

IHP news 903 : Global Health in an age of rising angst & rage

(23 October 2026)

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

In the past few years, the world has entered a [post-neoliberal](#) (& [increasingly predatory](#)) **International Economic Order**. In this newsletter issue we continue to pay attention to global health's awkward adjustment to this "brave new world". Little by little, a [consensus seems to be forming on the future of Global Health](#) (*though not everybody agrees*). It seems to encompass both the **Accra Reset** and, to a lesser extent, a [‘Middle Powers moment’](#) (*apparently the successor to the ‘cosmopolitan moment’ of a while ago :)* - even if Ilona Kickbusch was the first one to nuance the latter in a webinar yesterday, stressing that Middle Powers clearly "can't save global health alone". Anyway, both make sense indeed in the current circumstances, and the first one (Accra Reset) is long overdue moreover. Leaders involved in the Accra Reset and from Middle Power leaders face a key question, though: are they **listening enough to**, and can they **sufficiently address Gen Z concerns** as expressed in protests around the world now (*on various issues, such as the -now global - [housing crisis](#), education, cost of living & [affordability](#), corruption ... all the way till ‘No future’ protests*) ? (Axel Pries and Carsten Schicker might think otherwise, but young "**change makers**" are not only found at the World Health Summit in Berlin...)

If 'centrist' liberal-democratic & global health leaders fail in this respect, both approaches won't fare well, and we all know [who benefits](#) then: the side that [is \(sadly\) expected to win the Brazil elections soon](#), and with a bit of bad luck, will also get to power in France next year. Though nothing is played yet. (#fingerscrossed) **So it's rather urgent to start [listening](#) to Gen Z (and the many others who think, rightly, that the game is rigged)**. It's for a reason that civil society in Bangkok, on the sidelines of the IMF/WB meetings, marched under the banner ["We are the 99 %"](#).

In this era of rising angst & rage, **some leaders are clearly better listeners than others**. I know no political system is the same, there's always path dependency, and the game of politics is ruthless in every era, with this one certainly no exception. But in my country for example, I know who the 'sensible politicians' are (*as well as the ones who are anything but*). Chances are the same is true in many other West-European countries. We need 'centrist' politicians who "get" the root causes of the current widespread rage, the very vocal underlying request for more fairness and hope, and what it might take in the year 2026 to try fix social contracts, polycrisis or not. Or in the words of **UN SG Guterres, leaders that can [‘connect the dots’](#)**. And we need them now. (*also, preferably, they're not 80+ , if you allow me a slightly ageist remark :)*)

Against this backdrop, the **WHO DG race** continues. A [Health Policy Watch explainer](#) (20 October) provides an overview of the seven candidates currently announced, the final list of contenders should be formally announced [on or shortly after 29 October](#). Electoral tension is rising, and so **HPW's daily series** examining the platforms, records, and institutional hurdles facing each contender

for WHO Director-General, is more than welcome. **Now let's do this also for the Global Fund :**) As let's face it, while we agree with Buse et al that [‘Deep WHO governance’ reform](#) is needed, the same goes for the Global Fund and a bunch of other global health actors funded predominantly by ‘liberal democracies’ or countries ‘formerly known as liberal democracies’ (see above). If you're in the Global Health business, do you seriously want your main donor to have this rather [‘stretched’ view of ‘humanitarians’](#)? Meanwhile, Chinese DG candidate [Song Li popped up in Manila \(‘panda pin’ included\)](#), at a regional Western Pacific WHO meeting. So the game is on for Chinese diplomats as well. In view of the targeted organisation, I hope they keep the ‘*bai jiu*’ to a minimum :)

In other global health reform news, it's [almost crunch time for UNAIDS](#). Let's see what the **Board meeting** comes up with today.

Increasingly, **the new AI philanthropy wave in health** is also being discussed, see for example a must-read [NYT article](#) this week. We don't like the sound of this new wave much: the global health community should first have a proper discussion on AI ownership, and how to [regulate and tax AI \(and big tech in general\)](#). But not counting on the likes of Peter Sands and other Hatchetts for that. And then there's also this concern, expressed by Jon Shaffer on Bluesky: [‘Effective Altruism: From Decolonizing to “Re-Colonizing” Global Health’](#) ? One silver lining perhaps: as we're not exactly fond of ‘tradwives’, we do like how these AI philanthropic newbies label the Gates Foundation and other Wellcome's : “TradPhil” :)

Over to **planetary health** then. It's no doubt also a sign of the times that nowadays, **‘global tipping points’ conferences** are being organized, with the [latest one in Kuala Lumpur](#). **COP 31** in Antalya, Turkey, is now also fast approaching. Earlier this week, a new [UNEP annual emissions gap report](#) set the scene, trying to encourage mankind not to ‘overshoot’ too much. I know what the mysterious [“Denisovan”](#) with the slightly philosophical look in his eyes would have thought of that, back in his time. Earlier this week various UN organisations also launched a [new global framework to track increasing health risks of extreme heat for pregnant women, newborns and children](#).

We also already flag here a fabulous [Lancet Public Health \(10th\) anniversary issue](#), with many must-read viewpoints (including [Jeremy Shiffman’s Are there grounds for optimism for the future of global health?](#), which I'm sure he wrote with enough coffee in his veins); an update on the [State of Global Health Funding](#) (via IHME, preliminary estimates); and a new **WHO report on NCDs**, [the first comprehensive global assessment of within-country inequalities in NCDs and their risk factors](#). Late last week, the **World Bank** also [added 7 countries to its UHC Knowledge Hub](#).

Last but not least, worries about the **Ebola emergency** increased further, with cases now also in Kenya and Nigeria. **Africa CDC** [will convene a high-level virtual meeting of African Ministers of Health on Wednesday, 28 October](#). The organization described Ebola as an *“escalating threat to health security across the continent”*. As for **WHO**, earlier this week the organization urged *“... all countries in the region to sustain a high level of readiness as the outbreak in the Democratic Republic of the Congo continues to evolve...”*. And **WHO Afro** lead Janabi nailed it: [“the virus is “no longer confined to one place, it is a regional concern now”](#). A [new grim milestone](#) has been reached, with Ebola now having turned up in a third region of the African continent, the **widest footprint of any Ebola outbreak to date**.

Enjoy your reading.

Kristof Decoster

Featured Article

What keeps a Sahelian network going: AFRAFRA as relational infrastructure

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The settings where networks linking research, policy and practice are most needed are often the ones where they are hardest to sustain. In the Sahel, decisions are urgent, producing and mobilising evidence is difficult, and [institutions face severe constraints](#). Language adds a barrier: global health systems debates largely take place in English.

In 2019, alumni of the Institute of Tropical Medicine in Antwerp launched Afrique Francophone et Fragilité (AFRAFRA). An informal volunteer group grew through projects into a network active in Mali, Burkina Faso and Niger, an association under Malian law and, through its Scientific Days, a meeting place for research, policy and practice. Seven years later, our central lesson is that relationships matter at least as much as publications. Yet almost nobody funds them.

More than a community of practice

AFRAFRA is a community of practice, but also an association implementing projects and engaging ministries, professional bodies, humanitarian and community actors, and Parliament. Where specialised institutions are limited or poorly connected, networks may combine learning, knowledge production and policy engagement. The AFRAFRA network amounts to **relational infrastructure**, involving sustained trust and recurring interactions through which researchers, practitioners, policymakers and communities jointly identify problems, shape research and inform action.

Projects build ties, then leave them behind

COVID-19 mobilised dozens of volunteers; projects on medicines in conflict zones and maternal care subsequently brought in others across three countries. One example: in Mali, research on essential medicines connected researchers, health authorities and frontline practitioners to discuss findings and responses.

‘It’s the projects that mobilise people,’ our internal review notes. Yet grants follow funding calls, last two or three years and end with deliverables. Trust in a ministry department takes longer to build. Once funding stops, participation declines and relationships depend on a few people.

Volunteer energy runs out

Projects pay for outputs, not the less visible work of seeking funds, welcoming members, coordinating activities and following up with decision-makers. Such work falls on the shoulders of a small unpaid

core. Trust often attaches to individuals rather than the organisation and is difficult to transfer. Those able to work without pay remain involved; others drift away.

Formalisation has intensified this paradox. AFRAFRA adopted statutes and reorganised its executive board into four units in 2025, but board members also handle accounts and reporting. Credibility has grown while responsibility has become concentrated. Infrastructure resting on a few individuals is not yet secure.

Regional ambition does not yet make for a regional network

Although AFRAFRA has a Sahel-wide remit, most registered members are in Mali. Another network in the area of health policy & systems research, Emerging Voices for Global Health, [has also faced difficulties sustaining active regional networks](#). The West African Network of Emerging Leaders network, WANEL, has proven sustainable [through a host institution and thematic groups](#), while still relying on central actors.

Our Scientific Days in Bamako in June 2026 connected researchers, practitioners and policymakers across institutional and national boundaries. But occasional meetings do not equal sustained collaboration. Regional reach requires active local anchors, shared work and continuing coordination.

Bringing communities to the table

In fragile settings, channels for community participation and accountability may be weakened. Linking researchers only to officials risks reinforcing the exclusion of those with least voice. Communities must participate as holders of knowledge, not merely beneficiaries consulted after decisions are made. When political dialogue is sensitive, scientific gatherings can provide a space where community representatives, practitioners, researchers and officials speak together.

Naming the imbalance

AFRAFRA seeks to treat Sahelian experience of crisis as expertise, not simply as a field site for research. Yet [North–South power imbalances persist](#). Funding largely comes from the North, and calls for proposals partly determine which priorities and relationships are supported. We write as Malians based in the North: able to bridge these worlds, but implicated in the imbalance we describe.

Fund the ties, not just the projects

Networks should be judged not only by membership and publications but also, and perhaps more importantly, by whether collaboration endures. [Contact between researchers and policymakers is associated with evidence use](#), yet sustained engagement rarely fits project budgets. Funders should support coordination, member engagement, policy dialogue and monitoring beyond short grants, ideally over five years or more. Assessment should include questions jointly framed with decision-makers, repeated collaboration, diverse participation and relationships that survive staff turnover. Governments must also invest, making evidence use a public responsibility rather than a donor-funded exception.

Members have obligations too. Evidence does not move along a one-way pipeline: practice generates research questions; findings reshape practice; policy changes the conditions for both. Researchers, practitioners and policymakers should engage early, interpret results together, share failures and follow up after reports are delivered. They must also help welcome newcomers, so trust belongs to the network rather than a few names.

The coming years will test whether AFRAFRA can turn personal commitment into sustainable collective capacity. We built these bridges on goodwill; goodwill alone will not keep them standing.

See also IHP: [What keeps a Sahelian network going: AFRAFRA as relational infrastructure](#) (with French translation – avec traduction française)

Highlights of the week

Structure of Highlights

- Read of the week
- Ebola emergency expands
- PPPR
- IMF/WB annual meetings: final analysis & snippets
- Global Health Reform
- WHO DG race (& WHO reform)
- More on Global Health Governance & Finance/Funding
- Trump 2.0, US Global Health Strategy & bilateral health agreements
- UHC & PHC
- 40 years of Ottawa Charter
- Lancet Public Health: 10th anniversary issue
- More on the determinants of health
- NCDs
- AI & health
- SRHR & Child health
- Planetary Health
- Conflict & Health
- Access to Medicines, vaccines & other health technologies
- Miscellaneous

Read of the week

Habib Benzian - Health for All, Economy for Whom?

[Habib Benzian](#);

“WHO wants health for all. But capitalism has other plans.”

Some excerpts:

“... On 23 May 2026, the World Health Assembly adopted the Strategy on the Economics of Health for All, 2026–2030. The document on WHO’s website is still labelled “Draft strategy”, but the Assembly decision is unequivocal: **the strategy was adopted, with progress reports requested for 2028 and 2030.** The proposition behind it reaches well beyond conventional health policy....”

“The strategy grew out of the WHO Council on the Economics of Health for All, chaired by the renowned economist Mariana Mazzucato... ..**Much of that thinking survived into the WHO strategy. Tax, trade, industrial policy, labour markets, social protection, investment and even the financialisation of healthcare now feature explicitly within a WHO health strategy.** Its vision remains “a world in which the economy both serves and benefits from health for all””

“But then came the negotiations. A little-noticed **WHO presentation** from 16 March provides an unusual glimpse of what happened between the Executive Board and the World Health Assembly. It summarises **comments received on an advanced draft of the WHO Strategy provided by the European Commission, Italy, France and the Dominican Republic,** though comments are not attributed to any specific country. **Among the objections recorded were references to shifts in economic systems, limits on industry participation in policymaking and use of the still-contested term “commercial determinants of health”.** One comment warned that language about shifts in economic systems could conflict with principles protected by EU law. **Two months later, much of that was visible in the strategy the Assembly adopted. The Executive Board draft had contemplated long-term “structural shifts in economies”. The final version speaks instead of “adjustments to economic policy”.** A new sentence places inclusive long-term growth and competitiveness at the centre of poverty reduction and sustainable health financing. **The strategy’s actions are now described as a menu of indicative options, subject to national priorities, capacities, resources and international rules....”** “... The earlier language about limiting industry participation in policymaking for health-harming products disappeared. So did the term **commercial determinants of health,** although harmful commercial practices remain and WHO is still tasked with developing guidance on them.

“This was more than stylistic editing. It shifted where the strategy located the problem. The original intellectual proposition was about reshaping economies. The adopted strategy is more comfortable with improving economic policy within existing systems and rules. It still has transformative ambitions, but now together with language related to growth, competitiveness, national discretion and partnership with private actors....”

“... An economics of health for all needs a theory of conflict, not only a theory of alignment....” “... **Five months after adoption, WHO continues to use the Economics of Health for All framing,** including in discussions about health financing and in presenting Brazil’s health-industrial policy as

an example of the approach. **The real test will be whether the agenda produces visible changes in national policy, institutional capacity and economic decision-making before the first formal implementation report reaches the Assembly in 2028....**"

"The strategy should not be dismissed because it falls short of the radical potential of the Council that inspired it. Its achievement may be more basic, but still important: WHO Member States have formally accepted that economic policy belongs inside the health conversation. Tax, trade, labour markets, industrial strategy and investment can no longer so easily be treated as external conditions that health policy merely has to accommodate. ... But the negotiations reveal something else, not really surprising: the economics of health for all has its own political economy.

