

PABS & more on PPR

Re PABS, we start with a quick update via RANI’s [RANI's newsletter](#):

- “**Informals under way.** Informal meetings are running this week (5–9 Oct.), with sessions intended to build convergence and prepare draft text proposals for formal consideration at IGWG 9. On Wednesday, a session open to relevant stakeholders addressed the functioning of existing WHO-Coordinated Laboratory Networks.

- **Streamlined text on the table.** The Bureau also circulated 'streamlined' text proposals on two building blocks of the PABS system: which laboratories would qualify for the WHO Coordinated Laboratory Network (WCLN; responsible for managing the pathogen data and materials subject to PABS), and which databases would be allowed to host and manage sequencing data of pathogens considered within PABS.
- **The next negotiation round. IGWG 9 will run two full weeks (2–13 Nov.)...**

TWN – WHO Member States proceed carefully with PABS negotiations

Nithin Ramakrishnan; <https://www.twn.my/title2/health.info/2026/hi261001.htm>

Even the hard-hitting TWN people seem to discern some cautious progress now (i.e. in the latest round). “– **WHO Member States are moving ahead, albeit slowly, to carefully build convergence on some of the nuanced issues** relating to Pathogens Access and Benefit Sharing. ...”. Check out the detail.

“The **8th meeting of the Intergovernmental Working Group (IGWG8)** took place on 14 to 18 September 2026 in hybrid mode....”

Geneva Health Files - A Global Mapping of Access and Benefit Sharing (ABS) Frameworks

K Makwana; <https://newsletter.genevahealthfiles.com/a-global-mapping-of-access-and-benefit-sharing-abs-frameworks/?ref=geneva-health-files-newsletter>

From last week. (gated) “In this edition, we bring you a **mapping of laws on Access and Benefit Sharing across the world**. Here is what you will find:”

“**A comparative assessment of 201 countries and jurisdictions on existence, scope, and key characteristics of their Access and Benefit Sharing (ABS) frameworks**; A mapping of how many countries recognize the importance of protecting both biological resources and indigenous or local community knowledge; How many countries have Digital Sequence Information subject to ABS obligations. How much is the access to genetic resources regulated. To what extent is Prior Informed Consent a key operational mechanism among countries implementing ABS frameworks. A picture on compliance, sanctions and legal enforcements. How many jurisdictions link access permissions to benefit sharing arrangements. And **key takeaways for the negotiations on Pathogen Access and Benefit Sharing System**.”

Geneva Health Files - Three Questions the Bundibugyo Ebola Outbreak Asks of CEPI's 100 Days Mission

Anne Jomard ; <https://newsletter.genevahealthfiles.com/three-questions-the-bundibugyo-ebola-outbreak-asks-of-cepis-100-days-mission/?ref=geneva-health-files-newsletter>

“In today's edition, we look at the “upstream” challenges in responding to the Ebola outbreak in the **Democratic Republic of Congo**. These contribute to reflections on preparedness, financing and the response to health emergencies. **Issues including decisions around the scope of pathogens, the**

access to information, and what constitutes "benefits". They speak to the ongoing negotiations on the Pathogen Access Benefit Sharing System at the WHO."

"...Anne Jomard raises three questions to examine the difficulties in meeting the objectives of the 100-day mission - to have vaccines ready for initial authorisation and manufacturing at scale within 100 days of a threat being identified. **She pieces together what did not work, and why."**

A few excerpts:

"The current outbreak raises at least three questions. A. Did the mission meet its own target? ... So did the mission reach its own target? In short, it did not. **B. Did the machinery work?** To a certain extent, yes, the machinery did work, even if no product was delivered.... **C. Is a hundred-day clock the right instrument?** "To be sure, **the mission was built for Disease X** — a novel pathogen, where the binding constraint really is the speed of the sprint. **Bundibugyo is not Disease X...."**

"... But filoviruses — the viral family that includes Ebola — were not an unanticipated threat. They are a named CEPI priority area with a standing programme, and CEPI was funding filovirus work before this outbreak, including a project with MSD and Hilleman Laboratories to improve ERVEBO's yield and thermostability. **If the viral family approach was going to pay off anywhere, it was here...."**

"Asked why no Bundibugyo candidate existed, a CEPI spokesperson told Geneva Health Files, in response to our queries, that the organisation had focused its limited resources on WHO-prioritised pathogens posing the greatest epidemic risk, and that "because Bundibugyo virus has caused only two known outbreaks prior to 2026, it was not prioritised for dedicated investment. Instead, we concentrated on expanding access to licensed Ebola Zaire vaccines." ..."

"... The hundred days exposed two bottlenecks: accessing the pathogen, and understanding the funding. Where these two bottlenecks (pathogen access and funding clarity), meet is benefit-sharing."

PS: "... It is therefore no surprise, that the discussions on benefit-sharing are one of the most political and challenging aspects of the PABS negotiations at the WHO. **At this point, the access to information is as acutely contested as the potential obligations on what constitutes benefits, and when would such obligations kick in."**

WHO Bulletin – The WHO interim Medical Countermeasures Network for public health emergencies

Tim Nguyen et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.26.295961.pdf?sfvrsn=c2710a3f_3

« ...In 2023, the World Health Organization (WHO) established the interim Medical Countermeasures Network following a call from Member States for a coordination mechanism to facilitate access to medical countermeasures in the event of another pandemic. **The network's aim** is to enhance timely and equitable access to quality, safe, effective and affordable medical countermeasures during public health emergencies. **Operating as an interim network of networks, the interim Medical Countermeasures Network brings together global and regional stakeholders**

across the medical countermeasures value chain, without preempting Member States' prerogatives during deliberations on the WHO Pandemic Agreement. The network's value was demonstrated in 2024 during the mpox public health emergency of international concern, when its structure was leveraged to operationalize an **Access and Allocation Mechanism for limited vaccine supplies**. Through coordinated partnerships, the mechanism enabled the strategic sourcing, allocation, transportation and distribution of 1.49 million mpox vaccine doses to beneficiaries in 15 countries. **The experience offered valuable insights for preventing, preparing for and responding to future pandemics. The experience also highlighted the need for a sustainable, institutionalized mechanism to coordinate equitable access to medical countermeasure that is aligned with global instruments including the International Health Regulations (2005) and the WHO Pandemic Agreement, once it comes into force."**

TGH – Could Economic Incentives Encourage Faster Outbreak Reporting?

R Agyarko, C Murray et al ; <https://www.thinkglobalhealth.org/article/could-economic-incentives-encourage-faster-outbreak-reporting>

"A new funding mechanism could speed up early disease reporting, which could prevent outbreaks like Ebola from outpacing the response."

"The global community should support countries that report a potentially dangerous outbreak, yet the reverse is too often true.... "

"... A key element in creating that culture of reporting is to establish a financial mechanism that counterbalances the economic harms from reporting a potentially dangerous outbreak. Governments, multilateral development banks, and regional organizations should establish a fund or insurance mechanism to rapidly provide funding to countries that report disease outbreaks. Had such a mechanism already been in place, it could have rapidly provided payment to the Democratic Republic of Congo and to Uganda for identifying the Bundibugyo outbreak and reporting it quickly to the World Health Organization..."

"... For simplicity and speed, the trigger for payments from such a mechanism should be the already recognized categories under the International Health Regulations (IHR): the public health emergency of international concern (PHEIC) and the new pandemic emergency designation. Using such a trigger can allow money to flow to affected countries within days of initial disease reports..."

NEJM - Hantavirus — Lessons Learned about Security and Solidarity

Pedro Sánchez and Tedros Adhanom Ghebreyesus;
https://www.nejm.org/doi/full/10.1056/NEJMp2611801?query=featured_home

"Pedro Sánchez and Tedros Adhanom Ghebreyesus reflect on the management of Andes hantavirus and the way in which careful, coordinated outbreak response can limit risk without undermining dignity."

- And via [RANI's newsletter](#)

“The International Pandemic Preparedness Secretariat (IPPS) will transition its 100 Days Mission tracker of vaccines, diagnostics, and therapeutics to WHO's interim Medical Countermeasures Network (i-MCM-Net) Secretariat, as the IPPS mandate ends in February 2027.”

Ebola emergency

More or less chronologically since end of last week.

Reuters - Congo's Ebola outbreak has killed more than 4,000, government data shows

[Reuters](#):

(2 October) **“ The number of deaths in Democratic Republic of Congo's Ebola outbreak has surpassed 4,000, government data showed on Friday, as the worst epidemic in the country's history resists containment efforts....”**

Africa CDC Supports the Government of the Democratic Republic of the Congo in Strengthening Transparency and Accountability in Ebola Response Funding

[Africa CDC](#):

Via Jean Kaseya: **“Every dollar mobilised for the [#EbolaResponse](#) must be traceable, from the donor's commitment to the services delivered to communities. Africa CDC supports the Government of the DRC in strengthening transparency, traceability and accountability in response funding. Announced commitments now stand at US\$2.9 billion. ...”**

- And via [Cidrap News](#) : **‘Multiple coordinated actions’ needed**

“This week [MSF](#) published a project update on what is needed to end the outbreak. “Stopping the spread of Ebola disease **requires multiple coordinated actions to be carried out at the same time,” the report said. “The response must include finding people suspected to have the disease, safely isolating them and transferring them for care, tracing contacts who may have been exposed, preventing infection in health facilities and in communities, and working closely with affected communities to build trust, share information about the disease, and encourage people to seek care early,” it added....”**

Guardian - Kenya confirms first Ebola case as virus ‘surges’ in DR Congo province

<https://www.theguardian.com/world/2026/oct/06/kenya-first-ebola-case-death-drc>

(6 Oct) **“Health minister says 28 contacts identified after death of citizen who arrived from DRC on Saturday.”**

“The medical charity Médecins Sans Frontières warned on Monday of an “alarming surge” in cases in eastern North Kivu province, which borders Uganda....”

Reuters - Kenya Ebola case exposes gaps in border screenings

[Reuters](#);

“By the time Kenya's first Ebola patient was whisked to a hospital by relatives straight after landing at Nairobi airport, he was already exhibiting some classic symptoms - fever, chills, muscle pain and bleeding beneath the skin. Two days later he was dead, **leaving public health experts to piece together how he had managed to transit through three countries and evade layers of screening meant to stop the ongoing outbreak in Democratic Republic of Congo from spreading to neighbouring states...**”

“**The case underscores the lapses in border screening systems in Africa and beyond that depend on effective implementation and honest disclosure on the part of travellers,** according to health experts and officials who spoke to Reuters.”

UN News - ‘Ebola takes the people children depend on’: UNICEF

<https://news.un.org/en/story/2026/10/1168531>

(6 October) “**The Ebola outbreak in the eastern Democratic Republic of the Congo (DRC) is robbing children of their loved ones** – with some succumbing to the deadly disease themselves, **the UN Children’s Fund (UNICEF) reported on Tuesday.**”

BVD Coordinated Financial Tracking Mechanism - updated

<https://lnkd.in/dHyKgGgq>

via LinkedIn: “The **latest Ebola BVD Financial Tracking Mechanism (FTM) update** is out, with **over US\$880 million in reported disbursements.** The FTM tracks all financial contributions for the response. ...”

“**Bilateral donors remain key, but pooled funds, multilateral institutions, foundations, and philanthropies are playing a growing role in financing health emergency response.** In an era of shrinking ODA for health, how can these actors play an even greater role in emergency preparedness and response financing?...”

CGD - Are We Getting Better at Fighting Epidemics? What the Current Ebola Outbreak Tells Us

Rachel Glennerster et al; <https://www.cgdev.org/blog/are-we-getting-better-fighting-epidemics-what-current-ebola-outbreak-tells-us>

“**There are six lessons** we draw from our previous work on Ebola and epidemic preparedness:...”

“**Act early. ... Messaging must use behavioral science, not fear.** Messaging should focus on the practical actions people can take (e.g., prevention) and use trusted messengers. It shouldn’t exaggerate the death rate or economic impacts as was the case in West Africa, as this deters treatment and economic activity, exacerbating the health and economic costs. ... **Vaccines can be produced much faster when there is R&D before the outbreak, even when the potential new virus is unknown. Invest in broad spectrum responses.** There are huge benefits to developing broadly protective vaccines and therapeutics that cover a range of threats, including yet-to-emerge ones, as

they are ready when outbreaks start. ... **Manufacture vaccines before regulatory approval.** Covid-19 showed the benefit of manufacturing at full speed even before regulatory approval. ... **Commercial incentives on their own are not enough to get vaccines developed. ...**

“So, how does the current Ebola response fare against these six lessons learnt from previous outbreaks?...”

The conclusion: “... **In sum, the current response incorporates some of the lessons above—particularly on using better messaging.** But we have a **long way to go to fully incorporate all of these lessons**, especially on investing in broad-spectrum tools and in manufacturing vaccines before regulatory approval.”

Lancet - Bundibugyo virus: coordinating a cross-border response

Marie Roseline Darnycka Belizaire et al ;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01980-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01980-X/fulltext)

By **WHO Afro authors.**

“Two coordination failures stand out. First, nosocomial transmission has been substantial: as of Aug 20, 2026, 158 health workers had been infected and 45 had died. WHO has also emphasised the urgent need to protect health facilities from infection and strengthen infection-prevention systems, which reflects a persistent failure to sustain infection prevention and control capacity between epidemics, not only during them. **Second, cross-border spread has outpaced containment:...”.**

“We propose three priority adaptations. First, harmonise digital cross-border surveillance and joint contact tracing between the Democratic Republic of the Congo, Uganda, and the International Organization for Migration. **Second, structurally decouple response operations from military escort,** with humanitarian access negotiated by local civil society and religious leaders. **Third, accelerate the between-outbreak development of Bundibugyo virus-specific vaccines and therapeutics,** so the response no longer depends on ad hoc, epidemic-time solutions.”

“Plague” in Siberia

Guardian - Plague epidemic risk in Russia low after death of lab technician, WHO says

<https://www.theguardian.com/world/2026/oct/06/plague-epidemic-risk-russia-low-death-darya-shipilova-who>

“World Health Organization detects no sign of further outbreak since Darya Shipilova died last week.”

HPW - WHO Asks Russia for More Information About Death of Plague Unit Employee

<https://healthpolicy-watch.news/who-asks-russia-for-more-information-about-death-of-plague-unit-employee/>

“The World Health Organization (WHO) has asked the Russian government for more information about the death of an employee at a Siberian plague research unit, including details about the laboratory tests conducted on her, the WHO Director-General told a media briefing on Thursday. The WHO has also asked Russia for more details about the public health measures it has imposed, the health status of the woman’s contacts, and whether a second employee has been infected with “pneumonia of undetermined cause”, said Dr Tedros Adhanom Ghebreyesus....

PS: **“International Health Regulations requirements:** In terms of the [International Health Regulations \(IHR\)](#), WHO member states are legally obliged to assess public health risks and notify the WHO of any event that may constitute a public health emergency of international concern (PHEIC) within 24 hours of assessment. **Although the WHO submitted its queries to Russia in terms of the IHR on Saturday, it took the government more than three days to respond....”**

- Related: Stat - [Infectious disease expert: The mysterious pneumonia in Russia deserves attention, not panic](#) (by K Kuppali)

“There is zero evidence that this is the start of a plague pandemic.”

- [Science – Possible plague death at a Siberian lab baffles scientists](#)

“Much is unclear about the tragedy, but plague researchers say there is “zero” chance of an epidemic.”

EU Gastein Forum (29 Sept-2 Oct)

HPW – Reclaiming ‘Health Sovereignty’: EU Gastein Forum Confronts a Fragmenting Global Order

<https://healthpolicy-watch.news/eu-ruptures-gastein/>

Very nice overview article & **Must-read**. Some excerpts below.