As the idea moved from an expert council towards an operational framework that governments were prepared to adopt, its challenge to the economic arrangements and commercial interests of contemporary capitalism became more dominant. Structural shifts became policy adjustments. Growth and competitiveness returned to the foreground. Explicit restrictions on industry participation disappeared. The language of commercial determinants became harder to sustain. **That does not make the strategy meaningless. It tells us where the political boundaries currently lie. And it leaves the most important question unresolved. If health really is an objective that economies should be designed to deliver, what happens when delivering health requires changing the economic arrangements from which powerful interests already benefit?** WHO has secured agreement that economics is health policy. Whether that changes the economics is another question."

Ebola emergency expands

Ebola: Africa CDC Convenes African Ministers of Health as Ebola Outbreak Spreads Across Three Regions

<https://africacdc.org/news-item/africa-cdc-convenes-african-ministers-of-health-as-ebola-outbreak-spreads-across-three-regions/>

(21 October) **"The Africa Centres for Disease Control and Prevention (Africa CDC) will convene a high-level virtual meeting of African Ministers of Health on Wednesday, 28 October 2026**, as the ongoing Ebola outbreak poses an escalating threat to health security across the continent. Five months into the response, the outbreak caused by the Bundibugyo virus continues in the Democratic Republic of the Congo (DRC), with **cases now reported in Kenya and Nigeria**. The **geographic spread across Central, Eastern and Western Africa demands urgent, coordinated action....**"

- See also the NYT - https://www.nytimes.com/2026/10/22/health/ebola-nigeria-congo-kenya.html?unlocked_article_code=1.KIE.1D7P.zLqBCQ3OV42N&smid=url-share

"The Ebola epidemic that began in the DRC earlier this year has achieved a grim new milestone, turning up in a third region of the African continent, the widest footprint of any Ebola outbreak to date."

Reuters – Africa CDC says over \$700 million in Ebola response funds unaccounted for in Congo

[Reuters](#);

From earlier this week (16 Oct). **“ Africa's top public health body and Congolese health authorities this week called for greater transparency in the use of Ebola response funds, saying financial information provided by aid organisations left more than \$700 million of donor money yet to be accounted for.**

“The concerns could complicate the response as mistrust of health workers and agencies remains a key obstacle to containing the outbreak. Previous Ebola responses in Congo were marked by allegations of favouritism and corruption... **Dr. Jean Kaseya, director general of the Africa CDC, told Reuters on Thursday it was too early to speak of embezzlement, but described the gap as a major transparency and financial reporting problem that prevented authorities from having a full picture of resources mobilised and spent/”**

“International donors have disbursed about \$962 million to organisations implementing Ebola response activities in Congo, rather than to the government, Kaseya said. Only about a third of implementing partners attended a recent meeting organised by Congo's health ministry and shared financial information, he said, adding that those organisations reported receiving \$228 million, of which \$127 million had been spent and roughly \$100 million remained available....”

CBC - 1 in 4 Ebola deaths are children in Democratic Republic of Congo's worst outbreak

<https://www.cbc.ca/news/health/ebola-congo-children-deaths-9.7384641>

“Just over a quarter of those deaths are children. **Although most cases are among adults, children have a much higher fatality rate, at 60 per cent compared to 40 per cent for adults,** the World Health Organization (WHO) estimates. “

NYT – Kenya Confirms Four New Ebola Cases

<https://www.nytimes.com/2026/10/17/world/africa/kenya-ebola.html>

(17 Oct) “Seven Ebola infections have now been confirmed in Kenya, which before this month had never recorded cases of the deadly virus.”

“But Kenyan officials are saying that the virus is under control. The **Health Ministry** said it had traced and quarantined most people who could be at risk of infection. **“There is no evidence of community transmission of the disease,”** the ministry said in a statement on Saturday....”

Guardian -Nigeria confirms Ebola case as outbreak spreads into western Africa

<https://www.theguardian.com/world/2026/oct/21/nigeria-first-ebola-case-africa-outbreak-latest>

(21 Oct) “Case in Africa’s most populous country was detected in a woman who had travelled from Uganda.”

Reuters - Late detection in Nigeria raises alarm as Ebola spreads across Africa

[Reuters](#);

“ Outbreak has spanned four African nations, 3,000 km. Delay will complicate efforts to trace contacts. North, Southern Africa could now be at risk, expert says.”

“Nigeria's [first Ebola patient](#) in over a decade was not tested for the disease until 13 days after falling ill, officials said, a delay that raises questions about authorities' ability to contain [an outbreak](#) already spanning four African nations.”

““When we identified at-risk countries, Nigeria was not part of this list. It is now,” said Kaseya, director-general of the Africa Centres for Disease Control and Prevention. That list would have to be redrawn and North and Southern Africa could also be at risk, he added. “We need to consider that no-one is safe today.” ...”

Both the **cases in Kenya and Nigeria are exposing gaps in contact tracing**, according to Dr Kaseya.

Devex – Why it’s ‘almost impossible’ to fully monitor DRC-Uganda border for Ebola

<https://www.devex.com/news/why-it-s-almost-impossible-to-fully-monitor-drc-uganda-border-for-ebola-113725>

“Uganda shares a long, porous border with the Democratic Republic of the Congo, which is experiencing a massive Ebola outbreak. The border is partially closed but there are still illegal crossings. “

“As Ebola spreads to more African countries — with new cases in Nigeria and Kenya — a common link has emerged: Both index cases flew in from Uganda...”

PS: **“The risk of Ebola spreading across other borders is even more concerning, particularly into South Sudan, which has a weaker health system than Kenya and Uganda. Ebola cases have already been reported in DRC near the South Sudan border....”**

- Related: HPW - [Did Nigeria and Kenya’s Ebola Patients Cross Paths in Uganda Airport?](#)

“Nigeria’s first Ebola Bundibugyo patient may have crossed paths with Kenya’s recently deceased index patient at Uganda’s Entebbe Airport on 3 October, according to Dr Wessam Mankoula, head of health emergencies at Africa Centre for Disease Control and Prevention (CDC). Mankoula told a media briefing on Thursday that this was one of the possibilities being considered by health experts who are trying to unravel how the woman in Nigeria became infected....”

PS: **“The latest figures from the DRC (20 October) showed 9,704 confirmed cases and 4,687 deaths. Ituri and North Kivu provinces still account for 94% of cases. Although reported cases had declined slightly since epidemiological week 37, Wessam cautioned that reporting lags, community resistance, security and operational challenges made it too early to call this a sustained decrease. More than 80% of cases are still coming from outside contact lists, and over half of deaths were occurring in communities.”**

Science - As Ebola epidemic rages, Congo bets on high-stakes 'hope' vaccine trial

<https://www.science.org/content/article/ebola-epidemic-rages-congo-bets-high-stakes-hope-vaccine-trial>

“Study will first test a “mismatched” vaccine, but Bundibugyo-specific shots may be added as early as next month.”

“There are glimmers of hope amid the relentless bad news about the explosive epidemic of the Ebola Bundibugyo virus in the Democratic Republic of the Congo (DRC). **After months of debates and preparations, a vaccine trial, named Tumaini—Swahili for “hope”—is expected to clear the final regulatory and ethical hurdles any time, and the first doses could be administered this week.** The trial will first test Ervebo, a “mismatched” vaccine developed for another Ebolavirus species named Zaire. But two other vaccines, designed specifically to protect against Bundibugyo, may be added to the study in November....”

“Meanwhile, after more than 9500 reported cases and more than 4600 deaths, the epidemic appears to be slowing in Ituri, its epicenter and the hardest hit province. Both the number of newly reported cases and the percentage of tests that come back positive are going down, says Jean-Jacques Muyembe-Tamfun, who heads the DRC’s National Institute of Biomedical Research: “It is not optimal, but it has improved.” **And finally, a [trial](#) testing two potential Ebola therapeutics—an antibody cocktail named MBP134 and the antiviral remdesivir—has already enrolled more than 600 patients. There may soon be enough data to see an effect, says Placide Mbala of the Africa Centres for Disease Control and Prevention, principal investigator on the trial.** An effective treatment would be a big boost to the response, says epidemiologist **Chikwe Ihekweazu**, who heads the Health Emergencies Programme at the World Health Organization (WHO). “Every extra tool you have in the arsenal helps.” ...”

Still, the **challenges are enormous....**

- Related: **Lancet Infectious Diseases (November) editorial** - [Hope for efficacious vaccines for Bundibugyo virus](#)

Do also check out:

- Resource: [Ebola tracker](#) “a daily follow-up of the Ebola outbreak in the DRC based on official SitReps, with an interactive map, charts, and detailed data....”

And a few links:

- IPS - [Ebola Spread Raises Fresh Urgency for Africa’s Domestic Health Funding](#)
- [UN News - WHO scales up Ebola readiness in 22 countries across three continents](#)

(16 Oct) “The World Health Organization (WHO) is strengthening Ebola preparedness amid conflict and displacement affecting millions of lives in a region that spans parts of Africa, Asia and Europe. The **UN agency’s eastern Mediterranean region** comprises **22 countries and territories**. Intensified support is being given to **Djibouti, Somalia and Sudan, which have been identified as priority countries....”**

PPPR

BMJ - Vaccine target of 100 days isn't fast enough, says CEPI chair—while expert warns of failure to provide basic care in DRC Ebola outbreak

<https://www.bmj.com/content/395/bmj-2026-101166>

“International efforts to develop pandemic vaccines within the goal of 100 days must be accompanied by stronger basic infection control, the World Health Summit heard this week.”

“Jean-Jacques Muyembe Tamfum, the leading Congolese scientist who co-discovered Ebola virus disease 50 years ago, was referring to the current outbreak of Bundibugyo Ebola virus in the Democratic Republic of the Congo (DRC). He told the meeting in Berlin that, despite advances in vaccine science, weaknesses in outbreak preparedness continue to persist. Muyembe Tamfum said these weaknesses in providing basic tools are resulting in the infection and death of health workers in the DRC outbreak...”

“... Speaking separately in Berlin, Jane Halton, chair of the Coalition for Epidemic Preparedness Innovations (CEPI), called for \$2.5bn in new funding to achieve and go beyond the 100 days mission—the goal set by governments and industry leaders to develop vaccines against new viral threats within just 100 days of identifying them. “Together we can make the 100 day mission an operational reality, and I’ll give you a challenge. I don’t think 100 days is going to be fast enough for us,” Halton said. “I think we need to have ambition to be as fast as we can. This is not merely our health investment. Responding at speed reduces the economic shock of outbreaks.” She outlined CEPI’s strategy for 2027-31, which aims to connect research on high risk viral families, adaptable vaccine platforms, and global and regional response networks, with equitable access and biosecurity built into the approach....”

BMJ Editor’s choice - AI powered bioweapons: a democratised existential threat

K Abbasi; <https://www.bmj.com/content/395/bmj-2026-101161>

“.... The views of experts broadly divide into three categories... One group believes that the risks are existential. Others say that the risks are exaggerated by the industry. They believe that when Anthropic warns that people are already experimenting by using AI to create bioweapons, this is a thinly disguised ruse by a technology company to boast about AI’s capabilities and boost its commercial value. It’s “highly, highly unlikely,” they believe, that AI will cause human mass extinction in the near future. The third group argues that the capabilities of AI aren’t what the technology companies would have us believe: AI is prone to failure and isn’t clever enough to end humanity even if it wanted to...”

“... Ashish Jha, former covid-19 adviser to President Biden, is now developing a biosurveillance “radar” to reduce the threat from bioweapons ... He proposes a four point plan to respond to the Irkutsk incident and help keep the world safe: full transparency about the case from the Russian authorities; independent inspections of the Irkutsk laboratory by the international community; international agreements to regulate the governance of laboratories working on dangerous pathogens; and a coalition of willing nations to conduct “independent technical investigation of unexplained events at high risk laboratories” ... The proposals sound reasonable, but the hazard

remains and seems impossible to manage ... Why would a rogue state or rogue group comply with any of these regulations? How would we even know that they were working on a bioweapon?..."

Politico -Russian pneumonia death exposes limits of international health rules

<https://www.politico.eu/article/russian-pneumonia-death-exposes-limits-of-international-health-rules/>

"Russia's response to a suspected plague case reveals weaknesses in the system designed to prevent infectious disease outbreaks from spreading."

With views from **L Gostin** & others.

Lancet Global Health (Letter) – Accountability for pandemic financing decisions

Shuhei Nomuraa; [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(26\)00271-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00271-8/fulltext)

« **Nelson Evaborhene and colleagues** call for **regionally led accountability** for pandemic preparedness and highlight gaps between financial pledges and disbursement. **I suggest that existing country-led health-sector reviews also identify financing obstacles and seek public, time-bound responses from institutions with authority to act, including funders and intermediaries whose decisions lie beyond recipient countries' control.** Previous experience with mutual accountability offers **useful lessons....** »

WHO – INTERPOL and WHO sign agreement to strengthen global health and security protection

<https://www.who.int/news/item/16-10-2026-interpol-and-who-sign-agreement-to-strengthen-global-health-and-security-protection>

(16 Oct) **"Framework to support public health and law enforcement cooperation** to protect lives worldwide."

"... INTERPOL and the World Health Organization (WHO) have signed a cooperation agreement aimed at tackling some of the most pressing **threats at the intersection of public health and security.** ... **The agreement establishes a framework to combine INTERPOL's law enforcement expertise with WHO's public health leadership** for joint action to prevent, detect and respond to risks that endanger lives worldwide.

Annual meetings IMF/WB – final analysis & snippets

BWP- Annual Meetings 2026 Wrap-up: Disconnects between BWIs' response and pressing needs mount as civil society mobilises for more just international financial architecture

[Bretton Woods Project](#);

“ World Bank and IMF disconnected from deepening global debt, climate and inequality crises, with unprecedented flooding in Bangkok threatening the Meetings just days before their start. IMF revived structural adjustment as a response to shocks while placing faith in a volatile and uncertain AI boom, limiting states' capacity to respond. World Bank strengthened focus on private capital mobilisation (PCM) and jobs agenda, with little appetite to shift discussion from quantity to evidence-based quality and development impact.”

But there's much more in this **must-read analysis**.

- See also Eurodad - [AI, austerity and private profits: sustainable development sidelined at IMF-World Bank Annual Meetings](#)

“Eurodad policy experts react after the IMF and World Bank Annual Meetings conclude in Bangkok, Thailand.”

IPS – Two Summits in Bangkok: IMF/World Bank and Finance Ministers Inside, the People's Assembly Outside

<https://www.ipsnews.net/2026/10/two-summits-in-bangkok-imf-world-bank-and-finance-ministers-inside-the-peoples-assembly-outside/>

“ The People's Assembly worked through the alternatives in over 50 sessions to **formulate a new system accountable to people and planet, not to the 1%...**” The motto: **“We are the 99%” ...**”

Check out their aims.

Devex - Special edition: Bye Bye Bangkok — takeaways from the World Bank-IMF meetings

[Devex](#);

“This week's meetings exposed a widening gap between ambitions and the realities facing developing countries.” A few excerpts:

“One of the most interesting things that emerged was that, while the debates about changes at big institutions are stalled, **countries are not waiting to act. “Our biggest concern is the bank and fund are too complacent. These institutions are not meeting the moment,”** Kevin Gallagher, director of the **Boston University Global Development Policy Center**, told me. But **“while there is deadlock and**

fragmentation at the multilateral level,” countries are stepping up, he said, which could provide models for a new multilateralism.”

“... World Bank President Ajay Banga used the closing plenary to lay out his vision for development’s future, one that “will depend on bringing public finance, private investment, philanthropy, and technology together around what each country needs.” ... The bank plans to quintuple — yes, that’s the word he used — its critical minerals business in five years. It has also launched its first country compacts, with Banga emphasizing the importance of building local industries so countries keep more jobs and value at home. The bank is also pushing ahead with economic corridors, and big initiatives on energy access, as we heard in our panels on agriculture, water and health at Devex Impact House. And private investors remain central to that strategy. To get closer to them, the bank will expand its presence in New York, Frankfurt, Milan, and Tokyo, meeting private sector clients and investors where they are. It also wants to work more closely with pension funds, insurers, and sovereign wealth funds to encourage them to buy MDB loans or assets.”

“... That’s quite a promise, but Banga has certainly taken the bank in the direction of more and deeper partnerships with a variety of institutions. One example is the launch this week of the Philanthropy Hub — two plus years in the making. “

PS: “...For all the talk of AI, jobs, and private capital, two of the biggest challenges facing developing economies were absent from the official agenda: climate and debt. ...”

Devex: Latin America becomes a development power player

[Devex](#);

“Devex covers the world, but in terms of regions, Latin America isn’t consistently at the top of the list — and that could be a good thing. Neither a major aid donor nor recipient, it finds itself in a quietly advantageous position to support the world — including itself — by serving as a stable haven of energy, food, and critical minerals, helping to steady shaky global supply chains.”

“Inter-American Development Bank President Ilan Goldfajn told Devex that conversations with governments and companies at the World Bank-IMF annual meetings suggest the region is no longer simply seen as a destination for development financing. “The perception is that Latin America is part of the solution of these global challenges,” he said at Devex Impact House on the sidelines of last week’s meetings....”

Reuters - IMF/World Bank meetings leave developing countries with more questions than answers

<https://www.reuters.com/business/imfworld-bank-meetings-leave-developing-countries-with-more-questions-than-2026-10-18/>

“Rising debt costs, higher inflation and AI pose challenges; Same old fiscal advice leaves countries wanting more. Bangkok meetings end with no new initiatives.”

“Last week's meetings of the International Monetary Fund and World Bank yielded no new answers for the developing world to the questions posed by a spreading Middle East war, continuing war in Ukraine, rising debt payments and a potential AI bubble. Not for the first time, lower-income countries are being rocked by the spillover from the actions of wealthier nations: rising debt service costs, higher inflation and the risk of falling ever further behind economically thanks to the AI boom. What they got was the stock advice the global lenders always dish out: to shrink fiscal deficits and accelerate economic reforms to attract more private sector investment....”

Quote: **“Kate Pickett: “‘It's not enough to describe an economy as resilient. It's only resilient for the rich and the privileged.’” ...”**

Devex Pro Insider: What we learned at the World Bank meetings

<https://www.devex.com/news/devex-pro-insider-what-we-learned-at-the-world-bank-meetings-113671>

(gated) “The event itself was notable for chatter about stifled protests, but otherwise, **many of the same issues we’ve seen this time have been at the top of the agenda for a while — private capital mobilization and jobs**, for example. Climate and debt were notably absent from the official agenda, but I’m told they seemed to be just as widely discussed as usual....

“Two things did stand out as new — an increasing focus on artificial intelligence, including the World Bank’s “small AI” strategy for low- and middle-income countries, and a new philanthropy hub designed to encourage closer work with that fast-growing sector....”

- On the first issue, see also the [Guardian - World Bank says ‘small AI’ could transform developing countries](#)

“Bank’s chief knowledge officer says the tech could speed up economic development from centuries to decades.” **“ The World Bank is urging developing countries to kickstart the creation of “small AI” models, which can run on a mobile phone with low connectivity, to reap the full benefits of artificial intelligence....”**

Devex Pro - Best of both worlds: World Bank and philanthropy join forces

<https://www.devex.com/news/best-of-both-worlds-world-bank-and-philanthropy-join-forces-113661>

(gated) Re the second issue. **“The World Bank’s Arturo Franco and Rockefeller Foundation's Elizabeth Yee say closer collaboration could help turn promising ideas into larger-scale development programs while making better use of scarce resources.”**

“As development budgets come under pressure, the World Bank is seeking a different relationship with philanthropic foundations, one built around jointly designing programs, combining expertise,

and using scarce capital more effectively, rather than focusing primarily on individual funding arrangements.”

“The challenge is not just finding additional money, but making better use of the resources, knowledge, and networks that development institutions and foundations already have, according to Arturo Franco, director of the [World Bank Group](#) Strategy Office, and Elizabeth Yee, executive vice president of programs at [the Rockefeller Foundation](#). Speaking at [Devex Impact House on the sidelines of the World Bank-International Monetary Fund Annual Meetings](#) in Bangkok, the two described an approach in which philanthropic organizations become involved earlier in shaping World Bank initiatives, bringing expertise and financing capabilities alongside those of the bank.”

Devex – A lost year for climate finance at the World Bank

<https://www.devex.com/news/a-lost-year-for-climate-finance-at-the-world-bank-113619>

“After a key climate finance target was removed, the Bangkok meetings offered little reassurance to experts worried about the future of climate progress.”

“... “Both the World Bank and IMF have gone quiet on the topic, for fear of attracting the ire of the United States,” said Clemence Landers, vice president and senior policy fellow at the [Center for Global Development](#). “Secretary [Scott] Bessent used his statement to reiterate the US call for the World Bank to move into financing upstream oil and gas projects,” she added, referring to a [statement](#) he issued during the Bangkok meetings...”

PS: **“There was some action around the planning of the V20 Lifeline Fund, a climate-focused pot of money meant to provide emergency financial assistance to countries that run out of foreign currency reserves but need to cover essential international transactions.** The V20 countries define themselves collectively as “climate-vulnerable economies.” **The fund will be financed by and for the central banks in the participating countries, who will pool their international resources. ...”**

Global Health Reform

BMJ - Resetting global health: sovereignty must strengthen rights, not replace them

Rajat Khosla & Kadi Toure; <https://www.bmj.com/content/395/bmj-2026-101155>

Must-read.

“A global health architecture is an arrangement of power. Therefore, reform must ask not only where power should sit, but who exercises it, whose interests it protects, and to whom they are accountable. **We explain why sovereignty and rights must be seen as principles reinforcing each other, who risks disappearing, what “country led” should mean, and why sovereignty requires us to confront the political economy of health....”**

They conclude: “... **We should judge the new architecture by** whether countries have greater capacity to determine and finance their health futures; whether communities have greater influence; whether women, children, adolescents, and populations facing discrimination are more, not less, visible; whether institutions become more representative; and whether rights provide a floor beneath which fiscal or political pressures cannot push health priorities....”

“The old architecture concentrated too much power outside the countries it purported to serve. We should not replace it with one that concentrates power differently while leaving those with the least power no better protected. **Sovereignty, equity, and human rights together** are the **test of whether the reset has actually shifted power.**”

Devex Pro – The global health reset has consensus. But can it deliver?

<https://www.devex.com/news/the-global-health-reset-has-consensus-but-can-it-deliver-113682>

(gated) “John-Arne Røttingen, the CEO of Wellcome, says the global health community is coalescing around a vision of health sovereignty. But political commitment to this vision within the global north might be lacking.”

“In the many conversations about the future of global health assistance that took place at this year’s World Health Summit, **John-Arne Røttingen, the CEO of Wellcome**, detected a convergence. “It’s **the one country, one plan, one budget, one reporting sort of approach**,” he said, exemplified by the Accra Reset spearheaded by Ghanaian President John Mahama and other political leaders from the global south. **The reset also looks to make health partnerships more equitable and move away from a model of aid dependency.** Speaking on the sidelines of WHS, Røttingen told Devex he was, “a bit surprised that there is that level of convergence and agreement on what needs to be done.” He remains concerned, though, “that translating that to action and real impact will take time.””

For some more detail, see [Devex Check-up Is a consensus forming around the future of global health?](#)

Devex Pro – UNAIDS has a survival plan. But will it work?

https://www.devex.com/news/unaisd-has-a-survival-plan-but-will-it-work-113622?utm_term=Autofeed&utm_medium=Social&utm_source=Bluesky#Echobox=1792596633

(gated) “Some say the latest proposal largely preserves the institution, while others reject any efforts leading to sunseting UNAIDS until the HIV epidemic is over.

“A working group tasked with charting the future of UNAIDS has rejected U.N. Secretary-General António Guterres' proposal to sunset the program by the end of 2026, instead recommending a smaller, more streamlined operation that would gradually hand over responsibilities to national institutions. But the proposal has exposed deep divisions over what UNAIDS should look like, whether the reforms go far enough to address its long-standing problems, and how much donors are willing to pay to keep it running. Some advocates fear the changes could weaken the global HIV response at a time when funding cuts and a resurgence of infections in some countries are already threatening progress against the epidemic. Others argue that UNAIDS has outlived its usefulness as a stand-alone institution....”

“The working group's final report proposes a new operating model, with an even “leaner” secretariat, renamed the “Hub,” while maintaining the joint program's regional and country presence until national systems and institutions are ready to take over its responsibilities....”

- Full document: [UNAIDS document - Agenda item 2: Final report and plan of the PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond](#)

Exec summary- p.4-7

John Nkengasong - Global Health: Looking Back, Looking Forward

<https://www.linkedin.com/pulse/global-health-looking-back-forward-john-nkengasong-vscpf/>

“Reflections from the Victor J. Dzau Distinguished Lecture in Global Health, Duke Global Health Institute's 20th anniversary.”

Well worth a read, this Lecture. Including, among others:

What global health institutes should do next: “Universities and global health institutes need to adapt too. I suggested **six priority areas**: (1) Health security, antimicrobial resistance and outbreak readiness: surveillance, genomics, laboratory networks and a One Health approach. (2) Financing and the aid transition: helping countries plan domestic funding and integrate HIV, TB and malaria services. (3) Primary care and the health workforce: integrated frontline services and community health workers. (4) Regional R&D and manufacturing: trial capacity, regulatory science and local production of vaccines, tests and medicines. (5) Digital health, data and AI: country-owned data systems and rigorous evaluation of AI tools before they scale. (6) Climate, NCDs and mental health: fast-growing burdens that get little donor attention....” **My test for each area:** partner countries are asking for it, it has a funding path beyond foreign aid, and universities bring something others cannot. **No institute should try to lead on all six. Pick two or three and do them well.”**

Nkengasong also offers **Five takeaways**:

(1) Global health has made significant progress, and it faces significant challenges and opportunities. (2) **Neglecting NCDs is a paradox we can no longer afford.** (3) Politics, diplomacy and geopolitics matter as much as science. (4) Investment in human capital and technology will drive the future of global health. (5) **Global health institutes and architectures must adapt for tomorrow.”**

WHO DG race (& WHO reform)

Health Policy Watch dedicated WHO DG election website

<https://healthpolicy-watch.news/who-dg-elections-2027/>

Was launched this week. Health Policy Watch’s daily series examining the platforms, records, and institutional hurdles facing each contender for WHO Director-General.

So far must-reads on profiles:

- [Hanan Al Kuwari: Executive, Minister, Diplomat – And a Middle-Power Mediator?](#)

Including her (four-pillar) election manifesto.

Excerpt : “... **Beyond individual credentials, Al Kuwari’s candidacy highlights the expanding financial and diplomatic footprint of the Gulf Cooperation Council (GCC) within the multilateral system.** Qatar’s **contribution to the WHO Programme Budget** for the 2024-2025 biennium stands at \$10.24 million – a figure modest in absolute terms compared to major sovereign donors like China (\$201.82 million), Saudi Arabia (\$100.12 million), or Belgium (\$28.15 million), but distinguished by its internal structure. Crucially, \$6 million of Qatar’s contribution was delivered as fully unearmarked core voluntary funding, providing WHO with flexible capital during an era of severe organisational downsizing and budget deficits. **Converting that financial commitment into an electoral majority, however, requires building broad coalitions far beyond Geneva and the Gulf. To secure WHO’s top post, Al Kuwari has pursued a cross-regional campaign strategy, aligning her platform with Global South priorities during high-level discussions in Addis Ababa with African Union Commission leadership. She followed this with extensive engagements at the Pan American Health Organization’s 63rd Directing Council in Washington, D.C., consulting PAHO Director Dr Jarbas Barbosa and regional health ministers on antimicrobial resistance, digital innovation, and equitable technology access....”**

- [Hanan Balkhy: Advocate for ‘Trust, Impact, Value’ – And a Guardian of WHO’s Normative Core?](#)

With three-layered election platform.