“Global health has moved from an area of mutual cooperation to one dominated by “high politics” and division, observed Ilona Kickbusch at the [European Health Forum Gastein](#) (EHFG) last Friday (2 October). Leading the closing panel, the founder of the Global Health Centre at the Graduate Institute in Geneva, highlighted how recent voting at the UN General Assembly demonstrates that nation-states increasingly split and vote instead of searching for consensus.”

“Gathering 420 health leaders, pharmaceutical executives, and multilateral diplomats in the alpine town of Bad Hofgastein, Austria, this year’s annual forum took place against the backdrop of this escalating historic shift in multilateral governance. Across its four-day agenda, the conference

crossed **critical policy domains** – from climate change and vector-borne diseases to de-risking late-stage biotech innovation, tackling venture capital shortages, and addressing youth mental health.”

“Faced with new security threats and the geopolitical fallout of the war in Ukraine, **panellists directly confronted persistent patient access divides, the upcoming EU budget trade-offs favouring military defence over health infrastructure, and friction surrounding health sovereignty.**”

“While participants in the closing session unanimously agreed that the post-World War II status quo is collapsing and that “things must change,” **the debate over what a future health architecture should look like remained fundamentally unresolved....**”

“**The struggle over ‘health sovereignty’:** ... In contrast to strict nation-state control, **(European) health leaders defined true health sovereignty as collective capability built on cross-border cooperation, pooled resources, and trust** – arguing that no single nation can independently defend against pandemic threats, supply chain disruptions, or global health crises without European solidarity....”

“**EU pragmatism: Mutual interest over philanthropy:** ... Faced with a fundamentally changing geopolitical landscape and budget constraints, **European Commission officials stressed that future international health engagement must be driven by mutual political interest rather than charity. “We are not a philanthropic organisation. We are a political organisation, and we gauge our success or failure politically,” stated Martin Seychell, deputy director-general for international partnerships at the European Commission.**” “... Seychell argued that **health sovereignty** must not be misunderstood as an inward-looking retreat or a denial of solidarity, but **as a commitment to capacity building and resilience.** ... To build local capability, **he highlighted EU initiatives under the Global Gateway framework which have mobilised €2 billion to support local vaccine, medicine, and health technology biomanufacturing in South Africa, Rwanda, Ghana, and Senegal.** However, he cautioned that international aid budgets alone cannot meet global health needs, **urging a move from “addition to multiplication” by using public funds to de-risk private investment and support domestic resource mobilisation in partner countries.**”

“... **Demands for a global power overhaul:** Magda Robalo calls for equal cooperation and an end to charity. While this call for cooperative sovereignty and pragmatic partnership found broad intra-European consensus, the concept implies something entirely different from a Global South perspective. **The core problem lies in global power dynamics that have remained fundamentally unchanged since World War II, stressed Magda Robalo, president of the Institute for Global Health and Development and former health minister of Guinea-Bissau....**” “... She stressed **that genuine health sovereignty in developing nations cannot rely on trust alone without fundamentally revising international trade rules, post-WWII financial architecture, and intellectual property (IP) regimes – systemic boundaries that European funding initiatives and investment toolboxes continue to leave unaddressed.**”

PS: “... Turning back inward into the logic of EU strategic posture, **panellists framed global health policy as increasingly shaped by realpolitik and transactionalism....**”

“... **WHO dilemma in an unresolved global health architecture:** Navigating this increasingly transactional and polarised landscape leaves international bodies in a precarious position. **WHO’s Muscat articulated the fundamental governance dilemma currently confronting the world’s prime**

health organisation: “Do I dilute principles around human rights for the sake of consensus, or do I stick with them even if this means that consensus is not possible?” “

“Muscat pointed to a **shifting climate where health negotiations – particularly around human rights, gender equality, and sexual and reproductive health – have become deeply politicised.**”

And finally, “ As the Gastein forum came to an end, **the closing debate exposed an objective structural contradiction between the Global South’s demand for a fundamental redistribution of power and the EU’s approach of managing international cooperation through existing instruments based on mutual interest while reorienting its internal policy toward industrial competitiveness and regional sovereignty.**”

Global Health Reform

WHO - Updates on the Task Force High-Level Workplan, Timeline and Workstreams

https://apps.who.int/gb/mspi/pdf_files/2026/09/Item1_28-09.pdf

Powerpoint (Member state consultation) as of 28 September.

GAVI - From global reform to country leadership: delivering impact at the last mile

<https://www.gavi.org/vaccineswork/global-reform-country-leadership-delivering-impact-last-mile>

“At last week's UN General Assembly **a high-level dialogue co-hosted by Gavi, the Vaccine Alliance and the Government of Rwanda set out a pathway to stronger health systems and better health outcomes.** Here are the **key outcomes....**”

Also with some (integration) examples from **Benin, Kenya, Côte d'Ivoire ...**

Jim Campbell (LinkedIn) : The Accra Reset: Can health sovereignty be achieved without the health and care workforce?

<https://www.linkedin.com/feed/update/urn:li:activity:7512902435787603968/>

“...This Workforce Science Insight looks beyond the architecture debates and reads the Accra Reset High-Level Panel’s report through a **#HealthSystems** lens – using the WHO (2007) Health Systems Framework. “

“This reading affirms **excellent depth in the building blocks of Governance/Leadership, Financing, and Medical Products, Vaccines and Technologies.** And these generally make good sense. **In contrast the Panel’s attention to, and awareness of, the health workforce – the human economy of national health systems – is disappointing.** “

“The overall framing of health as good for human development and the few occasions the workforce

is mentioned is a **typical, outdated human capital framing**: with the worker as an input to manufacturing, procurement and innovation recommendations. “

“I don’t believe the Panel set out to intentionally obscure the centrality of the health and care workforce to national health plans and national sovereignty. But the absence is glaring. Hopefully the Accra Reset’s independent accountability mechanism can address the omission?”

Kumanan Rasanathan – Who owns the map?

<https://www.linkedin.com/pulse/who-owns-map-alliance-hpsr-pjmyc/>

“Recently, I argued that the most important drivers of global health reform are likely to be at country level, in the way countries engage with external actors. Last week in Abuja, at the [first Nigeria Health Financing Research and Learning Forum](#), I saw what that can look like...”

“ownership of research and learning ecosystems, as the NHIA is doing, is the starting point.”

- Related: [WHO’s Alliance for HPSR - Nigeria moves to own its health financing evidence](#)

“Nigeria should decide for itself which questions its health financing research answers, participants at a new national forum argued this week, as shrinking development assistance puts the institutions that generate that evidence under strain.”

“The inaugural Nigeria Health Financing Research and Learning Forum brought policy-makers, researchers, practitioners and development partners to Abuja under the theme “Evidence and learning for Nigeria’s health financing future: building a locally led research and learning ecosystem”. It was convened by the Federal Ministry of Health and Social Welfare and the National Health Insurance Authority (NHIA), with the Health Strategy and Delivery Foundation, Nigeria Health Watch and the Alliance for Health Policy and Systems Research.”

“... The two-day forum examined how health financing research has influenced policy, drawing on experiences from Ethiopia, Ghana, India and Uganda. At its centre were five studies on embedded learning, commissioned and funded by the NHIA itself and led by Nigerian institutions. The agenda, the questions and the money behind them are Nigerian.”

“The Alliance’s role has been catalytic: technical support as the NHIA sharpened its research questions, developed the call for proposals, managed review processes and strengthened research protocols. “This is a new way of working for the Alliance, bringing cross-national expertise and health policy and systems research experience to amplify the impact of national investments in research as countries move towards research sovereignty,” said Dr Zubin Shroff, Senior Technical Officer at the Alliance, who leads its support for this programme of work.”

PS: “On the second day, NHIA launched the Nigeria Health Financing Observatory, a platform intended to bring health financing data into one place. Approximately 198 indicators have been identified for the full Observatory, of which around 50 are available in the first phase, alongside dashboards, an evidence repository and subnational data...”

IS Global - Architecture in Transformation: A living Map of Global Health Reform Initiatives

<https://www.isglobal.org/en/-/arquitectura-en-transformacion-mapa-vivo-de-las-iniciativas-de-reforma-de-la-salud-global>

“Mapping of the main global health system reform initiatives in effect as of September 2026.”

“This report maps the main initiatives in force as of September 2026, grouped into three blocks: intergovernmental processes led by the WHO and multilateral banks; regional approaches (EU, African Union, and the US “America First” strategy); and initiatives by other international actors (Lusaka Agenda, Wellcome Trust, Accra Reset, Gavi Leap). It closes with two key studies (MOPAN and HEAR CSO) that feed the debate with evidence and civil society perspectives. The aim is to offer an updated, brief, and contextualized snapshot of each initiative: what it is, where it stands today, and why it matters....”

Partnership for International Politics and Diplomacy for Health (brief) - Provision of Global Public Goods for Health in a reformed international system for health

<https://www.globalhealthdiplomacy.se/provision-of-global-public-goods-for-health-in-a-reformed-international-system-for-health>

“Global cooperation for health is entering a new era, as global health reform transitions from diagnosis to concrete action. The debates center on country ownership, health sovereignty and subsidiarity, leaving the question of the future role of the global level unsettled. **Key actors argue that the international system’s comparative advantage lies in providing Global Public Goods (GPGs).** The debate lacks a shared understanding of what the GPGs for health are or how they are delivered, with reform proposals listing different GPGs as the priority of the global level. GPGs and global functions are often used interchangeably, even though not all functions produce a GPG. This ambiguity is not merely academic – how GPGs are defined shapes what gets prioritized, who governs and who pays.”

“Our new brief, Provision of Global Public Goods for Health, aims to provide clarity on key concepts of the reform (GPGs and global functions) and offer concrete examples of how the GPG framework can be used to analyze which functions should be prioritized....

PS: “... To maximize the utility of the concept, **we propose understanding GPGs as a continuum, ranging from pure to strong to partial GPGs**, with fading “GPG-ness” up until a negotiated threshold (see figure)....”

IJHPM - Reforming the World Health Organization: Agreement on Need but Not on Principles and Priorities

D Bell, E Paul & G Wallace Brown; https://www.ijhpm.com/article_4939.html

“.... Two recent reports have provided almost completely opposed recommendations on fixing WHO. One, from the Center for Global Development (CGD) recommends centralizing WHO functions more in Geneva, Switzerland, its headquarters, and drastically reducing resources and staff in WHO’s six Regional and 150 or so country offices. It suggests WHO should concentrate more on

intermittent threats such as pandemics, and less on supporting and building countrylevel health systems. **The second report, from the panel of the International Health Reform Project (IHRP)** which, of note, all three of this articles' authors are members, recommends an emphasis on subsidiarity, downsizing its headquarters and emphasizing regional and country level policy development and capacity building....” Do read on.

- And via [AVAC's newsletter](#) : **Civil Society Calls for Protecting UNAIDS**

“Ahead of the October 26 UNAIDS Programme Coordinating Board (PCB) meeting, more than 225 civil society organizations signed an open letter urging members of the PCB to protect the Joint Programme from being dismantled through proposed funding, staffing and operational cuts. Advocates warn that proposals to reduce UNAIDS to a \$30 million budget and just 34 staff could undermine its ability to coordinate the global HIV response, defend human rights and ensure meaningful community leadership and accountability. “

“...The upcoming UNAIDS PCB meeting will be a defining moment in determining the Joint Programme's essential functions and whether and how reform can preserve UNAIDS' leadership, accountability and community engagement. “

The letter: [Open Letter to Members of the UNAIDS Programme Coordinating Board \(PCB\)](#)

WHO DG race

HPW -BREAKING: China Has Nominated Candidate for WHO Director General Whose Name Remains Undisclosed

<https://healthpolicy-watch.news/breaking-china-has-nominated-candidate-for-who-director-general/>

This was breaking news on Tuesday evening. **“China has nominated a prominent Chinese health official for WHO Director General in the 2027 elections, multiple diplomatic sources have confirmed to Health Policy Watch. “**

“But there are mixed reports about who that candidate actually may be. . Some high-level sources have cited **Song Li**, a senior Chinese Communist Party official who already mounted a failed bid for the post of Regional Director for WHO's Western Pacific Regional Office (WPRO) in 2023. Others, however, have denied that she is a candidate, noting that after losing the 2023 RD election, Beijing wants a stronger contender for a global race...”

“...Either way, China's immense and still growing geopolitical range of influence from the Western Pacific to Southeast Asia and Africa means it could mount a serious campaign that could permanently shift the delicate balance of power at the World Health Organization – following the withdrawal of the United States from the organization last year...”

- And with an update on Thursday, via Reuters - [China has nominated health official Song Li as WHO head](#)

“... China has nominated health official Song Li to lead the World Health Organization, it said on Thursday, confirming a Reuters [report](#) that Song had been put forward to succeed the incumbent director-general, Tedros Adhanom Ghebreyesus. If elected, China believes Song Li will help the WHO to play a more active role in improving health and wellbeing of all mankind, Foreign Ministry spokesperson Mao Ning told reporters....”

PS: **“A former WHO senior official said China may use the candidature as leverage to gain greater influence in the WHO by making sure there are more Chinese senior officials at the organization.”**

- See also [Devex Check-up](#):

“That changes a lot,” says another Geneva-based diplomat after learning of the latest contender. **China’s influence in the American and African regions should not be discounted after more than a decade of huge investment.”**

“China undoubtedly holds more sway than it ever has; the question is whether it has enough to overcome the political conventions that many thought ruled it out of this particular race. China has already had a WHO DG this century: Hong Kong doctor Margaret Chan, who served from 2006 to 2017. Diplomatic niceties entail that these plush jobs should be rotated evenly across the world. Another Chinese DG would, therefore, be a remarkable coup...”

- And via HPW - [China Confirms Song Li’s WHO Leadership Bid, Reshuffling Race Amidst Fraught Multilateral Landscape](#) (8 Oct)

“ Observers note Song’s technical focus contrasts with established ministerial and diplomatic figures in the race....”

“Song Li bid spotlights China’s financial weight...”

“Global health experts voiced serious doubts that a Chinese candidacy will indeed shake up the final race because of the high geopolitical stakes for the WHO.

“In the aftermath of COVID-19, I do not think there is a global appetite for a Chinese candidate for WHO Director-General,” Lawrence Gostin, professor of global health law at Georgetown University, told Health Policy Watch. “A Chinese candidate would heighten geopolitical tensions, putting the WHO in a difficult and vulnerable position,” Gostin added. “It would also make rejoining the WHO far more difficult for the US, even under a Democratic administration.”

“... While not surprised by the nomination, a senior European official told Health Policy Watch on the condition of anonymity that a successful Chinese bid would put the fundamental legitimacy and independence of the WHO to a test....”

“Besides geopolitical scrutiny, China’s candidacy also faces structural UN hurdles regarding geographic distribution. With Dr Margaret Chan, a Hong Kong and Canadian national nominated by China, having served two terms as Director-General from 2006 to 2017 and a Chinese national heading the Food and Agriculture Organization, member states may resist concentrating UN agency leadership.”

Health Financing and the Next DG: The Geopolitical Battle for the WHO's Future

Bernadette V. (Senior Advisor for Health Diplomacy, Governance & Equity | UN HRC Special Rapporteur Candidate (Right to Health) in 2020 & 2026); <https://www.linkedin.com/pulse/health-financing-next-dg-geopolitical-battle-whos-future-varga-aqtye/>

(part 1, with focus on three candidates)

“The next Director-General cannot simply make the rounds for another traditional replenishment drive. They must architect a new geopolitical compact between sovereign member states, multilateral development banks, and global capital.

This funding and governance challenge forms the real backdrop of the upcoming election. In this first part, we look at three candidates who offer markedly different approaches to securing the WHO's financial and geopolitical footing....” (resp. **Sadikin** (Master of Financing from the Global South), **Al-Kuwari** (Gulf expert to reshape multilateral health) & **Kluge** (multilateral diplomat)).

“... Looking across the candidates, one reality is immediately clear: this election will not be decided on technical credentials or public health resumes. At a diplomatic and administrative level, there is virtually no daylight between the candidates. Each brings an unimpeachable track record, decades of senior governance, and fluent mastery of the multilateral lexicon. The World Health Assembly is not searching for a competent technocrat but for an institutional turnaround leader....”

“The real mandate is about the ability to demonstrate the global political gravity and financial acumen required to lift the WHO out of structural insolvency during the harshest fiscal and geopolitical climate in its history. Member states are not choosing an individual résumé. **They are voting on an operating model, and are betting on which candidate has the leverage to assemble a sustainable, multi-billion-dollar financing compact** when traditional great powers pull back....”

BMJ Editorial - WHO leadership race is litmus test for genuine global health cooperation

J Campbell & J Clark; <https://www.bmj.com/content/395/bmj-2026-100994>

“Four focused priorities must shape the WHO director general election, not international cosplay.”

“... How can the risk of international cosplay be averted? We propose four ideas for the candidates, member state diplomats, and the broader international community of stakeholders.

First, limit the narrative of crisis and saviour. ...

Second, promote explicit consideration of the inherited governance and accountability constraints....

Third, elevate civil society....

Finally, recognise the additional responsibility of the 34 member states on WHO's executive board in January 2027, both as sovereign nations and within their geographical regions....”

CGD – Three tests for the Next WHO Director-General

P Baker et al; <https://www.cgdev.org/blog/three-tests-next-who-director-general>

“In this blog, we lay out three tests that WHO Member States should be asking of the candidates:
1) Does the candidate have a clear vision? 2) Are they willing to say what the WHO should stop doing to achieve this? 3) Does the vision drive us towards a [WHO for the Global Good](#)?...”

HPW – One Doctor, Eight Billion Patients: After Stepping Back from the WHO Race, What I Stand For in the AI Society

Jiho Cha; <https://healthpolicy-watch.news/one-doctor-eight-billion-patients/>

J Cha almost became another WHO DG candidate, but changed his mind at the last moment.

Essay. **“I sought to lead the World Health Organization (WHO) because the rules of intelligence are becoming the rules of health. My name will not be on the ballot. The responsibility remains. I will now work to organise the political and economic power needed to put intelligence at the service of humanity – and to keep it from turning against us.”**

“The global health architecture is about to acquire a new layer of intelligence. For whom will it work, and under whose control? And, more urgently now: who will keep it from turning against us?...”

Do read on, on the ‘**intelligence determinants of health**’, what his **policy manifesto contained** & his new plans.

A few quotes from the first part of his essay:

“In May, **nine UN agencies including WHO, launched the Global AI Hub**, a shared operational campus of the UN system, and in September Korea put both proposals before the General Assembly. But WHO itself was not moving at the speed the moment demanded....”

“The core of my policy manifesto, One Doctor, Eight Billion Patients, is a single proposition: Universal Intelligence Coverage (UIC) for health. Universal health coverage asks whether people can receive care without being ruined by the cost. UIC asks whether judgement – human, machine or both – reaches everyone, and who answers when it fails. “ “...)

“... Over 10 weeks I took these ideas to three continents – Africa, Asia and Europe – and to the leaders of their regional organisations. What we built together rests on one principle: **regional health sovereignty** – a decolonised global health architecture, powered by a new layer of intelligence and a new mechanism of finance. ...”

Run-up to IMF/World Bank annual meetings (12-18 Oct)

Guardian - IMF chief urges governments to tighten belts as global debt levels soar

<https://www.theguardian.com/business/2026/oct/07/imf-chief-kristalina-georgieva-urges-governments-tighten-belts-global-debt-levels-soar>

In her curtain raiser ahead of the annual meetings, “...**Kristalina Georgieva** says big economies will have to make ‘very tough choices’ as soaring bond yields hit budgets.”

“Speaking in Singapore, the IMF’s managing director, **Kristalina Georgieva, said global debt-to-GDP ratios were at their highest level since the second world war and on course to hit 100% in the coming years.”**

“She said governments could not rely on rapid economic growth to lift the burden of debt – and instead would have to make “very tough political choices””

Eurodad – Eight things to look out for at the World Bank-IMF Annual Meetings in Bangkok

I Fresnillo et al; [Eurodad](#);

Recommended analysis.

Bretton Woods Project - Annual Meetings 2026 Preamble: BWIs return to Asia with their central role in 1997 financial crisis still casting long shadow, amid fears of future upheaval

[Bretton Woods Project](#);

(8 Oct)

“ IMF Review of Conditionality and Program Design continues to insist on front-loaded austerity as first-best policy prescription. World Bank silence on climate risks undermines its self-appointed status as Knowledge Bank. Civil society will hold alternative Peoples Assembly on the sidelines, amid shrinking civic space globally.”

Bretton Woods project (special issue) - The Bretton Woods Institutions in Asia: Exploitation, path dependencies and persistent contradictions

<https://www.brettonwoodsproject.org/2026/10/the-bretton-woods-institutions-in-asia-exploitation-path-dependencies-and-persistent-contradictions/>

“In this Special Issue, launched ahead of the World Bank and IMF Annual Meetings 2026 in Bangkok, Thailand, CSO partners from the Asian region assess the legacy of the BWIs policies and prescriptions in Asia in key issues such as industrial policy, accountability, the Asian Financial crisis, the future of energy and gender equality.”

Reuters - Developing countries hit by overlapping crises, UNDP chief warns

<https://www.reuters.com/business/environment/developing-countries-hit-by-overlapping-crises-undp-chief-warns-2026-10-02/>

(from last week). **“Rising energy prices, higher borrowing costs, El Nino pose challenges. Governments grappling with high cost of mitigating high fuel prices. Next 60 days will be crucial, UNDP chief economist says.”**

“Rising energy costs, a super El Nino and soaring borrowing costs are increasing pressure on developing countries, with conditions nearing those of the pandemic when the G20 suspended debt payments for the poorest nations, the United Nations Development Programme said on Friday. Global policymakers are expected to discuss the huge challenges facing developing countries at the annual meetings of the International Monetary Fund and World Bank in the Thai capital Bangkok from October 12 to 18, UNDP Administrator Alexander De Croo told reporters.”

Devex Opinion - Africa called for financial reform. Three years on, what has changed?

Mavis Owusu-Gyamfi; <https://www.devex.com/news/africa-called-for-financial-reform-three-years-on-what-has-changed-113529>

“Three years after African finance ministers laid out their demands for global financial reform, the continent is building financial power of its own — and its partners now need to catch up.”

“At the 2023 World Bank and International Monetary Fund annual meetings in Marrakech, African finance ministers set out how the global financial architecture must change to accelerate African economic transformation.”

“African financial institutions are growing. Governments are coordinating more closely. The continent has gained a stronger voice in global forums and is increasingly mobilizing its own capital. But many of the international reforms Africa called for — on debt, concessional finance, voting power and Special Drawing Rights — remain unfinished.”

“That gap matters as finance ministers and development leaders gather in Bangkok for this year’s World Bank and IMF annual meetings. As Ghanaian President John Mahama said on the sidelines of the recent U.N. General Assembly, “A national reset without a global reset leaves us building on shifting sand.” The reverse is also true: Reforming the international system will achieve little unless African countries continue strengthening their own institutions and financing capacity.”

... At the 2023 annual meetings in Marrakech, African finance ministers set out five priorities in the Marrakech Action Framework, developed with support from the African Center for Economic Transformation and other partners: a real solution to the debt crisis; more grant and concessional finance; the rechannelling of Special Drawing Rights, or SDRs, to the African Development Bank; greater African voice and power in global decision-making; and an ambitious green growth agenda. ... Three years on, progress against those five priorities tells a mixed story — but also shows how much the balance of responsibility is beginning to shift....”

CGD (blog) – From Debt to Growth: A Practical Proposal to Help Developing Countries with Ambition Exit a High Debt-Low Growth Trap

M Ahmed; <https://www.cgdev.org/blog/debt-growth-practical-proposal-help-developing-countries-ambition-exit-high-debt-low-growth>

“... In a [paper published earlier this year](#), my CGD colleagues and I set out the criteria that need to be met for any debt proposal to move forward in the current context. Building on that paper, **colleagues from the Rockefeller Foundation, CGD, and a number of other policy and research institutions have been exploring what international actions could meaningfully improve the prospects for heavily indebted countries. The resulting proposal—*A Growth and Investment Reset*—is outlined in a [paper released today](#).** We hope the proposal will be advanced in discussions at next week’s IMF-World Bank Annual Meetings in Bangkok and taken up as part of the agenda of the UK G20 Presidency in 2027.....”

“... The proposal [responds to this] through **coordinated action on three fronts:**

- An ambitious and credible program of policy reforms and investments to deliver accelerated growth in the participating country
- A surge in international financial institution (IFI) financing to underpin this ambitious growth strategy; this financing would be both affordable and long-term to reflect the nature of the reforms and investments that it enables
- A commitment by official bilateral creditors to maintain their net exposure in the country for the duration of the program. Private debt would be refinanced where it is unsustainably expensive.”

“According to research done for the Rockefeller Foundation, up to 40 LMICs could be eligible to participate in such a “Reset.” Countries would be considered as they develop credible growth strategies that go beyond existing policies and investment plans....”

- The Rockefeller (et al) paper: [From Debt to Growth: A Proposal for a Growth and Investment Reset](#)

“New analysis from The Rockefeller Foundation finds that roughly 40 low- and lower-middle-income countries are facing a crisis of cash flow and fiscal space — not insolvency — and proposes a way to resolve it before it becomes one.”

“The paper sets out a Growth and Investment Reset: a surge of long-term, affordable financing from the IMF and World Bank, matched by a G20 commitment to stop drawing money back out, for countries that commit to ambitious investment and reform plans. It was developed with technical input from Finance for Development Lab, Global Sovereign Advisory, AidData, Brad Setser, and Stephen Paduano, and informed by the Bellagio Center convening “From Debt to Growth.” “

Project Syndicate - The Next Era of Reform Must Be About Capability

P Bardouille; <https://www.project-syndicate.org/commentary/economic-development-must-lead-to-national-agency-capabilities-state-capacity-by-pepukaye-bardouille-2026-10>

« Economic development should no longer be measured solely by how much finance is mobilized or how much fiscal space is created. It must also be judged by whether countries emerge more capable of setting their own priorities, responding to challenges, and seizing new opportunities to shape their own future. » Excerpts:

“... We tend to think of a country’s assets in terms of natural resources, technology, and capital. But **equally important is its ability to shape its own future, as opposed to having its development determined mainly by external factors.....** The **true test of development is whether it expands a country’s choices and capabilities.** It is this **insight that lies behind the Barbados-led Bridgetown Initiative**, which seeks to create a more responsive financial system, unlock affordable long-term finance, and develop better tools for managing shocks. That is what countries need to maintain their national goals when crises erupt.”

“... **The current era of development reform proposals understandably focuses on expanding the fiscal and policy space needed to help countries weather crises. However, what ultimately matters is whether investments leave behind stronger institutions, deeper expertise, more competitive firms, and a greater capacity to solve complex problems.** at a time when the global agenda is increasingly defined by a steady cycle of conferences, summits, communiqués, and new initiatives, it is worth stepping back to ask a harder question: **Are countries actually becoming better able to make decisions, deliver results, and determine their own path?**”

“**The next generation of development reform** should not be measured solely by how much finance is mobilized or how much fiscal space is created. It **must also be judged by the extent to which countries emerge better able to set their own priorities, respond to challenges, and seize opportunities.** The true measure of success is whether countries are gaining the capacity and confidence to shape events, rather than be shaped by them.”

Devex - EIB to double adaptation finance as EU aid faces uncertainty

<https://www.devex.com/news/eib-to-double-adaptation-finance-as-eu-aid-faces-uncertainty-113468>

(gated) “The bank plans to provide €30 billion for climate adaptation through 2030 while pushing ahead with green bonds and health investments.”

“... But the EIB faces a turbulent year, with the European Commission threatening to cut development finance in the next multiannual financial framework, or MFF, and four major national elections on the horizon as the far-right rises in popularity in Europe....”

More on the Future of Development Cooperation

Future of Development Cooperation Coalition (report) - Driving Change: Purposes and Principles for Effective Development Cooperation

<https://devcoalition.org/publication/driving-change-purposes-and-principles-for-effective-development-cooperation/>

“This second report of the Future of Development Cooperation Coalition identifies four main purposes of development cooperation and presents a targeted suite of five principles that, taken together, underpin the enduring logic of a reimagined approach to development cooperation. The Coalition’s third, and final, report will offer a series of actionable recommendations.”

“The Four Purposes 1. End needless deprivation; protect people in crisis 2. Accelerate economic transformation 3. Advance the common good 4. Amplify knowledge and innovation...”

“... The Five Operating Principles 1. Rebalance the playing field 2. Embrace country-led accountability 3. Make capital work better 4. Measure and reduce risk 5. Address systems, not silos...”

UNU (working paper) – The 0.7% ODA target

S Klingebiel & A Sumner; <https://www.wider.unu.edu/publication/07-oda-target>

“A norm in retreat: The 0.7 per cent official development assistance/gross national income (ODA/GNI) target, adopted by the UN General Assembly in 1970, is best understood as **a partially successful norm that is now in active retreat.** “

“In this paper we discuss the history of the target using Finnemore and Sikkink's (1998) norm life cycle framework. We compare the 0.7 to analogous targets in defence, climate, education, health, and biodiversity. We argue that systematic underperformance is a structural feature of politically negotiated international input targets. **The rise and retreat of the 0.7 is then not a distinct feature of development finance.** The NATO 2 per cent/5 per cent case demonstrates that cascade is achievable under conditions of salience and enforcement. However, these are conditions that the 0.7 has not had. **We propose ways forward based on the 0.7 target's original rationale.**”

More on Global Health Governance & Finance/Funding

2026 Global Health 50/50 Report: Regaining (Some) Ground

<https://global5050.org/accountability-organisations/global-health-50-50/2026-report/>

“A year after the first across-the-board regression since our monitoring began, organisations have begun to regain ground, but unevenly, incompletely, and along lines that reveal where power in global health still sits.”

“... Our 2025 report, Holding the Line, recorded the first across-the-board regression since our monitoring began: every core variable had gone backwards. This year, the direction has turned. The core variables we measure have recovered some ground, but the recovery is partial, unevenly shared, and it follows the same lines of power that have always run through global health....”

Exec summary (page 4): Five findings.

- Press release: [Companies lead on gender policies but not on leadership, global health study finds](#)

“For-profit companies are more likely than non-profit organisations such as charities and UN agencies to have workplace policies on gender equality, yet women chair just one in seven of their boards, according to Global 50/50's annual study of 198 organisations active in global health.”

- And via **Kent Buse** (on LinkedIn):

“Two findings worth considering - and acting on!

First, organisations whose US funding ended have largely returned to their 2024 levels. Those that kept it have not. The pattern is descriptive, not causal, but the direction is hard to miss: what funders expect, organisations do, whether that expectation advances equality or buries it. Commitments that bend to the funder were never commitments. They were terms of trade.