Excerpt: “... **Besides her clinical credentials and executive experience, Balkhy enters the race anchored by Saudi Arabia’s diplomatic and financial influence.** The Kingdom’s total WHO contribution reached \$100.12 million for 2024-2025 and stands at \$81.72 million for 2026-2027. This places the country in the top 15 overall contributors worldwide (including both sovereign states and philanthropic organisations). ... **Her campaign could also benefit from a compelling institutional precedent: a Director-General has never been elected from the Eastern Mediterranean region. ...”**

- [Hans Kluge: ‘WHO’s Biggest Advocate, Most Candid Critic’ – And an Inside Reformer?](#)

“**Rather than adopting the bureaucratic caution typical of senior WHO leadership, Kluge grounds his campaign in a direct critique of the agency he serves. In his election manifesto, “Rebuilding the World Health Organization Together”, he positions himself as WHO’s “biggest advocate, yet also its most candid critic.” However, his central challenge will be proving that a 25-year institutional insider can convincingly dismantle WHO’s bureaucratic inertia, while reassuring Global South member states that a European candidate can deliver genuine decentralisation and equity....”**

With four reform pillars and a primary care signature initiative. “... **primary health care (PHC) serves as his signature initiative heading into the 50th anniversary of Alma-Ata in 2028, backed by a unified PHC data dashboard and responsible frontline medical AI.”**

PS: “Following his transition to formal campaign leave in August, Kluge launched an intensive global campaign tour to assemble a cross-regional coalition beyond his European base. This international itinerary – taking him across East Asia, North America, and the Middle East and Latin America – prevented his in-person attendance at the World Health Summit candidate exchange in Berlin. Rather than conducting routine courtesy calls, he engaged in direct caucusing across key geopolitical caucuses: signalling efforts to re-engage the United States through meetings in Washington with National Institutes of Health Director Dr Jayanta Bhattacharya on lives-saved metrics and AI governance; presenting his manifesto to 15 Eastern Mediterranean Member States in Cairo on country-first delivery in fragile settings; endorsing the Accra Reset and voluntary mRNA technology transfer in Beijing and Haikou with Chinese health leadership; and reviewing frontline crisis response with Central American delegates in Panama.”

Maria Neira – Health as a compass for a changing world

https://www.linkedin.com/posts/maria-neira-47575440_health-as-a-compass-for-a-changing-world-ugcPost-7517988424721616896-3aco/

Neira’s election platform - vision and priorities for leading the **World Health Organization**. With 5 priorities.

Devex Check-up on Song Li

<https://www.devex.com/news/devex-checkup-ebola-reaches-africa-s-most-populous-country-113690>

Quote: **“Six of the seven hopefuls descended on Manila this week, taking advantage of the regional meeting of member states in the Western Pacific to see health ministers, hear their concerns, and present their plans and vision.... Some candidate presentations weren’t open to the media, so I couldn’t sit in on Song’s session with member states — and neither could WHO staff. I was told it was WHO’s policy for all candidates, although not every staff member is thrilled with the arrangement.”**

“But I did get my hands on Song’s vision for WHO. Her priorities include making the organization more efficient and better prepared for crises, building more equitable health systems, and embracing innovations such as artificial intelligence.”

Lancet (Comment) – Indonesia's health reform: from pandemic mandate to the six pillars of transformation

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)01090-1/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01090-1/abstract)

By Budi Sadikin. In case you missed this.

IJHPM - Rupture as Catalyst: The Case for Deep WHO Governance Reform; Comment on “The United States Withdrawal From the World Health Organization: Implications and Challenges”

Kent Buse et al; https://www.ijhpm.com/article_4949.html

“US withdrawal from World Health Organization (WHO) in 2026 is widely framed as a crisis to be managed toward eventual membership restoration. We argue the opposite: geopolitical rupture has created the first genuine political opening for deep governance reform of an institution whose architecture has, for decades, enabled dominant funders to shape priorities. The burden-sharing critique of Global South non-engagement is reframed as a legitimacy deficit: countries have contributed pathogen samples, data, and biological materials to global systems while watching the resulting benefits captured by high-income states and their manufacturers, as illustrated by H5N1, COVID-19 vaccine inequity, and the unresolved Pathogen Access and Benefit Sharing (PABS) annex of the Pandemic Agreement. Seven interdependent reforms are identified spanning earmarking caps, assessed contributions, a single non-renewable Director-General term, a global common framing, civil society oversight, Executive Board (EB) reform, and regional director appointments. Our argument is that the rupture has disturbed the conditions that made structural change unlikely, and that durable legitimacy is more achievable now than at any prior moment.”

Buse et al: **“...What is now possible is a WHO less dominated by any single power: a stronger assessed contribution base, depoliticised regional governance, civil society voice, and a global commons framing of its mandate – the institutional form in which durable legitimacy can be built. It is also an organisation able to recover its constitutional core: normative standard-setting, science and evidence-based policy guidance, and systematic investment in prevention and preparedness capacity, rather than one sustained through emergency response appeals and operational delivery that crowds out upstream functions. Global South governments long positioned as recipients of technical support rather than co-authors of global norms have the most to gain from that reorientation...”**

More on Global Health Governance & Financing

World Bank - Health Works: From Vaccines to Health Budgets, World Bank Group Backs Proven Solutions to Reach 1.5 Billion People

<https://www.worldbank.org/en/news/statement/2026/10/16/health-works-vaccines-to-budgets-wbg-backs-proven-solutions-asean>

(16 Oct) **“World Bank Group aims to mobilize \$654 million for Southeast Asia vaccine manufacturing and expands Universal Health Coverage (UHC) Knowledge Hub to seven more countries.”**

“The World Bank Group (WBG) today announced that it is mobilizing additional resources to strengthen access to essential vaccines and to advance health financing reforms to reach 1.5 billion people with quality, affordable health services by 2030. ...”

“... In Southeast Asia, the WBG is partnering with the Coalition for Epidemic Preparedness Innovations (CEPI), AVPN, and others to mobilize \$654 million in public and private financing to

enhance vaccine security in Southeast Asian countries. This partnership, which is aligned with the objectives of the ASEAN Vaccine Security and Self-Reliance (AVSSR) Initiative, led by the National Vaccine Institute (NVI) of Thailand, and is **supported by the Regionalized Vaccine Manufacturing Collaborative (RVMC) and partners**, aims to strengthen the regional vaccine ecosystem, including research and development, manufacturing, and supply chains, and improve access to vaccines for routine immunization and future outbreaks. “

“... Alongside efforts to strengthen access to vaccines and medicines, the WBG is helping countries advance reforms to make health financing more sustainable. **Seven additional countries — Bangladesh, Côte d'Ivoire, Lao PDR, Senegal, Sierra Leone, South Africa, and Tanzania — will join the second cohort of the UHC Knowledge Hub in Tokyo**, established through a partnership with the Government of Japan and the World Health Organization.”

“...These initiatives are part of the WBG’s Health Works effort to reach 1.5 billion people by identifying and scaling proven solutions across three priorities: digitally enabled primary health care, sustainable health financing, and local manufacturing and resilient supply chains.”

PS: “... These announcements come just ahead of the UHC High-Level Forum in Tokyo in December 2026, where world leaders and health ministers will gather to accelerate progress toward UHC. The forum will take stock of country progress, share lessons from successful reforms, and mobilize further action, partnerships, and investment to expand access to quality, affordable health services.”

TGH – The State of Global Health Funding: October 2026

Angela Apeagyei (Micah), Katherine Leach-Kemon, Joseph L. Dieleman et al;
<https://www.thinkglobalhealth.org/article/the-state-of-global-health-funding-october-2026>

“This year, the largest drop in foreign aid for health came from the United Kingdom, while Japan increased its contributions.”

“In 2025, global health programs were shaken by a 12% overall funding cut, leaving financing at its lowest level since 2012 as the United States and other major donors stepped back. Now, **new preliminary estimates** from the Institute for Health Metrics and Evaluation (IHME) show that financing for global health dropped even further, but by less (5%)....”

“The largest absolute cut this year came from the United Kingdom, which decreased its funding levels by 37%, or \$891 million, according to IHME. The United States had the next-largest absolute drop, reducing its development assistance for health by \$668 million, or 8%. Next, Canada and Germany lowered theirs by more than \$100 million each from 2025 to 2026, a 10% and 8% drop, respectively. ...”

“In response to the shortfall in aid, **some low-income countries—and 49 of 54 African countries—have raised their health spending, but the increases have not been enough to offset the losses in donor funding.** The long-term financial outlook of organizations such as the United Nations and Gavi remains uncertain, though some of their steep reductions in funds have been buffered by their short-term reserves....”

PS: “IHME estimates the Gates Foundation's contributions to global health also rose, increasing by 4% (\$249 million) from 2025 to 2026....”

“...Multilateral development banks are also among the few entities whose funding increased between 2025 and 2026. Development assistance for health from regional development banks—which include the African Development Bank, Asian Development Bank, and Inter-American Development Bank—rose by an estimated 32% (\$270 million) between 2025 and 2026, whereas the World Bank increased its funding by an estimated 2% (\$91 million). The data suggests that the focus area of this increased funding is health systems strengthening, a core area of concentration for these institutions....”

Lancet Offline –Berlin diary

R Horton ; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)02116-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02116-1/fulltext)

Horton comes back on this year's World Health Summit.

Among others discussing the **WHO DG forum**: “they need to step up their game”.

And: “**One reason for hope lies in Europe's role in global health. A discussion led by Martin McKee emphasised Europe's strengths. Its values: solidarity, multilateralism, evidence, human rights, and gender equality. Science and technology. Public health. Robust regulatory environments. Global health leadership.** What more might Europe do to make better use of its assets? Strengthen resilience. Create a platform for health innovation. And lead with Europe's distinctive values. **Meanwhile, the French Embassy took one of Europe's comparative advantages and convened a group to ask how science could be safeguarded within WHO at a moment when public trust in scientists has softened. France plans to keep global health at the top of its foreign policy agenda, make science a crucial part of the coming DG election, and recommit to a science-based multilateral system.** The only stone in France's—and so Europe's—shoe is the country's presidential election in April, 2027. Marine Le Pen would likely puncture even this fragile optimism.”

BMJ (Opinion) - Increasing defence expenditure may cost us our security

<https://www.bmj.com/content/395/bmj-2026-101040>

“As nations divert larger proportions of their budgets to military uses, there is less available for climate, education, and other core human needs, with long term implications for health, write Mohammed Abba-Aji and Nason Maani.”

Quote: “... True security must look different. **Trade offs between military and social spending should be weighed for their health and climate implications,** with the aim of making the opportunity cost visible whenever such decisions are made. **As climate adaptation increasingly becomes part of security policy, governments, both donors and recipients alike, should allocate a share of their security funding to adaptation, especially in climate-vulnerable regions such as the Sahel....”**

Devex Pro - EU greenlights an extra €6.5M for Africa CDC

[Devex](#);

(gated) “Africa CDC says **the funds**, which had been held up in a budget dispute, **will help the Ebola response and strengthen preparedness for future outbreaks.**”

“European Union officials have freed up an additional €6.5 million (\$7.2M) to support health surveillance in Africa after resolving a budget standoff between member states and the European Commission. **The money will boost the Africa Centres for Disease Control and Prevention’s response to the Ebola outbreak**, according to the latest **EU4Health work program**. According to the work program, the Commission’s Health Emergency Preparedness and Response Authority plans to pay the grant in the fourth quarter of 2026. **Primarily assigned to support Africa CDC’s Pathogen Genomics Initiative**, it also says the funds can “exceptionally” be used to cover costs related to the ongoing Ebola emergency....”

NPR - Vanessa Kerry is the new WHO envoy for health resilience. What's on her to-do list?

[NPR](#);

“For Dr. Vanessa Kerry, the **definition** is pretty straightforward. **It boils down to being prepared**. In the world of global health, she says, that means “**strong systems, primary care and the ability to respond.**” Those are the ideas that will guide her in her **new job as special envoy for health resilience at the World Health Organization....”**

Devex Pro - Is tuberculosis eradication actually in sight?

<https://www.devex.com/news/is-tuberculosis-eradication-actually-in-sight-113692>

(gated) “**The Global Alliance for TB Drug Development has a plan to eradicate tuberculosis**. But it will require investments in distribution amid a global decline in global health spending.”

“Dr. Mel Spigelman has a vision for eradicating tuberculosis. The president of the [Global Alliance for TB Drug Development](#) said **it will require two fundamental steps. The first is reducing the period for treating active TB from at least six months to one**. That would “make it much easier for countries and systems to administer the care,” he told Devex on the sidelines of the World Health Summit. “Make it just much simpler. Make it much easier, obviously, for the patients.”...”

HPW – Independent Journalist Warns That Global Health Diplomacy Is Deeply Unequal, Newsrooms Struggle to Survive

<https://healthpolicy-watch.news/independent-journalist-warns-that-global-health-diplomacy-is-deeply-unequal-newsrooms-struggle-to-survive/>

“Independent journalism is increasingly important to understanding the political and financial forces shaping global health, yet the reporters covering these decisions face growing pressure and

an uncertain financial future, according to Priti Patnaik, founder and editor of Geneva Health Files.”

Geneva Health Files - Brazil at Crossroads: What a Flávio Bolsonaro Presidency Could Mean for Global Health

Bianca Carvalho; <https://newsletter.genevahealthfiles.com/brazil-at-crossroads-what-a-flavio-bolsonaro-presidency-could-mean-for-global-health/?ref=geneva-health-files-newsletter>

Recommended read. “Bianca Carvalho maps the deep shifts in the Brazilian elections that will reach a culmination later this month. Either way, it will have significant implications for global health and trade, given the influence of Brazil in global politics....”