Second, this years incoming leaders included more women than last years, BUT fewer nationals of low- and middle-income countries. The US and UK alone hold 38% of leadership seats. One CEO in 198 was educated in a low-income country. Progress on one axis of power is not delivering the other....”

J Ratevosian - Five Names Emerge for the Future of the Global Fund. What Comes Next?

[On Substack;](#)

Must-read analysis. **“The job is in Geneva. The stakes are everywhere.”**

Ratevosian:

“As the **The Global Fund** chooses its next Executive Director, **here are three questions I would ask:**

- (1) If traditional donors keep cutting aid, where will new money come from, and what will you stop funding if it doesn’t?
- (2) How will you strengthen country ownership when governments exclude the communities the Fund exists to serve?
- (3) Beyond 2030, what should the Fund do that countries and other institutions cannot?

And two that may not get asked, but everyone is thinking about:

- (1) Where would you draw the line if the U.S. tied its funding to conditions that undermined the Fund’s mission?
- (2) What leverage would you use when donors fail to pay their pledges, even if it risks your relationship with them?”

PS: Ratevosian continues to argue for **broader public engagement**. And he’s absolutely right.

- And via **Devex Check-up:** [The checklist](#)

“The **Global Fund to Fight AIDS, Tuberculosis and Malaria’s** five-person shortlist for **its next executive director** has a little bit of everything: **a candidate from the global south, one from the pharmaceutical industry, and some from global health’s biggest institutions.** One observer described it to me as a **“rainbow coalition”** — although another was **surprised there weren’t more candidates from countries carrying the heaviest burdens of HIV, tuberculosis, and malaria.”**

“But here’s what’s interesting: **For some, the bigger question is less who the next ED is and more what they will actually do amid declining global health funding and growing pressure to rethink how the global health architecture works.** The fund has already decided that a greater share of its resources will flow to lower-income countries with high burdens of HIV, TB, and malaria, with

several middle-income countries receiving their final allocations over the current and next grant cycles. But plenty remains unresolved — **including what role the fund should play in procurement and, more broadly, what it should become....**”

Global Fund - Islamic Development Bank and Global Fund Strengthen Partnership to Advance Sustainable Health Financing

<https://www.theglobalfund.org/en/news/2026/2026-10-07-islamic-development-bank-global-fund-strengthen-partnership-advance-sustainable-health-financing/>

“The Islamic Development Bank (IsDB) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) signed on 6 October a new Partnership Agreement to strengthen collaboration and accelerate investments in health across low- and middle-income countries.”

“The agreement, which marks a new chapter in a long-standing relationship, establishes a framework for aligning investments and coordinating financing, mobilizing additional resources, and supporting country-led efforts to build resilient and sustainable health systems. The partnership will promote innovative financing approaches, including blended and joint financing, to mobilize additional resources and maximize the impact of investments...”

ECDPM – Supporting financial institutions to scale up investments in health under the Global Gateway

<https://ecdpm.org/work/supporting-financial-institutions-scale-investments-health-under-global-gateway>

“What happens when health investment becomes a central part of Europe’s wider strategy for resilience and global partnerships? **Karim Karaki and Laure Blanchard-Brunac examine how European development finance institutions can help scale up investment in health under the EU’s Global Gateway strategy.** “

Making **five** points.

ECDPM (Commentary) - Africa’s maternal, newborn and child health agenda: Strategic for the AU–EU health partnership

P Apiko; <https://ecdpm.org/work/africas-maternal-newborn-and-child-health-agenda-strategic-au-eu-health-partnership>

“Africa accounts for about 70% of maternal deaths, almost half of all child deaths and 40% of neonatal deaths globally, according to [Africa CDC and WHO data](#). Most of these deaths are preventable. There is no shortage of multilateral discussions – like at the UNGA 81 – or continental policies. The core challenge is turning political commitments into solutions that reach women and children at the country and community level. As global leaders meet in Berlin next week for the World Health Summit, the question for partners, including the EU, is how they can back an Africa-defined agenda in a way that strengthens health systems instead of fragmenting them further. “

That’s right: strengthening health systems (instead of fragmenting them further)...

Economist Enterprise - Health investments are strategic, not charity

Carsten Schicker (CEO World Health Summit) [Economist enterprise](#)

A read ahead of the WHS. **“Investing in the health of populations has wide health, social and economic returns—so why do we still think of health investment as a moral rather than also economic good?”**

“...We need to think about health, economic resilience and security together. “

“A sustainable investment: We should treat health spending with the same rigour as any strategic investment. Calling it an investment means asking: what it is likely to achieve, over what period, and whether its expected health, social and economic returns warrant the resources committed. ...”

“These discussions will be central to the upcoming World Health Summit 2026. With its overarching theme “From Crisis to Resilience: Innovating for Health”, the summit will focus on how to turn innovation into future-ready systems. “

“The challenge, however, extends far beyond the summit and the health sector. Building resilient societies requires us to recognise health, economic resilience and security as deeply interconnected, and to rethink how we value and invest in health.”

Health – a political choice, Promoting a Healthy future

Edited by Ilona Kickbusch & J Kirton <https://online.flippingbook.com/view/371477813/>

Also a good read ahead of the **World Health Summit. On the political choices that shape our health**, forty years after the Ottawa charter.

With many contributions, from Tedros, Axel Pries, Ilona Kickbusch, ... and many others.

Devex Check-up - What a French budget cut could mean for global health

<https://www.devex.com/news/devex-checkup-what-a-french-budget-cut-could-mean-for-global-health-113510>

“The French government is **proposing another cut to its official development assistance**, which would shrink its total ODA budget from €3.6 billion in 2026 to nearly €3.2 billion in 2027.

But **that’s only part of the story**. The government is also proposing a **whopping €1.9 billion (\$2.1 billion) slash in commitment appropriations** — essentially, **the money it can pledge for development projects in the years ahead.**”

“French aid experts tell my colleague Jesse Chase-Lubitz that the cuts, if approved, **will hit several development projects, including those related to health. They will likely lead to the closure of health centers, projects combating gender-based and sexual violence, and initiatives related to climate....**”

ICTWorks - We Have Not Yet Built The Capacity to Absorb AI Philanthropy

<https://www.ictworks.org/we-have-not-yet-built-the-capacity-to-absorb-ai-philanthropy/>

With some corners getting rather excited about AI philanthropy as a potential “game changer”, worth reading for an update and some caveats.

“Large philanthropic money moves to organizations that can take large philanthropic money. Everything else about grant making is downstream of that. So far the same pattern is being seen for AI philanthropy....

But not everybody.

“Coefficient Giving Is Building Capacity on Purpose...”

“... The same logic runs through the [\\$165 million Health Aid Transition Fund](#), announced September 18, which builds on about \$18 million in earlier grants. One stated aim is helping governments select local partners to take over from international contractors, alongside work on budget absorption, where the fund’s own materials note that low- and middle-income countries [underspend health budgets by an average of 13%](#). **The open question is who ends up leading the funds this seeds.** The RFP sets no geographic limit I could find, and the pre-seed track is small enough for an organization outside the US to pursue. **If the general managers all turn out to be in Boston and London, the capacity gets built in the same place it already sits....”**

PAI (Population Action International)/COPASAH et al - The State of Civil Society Working in Global Health in 2026: Resilient, Relentless & Ready

<https://pai.org/resources/state-of-civil-society/>

(from a few weeks ago). **Exec summary** on p. 6-8

“Civil society is navigating a profound transformation in global health. Development assistance is declining, civic space is narrowing, and the global health financing architecture is shifting toward greater country ownership and domestic financing. At the same time, civil society organizations (CSOs) are being asked to take on greater responsibility while many are losing the resources and operating space they need to do their work. **The State of Civil Society Working in Global Health in 2026 provides a global view of how CSOs are experiencing and responding to these changes, as well as what they need to remain resilient and effective. “**

“Developed by PAI in partnership with the IBP Network and the Community of Practitioners on Accountability and Social Action in Health (COPASAH), the report draws on responses from 461 organizations across 73 countries, supplemented by focus group discussions and key informant interviews. ... The report was launched September 24, 2026, on the sidelines of the 81st session of the United Nations General Assembly (UNGA 81) in New York. “

“... Taken together, the findings reveal a critical tension. The global health system is moving toward greater country ownership, domestic financing, and locally led development at precisely the moment when the locally led organizations at the forefront of informing and shaping the design and delivery of health and rights are losing resources and operating space. Without strong

civil society institutions, country ownership alone will not guarantee community participation, accountability, equity, or responsiveness to the people whom health and development systems are intended to serve. **However, the survey also documents a civil society sector with significant assets: trusted relationships, technical expertise, extensive coalitions, cross-sector reach, and deep knowledge of the communities and political environments. Respondents are trying to adapt, seeking new partnerships, new sources of financing, stronger evidence, and new ways to influence national and global decision-making."**

Global Tax Justice

MFF Hub - Breaking the Own Resources Deadlock: Six Options to Widen the Choice for the European Union's Next Budget

<https://www.mffhub.org/resources/beaking-the-own-resources-deadlock>

"... As EU leaders negotiate the next Multiannual Financial Framework (MFF) 2028-2034, **Global Citizen commissioned independent experts to gather ideas on new ways to finance the EU budget.** Together, the **authors estimate their proposals could raise around €100 billion per year:** A European luxury surcharge: around €42 billion a year; A one-off levy on large fortunes, spread over 30 years: around €26 billion; A VAT on flights and a tax on vacant seats: around €10.5 billion; A European digital services tax: around €6 billion; A levy on digital advertising: around €10 billion; A financial transactions tax: around €8.3 billion."

UHC

The 2026 UHC Day campaign launches with the theme "Affordable health care, right here, right now!"

<https://www.uhc2030.org/news-and-events/news/article/the-2026-uhc-day-campaign-launches-with-the-theme-affordable-health-care-right-here-right-now/>

(7 October) "Supported by UHC2030, its Civil Society Engagement Mechanism (CSEM), and the Coalition of Partnerships for UHC and Global Health, **the 2026 UHC Day Campaign officially launched yesterday during an online webinar** with almost 200 participants."

"The webinar officially launched the 2026 UHC Day Campaign under the theme "Affordable Healthcare Right Here, Right Now," bringing together civil society, development partners, youth advocates, and health leaders. Featuring a panel discussion with global health experts and advocates, **the event emphasized that UHC commitments exist on paper but have not been translated into equitable health outcomes.** It called on all stakeholders to use the campaign tools to drive mobilization ahead of the 2027 UN General Assembly High-Level Meeting on UHC. "

"See below for a detailed summary of the event. ..."

Trump 2.0, US Global Health Strategy & bilateral health agreements

Global Policy - Domestic Politics and the Future of Global Health Governance: One Year After the America First Global Health Strategy

<https://www.globalpolicyjournal.com/blog/08/10/2026/domestic-politics-and-future-global-health-governance-one-year-after-america-first>

Cool analysis. **“Nelson Aghogho Evaborhene reflects on the first year of the America First Global Health Strategy and argues that its significance extends beyond the expansion of bilateral health partnerships. It shows how the strategy has shifted global health politics into domestic arenas, where courts, parliaments, regulators, and civil society increasingly shape how global health commitments are negotiated, contested, and implemented.”** A few excerpts:

“...Experiences represent an important evolution in how African agency should be understood. Much of the literature has focused on Africa's influence through regional institution building or engagement in multilateral processes. Yet domestic politics and civil societies have received comparatively less attention as a site of global health governance. The experience emerging during the first year of the AFGHS suggests that **agency is exercised across interconnected arenas. Regional institutions articulate collective priorities; diplomatic coalitions seek to reshape international rules; and domestic political institutions increasingly determine whether external partnerships can be authorised, implemented, contested, or sustained.** Agency therefore extends beyond the diplomatic arena into the domestic processes through which external commitments acquire political legitimacy....”

“This evolution has broader implications for how we understand geopolitical fragmentation. Fragmentation is frequently portrayed as the erosion of multilateral cooperation and the rise of bilateral competition among major powers. This diagnosis overlooks the redistribution of authority across levels of governance. The result is not simply a fragmented system, but a more plural, multi-level governance architecture. ”

“... For African countries, the experience suggests that governments need to assess and integrate bilateral commitments within national legal, policy, financing, and health system frameworks, while preserving links to regional priorities. **For African regionalism,** the implication is that continental initiatives such as the Accra Reset need stronger links between national political processes and regional decision making, rather than assuming a shared continental position. **For the WHO-led reform process,** this points to a similar implication: global reform must account for how international decisions are incorporated into national systems, where they are ultimately authorised, contested, and implemented. **For Washington,** the lesson is practical: bilateral health agreements are more likely to endure when their design reflects national legal requirements, allows meaningful domestic oversight, and complements rather than bypasses regional health priorities.”

“As geopolitics continue to reshape global health governance, the future of cooperation—whether through the Pandemic Agreement, the WHO-hosted, Member State-led reform process, or the Accra Reset—will be shaped not only in Addis Ababa, Geneva, or New York, but equally in national courts, parliaments, ministries, regulatory agencies, and other political arenas where international commitments acquire legitimacy and are translated into action.”

KFF Tracker: America First MOU Bilateral Global Health Agreements

<https://www.kff.org/global-health-policy/kff-tracker-america-first-mou-bilateral-global-health-agreements/>

Updated as of 8 October. (with **Zambia** added -see below)

Devex Pro - State Dept. obligates billions in foreign aid before year's end

<https://www.devex.com/news/state-dept-obligates-billions-in-foreign-aid-before-year-s-end-113516>

(gated) **“The State Department has obligated over \$4 billion in expiring aid ahead in just one week — but another \$2.5 billion has been shifted to a nonexpiring fund for closing out USAID.”**

- Via [Devex](#): **“Just in the nick(el) of time”**

“Remember the billions in U.S. foreign aid that were about to vanish at midnight on Sept. 30? Well, the State Department appears to have [spent the final days of the 2026 fiscal year in a race to save them](#). Over the last few days, State had committed over \$4 billion in expiring foreign affairs money, according to a legal document submitted by the Office of Foreign Assistance Oversight. That kept billions from being returned to the U.S. Treasury.”

“But there’s a rather large catch, my colleague Elissa Miolene writes. Another \$2.5 billion originally intended for global health and development assistance has apparently been moved into a nonexpiring pot to pay for USAID’s closeout — despite objections from Democratic lawmakers and Republican Sen. Susan Collins.” “ And then there’s the question nobody can quite answer yet: Where did all that last-minute money actually go? “We’re at the 11th hour, and at this point, getting it out any which way feels like a win,” says Rachel Peniston, policy director for Aid on the Hill. “But it will be actually really important to look at how those funds were spent, and what kinds of decisions were made and mechanisms were used.”

Devex – Zambia and US reach health financing deal after monthslong stalemate

<https://www.devex.com/news/zambia-and-us-reach-health-financing-deal-after-monthslong-stalemate-113542>

“ After pushing back on U.S. attempt to tie health financing to mineral access, Zambia moves ahead with a \$1.5 billion health agreement with the United States.”

“Zambia is prepared to sign a five-year \$1.5 billion health financing deal with the United States after reports that the agreement was delinked from American efforts to gain access to critical minerals....”

PS: **“An earlier version of Zambia’s agreement also required the country to share health data for 10 years. It is not clear whether Zambia is still required to share health data under the new agreement or for how long....”**

- Related: HPW - [US Finally Signs Health Deal with Zambia, But Still Pursues Minerals Agreement](#)

Cidrap News - Some CDC foreign offices shutting their doors as US implements 'America First' policy

<https://www.cidrap.umn.edu/anti-science/some-cdc-foreign-offices-shutting-their-doors-us-implements-america-first-policy>

"US Centers for Disease Control and Prevention (CDC) offices in Angola and South Sudan were shuttered last week, and the Zimbabwe office is slated to close at the end of the year, with a dozen other foreign offices expected to follow suit in the coming years, *Politico* reported today."

"Decreased CDC funding, State Department-issued operational limitations, and security problems are leading to the office shutterings, a CDC official told *Politico* anonymously. The closures are part of President Donald Trump's "America First Global Health Strategy" and follow the shutdown of the US Agency for International Development (USAID), which managed foreign aid from 1961 until 2025. ..."

"... Now, however, only countries that agree to shoulder more of their own health costs over time and demonstrate improved health and development metrics will receive CDC assistance. So far, **35 countries have agreed to the terms, including Angola and South Sudan, which will receive \$71 million and \$146 million, respectively, over the next three years. ..."**

NYT - H.I.V. Research Networks Face Uncertain Future Amid Funding Delays

<https://www.nytimes.com/2026/10/07/health/hiv-research-delay-cuts-hhs-nih.html?partner=slack&smid=sl-share>

"The networks also develop treatments and preventions for other infectious diseases and were instrumental in testing the Covid vaccine."

"The future of four large research networks that test vaccines and treatments for H.I.V., tuberculosis and emerging infectious diseases is in limbo after weeks of delays from the Trump administration in launching the process to renew their funding. Scientists are worried that the delays could foreshadow the end of the networks, at least in their current form...."

"... The current funding delay affects Advancing Clinical Therapeutics Globally, a network that formed 40 years ago, as well as the H.I.V. Prevention Trials Network, the H.I.V. Vaccine Trials Network and the International Maternal Pediatric Adolescent AIDS Clinical Trials Network, which were formed years later. Together, the four networks work in dozens of countries and have conducted hundreds of clinical trials. They total more than \$300 million each year, most of which comes from the federal government, although the exact amounts vary as studies begin and end at various times...."

Guardian - JD Vance flexing Maha connections as he eyes 2028 election

<https://www.theguardian.com/us-news/2026/oct/04/jd-vance-maha-2028-election>

“Considered Republican frontrunner for presidential election, **Vance is cozying up to the movement – as it splits.**”

“D Vance, widely considered to be the Republican frontrunner for the presidential election in 2028, is aligning himself with the Make America Healthy Again (Maha) movement as some say it is shedding its grassroots supporters in favor of political and corporate interests. The US vice-president has positioned himself as the inheritor of Make America Great Again (Maga), and attaching himself to Maha, which many in the Trump administration believe helped to win the 2024 election, signals a greater overlap between the two movements as the administration’s popularity plummets amid the war in Iran and rising prices....”

Stat - Democrats plot a midterms push for MAHA voters

<https://www.statnews.com/2026/10/07/democrats-focus-on-food-toxins-win-maha-voters-midterm-elections/>

(gated) “Candidates are courting voters focused on food and toxins, but another health issue looms larger.”

“Democratic candidates including New York’s Alexandria Ocasio-Cortez and Michigan’s Abdul El-Sayed are building agendas around issues like food and toxins that are important to the Make America Healthy Again movement. In some ways, it’s a rebranding of long-held progressive ideals, STAT’s Daniel Payne writes. Democrats are largely disregarding vaccine injuries, the signature issue of MAHA leader Robert F. Kennedy Jr....”

- And a link: **Cidrap News** - [Hepatitis B vaccine study condemned as unethical wins approval from Danish university](#)

Impact aid cuts (& transition)

Lancet GH – HIV service delivery after the PEPFAR and USAID HIV funding withdrawal in Uganda and Zimbabwe: an interrupted time-series study

Henry Cust et al (on behalf of **Partners in Uganda and Zimbabwe**);
[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00223-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00223-8/fulltext)

“.... We aimed to estimate the effect of the US funding withdrawal on **HIV prevention, pre-exposure prophylaxis (PrEP), testing, and treatment services provided by non-governmental organisations (NGOs) serving primarily key populations in Uganda and Zimbabwe....**”

Among the conclusions: “**The sudden withdrawal of US funding was followed by severe, sustained disruptions to HIV service delivery in Uganda and Zimbabwe across all major domains, with the largest declines in prevention, PrEP, and testing services for key populations. These results are the first quantitative findings on service-volume changes in NGOs whose US funding was terminated or sharply cut and illustrate the effect on the NGO-led, key-population layer of HIV services in sub-Saharan Africa...**”

- And related [Lancet GH Comment: Large reductions in HIV services for key populations in sub-Saharan Africa](#) (Suzue Saito et al)

“In this issue of *The Lancet Global Health*, Henry Cust, Sungai T Chabata, and other unnamed collaborators report **one of the first quantitative, real-world studies of abrupt and sustained cessation of the US Government funding for HIV services, primarily delivered to populations at highest risk of HIV acquisition—key populations—by four non-governmental organisations in Uganda and Zimbabwe.**”

Guardian – Shortages of crucial HIV medicines due to aid cuts are a ‘warning’, say experts

<https://www.theguardian.com/global-development/2026/oct/05/shortages-of-crucial-hiv-medicines-due-to-aid-cuts-are-a-warning-say-experts>

“More than half of organisations providing HIV care surveyed by International Planned Parenthood Federation said they had run out of stock at some point during past 12 months.”

“The **survey by the International Planned Parenthood Federation (IPPF), a network of organisations in more than 170 countries dedicated to sexual and reproductive health, rights and justice, showed that at the time of questioning, 40% of its members reported they had run out of all stock of a product and 60% had at least one product at low stock levels.”**

“... Findings from the 40 member associations that responded to the survey revealed that **HIV rapid diagnostic tests were the most critically affected product across all respondents....”**

HPW - Health Crisis Looms for Zimbabwe Following US Withdrawal of Aid

<https://healthpolicy-watch.news/health-crisis-looms-for-zimbabwe-following-us-withdrawal-of-health-aid/>

State of affairs in Zimbabwe.

HP&P - Aid cuts, health financing fragility, and maladaptive resilience in Sierra Leone: a rapid mixed-methods study

Augustus Osborn, S Witter et al; <https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag117/8864866?searchresult=1>

Check out findings.

SRHR & Women's health

Lancet Obstetrics, Gynaecology & Women's Health (Comment)– Staying the course, shaping the future: WHO's commitment to sexual health and reproductive rights

Tedros Adhanom Ghebreyesus & Pascale Allotey;

<https://www.thelancet.com/journals/lanogw/article/PIIS3050-5038%2826%2900312-2/fulltext>

"... WHO's mandate and its constitution recognises the enjoyment of the highest attainable standard of health as a fundamental right for every human being. Sexual and reproductive health cannot be separated from that principle without weakening the right's universality. As an organisation with this mandate, WHO cannot afford to let decades of hard-won evidence-based progress become the casualty of processes it does not shape nor of funding it does not control..."

Guardian - Women suffer more pain than men across the whole body, major global study finds

<https://www.theguardian.com/society/2026/oct/05/women-more-pain-than-men-global-study>

"Researchers looked at pain around the world and across the human lifespan, finding steepest rise happens before age 55."

"The research, published in *Nature Medicine*, looked at how pain, as the leading global cause of disability, was distributed both around the world and across the human lifespan. It found women's self-reported pain across 11 bodily sites – head, face, neck or shoulder, foot or ankle, hand or wrist, elbow, chest, back, stomach or abdomen, hip and knee – was higher than for men. That was particularly true for headache, facial and abdominal pain..."

"For men and women, the steepest increase in pain happened before people turned 55, then peaked at or beyond 75, with back, hip and knee pain increasing across the lifespan..."

- The article in *Nature Medicine* – [Global and regional reference curves for pain across the lifespan in 6.1 million individuals in 118 countries](#)

Wellcome - A global call to action on extreme heat and pregnancy

<https://wellcome.org/climate-and-health/extreme-heat/pregnancy>

Re new evidence. "Extreme heat is no longer a distant threat. As temperatures rise, pregnant and postpartum women and their babies face growing risks to their health. **Evidence shows that heat exposure during pregnancy is linked to negative outcomes, such as premature birth, low birth weight, stillbirth and maternal complications.** Yet many health systems remain ill-equipped to respond. "

“To understand how extreme heat is affecting maternal and newborn health, Wellcome commissioned a survey of 1,000 healthcare professionals working in pregnancy, childbirth, postnatal and newborn care across Australia, Brazil, India, the UK and Zimbabwe. ”

“The findings reveal widespread concern. 73% reported that heat-linked cases of complications have increased over the past five years. 81% are concerned that, without action, extreme heat will pose a growing risk to maternal, foetal and newborn health. 98% had cared for a woman or baby whose health they believed had been affected by extreme heat. ...”

- Related: [UN Climate Chief on new data: “As extreme heat worsens, pregnancy and birth are a new faultline in the global climate crisis”](#)
- See also [UN News: Extreme heat making pregnancy a ‘new fault line’ in climate crisis](#)

“Pregnancy and childbirth have become a “new fault line in the global climate crisis” as extreme heat worsens, the head of the UN climate action body (UNFCCC) warned on Monday, calling for maternal and newborn health to be built into countries’ climate plans. ...”

Preprint - Health Washing and Philanthropy in Global Women's Health

J Molenaar; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=7549180

“Private philanthropy plays an increasingly prominent role in global women's health. The Gates Foundation, the largest philanthropic actor in this space, has recently committed \$2.5 billion through 2030 for women's health research and development. **Women's health's moral appeal makes it a fertile site for health washing:** the use of visible investment to generate reputational capital and deflect critique. **This critical analysis examines how health washing operates in philanthropic funding for global women's health using the Gates Foundation as a case, tracing three interconnected mechanisms.** First, the Foundation's prominent investment in women's health deflects scrutiny from its founder's conduct-brought into sharp relief by the 2026 Epstein file releases-as well as from the origins of its wealth and its commercial entanglements. Second, its scale inspires sector-wide deference, sustained by funding dependency and deepened by the 2025 collapse of USAID. Together, deflection and deference have contributed to the Foundation's growing dominance over how women's health problems are defined, measured, and addressed. The analysis poses key questions for our field: what are we prepared to compromise to secure funding, and whose definition of the problem are we working within?”

Guardian – ‘Defend our men!’: fears for women’s rights in Latin America over plans to counter gender violence laws

<https://www.theguardian.com/global-development/2026/oct/05/defend-our-men-fears-for-womens-rights-in-latin-america-over-plans-to-counter-gender-violence-laws>

“Women ‘set back by 50 years’ as Bolivia, Chile, Argentina and Peru debate tougher penalties for false reports of sexual assaults, despite such cases being rare.”

PS: “... That the bills have been presented almost in “parallel” suggests that conservative groups campaigning against women’s rights are pursuing a broader and coordinated regional strategy,

according to Paula Ávila-Guillén, director of the US-based Women's Equality Centre. "The likelihood of it being a coincidence is very low." ..."

WHO - New global roadmap launched to tackle hypertension in pregnancy, a leading cause of maternal and newborn deaths

<https://www.who.int/news/item/08-10-2026-new-global-roadmap-launched-to-tackle-hypertension-in-pregnancy-a-leading-cause-of-maternal-and-newborn-deaths>

"The World Health Organization (WHO) and partners today launched a new global roadmap to tackle hypertensive disorders of pregnancy, including pre-eclampsia, which affect millions of women every year. These disorders remain among the leading causes of death and serious illness for pregnant women and their babies, with tragic long-term impact on their families."

"Hypertensive disorders complicate an estimated 10–15% of pregnancies worldwide. They account for around 16% of maternal deaths globally, resulting in an estimated 42 000 deaths each year, as well as more than 500 000 stillbirths and newborn deaths. In many countries, women still lack reliable access to basic blood-pressure measurement, urine protein testing and essential medicines, including aspirin, antihypertensives and magnesium sulfate. Weak referral systems, shortages of trained health workers and limited emergency obstetric services can further delay life-saving care...."

"... Launched at the Society for Maternal-Fetal Medicine Global Conference, the *Global roadmap for hypertensive disorders of pregnancy from 2026 to 2035 and beyond* sets out coordinated actions across research and innovation, global clinical guidance, access to medicines and diagnostics, implementation, advocacy and accountability...."

Devex - The family foundation spending itself out of existence to end FGM

<https://www.devex.com/news/the-family-foundation-spending-itself-out-of-existence-to-end-fgm-113540>

"The Wallace Global Fund is putting \$14 million into a new fund to end female genital mutilation — and challenging bigger philanthropies to step up as aid funding collapses."

"Now, one family foundation — the Wallace Global Fund, or WGF — is making what it says is the largest known single philanthropic "bet" ever on the cause, committing \$14 million to seed a new fund, with a goal of catalyzing \$100 million from bilateral, corporate, and philanthropic cofunders over the next five years. The aim? To reach a "tipping point" on ending the "horrific practice" within a generation.... **The Her Horizon Fund**, which WGF describes as "innovative," will be advised and governed by activists, individuals, and organizations, and aims to direct resources to front lines. "

"...To date, a small fraction of development resources have gone toward global efforts to end FGM. The United Nations Population Fund has estimated the cost of ending FGM in 31 priority countries from 2020 to 2030 at around \$2.8 billion, whereas only \$275 million in donor funding was forecast, leaving a staggering shortfall of \$2.1 billion, WGF said. ..."

"... That funding push comes as 4.5 million girls are at risk of FGM this year alone, according to the UNFPA.... The announcement follows a funding collapse, with UNFPA losing \$377 million in U.S. funding in 2025 alone, gutting programs with just four years left on the U.N. 2030 targets. The 2025

funds received by the Joint Programme on the Elimination of Female Genital Mutilation decreased by 45% to \$16.3 million, down from \$29.6 million in 2024, leaving a \$13.3 million difference, according to a [report](#) published in April 2026.”

“Meanwhile, a well-funded anti-rights movement is actively working to roll back decades of progress....”

The Lancet Series on the digital determinants of health

<https://www.thelancet.com/series-do/lancet-series-digital-determinants-health>

“Digital technologies have become embedded within the systems and environments that shape health and wellbeing. They influence how people access information, communicate, learn, work, access health care, participate in society, and make decisions about their lives. Understanding and governing these determinants has therefore become a critical public health priority. **This three-paper Series proposes a new approach for conceptualising and responding to the digital determinants of health, and sets a bold agenda for future research, practice, and governance.**”

- Start with the [Editorial: Digital technology for health, not harm](#)

“... **Governing digital technologies**, in their duality and mutability, will be a **defining public health challenge of the 21st century**. This Lancet Series lays the foundations for a public health approach that treats digital systems as structural determinants of health; puts health at the centre of digital progress; and outlines a path towards digital governance in the public interest....”

- And from the **first paper**, [The digital determinants of health: a new era for global public health](#) (by J Shaw et al)

“... Digital transformations exert increasing influence over the lives of the global population, shaping opportunities and generating harms for health and wellbeing across the spectrum of digital access and engagement. **The scale of influence of digital transformations on human and planetary health marks the urgency of attention to the digital determinants of health (DDoH)**. In this Series paper, we describe a prevailing digital sociotechnological order (DSTO) as the structural source of the DDoH. The DSTO is composed of a set of dominant assumptions that motivate digital practices operating through four features (political norms, economic logics, infrastructures, and personal and social practices) to affect human and planetary health. We describe the implications of the DSTO for understanding, studying, and governing the DDoH, and present recommendations for future work. ...”