Excerpts:

“... Brazil's election is therefore about more than the future of its healthcare system. The SUS is one of the most important achievements of the country's return to democracy, when the right to health was enshrined in the 1988 Constitution after two decades of military dictatorship. **Changing this constitutional framework would mean reopening a debate that Brazilians fought to settle during the country's democratic transition: whether health is a universal right guaranteed by the state or a provision increasingly constrained by political and fiscal priorities.** Flávio Bolsonaro's promise to change the Constitution, combined with his party's representation in Congress, and the presidential power he will have to appoint new Supreme Court justices, **raises questions about the institutional safeguards that protect this right.”**

“For decades, Brazil has helped shape international debates on universal health coverage, access to medicines, immunization, and the role of the state in protecting public health. The country has demonstrated that universal healthcare can be established as a constitutional right and supported by public institutions serving an entire population. **If the foundations of this model are weakened, the consequences would be felt first by Brazilians who depend on the SUS, but the implications would impact international efforts to advance health equity.** The change in Brazil will be felt acutely in Geneva, where the country has been one of the most influential actors in both trade and health spheres at the World Trade Organization and at the World Health Organization. Brazil has been at the table at the WHO, during one of the most consequential law-making processes in global health over the last five years. **Ultimately, the question is not only what kind of healthcare system Brazil will have under a Bolsonaro presidency, but also what role the country will play in defending the principle that health is a universal right.** At a time when multilateral institutions and international cooperation face growing political pressures, **Brazil's choices could help determine whether this principle remains a foundation of global health governance or becomes another casualty of a changing political order.”**

Africa CDC - AU Member States Validate African Continental Health Data Governance Framework

<https://africacdc.org/news-item/au-member-states-validate-african-continental-health-data-governance-framework/>

(22 Oct) “Validation marks a major step toward a shared continental approach to secure, ethical and sovereign health data governance, ahead of finalisation and consideration through African Union policy processes.”

“African Union (AU) Member States have validated the African Continental Health Data Governance Framework, paving the way for Africa’s first common continental approach on the lawful, secure, ethical and sovereign governance of health data....”

UN Foundation – After UNGA 81: Can the UN’s Flagship Health Meetings Remain at the Center of Global Health Diplomacy?

Camden Malone; [UN Foundation](#);

Well worth a read, this analysis – starting from the latest PPPR UN HL meeting political declaration.

“The recent High-Level Meeting on Pandemic Prevention, Preparedness, and Response exemplifies the challenges facing multilateral cooperation – and the urgent need to evolve.”

Quote: **“Revitalizing the HLM calls for strengthening its two most basic functions: drawing political attention to an issue and sourcing solutions from across the ecosystem, including government, science and academia, business, and civil society. Recent meetings have drifted from both....”**

NYT - A.I. Fortunes Could Bring Critical Funds to Global Health. The Scramble Is On.

<https://www.nytimes.com/2026/10/20/us/politics/ai-fortunes-could-bring-critical-funds-to-global-health-the-scramble-is-on.html>

Must-read. **“Expected windfalls from I.P.O.s are drawing health leaders into a race for billions in new philanthropic dollars. A fragile aid system may be upended.”** A few excerpts below.

Re **“.... wealth coming from the initial public offerings of major artificial intelligence companies, starting as soon as next month. These could put tens of billions of dollars of new philanthropic money in the hands of charities chosen or set up by a new class of ultrawealthy givers, many of whom have a demonstrated interest in global health. The A.I. windfall, which some are calling a “third wave of philanthropy,” may rival or even exceed the amount given by the governments of wealthy nations....”**

“The new funders bring a tech founder mind-set that could spur ambition, accelerate the introduction of new drugs and tools, and hold sclerotic institutions to new standards of performance. But these funders tend to have a preoccupation with metrics and results that does not easily graft to the complex work of ending poverty. And as they become some of the most powerful players in the field, the shift could undermine the sovereignty of low-income countries trying to take control of their own health systems after decades of heavy-handed external influence.”

“... Many of the new A.I. philanthropists have a background in “effective altruism,” a philosophy that focuses on using data to calculate how to do the most good for as many people as possible. Fifteen years ago, that nascent movement identified the fight against malaria, and in particular the purchase and distribution of anti-mosquito bed nets, as the most cost effective way to save a life. That highly successful intervention was the gateway to their interest in other relatively low-cost, evidence-backed health measures, such as immunization; deworming; and distribution of oral rehydration salts to treat diarrhea, a top killer of small children.”

“Effective altruists have been major donors to two large “aggregators,” GiveWell and Coefficient Giving, which research cost-efficient interventions, advise would-be philanthropists and provide a channel for grant making that some entrepreneurs are using even as they start to set up their own foundations.... The new funders bring a Silicon Valley-bred skepticism to their giving, according to health experts who have been asked to advise them. They refer to organizations such as the Gates Foundation as “TradPhil” and are dubious of the large aid agencies, which they see as bloated, inefficient and insufficiently motivated by evidence.”

“... The biggest signal of the scale and implications of this funding shift is a proposed donation of \$2 billion to \$3 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The United States, the Fund’s largest donor, gave \$1.65 billion last year. The money is being offered through GiveWell, which would not disclose the identity of the donors making the new offer. But internal Global Fund documents obtained by The Times describe it as a “potentially transformative new source of private philanthropic financing.” The money would go to fighting malaria in countries where the disease exacts its highest toll. **The Global Fund’s board will vote next week on whether to create a new “Malaria Impact Accelerator” as the vehicle for GiveWell’s investment.** In the documents outlining the terms of the deal to the Global Fund board, the organization’s executives said the arrangement would give a donor unprecedented power to decide what interventions a country will use, upending the model the Global Fund has used for nearly 25 years, and noted that the amount and duration of the support is uncertain, tied to a volatile industry. But those risks are worth taking, they urged the board, to be at the front of the line. “The donor is taking decisions now about which channels to utilize to invest in the fight against malaria, to begin deploying financing as rapidly as possible as soon as it becomes available,” they wrote, and warned that if the fund doesn’t accept the terms, the donor will quickly move on.”

“While the broader trend in global development in recent years has been to help countries strengthen their health delivery systems, and to move away from programs that focus on a single disease, like tuberculosis or H.I.V., that approach does not fit as well with the kind of impact assessment that effective altruism demands....”

“... Jacob Trefethen, who heads a division of the OpenAI Foundation focused on life sciences and curing diseases, said there is room for some positive disruption in the field. “We’re trying to think really carefully about which problems we should seed new organizations around and when we should work with established players,” he said. “We’ll do a mix of both.” His organization, and the aggregators, are rapidly expanding their staffs, bringing on experts from organizations such as the Gates Foundation and the Center for Global Development as they prepare to accelerate the amount of money they move....”

“... Dr. Shah, who chairs Anthropic’s Long-Term Benefit Trust, said he is encouraging would-be donors to think more broadly about what “effective” can mean in global health. Yes, he tells them, you should count lives saved or illness prevented. But, he argues, there is a beneficial side effect in strengthening the health system that doesn’t show up as neatly on the balance sheet....”

Guardian - AI firm Anthropic to commit 5% of shares to fund for ‘public good’

<https://www.theguardian.com/technology/2026/oct/19/ai-firm-anthropic-to-commit-shares-to-fund-for-public-good>

“The \$48bn giveaway by company, which is preparing to list on stock market, comes amid concerns about the tech.”

“Anthropic has said it will commit 5% of its shares to a fund for the “public good”, as the AI developer behind the Claude chatbot seeks to bolster its appeal before its stock market listing.... It comes amid growing public nervousness about AI, from the threat to human labour to the impact on the environment and its influence on social behaviours....”

Devex Pro - AI philanthropists want results in two years. Can development deliver?

<https://www.devex.com/news/ai-philanthropists-want-results-in-two-years-can-development-deliver-113658>

“Proven development programs can absorb new AI wealth, Center for Global Development President Rachel Glennerster argues. The harder task is meeting funders’ expectations for rapid impact.”

“Some of the people preparing to deploy new wealth from artificial intelligence want to know whether their money will save lives within a relatively short time frame. For Rachel Glennerster, president of the [Center for Global Development](#), that expectation presents a bigger challenge than finding worthwhile programs to fund. ...”

Devex Pro -Funding cuts threaten to stall global health innovations

<https://www.devex.com/news/funding-cuts-threaten-to-stall-global-health-innovations-113616>

(gated) **“Shorter funding cycles and shrinking donor support risk slowing the development of new health technologies — and preventing promising products from reaching the people who need them.”**

“The global health sector has spent years working to ensure that lifesaving innovations reach people in low-income countries. But as donor funding shrinks, some promising technologies risk getting stuck in development — or failing to reach patients even after they have been proven to work. That is the warning from Dr. Melanie Saville, chief scientist at [PATH](#), who said increasingly fragmented funding and shorter funding cycles are creating new challenges for organizations developing health technologies for low-resource settings....”

CGD (Policy paper) - A Shift Toward Net Repayment? Low-Income Countries’ Changing Net Financial Relationship with the IMF

C Patillo; <https://www.cgdev.org/publication/shift-toward-net-repayment-low-income-countries-changing-net-financial-relationship-imf>

“Low-income countries (LICs) are moving toward repaying more to the International Monetary Fund (IMF) than they receive in new disbursements. Aggregate net flows from the Poverty Reduction and Growth Trust (PRGT) to LICs are projected to turn negative around the end of the decade, as the exceptional lending of recent years comes due for repayment, while the share of borrowing countries already making net repayments on their PRGT loans looks set to reach a historic high in 2026....”

Bloomberg – For three Buffetts, a \$ 150 billion puzzle over Warren’s riches

<https://www.bloomberg.com/features/2026-buffett-family-fortune/>

(gated) “How the different siblings are preparing to shape his legacy. “

Devex – Debt and taxes

[Devex](#);

With some info on the **UK’s planned G20 agenda**.

“The U.K.’s foreign minister, Ed Miliband, made some bold promises to use his country’s G20 presidency to take on the debt that’s crippling developing countries and crowding out their societal progress. He also vowed to curb illicit financial flows that rob those countries of much-needed tax revenue. And he stressed that these ambitions are perfectly compatible with — in fact essential to — safeguarding U.K. national security.”

“This is a collective action problem because issues of global food security, energy security, migration will affect Britain if we do not tackle them,” he said at a Rockefeller Foundation event. “And the same is true on debt, development, and fragility. A foreign policy, in my view, that ignores the root causes of conflict in the world is one that is wholly inadequate to genuinely defending our security.”

“Miliband also highlighted other priorities for the U.K.’s G20 presidency, including investing in the global south — both through multilateral development banks and private capital mobilization; a focus on resilience and climate change; and a push to support fragile states.

- Related: coming up: **10th Health20 Summit (London, 23-24 Nov):**

“As aid budgets shrink and geopolitics reshapes global health, how do we keep health financing on the G20 agenda? That is the question at the heart of the 10th Health20 Summit, taking place in London on 23–24 November 2026 as the UK prepares for its 2027 G20 Presidency. Policymakers, international organisations, parliamentarians and investors will come together to make the case for health as an economic asset, not a cost to be cut. Speakers include Dr Kalipso Chalkidou (WHO), Sir Jeremy Farrar (PATH), Dr Magda Robalo (UHC2030) and Marek Mora (EIB), with the summit's Call to Action going directly to G20 Sherpas. Find out more and register at <https://h20annualsummit.com/>.”

Trump 2.0, US Global Health Strategy & bilateral health agreements

US strikes \$25M UNICEF deal to avert medicine shortages

[Reuters](#);

(17 October) **“The U.S. government has reached an agreement to continue providing some of the world’s poorest countries with free, lifesaving medicines and medical equipment for mothers, infants and young children, following months of uncertainty and supply disruptions. The U.N. Children’s Fund, or UNICEF, will procure the supplies, a State Department spokesperson told Reuters by email, without disclosing further details. UNICEF said the one-year agreement is worth \$25 million.”**

“... Nine former U.S. aid officials, nongovernmental organization representatives and government officials told Reuters that an interruption had been a significant concern because the existing contract between the now-defunct USAID and its supplier was due to expire last month....”

“The agreement covers the procurement and delivery of maternal and child health supplies, as well as some nutrition supplies, to at least 15 countries previously covered by the program, including the Democratic Republic of the Congo, Haiti and Mali, UNICEF said....”

PS: **“... Maternal and newborn health supplies accounted for less than 1% of the more than \$5 billion spent by the USAID Global Health Supply Chain Program between 2016 and 2023, according to the most recently available annual report. The spending was channeled through private contractor Chemonics.”**

“... Alongside the UNICEF agreement, U.S. authorities have extended the deadline for Chemonics to deliver some key malaria and HIV supplies, the State Department spokesperson told Reuters. The U.S. has also signed an agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria that allows countries to order new U.S.-funded HIV and malaria supplies through the fund’s ordering platform....”

TGH- Global Health Research in the America First Era

G Ogedebe et al; <https://www.thinkglobalhealth.org/article/global-health-research-in-the-america-first-era>

“Reciprocal innovation, when researchers find and adapt solutions to improve health across borders, could be an answer to the ongoing political challenges in financing research.”

“U.S.-based global health researchers can thus look to reciprocal innovation to make the case that global health research can be part of an America First strategy... .. A clear example of reciprocal innovation comes from research on a task-shifting strategy for hypertension control (TASSH) in Ghana as part of the Global Alliance for Chronic Diseases, which took place from 2012 to 2016...”

“... Examples such as task-shifting interventions for hypertension in Ghana show that global health research that investigates solutions to universal determinants of health can give communities abroad—and in the United States—the tools to adapt the most promising solutions to improve health, no matter where they were discovered....”

UHC & PHC

BMJ – Green transition provides a crucial opportunity to finance universal health coverage

J Gonçalves et al; <https://www.bmj.com/content/395/bmj-2026-100890>

« Judite Gonçalves and colleagues argue that **health financing must be at the centre of how fossil fuel subsidies and critical mineral revenues are governed.** »

Key messages:

“\$733bn was spent on fuel subsidies in 2024, far outweighing the sums needed to close the funding gap for universal health coverage globally. Generating funds for health through reducing fossil fuel subsidies and introducing carbon pricing and critical mineral royalties will require deliberate policy choices.”

“The health sector needs a ringfenced share of revenues at the point of reform, such as protected earmarking rules subject to periodic review. Health ministries, civil society, and professional health organisations must urgently engage and influence royalty frameworks for critical minerals, which are being locked in now. Green transition revenues flow disproportionately to higher income countries, while universal health coverage financing gaps are concentrated in lower income countries, making international redistribution mechanisms essential.”