“ **The digital determinants of health (DDoH) can be understood as the structural effects of a prevailing digital sociotechnological order from a public health perspective...** The prevailing digital sociotechnological order presents structural risks to global public health. **The DDoH influence public health for the global population, including those who have little or no access to digital technologies**, by shaping political norms, economic logics, infrastructural investments, and personal and social practices internationally. **Public health should evolve to anticipate the health-related effect of new developments in digital technology, such as artificial intelligence and its deeper embedding in human lives.**”

World Habitat Day (5 Oct)

UN News – UN upholds housing as a human right on World Habitat Day

<https://news.un.org/en/story/2026/10/1168520>

“Representatives from governments, civil society and academia **meeting in Muscat, Oman** on Monday **called for urgent action to address a global housing crisis affecting nearly 3.4 billion people.**”

“They gathered to commemorate **World Habitat Day** which this year focuses on the **theme of Adequate Housing for All.** “Adequate housing is not a luxury. It is a foundation for a dignified life and for sustainable cities,” said Anacláudia Rossbach, Executive Director of **UN-Habitat**, the agency that promotes sustainable urbanization....”

NCDs

WHO issues first global guidelines on child and adolescent obesity

<https://www.who.int/news/item/07-10-2026-who-issues-first-global-guidelines-on-child-and-adolescent-obesity>

(7 October) “**The World Health Organization (WHO) today released its first guidelines addressing the sharp rise in obesity among children and adolescents**, setting out how health systems and health workers can deliver timely, evidence-based and people-centred care.”

“In 2024, 170 million children and adolescents aged 5–19 years were living with obesity, including 70 million children aged 5–9 years and 100 million adolescents aged 10–19 years. **Obesity prevalence in this age group has quadrupled since 1990, rising from 2% to 8%....**”

“... **For children and adolescents with obesity, WHO strongly recommends structured dietary, physical activity and behaviour-changing interventions delivered individually or as part of a multimodal programme.** Digital health interventions are conditionally recommended with parent or caregiver supervision. **WHO does not recommend pharmacological treatment, bariatric surgery (weight-loss surgery that changes the stomach or digestive tract) or weight-loss devices for children aged 0–9 years. For adolescents aged 10–19 years, treatment with approved medicines may be considered only when a supervised multimodal lifestyle programme has not achieved the desired results. Bariatric surgery may be considered under strict conditions for adolescents with severe obesity.**”

“**The foundation of obesity care for children and adolescents is not medicine or surgery, but access to comprehensive support that enables healthy eating, physical activity and sustainable behaviour change,**” said Dr Luz María De Regil, Director of the Department of Nutrition and Food Safety, WHO...”

- Related: [HPW – GLP-1 Drugs? Surgery? WHO Issues Guidelines for Obesity in Children](#)

Devex Pro – What to expect from the World Bank's cancer strategy

<https://www.devex.com/news/what-to-expect-from-the-world-bank-s-cancer-strategy-113541>

(gated) “Most countries don’t have the money to implement their national cancer plans and are too focused on the latest technology rather than “the basics.” **The World Bank hopes to help.**”

“The **majority** of countries around the world have national cancer strategies, but most lack the financing to implement them, making them simply “aspirational.” **As cancer cases rise globally, the World Bank is preparing to launch a first-of-its-kind strategy to help low- and middle-income countries finance a response.**”

“The strategy marks a departure from the way the World Bank Group typically works, said Richard Sullivan, director of the Institute of Cancer Policy at King’s College London — which led a strategic review of global cancer for the World Bank and developed the strategy. It focuses on a single disease rather than health systems as a whole and will be the bank’s first stand-alone strategy for cancer. “I think there was a recognition ... that cancer was creating uniquely complex challenges in the health systems in transition,” Sullivan said. “And what they wanted to understand was how the different financing mechanisms they have at their disposal could be utilized to support cancer control.” ...”

“The **World Bank’s aim is to help countries take advantage of its existing financing instruments to address whatever challenge they are facing.** That might look like direct financing for specific projects, budget support for policy efforts, or funding that is linked to defined results. Of course, the institution is also hoping that these initiatives will draw in domestic and private resources as well. **And though the interventions may be cancer-specific, the hope is that they provide a boost to the entire health system.**”

The strategy should launch by the end of this year....”

Guardian – ‘Cancer is tripling and will keep increasing’: first African to lead global action against disease ready for battle

<https://www.theguardian.com/global-development/2026/oct/08/health-cancer-zainab-shinkafi-bagudu-africa-uicc-global-south>

“With cancer cases rising fastest in poorer countries, **Zainab Shinkafi-Bagudu, president-elect of the Union for International Cancer Control**, says **Africa needs investment in research, diagnosis and prevention.**”

“A Nigerian paediatrician and advocate for cancer patients, **Bagudu is president-elect of the Union for International Cancer Control (UICC) – the first African to lead the organisation.** She takes up the role as cancer cases and deaths are projected to rise sharply, with the greatest increases expected in poorer countries....”

PS: “**She will support efforts to develop a global cancer financing platform modelled partly on the Global Fund to Fight Aids, Tuberculosis and Malaria,** to mobilise resources from governments, donors and other sources to strengthen cancer prevention, diagnosis and treatment....”

World Mental Health Day (10 Oct)

Lancet Editorial – Rethinking lived experience

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)02038-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02038-6/fulltext)

“The theme of this year's World Mental Health Day, held on Oct 10, is Lived experiences heard: real voices, real change. On its website, WHO states that the voices of people with lived experience should “shape the policies, services and decisions that affect their lives”. While these are laudable aims, they also serve to highlight the complex challenges involved in lived experience engagement and co-production, both within the field of mental health and beyond....”

The editorial concludes: “World Mental Health Day's focus on lived experience is both timely and necessary; it is to be hoped that it stimulates rigorous thought, a new spirit of collaboration and inquiry and, ultimately, better research, therapies, services, and outcomes for the 1.2 billion people living with mental health problems worldwide.”

Planetary Health

Nature (Comment) - Nature has rights — it is time the world recognized them

J C Navarro (Minister of Environment Panama) et al ; <https://www.nature.com/articles/d41586-026-03145-5>

“Existing legal frameworks have not halted planetary crises. Recognizing the rights of nature could offer a different path.”

“... at this year's United Nations General Assembly in New York City in September, the president of Panama, José Raúl Mulino, proposed recognizing the universal rights of nature. Panama's goal is to usher in a UN Universal Declaration of the Rights of Nature, to recognize nature as a direct ‘subject of rights’ with intrinsic value....”

“Towards that end, on 24 September, Panama, Tonga and Vanuatu launched the For Nature Coalition of States, with Palau and Dominica among the founding members. This is designed to build dialogue around and support for a proposed intergovernmental process to recognize the rights of nature.... The coalition is an informal, decentralized and voluntary platform on which interested member states can exchange experiences, share perspectives and contribute to ongoing discussion and diplomatic engagement on the proposed UN Universal Declaration of the Rights of Nature, as part of the UN's [Harmony with Nature](#) process. It complements, not replaces, formal intergovernmental negotiations in the General Assembly....”

Extreme heat and health: Global evidence for action

<https://heathealth.info/extreme-heat-and-health-global-evidence-for-action/>

“Extreme heat is a recognized and growing global health threat, yet comprehensive surveillance data and evidence-based policies remain limited. To address these gaps and align with the United Nations

Secretary-General's Call to Action on Extreme Heat, **the Global Heat Health Information Network has prepared the first global scientific synthesis report focused on the health risks of extreme heat and the potential solutions for action**, co-authored by a global team of over 50 experts."

"**This Executive Summary** synthesizes the **key findings of the report**, which is scheduled for publication in late 2026. The report provides a policy-relevant assessment of the current state of scientific knowledge on the health risks associated with extreme heat and evidence-based measures to reduce those risks. **It is guided by and seeks to answer eleven questions** presented in this Executive Summary. ..."

Guardian - World must change way it produces food to avoid biodiversity collapse, says WWF

<https://www.theguardian.com/environment/2026/oct/08/world-must-change-food-avoid-biodiversity-collapse-wwf>

"**Conservation comebacks for wild tigers, tuna and green sea turtles prove that global nature loss can be reversed**, scientists have said. But a **report warns food production must be the next "positive tipping point" if the world is to avert biodiversity collapse.**"

"The **World Wildlife Fund (WWF)** analysed nearly 36,000 animal populations and more than 5,000 species, producing the largest ever database of vertebrate wildlife. **Scientists found populations had declined by an average of 73% since 1970**, showing that **"nature continues to be degraded at an alarming scale"**, with **"no sign of losses slowing"**."

"**Nature loss is no longer just an environmental challenge but a direct threat to the global economy**, the report says, noting that about half of global GDP – roughly \$58tn (£44tn) in 2023 – depends on nature and its ecosystem services. The authors write that **species collapse** now poses an **"existential threat to economic stability, geopolitical security and human wellbeing"**."

PS: "Dr Steve Smith, a research fellow at Global Systems Institute and a co-author of the report, said: **"The biggest prize for nature recovery would be a sustainable and healthy food system, but it's currently the farthest away from positively tipping.** For example, agricultural expansion drives almost 90% of deforestation worldwide." ..."

HPW – Less Than 1% of International Development Finance Targets Air Pollution

<https://healthpolicy-watch.news/less-than-1-percent-of-international-development-finance-targets-air-pollution/>

"**International development lenders committed \$4.7 billion in 2024 to projects aimed explicitly at reducing air pollution, less than 1% of all international development finance**, according to an **annual analysis** published Tuesday by the **Clean Air Fund (CAF)**. That was up 58% from \$3.0 billion in 2023, nearly matching the 2022 peak of \$4.8 billion. ..."

"**Pakistan, Nepal, Myanmar, Cameroon and the Democratic Republic of Congo, five of the world's ten most polluted countries, each received less than \$2 per person in air quality funding in 2024.** India, the second most polluted, was the exception, drawing 19% of all air quality funding that year...."

““Our analysis shows that money is not yet consistently following need, and that countries facing some of the highest pollution levels often have the least access to finance,” said Barbara Buchner, chief executive of CPI....”

Guardian – Scientists who put faith in technology less likely to take climate action

<https://www.theguardian.com/environment/2026/oct/07/scientists-technology-less-likely-climate-crisis-action>

““Techno-optimism’ may lead to reliance on unproven solutions at expense of societal changes needed.”

“Scientists who believe technology will largely solve the problems caused by the climate crisis are less likely to engage in civic action on the issue, according to a study. The report from the London School of Economics found they are 23% less likely to sign petitions or take part in protests than peers who doubt that technology is the answer. They are also 18% less likely to make high-impact lifestyle changes, from reducing flights to changing to a vegan or vegetarian diet....”

“... The report, published in Environmental Research Letters, also found that techno-optimism was most prevalent among scientists with right leaning political views and those working in applied and natural sciences....”

Climate Change News - Big banks behind “net zero” alliance continued lending to coal firms

<https://www.climatechangenews.com/2026/10/02/major-banks-behind-net-zero-alliance-continued-lending-to-coal-firms/>

“New data shows coal finance has stayed steady at the global level since 2022, as international efforts to cut the ties between lending and emissions faded.”

“Several major banks that helped set up the UN’s now-defunct Net-Zero Banking Alliance (NZBA) in 2021 have since continued to lend money to coal companies, a new report has revealed. Bank of America, Barclays, Citibank, Deutsche Bank and Santander were heavily involved in the NZBA and the associated Glasgow Financial Alliance for Net Zero (GFANZ) when it was launched by Mark Carney, then a UN climate envoy and now Canada’s leader, in the run-up to the COP26 climate summit in Glasgow....”

WHO joins Pre-COP31 to advance climate action that delivers for people’s health

<https://www.who.int/westernpacific/news/item/05-10-2026-who-joins-pre-cop31-to-advance-climate-action-that-delivers-for-people-s-health>

“With health impacts of climate change increasingly felt in the region, WHO joins Pacific leaders and partners in Fiji to advance health priorities ahead of COP31...”

“COP31, to be held next month in Antalya, Türkiye, marks an important step for global climate and health action. Health is one of the 10 priority themes of the COP31 Action Agenda, “Dynamic and

Resilient Health Systems”, and a dedicated Health Day will take place on 9 November, the first day of COP31. The inclusion of health reflects growing global recognition that climate action and health are closely connected.”

“The climate crisis is affecting population health globally. Across the WHO Western Pacific Region, which includes Pacific island countries and areas, the consequences of climate change include extreme heat, cyclones, floods, rising sea levels, food and water insecurity, infectious diseases and disruptions to essential health services. **The Pacific in particular faces additional challenges. A recent review of 76 hospitals in 14 Pacific island countries found that 62% of health facilities are located within 500 metres of the sea or a river, leaving them particularly exposed to flooding, storm surges and sea-level rise....”**

Decolonize Global Health

Habib Benzian & Homa Fathi - What Dentistry Teaches Us Not to See
[on Substack:](#)

“Two letters on coloniality, professional formation, and the future of oral health.”

“... Global scientific databases return tens of thousands of papers on dental implants **published since 1970**. A **new scoping review** found just 65 eligible articles on colonialism and oral health across the same period. ...”

“... The review, led by Homa Fathi and published recently in **Community Dentistry and Oral Epidemiology**, examines what **Global North dental scholarship** has said about colonial legacies in oral health over 55 years. Of the 65 articles, 58 carry a critical lens on colonialism. Twenty-one explicitly engage with decolonisation. Six apply decolonial frameworks or tools. Six out of sixty-five...”

Conflict/War & Health

Lancet Offline – Medicine for peace

R Horton; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)02001-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02001-5/fulltext)

“The connection between war and health was enshrined three centuries later (*i.e. than Hobbes*) at the height of the Cold War in the Declaration of Alma-Ata, signed in September, 1978. The Declaration called for a new era of “peace, détente, and disarmament”. Medicine has largely abandoned this noble ambition....”

Horton concludes: **“Now, more than ever, medicine and public health leaders must challenge the zeitgeist of extreme populism and nationalism. We must reassert the Alma-Ata commitment to “peace, détente, and disarmament”. Our voice does matter. Let us find it again.”**

TGH - Gaza, Sudan, Ukraine: Tracking Outbreaks Amid Conflict

S Gharbia et al; <https://www.thinkglobalhealth.org/article/gaza-sudan-ukraine-tracking-outbreaks-amid-conflict>

“War recovery plans should include detailed monitoring to prevent diseases like polio and cholera from spreading.”

UN News – Gaza: WHO appeals for massive aid influx ahead of winter

<https://news.un.org/en/story/2026/10/1168508>

“Repeated delays in bringing lifesaving medicines, prosthetics and more from Israel into Gaza risk having devastating consequences on Palestinians who urgently need them in the war-torn enclave, the UN World Health Organization (WHO) said [last week] on Friday. “

“A truck full of non-priority supplies or the right supplies arriving too late, doesn't save lives. That's the question that actually matters,” said Dr **Reinhilde Van De Weerd**, **WHO Representative in the Occupied Palestinian Territory (OPT)**. ... Almost 12 months into a fragile ceasefire agreement between Hamas fighters and Israel marked by ongoing Israeli airstrikes and other military activity, **Gaza's humanitarian situation remains “overwhelming”, according to the UN aid coordination office, OCHA. ...”**

- And a link: WHO - [WHO sounds alarm on critical funding gap for health response in Yemen](#)

Access to Medicines, Vaccines & other health technologies

Mahama announces H-Enabler to streamline health investment across Africa

https://www.citinewsroom.com/2026/10/mahama-announces-h-enabler-to-streamline-health-investment-across-africa/#google_vignette

“President John Dramani Mahama has announced the [Health Investment](#) and National Gateway, known as H-Enabler, a platform aimed at streamlining regulation, clinical validation and commercialisation for [health](#) innovators and investors across Africa.”