And an excerpt:

“The annual financing gap for UHC is estimated at \$20-54bn a year across low and middle income countries during 2026-30. However, progress has stalled, exacerbated by sharp cuts to foreign aid for health, principally from the US. Health spending is projected to fall in over 80% of low income countries and 40% of lower middle income countries by 2030.⁹ The countries most exposed to cuts to foreign aid are those furthest from universal coverage....”

“Table 1 sets this gap against potential resources from the green transition by country income group. Two main patterns emerge. First, except in the low income country group, fuel subsidies are enormous relative to the universal coverage gap. Lower middle income countries alone spent \$187bn on fossil fuel subsidies in 2024, against a UHC financing gap of just \$2bn-\$19bn a year. Even accounting for other claims on reform savings—compensation for poor households, renewable energy investment, debt reduction—the scale of subsidy expenditure suggests a modest protected share would close the UHC gap.... Second, the distribution of revenue potential and need is imperfectly aligned: upper middle and high income countries have no UHC financing gap but account for around 75% of both fossil fuel subsidies and the projected critical mineral revenue potential. Low income countries, with the largest UHC gap, could generate just \$5.3bn in fuel subsidy savings and have a projected \$1.1bn in critical mineral government revenues annually. This misalignment points to the need for international redistribution mechanisms in line with a just green transition—one that ensures the shift away from fossil fuels does not disproportionately harm poorer countries and communities. Moreover, whether these revenues materialise at scale and reach health budgets depends on political decisions, governance arrangements, and implementation capacity....”

“... **Using the green transition to achieve UHC requires three linked steps:** generating financial resources, governing them so they reach health budgets, and converting funds into UHC gains....”
Read how.

Guardian - Public support for founding principles of NHS is falling across UK population

[Guardian](#);

“Rise in economic hardship and changes in attitudes towards migration could explain drop in support, experts say.”

“Public support for the NHS’s founding principles – that it is free to use, available to everyone and tax-funded – has fallen over the last five years, research has shown. Backing for all three pillars dropped between 2021 and 2025 across the UK population, except for a small rise in millennials’ support for the NHS being funded from taxation.”

“Experts said the sharp rise in economic hardship and changes in attitudes towards migration during those years could help explain the drop in support....”

40 years of Ottawa Charter

The Ottawa Charter was adopted in November 1986.

In Ottawa, a conference took just place (20-21 October), themed [The Ottawa Charter at 40](#).

Also with a [conference background paper](#).

Health promotion at forty: the political choice we keep having to make

I Kickbusch; <https://www.globalgovernancemedia.org/health-promotion-at-forty-the-political-choice-we-keep-having-to-make/>

“On a cold November day in Ottawa in 1986, a small conference made a large claim: that health is created “within the settings of everyday life; where people learn, work, play and love”. It sounds self-evident today. In 1986 it was a provocation. It moved health out of the exclusive domain of medicine and placed it squarely in politics, in economic choices, in urban planning, in education, in labour markets and in social policy. It declared that the prerequisites for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. And it insisted that people must be able to take control over the determinants of their own health.”

“Forty years on, the question is not whether we should celebrate the Ottawa Charter on Health Promotion, but whether it still holds. My answer, and the answer that runs through this publication, is that the charter is perhaps even more valid and necessary today than when it was written. What

has changed is the world around it: the determinants have multiplied, the actors have become more powerful, and the political space for health has become more contested....”

“... Yet the world of 2026 is not the world of 1986. Three shifts stand out. **First, the commercial determinants of health have grown in scale and sophistication.** Global industries producing tobacco, alcohol and ultra-processed foods and using fossil fuels shape not only products but also policies, norms and the information environment. The charter named the need to confront harmful interests; today this has become a central task of governance. **Second, the digital transformation has created entirely new determinants of health.** Platforms and algorithms now shape how people – especially children – spend their time, form relationships, perceive themselves and understand the world. The settings of everyday life have become hybrid. Health is created and lived online as much as offline, and the digital environment must be treated as a supportive environment to be governed for health. **Third, the planetary crisis has made visible what the Ottawa Charter already hinted at with its reference to a stable ecosystem: that human health depends on the health of the planet. Health promotion must now become planetary health promotion.**”

“To this we must add a political context that is deeply challenging: fragmented multilateralism, retreating donors, polarised societies and an epistemic crisis in which trust in science and institutions is eroding. The very idea of a shared public good is under attack....”

Lancet Public Health – (10th) anniversary issue

[https://www.thelancet.com/issue/S2468-2667\(26\)X2010-2](https://www.thelancet.com/issue/S2468-2667(26)X2010-2)

Check out among others:

Lancet Public Health (editorial) – The Lancet Public Health at 10

[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00229-X/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00229-X/fulltext?dgcid=raven_jbs_etoc_email)

With a neat overview of this anniversary issue.

“This issue of *The Lancet Public Health* marks the journal's 10th anniversary. In 2016, after witnessing two Public Health Emergencies of International Concern—epidemics of Zika and Ebola virus—The Lancet team decided to launch an open access journal in public health, underlining the importance of the free availability of research findings for public health practice and policy decision making. **Over the past decade, we have sought to address the most urgent issues in public health, to document and respond to new and emerging predicaments (eg, the environmental and commercial determinants of health), and to shed light on some under-recognised, underestimated determinants of health and health equity....**”

“... This anniversary issue **showcases our continued focus on health equity**—a persisting north–south mortality divide in England; the association between parental death during childhood and health and wellbeing in adulthood; and health care in prison. ... Our **anniversary is also an**

opportunity to acknowledge our long-standing collaboration with the Institute for Health Metrics and Evaluation and *The Lancet* Countdown on Climate and Health. “

“... **The series of Viewpoints from public health leaders** featured in this issue illustrates the rich and dynamic field that public health is today. But **they also lay bare the present and future challenges to public health. Perspectives differ. Pessimists met optimists.** For **Michael Marmot**, “there has to be a recognition that social justice is fundamental for health of the population and health equity”. For **Francesca Colombo**, “the central challenge for the next decade lies not in the absence of evidence, but rather the absence of political will”. For **Ilona Kickbusch**, “The next decade will not merely test the capacity of public health to respond to new threats, it will test the epistemic foundations on which the entire enterprise rests.” Major challenges confront public health: inequalities, climate change, AI. The problems are often politics, power, and systems, not evidence. For **Jeremy Shiffman**, looking back 200 years rather than 10—offers grounds for optimism....”

“... The **next decade in public health will be shaped by the digital determinants of health—the defining public health issue of our time**, as powerfully documented by a recent [Series in *The Lancet*](#). “

Lancet Public Health (Viewpoint) - Are there grounds for optimism for the future of global health?

J Shiffman; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00190-8/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00190-8/fulltext)

One of the must-read viewpoints in this issue.

“**In the past decade, the field of global health has faced severe challenges and intense scrutiny concerning its legitimacy and effectiveness. A longer-term perspective—200 years rather than 10—offers grounds for guarded optimism about the future of global health.** A review of the history of international health reveals that although the self-interested agendas of industrialised states have been the dominant driving forces in the field, these pursuits have been tempered by the gradual cross-national diffusion of cosmopolitan norms and initiatives concerning the right to health for all and government responsibility to improve population health. The grounds for hope are not that progress is inevitable. Rather, universalist commitments might have become sufficiently widespread and institutionalised to withstand periods of political backlash without reversing long-term expansion. The key to sustaining progress will be that actors who are committed to these norms persist in defending them.”

Lancet Public Health Viewpoint - Reimagining the aspirations of public health for the coming decade

Sandro Galea ; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00194-5/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00194-5/fulltext?dgcid=raven_jbs_etoc_email)

“The past 10 years have challenged and reshaped public health in ways that were difficult to imagine more than a decade ago. This situation calls on public health to think clearly about where the field is headed and to anticipate where the field needs to be so as to emerge stronger from the moment. **Five trends will be shaping health in the coming decades: population ageing, urbanisation, climate change, changing relationships with institutions, and the emergence of transformative technology.**

These trends are **driving—and coinciding with—shifting disease burden, including the rise of non-communicable diseases, the growing importance of neurological diseases and brain disorders, the continued and more unpredictable effects of infectious diseases, widening health gaps, and increasing demands on health systems.** These challenges present clear opportunities and **should focus public health on five key aspirations moving forward: creating longer, healthier lives through a reckoning with the conditions for healthy ageing, grappling with new—and primarily commercial—determinants of health, efforts to build better health systems, the embrace of new technologies, and a reimagination of how the field thinks, talks, acts, and communicates its work.”**

Lancet PH Viewpoint - Investing in pandemic prevention, preparedness, and response

Prof Ole F Norheim, et al; [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(26\)00201-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(26)00201-X/fulltext)

“.... Drawing on the *Disease Control Priorities* report on pandemic prevention, preparedness, and response, in this Viewpoint we summarise our reflections and recommendations for the next decade in public health and focus on the highest return actions for pandemic preparedness, prevention, and response that countries can take to protect themselves and others. We identified 85 feasible national-level and local-level actions, categorising 40 of them as high-priority investments. At regional and global levels, we identified and recommend 33 high-priority actions....”

Lancet Public Health -The epistemic crisis as the defining challenge of public health: knowledge, power, and the politics of truth

I Kickbusch; <https://www.sciencedirect.com/science/article/pii/S246826672600188X>

“Public health has always been a science in the service of politics—a discipline that translates evidence into collective action and knowledge into policy. But something qualitatively different is now under way. The next decade will not merely test the capacity of public health to respond to new threats, it will test the epistemic foundations on which the entire enterprise rests. The crisis we face is not primarily a crisis of evidence—there is more health research than ever—but of the authority of knowledge: who produces it, whose counts, and whether shared facts can still ground collective responses.”

“... Three distinct factors are converging to create an epistemic crisis in public health: the deliberate commercial manufacture of scientific doubt; the structural exclusion of entire populations from producing and having their knowledge recognised; and the exercise of algorithmic power over what knowledge circulates, for whom, and on whose terms—a power expressed through social media platforms and artificial intelligence (AI) systems alike. Each has its own actors and mechanisms, but they share a common driver: the operation of power over the conditions under which knowledge is produced, validated, and circulated. “

“Three shifts are needed. First, the governance of the global health research economy must change, not merely in its resource distribution but in its epistemic structure, including who sets research agendas, who controls data, and whose cognitive sovereignty is protected in the AI systems that will shape health knowledge for the next generation. The Pathogen Access and Benefit-Sharing negotiations under the WHO Pandemic Agreement represent exactly this kind of epistemic governance contest, with less-resourced nations seeking reciprocal benefit from knowledge

generated from their biological materials. **Second, health disinformation, whether produced by commercial actors, amplified by social media algorithms, or generated by AI systems, must be treated as a political economy problem,** engaging with platform liability and the commercial determinants of the knowledge environment as core domains of public health policy, with the same institutional seriousness as the regulation of tobacco and ultra-processed food. **Third, rebuilding the legitimacy of evidence-based governance requires genuine epistemic democratisation, including participatory processes in which diverse communities are recognised as knowers, whose civic epistemologies shape the premises of public health action, not only its outputs.** The Ottawa Charter's foundational insistence on community empowerment was always, at its core, an epistemic claim. 40 years on, this can be framed through **epistemic justice....**"

More on the determinants of health

Project Syndicate - Breathing New Life Into Organized Labor

J Vogt et al ; <https://www.project-syndicate.org/commentary/how-to-fulfill-promise-of-international-labor-organization-by-jeffrey-vogt-and-monika-mehta-2026-10>

"Fulfilling the International Labour Organization's promise of defending workers' rights will require more than another declaration or incremental institutional reform. Instead, there must be a concerted global effort to create an enabling environment for all workers and their organizations to operate across borders as easily as capital does."

"The International Labour Organization (ILO) was established at a time when, much like today, society was riven by vast inequalities. **In the years before World War I, workers' militant organizing and mass strikes alarmed employers and governments. The premise of the ILO Constitution, adopted in 1919, was that collective bargaining could prevent revolution by turning class conflict into negotiated, shared gains...."** **"This arrangement assumed that an international floor for labor standards would halt a race to the bottom on wages and working conditions** as countries compete for trade and investment. For roughly three decades after World War II, that assumption generally held up, benefiting millions of workers, though mostly in formal employment in the industrialized Global North...." **"It is no longer the case today. The UN's 2026 Sustainable Development Goals Annual Report notes that the weakening of labor rights worldwide is "leaving many increasingly constrained or unable to organize or bargain collectively."** According to the International Trade Union Confederation's Global Rights Index, 80% of the 121 countries surveyed restricted collective bargaining in 2026, and 87% restricted the right to strike. The OECD also reports that union density has been falling in its member economies for decades. **In many countries, capital is more concentrated, and governments are more captured by it, than at any time in the last century...."**

With some suggestions to turn the tide.

NCDs

WHO report examines inequalities in noncommunicable diseases and their risk factors

<https://www.who.int/news/item/20-10-2026-who-report-examines-inequalities-in-noncommunicable-diseases-and-their-risk-factors>

(20 Oct) “Noncommunicable diseases (NCDs) affect people everywhere, but **not everyone faces the same risks or has the same access to prevention, diagnosis and treatment.**”

“The **State of inequality: noncommunicable diseases and their risk factors** report published today by the World Health Organization (WHO) provides a global assessment of inequalities in noncommunicable diseases (NCDs) and their risk factors, examining differences between population groups within countries. **The report covers four major NCDs – cancer, cardiovascular diseases, chronic respiratory diseases and diabetes – and key risk factors including tobacco and alcohol use, obesity and unhealthy diets, insufficient physical activity and air pollution....**”

Check out the key findings.

- Related summary **tweet by Dr Alexey Kulikov:**

“A new @WHO report reveals that **noncommunicable #NCDs diseases** like cancer, heart disease, and diabetes, **along with their risk factors, disproportionately impact the poorest and most disadvantaged populations within countries.** This first comprehensive global assessment highlights that **people with lower education and income often face higher risks from #tobacco, alcohol, and #airpollution, and frequently receive worse care,** such as lower cancer screening rates and less access to hypertension treatment in rural areas. **To close these unjust gaps, countries must prioritize equity-oriented policies, strengthen primary #health systems, and invest in collecting better disaggregated data** to ensure that life-saving interventions actually reach the populations most in need.”

Nature Medicine (World View) – Waiting to get sick enough

J Lazarus; <https://www.nature.com/articles/s41591-026-04701-2>

“**The liver can warn us of metabolic dysfunction long before serious consequences emerge. Why aren’t we listening?**”

Re “... **a global health crisis: the late diagnosis of noncommunicable diseases.** Often, the remaining treatment options are riskier and more expensive than timely interventions. **This problem has escalated dramatically in the twenty-first century as obesity, diabetes, cardiovascular disease, kidney disease and liver disease increasingly converge around metabolic dysfunction.**”

Quote: “... **The liver has long been portrayed as a silent organ, but that characterization lets us off too easily. The liver does send signals. But too often, our health systems ignore them, as if by design.** When (patient) Charlie told me he was “waiting to get sick enough”, he was describing more than the rules governing transplant access. He was describing **the logic behind a disease-driven**

system rather than a health system. The metabolic century demands a different approach: one that recognizes interconnected risks and helps people reduce them before serious disease develops.”

AI & health

Plos GPH – Who sifts? Knowledge as a public good in the age of AI

Kent Buse & Sarah Hawkes;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007381>

“The institutions that turned information into evidence for public policy decisions are being defunded and discredited just as generative AI floods them with fluent, unsourced text. Sifting what is known from what is claimed is now a core responsibility for public health institutions.”

“... In this context, capacity has two dimensions. The first is technical. Agencies need provenance standards for anything they publish or generate with AI, showing whether a figure was measured, modelled, or generated, and with what uncertainty. They need living evidence functions that work at the speed of politics without abandoning verification, and renewed investment in primary data collection and national statistical capacity. A survey programme costing 0.1% of one donor’s aid budget should never again depend on that donor, or on a single foundation. **The second, more challenging dimension, is political. In an era of information-overload and attention-deficit we need explicit defence of the scientists and statisticians on whose work the public health institutions depend.** Silence when they are attacked is itself an information management decision. Work that is independent, transparent and held to account must be the basis for providing evidence that is trusted by publics and policy-makers alike....”

- Via Buse on LinkedIn:

“This is not an IT question. It is a question of power: who decides what counts as evidence, what never reaches the agenda, and what publics come to regard as common sense. Manufacturing doubt and discrediting those who certify knowledge is an old strategy. What is new is the cost, speed and reach of the machinery. ...”

“Here is our ask of the public health community:

☞ WHO has a chief scientist; UNICEF has a chief statistician; every serious agency has people whose job is tell the difference between mis/disinformation, evidence and knowledge. Give those functions explicit responsibility for how the institution uses AI, and the budgets to verify what it publishes.

☞ Attach provenance to every figure published, showing whether it was measured, modelled or generated.

☞ Reinvest in primary data.

☞ Defend, out loud, the scientists and statisticians on whose work everything else depends. Silence when they are attacked is itself a knowledge management decision.”

SRHR & child health

WHO - New global framework launched to track increasing health risks of extreme heat for pregnant women, newborns and children

<https://www.who.int/news/item/21-10-2026-new-global-framework-launched-to-track-increasing-health-risks-of-extreme-heat-for-pregnant-women--newborns-and-children>

“As extreme heat intensifies around the world, the **World Health Organization (WHO), the World Meteorological Organization (WMO), UNICEF and the United Nations Population Fund (UNFPA)** today launched the first-ever set of priority indicators to help countries track the health impacts of heat on pregnant women, newborns and children. The new framework is designed to strengthen preparedness, improve monitoring, accelerate response. These actions will help protect some of the populations most vulnerable to climate-related health risks.”

“Studies continue to provide evidence that exposure to extreme heat can harm health from pregnancy to childhood, leading to a 26% increase in the odds of preterm birth. Newborns are also increasingly exposed, with babies under one year of age experiencing 389% more heatwave days in 2024 compared with the 1986 to 2005 baseline period. Globally, an estimated 1.5 billion children are exposed to heatwaves that are becoming more frequent, longer or more severe.”

“... The new report recommends that countries monitor preterm births, stillbirths, low birthweight, pregnancy hypertension, child deaths and health-facility visits during extreme heat. Monitoring school attendance can also help reveal how heat is disrupting children’s lives....”

HPW - Not a Culture War: Attacks on Women’s and LGBT Rights Are ‘Central’ to Autocratic Playbook

<https://healthpolicy-watch.news/not-a-culture-war-attacks-on-womens-and-lgbt-rights-are-central-to-autocratic-playbook/>

“Political opposition to sexual and reproductive health services and LGBT rights is becoming well organised – and researchers argue that its targets are central to an autocratic reorganising of society, not simply ‘culture war’ casualties.”

“...For Central European University’s Professor Andrea Krizsan, excluding and “subordinating” women, girls and LGBT people isn’t simply a “culture war issue” – but a “fundamental part of the autocratic project”, in which the political community is reordered to create “hierarchies of citizenship”....”

PS: the article also discusses **Ghana** – and the use of ‘sovereignty’ there to evade internationally established human rights.

UN News - Summit in Samarkand, a boon for child wellbeing and health

<https://news.un.org/en/story/2026/10/1168640>

“Representatives from across the international community are meeting in Samarkand, Uzbekistan, to ensure that children everywhere can thrive in a world marred by war, climate chaos and other fundamental challenges. The UN-backed World Summit Investing in Children’s Wellbeing opened on Wednesday, bringing together more than 600 participants from over 100 countries...”

“A child’s wellbeing depends on many factors, including health, access to education, protection from violence, family support and access to help when they need it. ... The summit was organized by the Government of Uzbekistan in partnership with the Office of the UN Special Representative of the Secretary-General on Violence against Children, child rights agency UNICEF, the World Health Organization (WHO) and the World Bank. ...”

“... Uzbekistan’s First Lady Ziroat Mirziyoyeva said that, according to experts, amid a sharp decline in international humanitarian assistance, the number of deaths among children under five is expected to rise in 2025 for the first time this century...”

PS: **“... The Samarkand summit also includes the Second International Congress on Childhood Cancer - “From Cure to Wellbeing” - dedicated to paediatric oncology and haematology. According to WHO, more than 80 per cent of children with cancer are cured in high-income countries, while the figure is below 30 per cent in many low and middle-income countries. In his message, the UN Secretary-General called this “an unacceptable inequality driven by inadequate investment and weak social services.” Cancer is diagnosed in around 400,000 children and adolescents worldwide each year. WHO aims to increase the global survival rate to 60 per cent by 2030....”**

Planetary Health

Lancet Planetary Health (Comment) – Doing less for planetary health

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00118-X/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00118-X/fulltext)

No brainer indeed. And an idea whose time has come.

“Our collective human hyperactivity consumes enormous amounts of resources and ceaselessly produces waste and emissions, causing pollution. In response to the global environmental crisis, what if we collectively choose to do less?...”

“In practice, efficiency often produces more output, consumption, and, ironically, increased work intensity the efficiency paradox. The advent of generative artificial intelligence is now further exacerbating this tendency. A planetary-health agenda should therefore address dependency on full-time paid work and productivist cultural norms....”

HPW – In Haze-Covered Kuala Lumpur, Asia Hosts Its First ‘Global Tipping Points’ Conference

<https://healthpolicy-watch.news/in-haze-covered-kuala-lumpur-asia-hosts-its-first-global-tipping-points-conference/>

“As scientists, economists, financiers, and policymakers gathered to discuss the impact of climate at the **Global Tipping Points conference** last week, the air quality in the Malaysian capital was ranked among the **worst** in the world. Toxic smog from **fires** in Indonesia enveloped the city and closed schools as **conference delegates discussed how to prevent climate “tipping points”** that could affect the world’s core functioning and future. The conference, hosted by the Centre for Planetary Health at Sunway University, was **the first to focus on tipping points in Asia**. It brought together experts to **discuss both the alarming science and the “positive tipping points,”** such as cheaper solar power.”

“Delegates adopted a **declaration** calling for a united front, with finance, education, health, law, and technology, to address climate issues. The declaration’s most concrete steps include **setting up a communications coalition, a faith-based toolkit for planetary health, and an Asia Tipping Points report by 2028**. The declaration also notes that “health is where the crisis is felt first, and where action pays back fastest”. ...”

Nature News – Global emissions slow — but world hurtles towards 2 °C of warming

<https://www.nature.com/articles/d41586-026-03355-x>

“The United Nations’ latest climate report is a stark reminder that limiting warming to the safest levels is now likely out of reach.”

“UNEP’s assessment comes ahead of November’s COP31 climate summit in Antalya, Turkey, where governments will take stock of efforts to mitigate and adapt to climate change. “

“... There is some good news in this year’s report. Initial estimates show that global greenhouse-gas emissions in 2025 were about the same or slightly lower than in 2024. That was mainly due to a decrease in emissions from land use, particularly those from wildfires after unprecedented blazes in 2024. That would be the first decline seen **since the COVID-19 pandemic**, and it could represent the start of a plateau or even a peak in emissions ... But researchers caution that a single year is not enough to determine if this is a lasting shift....”

“... Another encouraging trend is the rapid expansion of renewables. Clean-energy capacity has increased around three times faster than anticipated since 2015, and solar energy has expanded seven times faster than expected as costs have fallen.”

- See also [UN News - World must cut emissions by 18% in four years ‘to find our way back’, UN says](#)

“Action needed to avoid disastrous overshoot of climate targets, according to organisation’s environment body.”

“The world needs to cut carbon emissions by nearly a fifth in the next four years, and by close to half within a decade, to avoid overshooting climate targets by a disastrous margin. Although the “window has closed” on holding temperature rises to 1.5C, in line with scientific advice, limiting the “overshoot” of that target is still possible, according to the UN Environment Programme (Unep). But countries are failing to translate their long-term targets on reducing emissions into short-term actions, a report on the “emissions gap” between climate goals and policies has found.”

“Global carbon output appears to have stalled: the emission levels in 2025 were broadly similar to those of the previous year. But Unep analysts were wary of calling it a peak or plateau, given the vast uncertainties of geopolitics and an increased reliance on fossil fuels, despite strong growth in renewable energy.”

“Cutting greenhouse gases by 18% by 2030, and by 45% by 2045, would yield a good chance of limiting temperature rises to 1.7C above preindustrial levels. This would still allow events such as the record heatwaves of the last few months to become frequent and common, but could help prevent them from getting drastically worse....”

Climate Change News - IPCC scientists vow to press on with climate reports despite political deadlock

<https://www.climatechangenews.com/2026/10/19/ipcc-scientists-vow-to-press-on-with-climate-reports-despite-political-deadlock/>

(gated) **“After governments again failed to agree a timeline, nearly 120 IPCC authors pledged to complete their assessment on time and with full scientific rigour.”**

“Scientists have vowed to keep working on the next flagship set of reports for the Intergovernmental Panel on Climate Change (IPCC), after a political row over the timeline for their release saw its latest session suspended on Friday evening without agreement. During the weekend, government officials and scientists alike expressed disappointment over the inability to reach a compromise before some delegates from developing countries and small island states had to leave the week-long meeting in Ethiopia to catch flights home....”

HPW - Most Major Carbon Emitters Barely Mention Health in Their Climate Plans

<https://healthpolicy-watch.news/major-carbon-emitters-barely-mention-health-climate-plans/>

See also last week's IHP.

“Low- and middle-income countries that contribute little to global warming have done the most to plan for its toll on health, while the major economies behind more than half the world's emissions barely consider it in their latest climate commitments, filed with the UN ahead of next month's COP31 summit.”

“The findings come from a global scorecard released this week by the Global Climate and Health Alliance (GCHA), a network of more than 300 health organisations. It graded 117 national climate plans, including a joint plan covering the European Union's 27 member states, on how seriously they address health, from heatstroke and malaria to whether governments set aside money to protect clinics from floods and heatwaves.... The 10 best-scoring countries produce about 1.5% of global greenhouse gas emissions, according to EU data. Ten large economies that scored fewer than 10 of

a possible 32 points, among them China, the United States, India, Russia and Saudi Arabia, produce more than 60%.... India, the world's third-largest emitter, scored two points...."

"...The plans, known as Nationally Determined Contributions (NDCs), are the climate commitments countries make under the 2015 Paris Agreement. Their content is voluntary, but governments must update them every five years ... Those commitments offer the clearest preview of what governments will bring to COP31, which opens in Antalya, Türkiye, on 9 November."

PS: **"The task before Antalya, said Suerie Moon, director of the institute's Global Health Centre, is to make sure health is "not only mentioned in NDCs, but actually integrated" into policy, financing and action on the ground."**

PS: **"WHO review finds health mentioned, rarely funded: The World Health Organization's own review of the plans, due next week, points to the same gap. Nine in 10 of the 140 plans it examined mention health, the same share WHO counted in 2022, said Amy Savage, a technical officer in WHO's climate change, energy and air quality unit, who also spoke at the launch. Only 32 estimate what their health measures would cost. Just 10 say they would pay for any part without outside help...."**

"... For now, health has no formal negotiating track in Antalya. Türkiye's presidency has placed "dynamic and resilient health systems" on its action agenda, a voluntary programme that runs alongside the talks, and will hold a Health Day on 9 November."

"For governments specifically going to COP31, we would also call for health to be included in the negotiated outcomes," Savage said. ... The Belém health plan has gathered at least 33 country endorsements since its launch at COP30. "But momentum is not delivery," Kalsakau said. Countries pledged no new funding for the plan at its launch, Health Policy Watch reported at the time. Less than 0.5% of multilateral climate finance reaches health, according to WHO estimates. "

"Brazil has proposed a new COP31 agenda item on climate finance, expected to focus on what developed countries owe developing ones under the Paris Agreement...."

Related:

- [WHO - Ten years of the Paris Agreement: a global review of health in nationally determined contributions](#)

(19 Oct) The abovementioned WHO review. **" This WHO report reviews the integration of health into the third generation of nationally determined contributions (NDCs 3.0), the national climate plans through which countries implement the Paris Agreement. Against the backdrop of escalating climate-related health risks, it examines 114 NDC documents representing 140 Parties, assessing how health is addressed in climate mitigation, adaptation, loss and damage, governance and financing. The review identifies examples of good practice and opportunities to strengthen health considerations in national climate commitments."**

"The findings show that 91% of Parties mention health, 59% identify health co-benefits of mitigation actions, and 55% include health-specific adaptation actions or targets. However, only 11% include emissions reduction measures or targets for the health sector, while 23% estimate

resources required for health-related climate actions. The report highlights the need for more specific, evidence-informed and adequately financed commitments, including greater quantification of health benefits and stronger integration of health across climate policies and sectors....”