“The platform was announced during President Mahama's keynote address at the Alamein Africa Forum in Egypt, where he spoke on investing in health manufacturing and regional value chains. ... President Mahama said H-Enabler had been developed in collaboration with the African Medicines Agency, Institut Pasteur and Afrochampions to help address regulatory and financial barriers that constrain investment in Africa's health sector. He said the platform would serve as a data-driven system that brings together regulatory processes, clinical validation and commercialisation into a unified framework for innovators and investors...”

GAVI – Vaccines deliver over US\$ 30 billion in economic benefits for lower-income countries in 2025

<https://www.gavi.org/news/media-room/vaccines-deliver-over-us-30-billion-economic-benefits-lower-income-countries-2025>

Press release of GAVI's annual report. **"Gavi-supported immunisation generated more than US\$ 30 billion in economic benefits in 2025, through lower healthcare costs and healthier, more productive populations. Recognising the value of immunisation, countries invested a record US\$ 301 million in co-financing of Gavi-supported vaccines in 2025."**

"Dr Sania Nishtar, Gavi CEO: "When it comes to immunisation we know that the return on investment extends far beyond health to supporting sustainable, inclusive economic growth.""

GAVI - Made in Africa: New measles rapid diagnostic tests mark breakthrough for vaccination efforts

<https://www.gavi.org/news/media-room/made-africa-new-measles-rapid-diagnostic-tests-mark-breakthrough-vaccination>

"First-of-their-kind rapid measles diagnostic tests will support targeted vaccination during outbreaks and identification of priorities for preventive vaccination efforts. **Deployment of tests, financed by Gavi and manufactured by DIATROPIX in Senegal,** represents an **important milestone for African manufacturing."**

"... Gavi, the Vaccine Alliance today announced a major milestone for measles surveillance with approval to deploy first-ever measles rapid diagnostic tests. The breakthrough is the result of longstanding **cooperation between Gavi, the World Health Organization (WHO), UNICEF, the Gates Foundation and other partners to advance measles surveillance and support faster outbreak response."**

"These new measles diagnostics are the only rapid test to meet required performance criteria following a rigorous evaluation process conducted by WHO and partners. **Manufactured by DIATROPIX of Institut Pasteur de Dakar, in Senegal,** they represent an important technical breakthrough in the fight against measles and underscore the growing strength of African manufacturing. **Up to 500,000 tests are expected to be deployed each year once the programme is up and running, with first rollouts expected to begin in Senegal later this year..."**

UN News - When streets become pharmacies: Booming illicit markets in Central Africa

<https://news.un.org/en/story/2026/10/1168527>

"Antibiotics, malaria treatments, painkillers, opioids. More than 250 tonnes of medical products were seized over six years in Central Africa. Behind those numbers is an illicit market that thrives not simply despite the region's fragile health systems, but in part because of them."

“... That is the dynamic described in a **new report released Tuesday by the United Nations Office on Drugs and Crime (UNODC)**. The illicit trade extends far beyond falsified drugs. It includes genuine medicines diverted from legitimate supply chains, unapproved products and drugs smuggled across borders.”

“... “The report outlines a multimodal trafficking system that uses maritime, riverine, air and road routes and involves a broad range of actors,” said Sylvie Bertrand, UNODC’s regional representative for West and Central Africa. ...”

“But the report, produced with the World Health Organization (WHO) and the Economic and Monetary Community of Central Africa (CEMAC), suggests that **the roots of the trade are partly beyond the reach of law enforcement**. ... **Malaria, tuberculosis and HIV remain widespread across the region, while public health systems often struggle to provide treatment**. In 2023, the WHO’s universal health-coverage index placed all six countries in the Central African economic bloc among the world’s poorest performers. Chad scored just 26 out of 100, compared with a global average of 71. **Distance and cost compound the problem....”**

“... Under those circumstances, buying medicine on the street can become less an alternative to the formal health system than a necessity....”

NYT – America Wants to Make More Generic Drugs. India Shows Why That’s Hard.

<https://www.nytimes.com/2026/10/02/business/india-generic-drugs-tariffs.html>

“**Cheap labor and global supply chains** are among the obstacles to President Trump’s plan to bring generic drug manufacturing back home.” A few excerpts:

“... **Even a 200 percent tariff on generic drugs might not erase India’s advantage**. Sudarshan Jain, secretary general of the Indian Pharmaceutical Alliance, estimates that **most tablets and liquids made in India would cost at least four times as much to produce in the United States.**”

“... By the time India’s patent law was brought into accordance with World Trade Organization standards in 2005, its companies had become experts at processing complex drugs and producing them for much of Asia, Africa and Latin America. ... **India’s advantage is not just expertise**. Peter DeYoung, the American-born chief executive of Piramal Global Pharma in Mumbai, runs more than a dozen factories, including in Europe and the United States. **In America, he said, labor is the highest cost “by a wide margin,” followed by energy and materials. In India, it’s the reverse: Materials are the greatest cost and workers the least....”**

“... **India has other advantages**. Mr. DeYoung said **factories and processes that took four years to set up in the United States, Europe or Israel — home to Teva Pharmaceutical Industries, the biggest generics maker — could be completed within a year in India**. Customized equipment can be made in half the time it would take in Germany or Austria....”

And re “... **another problem with trying to produce all pharmaceuticals locally. Modern drug supply chains don’t divide neatly into things made in America and things imported from elsewhere. ...**

“... Which raises a more fundamental question than whether tariffs can force drug manufacturing back to America. **“So what problem are you trying to solve?” Mr. DeYoung asked about the**

prospect of a tariff on imported generics. Is it to bring back pharmaceutical jobs to American workers? Is it to safeguard supplies of vital medicines?..."

PS: "Even as Indian firms wrestle with the Trump administration's push to reduce its dependency on India, they are also grappling with their own reliance on another country for a critical part of the pharmaceutical supply chain. Starting in the 1990s, China became the world's dominant manufacturer of the active ingredients that most drugs require. India is now trying to reclaim that **ability**. That, Mr. Jain said, creates an opportunity for the United States and India to work together, instead of pulling their pharmaceutical industries apart. **"Unless we work together with the U.S., we'll be dependent on China" for ingredients**, he said. **That's why, he added, it makes sense for American buyers "to stockpile from India" instead of making it in the United States "for six, seven or eight times the price."** "

TGH - The U.S. Vaccine Pullback is a Strategic Mistake

H S Lobel et al; <https://www.thinkglobalhealth.org/article/the-u-s-vaccine-pullback-is-a-strategic-mistake>

"When U.S. commitment to public health declines, so does the world's capacity to prevent the next crisis, say **two medical epidemiologists with the World Health Organization.**"

PS: **"As the United States retreats from mRNA vaccine development, Indonesia, Vietnam, and 13 other countries are energetically working to expand their role in it.** For countries in Asia-Pacific, vaccines have the power to create stable and more productive societies. ..."

Telegraph - Why the UK medicine supply chain is dangerously exposed to global shocks

[Telegraph](#);

"The country is more reliant than ever on other countries for drugs taken by the vast majority of the population."

Miscellaneous

Geneva Solutions - "The UN rights council can't address anti-gay laws without condemning their colonial roots

V Ave et al;

<https://genevasolutions.news/opinions/the-un-rights-council-can-t-address-anti-gay-laws-without-condemning-their-colonial-roots>

"Fifty-two of the 65 countries that criminalise consensual same-sex intimacy inherited such laws from colonial rule. Yet a **proposed UN resolution on decriminalisation omits that history, risking the false impression that LGBTIQ rights are a western imposition**, write Venus Aves and André du Plessis of Outright International."

“France has proposed a resolution at the UN Human Rights Council calling for the universal decriminalisation of consensual same-sex sexual conduct between adults. While the spirit is commendable, 141 LGBTIQ civil society organisations, including our own organisation Outright International, working in over 40 criminalising countries have raised concerns about its risks. They warn that the initiative is the wrong strategy and risks fueling misinformation that LGBTIQ people’s rights are a “foreign agenda” imposed by the west on Africa, Asia, the Pacific and the Caribbean....”

BMJ Opinion - A National Care Service: Burnham is right to prioritise people over profit in social care

B Goodair; <https://www.bmj.com/content/395/bmj-2026-101013>

“While attention has centred on the promise of free social care, Benjamin Goodair argues that **Burnham’s promise that care should be for “people, not profit”** is the much more radical reform being proposed.”

“**This week at the Labour Party Conference, Andy Burnham proposed, among other reforms, a social care service for “people, not profit.”** This promise to end profit motivated care holds much bigger potential for change in the social care system than his other proposal to pay for people’s care upfront. **The current social care system is made up almost entirely of for-profit providers** so almost all their organisational structures will need to change....”

- Related: BMJ Editor’s choice (by K Abbasi): [Vision, pragmatism, and five giants: new deals on social care and physician assistants](#)

Indian Journal of Medical Research - Beyond describing patterns: A methodological critique of health equity research in India

Prashanth Srinivas; <https://ijmr.org.in/beyond-describing-patterns-a-methodological-critique-of-health-equity-research-in-india/>

“India’s capacity for public health research is growing and within this health inequity research too is finding its place. **The evidence that scheduled tribe communities (and among them those who self-identify as Adivasi) experience worse nutrition, higher infant mortality, and lower healthcare access than the general population is well documented, as are analogous inequities along dimensions of caste, poverty, gender, and geography.** What is less well established is why these inequities persist despite decades of targeted programmes, what mechanisms sustain them, and what kinds of action can mitigate them. **This article argues that Indian public health research is constrained by a dominant methodological pattern that describes inequity at the level of population statistics but systematically fails to explain it at the depth needed to generate evidence for structural and institutional action. This pattern produces evidence of associations without causal mechanisms, recommendations which lack analysis of the systemic and institutional structures, and a research culture in which the choice of method (the ‘tools’) take precedence over the research question (inequities).** Drawing on work in health policy and systems research, on **Adivasi health as an illustrative case**, and on recent institutional shifts within the ICMR where implementation research has found a new impetus, and the uncertainties in the global health research ecosystem, **this article identifies four specific methodological deficits. It argues for an**

urgent reorientation of the Indian public health research ecosystem (grants and fellowships, peer review, and Indian journal priorities) to fund and publish the kind of inquiry that health justice demands.”

Progressive Economists Challenge the Neoliberal Agenda With New Answers

<https://theguardian.org/progressive-economists-challenge-the-neoliberal-agenda-with-new-answers-to-global-crises/>

Must-read. “Piketty, Acemoglu et al propose different ways to tackle inequality, climate change, AI and housing while reshaping the role of governments and workers. “ In interviews with El Pais.

Global health governance & Governance of Health

Plos GPH – A closing window: Canada needs to deliver on promises on health equity and principled pragmatism

S Bandara et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007441>

“... The political imperative for increased Canadian commitment to global health is clear and the policy window is open, for now. In this essay, as the steering committee of the 32nd Canadian Conference on Global Health 2026 (CCGH 2026), with the theme “Collectively reclaiming global health equity: Restoring commitment to action in a fragmented and uncertain world”, we outline ways of leveraging existing capacity and intent into seizing the current window of opportunity to fulfill Canada’s commitment to global health objectives. These objectives include urgently upholding rules-based international order and the ten-year global health commitments (2020–30), which includes support for sexual and reproductive health rights, strengthening Canada’s leadership in global health and gender equality, and advancing the UN Sustainable Development Goals...”

UNU (Policy Brief) - Building Resilient Global Governance for an Era of Recurring Crises

B Faude et al ; <https://unu.edu/sites/default/files/2026-10/building%20resilient%20global%20governance%20policy%20brief.pdf>

« ...We argue that resilience depends not on the features of any single institution, but on the ability of webs of interconnected governance arrangements to absorb shocks, adapt and innovate, and prepare for future crises. Drawing on the concept of hybrid institutional complexes, we identify the importance of institutional diversity – especially a balance of robust and flexible institutions – strong connections across institutions, and actors who can mobilize and recombine institutional resources. The experiences of the Global Financial Crisis and COVID-19 illustrate how these factors can strengthen – or constrain – collective crisis responses. The central policy implication is to build diverse, interconnected governance arrangements before crises occur, while promoting the leadership, innovation and learning needed to respond when they do.”

Devex - How much do German agencies spend on aid?

<https://www.devex.com/news/how-much-do-german-agencies-spend-on-aid-113360>

“Provisional figures from the OECD show that **Germany spent €25.8 billion on development aid in 2025, making it the world's largest bilateral donor.**”

With overview of some findings from a **Devex report** on how German aid is being disbursed.

CGD (blog) – What Kind of Multilateralist Has China Become?

B Chichoka & I Mitchell; <https://www.cgdev.org/blog/what-kind-multilateralist-has-china-become>

“In this blog, we highlight **five of the key findings....**” of a new CGD policy paper - [China in the Multilateral Development System](#)

“...We find that **China’s contributions to the development-oriented multilaterals covered have grown more than tenfold since 2010, reaching over \$3 billion in 2024, but remain highly selective.** Recent growth is concentrated in multilateral development bank concessional windows, especially the International Development Association, and in attributable multilateral development bank climate finance, which reached \$5.3 billion by 2025. **China remains a modest vertical fund donor and a limited voluntary UN funder.** These trends, alongside China’s likely transition to high-income status, matter for debates about multilateral burden sharing and institutional reform.”

Critical Public Health - From local practices to national narratives: the micro-construction of Ningxia’s medical cooperation with Benin and China’s health diplomacy in Africa

Hongmei Cui et al; <https://www.tandfonline.com/doi/full/10.1080/09581596.2026.2742118>

« ... **this study takes Ningxia** (i.e. region in North-West China) **’s over 40-year medical aid to Benin as a case**, explores the interaction between local actions and national narratives, and reveals the micro-construction path of province-country linkage.”

“... **The Ningxia-Benin case reveals the provincial level as a crucial intermediary in health diplomacy**, where local actions co-construct national narratives. This micro-level foundation enhances the resilience and popular legitimacy of China-Africa health cooperation, extending multi-level diplomacy theory beyond top-down implementation to a co-constitutive framework....”

Journal of International Relations and Development - Analysing China’s South-South cooperation discourse in the United Nations

Zi Yu Zhang et al ; <https://link.springer.com/article/10.1057/s41268-026-00395-8>

“... While existing scholarship on China’s development cooperation has primarily focused on material practices and outcomes, **this article examines China’s navigation through SSC as a discursive space for identity formation within multilateral institutions...**”

“The analysis reveals that China consistently portrays SSC as a dynamic and morally legitimate framework while deliberately avoiding exact operational definitions. SSC is discursively positioned as complementary to, rather than a replacement for, North–South cooperation, thus reaffirming the historical duties of developed countries while legitimising China’s own development efforts. The findings further show that SSC functions as a foreign policy identity project through which China balances its growing material power with its ongoing self-identification as a developing country and a representative of the Global South....”

Development Policy Review - Engendering China-Africa development cooperation: A Southern feminist perspective

Yiping Cai; <https://onlinelibrary.wiley.com/doi/10.1111/dpr.70102>

“This article examines the **gap** between how gender is framed in China's international development cooperation policies and how China's development initiatives shape gendered outcomes across African and other contexts of the Global South....”

Global Governance: a review of Multilateralism & International Organisations - Challenges of the OECD’s Tax Governance Regime Leading to the United Nations’ ‘(Re)entry’ into International Tax Law Governance

J R Everhart; https://brill.com/view/journals/gg/32/3/article-p337_4.xml

Among others, “...This article proposes the **creation of a political tax forum at the UN—called the UN High-level Political Forum on International Taxation**—as a key policy solution for the United Nations Tax Committee to implement.”

CGD (blog) -Want to Keep More Countries Eligible for Aid? Take Others Off the List

E Ritchie; <https://www.cgdev.org/blog/want-keep-more-countries-eligible-aid-take-others-off-list>

Re “... an **ongoing debate**: the OECD’s Development Assistance Committee or DAC (who set the rules on ODA) **are considering additional criteria that could be used to determine eligibility, following concerns that gross national income (GNI) per capita** (the sole, current criterion) does not capture the vulnerability faced by some countries, especially [small island developing states \(SIDs\)](#). One of the indicators that the DAC have suggested to include is **ODA received relative to GDP**, with **higher values indicating that countries are less ready to graduate.**”

“In this blog I argue that if this is the case, the reverse is also true: **that countries with low ODA/GDP ratios are more ready to graduate than GNI per capita alone implies. I examine seven relatively wealthy countries that receive bilateral ODA/GDP below 0.1 percent.** Most of the aid they “receive” is either spent in donor countries or is provided as not-that-concessional loans. It is tiny compared to the other flows they receive, and their development outcomes are comparable with the OECD. As my colleague Charles Kenny has noted: [aid is not fairy dust](#) and **cannot be expected to achieve much where it is macroeconomically insignificant. There are countries that need ODA more....”**

The countries: **Argentina, China, Costa Rica, Kazakhstan, Malaysia, Mexico and Türkiye.**

Friedrich-Ebert Stiftung (Policy Brief)– What's next for the Borrowers' Platform?

<https://ny.fes.de/topics/publication/whats-next-for-the-borrowers-platform.html>

“Expert perspectives on how the Borrowers' Platform can advance debt relief and a fairer global debt architecture.”

With **8 ideas** for the future of debt governance.

UHC & PHC

Lancet Primary Care – September issue

[https://www.thelancet.com/issue/S3050-5143\(26\)X2009-X](https://www.thelancet.com/issue/S3050-5143(26)X2009-X)

- Editorial – [Rural health care: from policy ambition to local reality](#)

BMJ GH – Assessment of the performance of primary healthcare in eight African countries: based on the Composite Fuzzy Index

X Hu et al ; <https://gh.bmj.com/content/11/10/e023653>

« African countries face a dual burden of infectious and non-communicable diseases, placing substantial pressure on primary healthcare (PHC) systems. **Existing indicator-weighting approaches are limited in addressing redundancy and non-linear relationships. In addition, conventional composite indices often rely on linear aggregation assumptions** that may not adequately reflect complex relationships among PHC performance indicators. **This study proposes a novel weighting method and composite index to improve facility-level assessment of PHC performance....”**

KFF Health News - Midterms Have Revived Universal Healthcare Debate. These States Are Ahead of Everyone.

[KFF](#);

“Democratic congressional members and candidates are already planning to use any midterm election gains to [expand health coverage](#), including boosting Affordable Care Act subsidies, reversing Medicaid cuts, and lowering the Medicare eligibility age. But Democratic strongholds across the country — including Oregon, [California](#), [New York](#), and [Washington](#) — have more ambitious goals: single-payer, universal healthcare systems.”

Lancet GH – Mortality and disability after hospitalisation for injuries in low-income and middle-income countries: a cohort study

The **Equi-Injury Group***; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00215-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00215-9/fulltext)

“Mortality and disability after injuries are high in low-income and middle-income countries (LMICs). Improving outcomes for injured patients requires knowledge of their associated factors. **We aimed to assess post-injury mortality and disability and their associations with access to health care across LMICs with different injury burdens, health-care systems, and contexts....**”

“Hospitalised patients in **Ghana, Pakistan, Rwanda, and South Africa** with moderate-to-severe injuries were recruited and followed up until 3 months after discharge or death. ...” Check out findings.

Planetary health

Lancet Planetary Health - Navigating global health futures under the Shared Socioeconomic Pathways

Carole Green et al; [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00087-2/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00087-2/fulltext)

“The Shared Socioeconomic Pathways (SSPs) provide valuable insights to understand how future socioeconomic changes could alter the magnitude and pattern of climate-related risks across sectors, which might facilitate or hinder adaptation and mitigation responses. Many sectors have created SSP narrative extensions to specify insights for their domains. **In this Viewpoint, we created health narrative extensions for the SSPs, considering socioeconomic and demographic drivers and population health and health-system drivers.** The projected health-relevant trajectories diverge substantially over the course of the 21st century. The SSP3 and SSP4 narratives detail changes that could contribute considerable risks to health, whereas the SSP1 and SSP5 narratives highlight the role of effective governance and adequate resourcing in reducing climate-sensitive population health outcomes and health-system drivers. Given that climate forcing is considered exogenous to these narrative extensions, SSP5’s favourable health driver paths do not account for the potential adverse impacts of this high-emissions pathway. The narratives elaborate population health drivers that can improve the policy relevance of population health and health-system risk projections associated with climate change across a range of possible pathways, and link these drivers with relevant cross-sectoral issues (eg, water and energy).”

“... The SSPs explore long-term changes in global society, demographics, and economics, with the pathways diverging on the axes of challenges to adaptation and mitigation. **The five pathways detail how societal drivers could alter emission rates and environmental change and the extent of preparedness for potential climate impacts.** These pathways offer visions of how social, political, economic, and environmental circumstances are likely to change in worlds defined by sustainability-focused cooperation (SSP1), continuing historical trends towards the middle of the road (SSP2), fragmented regional rivalries (SSP3), high inequality within and across countries (SSP4), and fossil-fuelled economic growth (SSP5)....”

Infectious diseases & NTDs

Lancet (Comment) – Closing the gap on mortality for adolescents living with HIV

Linda Gail-Bekker et al ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01952-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01952-5/fulltext)

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

“Despite major advancements in antiretroviral therapy (ART), a substantial mortality gap remains for adolescents living with HIV compared with the general population. Adolescents’ access to ART lags behind that of adults—approximately 60% for adolescents compared with 78% overall. For those who do receive life-saving therapy, inconsistent adherence to daily ART among many adolescents with HIV leads to viral non-suppression, increasing risks of clinical failure and death. **The LATA trial, reported in The Lancet by Mutsa Bwakura-Dangarembizi and colleagues, was conducted in the four African countries in which most of the world's 1·57 million adolescents living with HIV reside;** it offers hope that the challenges of adhering to daily oral ART for adolescents can be mitigated with longer acting injectable treatment options....”

- The new study: [Switch to injectable cabotegravir–rilpivirine given every 8 weeks in adolescents living with HIV with virological suppression in sub-Saharan Africa \(LATA\): a randomised, open-label, multicentre, 96-week non-inferiority trial](#)

WHO Bulletin - Peer-country support for HIV/AIDS, tuberculosis and malaria programmes, Benin, Burkina Faso, Niger and Togo

Casimir Manzengo et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.294262.pdf?sfvrsn=870c25bf_3

« **The WHO Afro Regional Office ... introduced multicountry assignment teams in 2022 to provide timelier, country-centred and integrated technical assistance.** The **multicountry assignment team for Benin, Burkina Faso, Niger and Togo** organized comparative data analysis, thematic webinars, quarterly data reviews, peer-country visits and a best-practices workshop to strengthen the programme performance in human immunodeficiency virus, tuberculosis, malaria and hepatitis...”

« ... **The initiative** strengthened routine data use for decision-making, promoted peer support between countries and facilities, and contributed to practical servicedelivery adaptations, including improved implementation of hepatitis B prevention of mother-to-child transmission after peer learning from Burkina Faso.”

NCDs

Lancet Regional Health Africa - Structural readiness for sustained non-communicable disease management in Nigeria: a nationwide state-level analysis

Chukwuemeka L. Anyikwa et al; [https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00145-8/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00145-8/fulltext)

“This study aimed to assess the structural capacity of national and subnational health facilities to provide the continuous, long-term care required for effective NCD management in Nigeria...”

Guardian - Cancer rates rising more quickly among younger people, international research finds

<https://www.theguardian.com/society/2026/oct/06/cancer-rates-rising-more-quickly-among-younger-people-international-study-finds>

“Experts looking at UK, US and Dutch data found ‘significant increases’ in early onset cases of seven cancers, prompting warnings about lifestyle choices.”

Guardian – The generation raised on sugar rations – and what their health reveals 70 years later

<https://www.theguardian.com/society/2026/oct/07/sugar-rations-health-blood-pressure-ageing>

“From blood pressure to ageing, research suggests the first 1,000 days of sugar exposure could leave a decades-long mark on health.”

Plos GPH - Dementia care gaps in Sub-Saharan Africa: A scoping review of technology, environmental, community perspectives, and financial constraints

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007265>

By Soarov Chakra Borty et al.

Social & commercial determinants of health

Globalization & Health - Profiling health for equitable benefit-sharing in the global critical mineral value-chain: a lens from East and Southern Africa

R Loewenson et al ; <https://link.springer.com/article/10.1186/s12992-026-01243-7>

“...The paper outlines the under-reporting of health risks and impacts, particularly in artisanal and small-scale mining (ASM), in vulnerable workers, and in adjacent and displaced communities,

women and children in both small and large-scale mining. This leaves a significant information gap in implementing the **2025 South Africa-led G20 Summit call for more equitable benefit-sharing with local communities in the global critical mineral value-chain.** Evidence presented in this paper on efforts to assess and manage the health risks in East and Southern Africa **points to the role that Health Impact Assessment (HIA) can play** as an internationally recognised tool to lever recognition of the distribution of health risks, and to link this to options and duties to plan for, regulate and embed prevention and control of these risks in sector activities, including through inclusive decision-making on the findings... .. **The authors thus argue for HIA to be institutionalised as a duty in sites of critical mineral extraction and processing...**"

Journal of Social Policy - Searching for the social model of health in policy: Health in All Policies, or Wellbeing?

Ally Brown; <https://pureportal.strath.ac.uk/en/publications/searching-for-the-social-model-of-health-in-policy-health-in-all/>

"International policy efforts to systematise the consideration of health outcomes across social and economic policy - **the 'Health in All Policies' (HiAP) approach** – have faced practical, relational and political difficulties. Meanwhile, **new economic policy agendas focused on 'inclusive growth' or 'wellbeing'** may provide an alternative route to improving population health by acting on upstream determinants. This research uses a frame analysis of thirty social, economic and health policy documents, and semistructured interviews with thirty-four policy actors, to **explore conceptualisations of 'health' in two devolved policy bodies in the UK - Greater Manchester Combined Authority and the Scottish Government** – with declared interests in these economic agendas. **Interviews revealed that social and economic policy actors conceptualised 'health' narrowly as biomedical, physical illness, and as shorthand for 'health policy'**. Further, some of these participants expressed resentment about health policy, while interviewees across teams expressed scepticism about HiAP. **In contrast, 'wellbeing' was widely conceptualised similarly to the social model of health, included mental health, and was supported as a plausible common cause.** This research suggests that **a clearer conceptual distinction between 'healthcare' and 'wellbeing' - representing the medical and social models of health respectively** - may support policy efforts to promote population health."

Access to medicines & health technology

Think Global Health - Tracking Measles and the World's Vaccine-Preventable Diseases

<https://www.thinkglobalhealth.org/article/vaccine-preventable-disease-a-global-tracker>

Update as of 6 Oct. "This weekly map **visualizes outbreaks of nine childhood diseases** in collaboration with the International Society for Infectious Diseases."

AI & health

Nature Medicine - MAGIC: an international network for evaluating generative artificial intelligence in global health

Rui Yang et al ; <https://www.nature.com/articles/s41591-026-04706-x>

“... we are establishing the Medical AI Global Initiative and Collaboration (MAGIC), an international network dedicated to constructing a global evaluation ecosystem for GenAI in healthcare. Unlike previous benchmark-building initiatives that have largely been one-time and region-specific, MAGIC emphasizes the coordination, continuity and refinement of evaluation practices. By bringing together healthcare professionals, AI researchers, industry stakeholders, policymakers and local domain experts, MAGIC aims to enable broad participation in developing shared evaluation resources....”

“... MAGIC will initially focus on two core deliverables: a global health LLM evaluation benchmark and a reporting standard for global deployment....”

Lancet (Letter) –The health literacy crisis in the age of AI: lessons from PISA 2025

H L Ribero Junior et al; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01906-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01906-9/fulltext)

“... A generation increasingly exposed to AI-generated answers could encounter apparently authoritative explanations about vaccines, cancer, medicines, nutrition, mental health, or reproductive health without possessing the skills to evaluate their accuracy. **Today, AI literacy and health literacy can therefore no longer be considered separate educational priorities.** Here, health systems and schools should move beyond teaching young people how to access information. They should teach them how to interrogate information by identifying credible sources, comparing claims with evidence, recognising uncertainty and potential bias, detecting AI-generated misinformation, and knowing when automated information should be replaced by professional advice. **PISA 2025 should therefore be interpreted not merely as an education report but also as an early warning for public health. When AI can answer every question, the most important skill might be knowing whether the answer deserves to be trusted....”**

Miscellaneous

UN News - ‘Age must never diminish rights,’ UN independent expert warns

<https://news.un.org/en/story/2026/10/1168553>

“Older women around the world face violence, exploitation and neglect, yet remain largely invisible in the laws, policies, data and services designed to protect women overall, a UN independent human rights expert said on Thursday.”

IISD - UN Launches AI-powered SDG Chat to Accelerate Action Towards Delivery

<https://sdg.iisd.org/news/un-launches-ai-powered-sdg-chat-to-accelerate-action-towards-delivery/>

“The tool eliminates the need to search across multiple websites, publications, and data platforms by providing instant answers grounded in authoritative DESA content. Rather than replacing expertise or official publications, the SDG Chat helps users find relevant information faster, while encouraging deeper engagement with original reports, data, and resources. It also makes SDG knowledge more accessible to users around the globe by providing answers in all six official languages of the UN – Arabic, Chinese, English, French, Russian, and Spanish.”

Papers & reports

WHO’s Alliance - What it takes to turn global guidance into national policy

<https://ahpsr.who.int/newsroom/news/item/05-10-2026-what-it-takes-to-turn-global-guidance-into-national-policy>

“A new **special issue of *Health Research Policy and Systems*** sets out what happened when a range of countries worked to adapt and translate World Health Organization health systems guidelines to their own circumstances – and why good guidance so often stalls between publication and practice.”

“The papers come from the **Research to Enhance the Adaptation and Implementation of Health Systems Guidelines (RAISE) initiative**, through which the Alliance supported research teams in low- and middle-income countries. Alongside an editorial and a paper on the support the teams received, the issue includes five country studies: two from Colombia and one each from Ghana, Nigeria and Zambia. Each team took a different guideline and a different problem, and documented what helped and what got in the way. The obstacles they found were rarely about the guidance itself....”

“... Across the countries, an **editorial identifies a common set of constraints**: competing health system priorities, variable stakeholder interest, and limited research capacity and practical know-how for adapting guidelines at all. Its **proposed response** is less about better documents than about earlier relationships. The authors call for sustainable partnerships built through co-creation and co-production with policy-makers from the start, for investment in health systems implementation capacity, and for guideline implementation approached across sectors rather than within one.”

WHO Bulletin – October issue

[https://pmc.ncbi.nlm.nih.gov/search/?term=\(\(%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D\)+AND+104%5BVolume%5D\)+AND+10%5BIssue%5D](https://pmc.ncbi.nlm.nih.gov/search/?term=((%22Bulletin+of+the+World+Health+Organization%22%5BJournal%5D)+AND+104%5BVolume%5D)+AND+10%5BIssue%5D)

“In the **editorial section**, Nicola Abrescia et al. list the **research and development gaps for Bundibugyo virus disease**. Oluwaseyi Muiyiwa Egbewande et al. discuss the **global plastics treaty negotiations and their implications for health-care system use of plastic in the WHO African Region**.