HPW - Use This Emergency Brake on Climate Change and Air Pollution, Experts Urge Finance Ministers

<https://healthpolicy-watch.news/use-this-emergency-brake-on-climate-change-and-air-pollution-experts-urge-finance-ministers/>

“Act fast and use the super-pollutant emergency brake to save lives and limit global warming. This is the message to governments and the private sector delivered by experts at the UN-hosted **Climate and Clean Air Coalition (CCAC) annual conference this week in Bangkok. “**

“They are urging climate negotiators at the upcoming Climate Change Conference in Antalya, COP 31, to create a formal roadmap to tackle air pollution and global warming at once... “

“... Until now, UN Climate conferences have focused mainly on strategies to reduce carbon dioxide (CO₂), the gas which is most responsible for global warming, long-term. ...” “ But **super-pollutants, also known as short-lived climate pollutants, only remain in the atmosphere for weeks or at most, a decade or two – as compared to centuries for CO₂. That means rapid reductions in these pollutants, most of which also are major contributors to air pollution, would also slow global warming significantly at a time when the world is ill-prepared for rapid changes. “**

“...To convince governments, the experts cite estimated gains of \$1.5 trillion a year for the global economy. Other numbers are equally stark; the experts hope it will persuade both finance and health ministries. ... These numbers come from fresh assessments made by researchers in a CCAC report, **Hidden Assets, which adds up the health and economic benefits of cutting super-pollutants, including methane, black carbon, and ozone. ... Taking action will cut annual deaths from air pollution to about 5 million or fewer avoiding an estimated 144 million avoided deaths by 2100. Without action, annual deaths attributable to air pollution will rise from about 7-8 million now to around 15 million annually by the end of 2100. Taking action will cost \$9 billion a year. Inaction will cost \$1.5 trillion a year. Taking action will avoid 0.34°C of warming by 2050, and as much as 1.4°C by 2100. Without action, warming will reach 3.2° by 2100; we’re now at about 1.5° above pre-industrial levels, the limit the 2015 Paris Agreement sought to ideally not cross. ...”**

BMJ Editorial - Global security crisis and COP31: a duty to accelerate phasing out fossil fuels

J Dobson, K Abbasi, A Haines et al ; <https://www.bmj.com/content/395/bmj-2026-101167>

“Climate crisis is a pressing security concern.”

“At a pre-COP summit held in Fiji on the 5-8 October 2026, Murat Kurum, the Turkish climate change minister and COP31 president said that wealthy countries need to spend more on tackling the climate crisis than on defence, because the climate crisis is “the” security issue. Despite the evident security risks posed by the climate crisis, governments are instead focused on global defence spending, which has increased over the past decade....”

“A fossil fuel phase out is the unifying answer to many of the urgent and interrelated issues facing governments internationally. By tackling the cause of the climate crisis, governments would reduce the need to implement multiple short term solutions. A fossil fuel phase out, with a move to renewable, clean, and affordable energy, would reduce volatility of supply and demand, and improve energy security for future generations. The health benefits of a fossil fuel phase out are staggering....”

“... A fossil fuel phase out is vital to protect planetary health—the health of people and of natural systems—and to prevent the planetary boundaries from being transgressed further...”

Authors conclude: **“... The Pan-European Commission on Climate and Health calls on heads of government to bring climate change to the agenda of national security councils or equivalent bodies as part of its call to action. The climate crisis is a health crisis, a nature crisis, and a security crisis. The preceding sentence can be reordered to prioritise whichever threat you care about most—but the core solution remains the same: an urgent, unwavering, and uncompromising commitment to phase out of fossil fuels.**

Devex - Climate-vulnerable nations closer to making their own climate shock fund

<https://www.devex.com/news/climate-vulnerable-nations-closer-to-making-their-own-climate-shock-fund-113632>

“Tired of international financing mechanisms that fail to address the immediacy of climate shocks, central bank governors from some of the most world's climate-vulnerable countries are creating their own lifeline.”

“Six countries approved key features of the new Lifeline Fund on Tuesday at a gathering of Vulnerable 20, or V20, countries — the name for a group of 77 climate-vulnerable nations in the global south — in Bangkok, Thailand, during the World Bank-International Monetary Fund annual meetings. The name V20 is an ironic nod to the Group of 20 leading economies. The fund is expected to launch next year — and that’s when countries can officially join. The money will come from the V20 countries themselves: Their central banks will put aside 0.2% of foreign exchange reserves for a common fund. The aim is to generate an initial \$500 million with a long-term goal of collecting \$1.6 billion as more countries join the pool, said Kevin Greenidge, chair of the V20 Central Bank Governors Working Group, which sits under the Climate Vulnerable Forum.”

“... The initial six V20 countries are Barbados, Bhutan, Gambia, Ghana, Guyana, and Papua New Guinea, with more in progress to join the fund in the coming months, Sara Ahmed, managing director and finance adviser of the CVF-V20 secretariat, told Devex....”

Guardian – Big pharma accused of ‘free-riding on nature’ as global fund attracts just \$7,000

<https://www.theguardian.com/environment/2026/oct/22/cop17-cali-conservation-fund-pharmaceutical-freeriding-nature-aoe>

“The Cali Fund, set up to raise \$1bn a year for biodiversity from drug companies, remains near empty.”

“Big pharmaceutical companies have been accused of “free-riding on nature”, after a landmark biodiversity fund that invites businesses to put some of their profits back into conservation was left virtually empty. **The Cali Fund set out to raise \$1bn (£750m) annually, by asking companies that profit from nature’s genetics to contribute towards conservation in low-income countries. But more than 18 months after the fund was launched, it remains far below this target.** As of Monday, at the start of the **Cop17** biodiversity summit in Armenia, the fund had received **just \$10,656 in commitments**, of which \$7,085 had been deposited. **No money has so far been given by major pharmaceutical companies, despite the industry’s reliance on genetic information from organisms around the globe for the development of lucrative new medicines.”**

“The industry’s participation could prove pivotal to the fund’s success. **A study by Zero Carbon Analytics (ZCA) found the top 15 pharmaceutical companies could have contributed \$756m based on their performance last year, if they had followed guidelines set out by the fund, which suggests companies make a voluntary contribution of 1% of their profits or 0.1% of revenue.** In 2025, the top 15 pharmaceutical companies generated about \$161bn in profits, according to ZCA’s research.”

“... **The Cali Fund is a key issue to be discussed at the UN biodiversity conference – Cop17 – in Yerevan, this week, and is part of wider efforts to plug a \$700bn gap in funding for nature conservation.** At least half of the money from the Cali Fund will be **directed towards areas identified as priorities by Indigenous peoples and local communities....”**

Lancet (Letter) – China–Nepal border catastrophic floods: a planetary health alarm

Mandira Lamichhane Dhimal, Anthony Costello et al;

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(26\)02032-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02032-5/fulltext)

“**The Hindu Kush Himalayan region, also known as the Third Pole, is warming faster than the global average, with mountain environments experiencing particularly rapid climatic change and climatic extremes. The potential risks of glacial lake outburst floods (GLOFs) have been documented for decades, with 47 glacial lakes at risk of expansion and causing GLOFs located in the Hindu Kush Himalayan region, including 21 in Nepal. The Rasuwa-Bhote Koshi flood of Aug 26, 2026, near the China–Nepal border, resulted in a catastrophic flood travelling at a speed of 188 km/h from its source; the flood covered 20 km within 7–8 min and reached the China–Nepal border at Rasuwagadhi.**”

“... **The aftermath of these disaster impacts makes the event more than a climatic hazard. It reflects a planetary health crisis affecting people's livelihoods and public health.**”

Authors conclude: “**As a low-income country, Nepal requires the transfer of modern technology, technical expertise, and financial support from high-income countries.** The Himalaya are the water reserves of Asia, where almost half the world's population lives. **A mountain agenda for protecting fragile Himalayan communities from cascading climate, environmental, and health crises should be taken seriously in international climate change negotiations** to safeguard public health and water and energy security in South Asia.”

BMJ Editorial - Protecting workers from increasing heat

M Nemer et al; <https://www.bmj.com/content/395/bmj-2026-101095>

“Evidence supports action now for health and productivity.”

“The burden is unequal; those with the least bargaining power and weakest protection face the greatest risks. Around two billion people work informally worldwide, often beyond the reach of labour inspection, occupational health services, paid sick leave, and social protection...”

With a number of good suggestions.

Conflict/War & Health

HPW - A year into Gaza’s ceasefire – billions pledged but families live amidst sewage and waste

<https://healthpolicy-watch.news/a-year-into-gazas-ceasefire-billions-pledged-but-families-live-amidst-sewage-and-waste/>

“A little more than a year after the Israel-Hamas ceasefire began on **October 10, 2025, donors have pledged billions of dollars to rebuild Gaza, but only a small fraction has reached the some 2 million people in need....”**

“... At its first meeting in February, the US-led **Board of Peace**, which lists 28 founding members, announced about \$17 billion in pledges for Gaza, including **\$10 billion** promised by the United States and roughly **\$7 billion** from nine other members, among them the United Arab Emirates, Qatar, Saudi Arabia and **Kuwait**. A **joint EU, UN and World Bank assessment** puts Gaza’s recovery needs at \$71.4 billion. **By late September, only about \$280 million of the pledges had been transferred to the board.** On September 23, the board proposed a six-month, **\$2.45 billion plan** to start rebuilding. **The fate of other pledges remains equally hard to trace** – like the **Team Gaza Initiative**, a separate €884 million fund including partners from 13 governments, the World Bank and the European Investment Bank, launched by the European Commission in July. Speaking at the UN General Assembly in September, European Commission President Ursula von der Leyen announced another **€103 million in aid** to displaced Palestinians across Lebanon and the Israeli-occupied Palestinian Territories (OPT), as part of a larger aid package to Gaza....”

BMJ – As conflict and the climate emergency converge, we must put women, children, and adolescents at the heart of integrated action

<https://www.bmj.com/content/395/bmj-2026-100970>

“Climate resilience cannot be built while ignoring active warfare; nor can humanitarian aid succeed without planning for permanent climate disruption, argue **Rajat Khosla and Etienne Langlois.”**

- Related: BMJ - [**Conflict and climate are compounding challenges for women’s and children’s health**](#)

Access to Medicines, Vaccines & other health technologies

The Conversation - Millions of children aren't getting vaccinated: how mapping tools can help find them

A M Njogu, P Macharia et al ; <https://theconversation.com/millions-of-children-arent-getting-vaccinated-how-mapping-tools-can-help-find-them-290370>

“... We are **part of the REACH-OUT team**, a project which **aims to develop cost-effective strategies to deliver vaccines to zero-dose children....** In a **recent study**, we assessed how geospatial data and methods are being used to find zero-dose children, and where the gaps are. We reviewed 102 studies across 68 low- and lower-middle-income countries where, according to WHO and UNICEF estimates of immunisation coverage, more than 80% of the world's zero-dose children are....”

“Our findings show that geospatial approaches are being applied in child vaccination coverage modelling. But few focus specifically on zero-dose children. Reaching them needs more complete and connected data, and tools in the hands of those closest to the children....”

AVAC - No Time to Lose: Reaching Three Million with LEN for PrEP by 2027

<https://avac.org/resource/now-what-injectable-len-prep/>

Call to action. “AVAC is **calling for a new minimum floor: reach three million in two years (2026-2027).**”

Guardian – Controversial US-backed vaccine trial in African newborns halted

<https://www.theguardian.com/world/2026/oct/21/us-vaccine-trial-african-newborns-hepatitis-b>

“Hepatitis B study in Guinea-Bissau that was to be funded by CDC and that drew global backlash **‘will not move forward’.**”

“ The US-backed hepatitis B vaccine trial in African newborns that drew global backlash was halted, the lead researcher said on Wednesday. It was “now clear” that the study “will not move forward in Guinea-Bissau”, **Frederik Scholtz-Buchholzer, a Danish researcher**, wrote on LinkedIn, adding, **“we were not given the necessary governmental approval.”**”

Nature Medicine – The need for resilience in global vaccination programs

Amy K Winter et al; <https://www.nature.com/articles/s41591-026-04690-2>

“New studies of trends in the global burden of measles and pertussis offer a reminder of how much vaccination has achieved and a warning of the need to build more resilient and sustainable vaccination programs.”

Devex Op-ed – African health manufacturers need reliable buyers, not just investment

M Sidibé; <https://www.devex.com/news/african-health-manufacturers-need-reliable-buyers-not-just-investment-113720>

“Governments must approve purchasing budgets, require funding before awarding contracts, and commit orders to pooled procurement.”

“To truly boost the amount of African-made medicines, **governments must make three decisions over the next 12 months: approve funded purchasing plans, make confirmed funding a condition of contract awards, and commit demand to pooled procurement.**”

The **African Healthcare Manufacturing Trade Exhibition and Conference**, or AHMTEC, taking place **this month in Addis Ababa, Ethiopia**, offers an opportunity to agree how they will put those decisions into practice — and how each will account for their part....”

PS: re the last point: “...The **African Pooled Procurement Mechanism** offers a way to put this into practice. The **Africa Centres for Disease Control and Prevention** reported on Oct. 15 that **eight countries had signed** its memorandum of understanding, **another 15 had expressed interest in joining**, and **89 manufacturers from 15 African countries had registered....**”

And: “...**By 2027, we should be reporting against a shared scorecard:** which products have funded demand, which multicountry contracts are signed, how many African manufacturers are supplying them, how long regulatory and procurement processes take, and whether contracts are paid on time.”

Miscellaneous

New Humanitarian -Grand Bargain reboot plots the next steps for humanitarian reform

<https://www.thenewhumanitarian.org/analysis/2026/10/19/grand-bargain-reboot-plots-next-steps-humanitarian-reform>

“It’s more than money. It’s about legitimacy.”

“The Grand Bargain reform pact opens a new chapter in Geneva this week with a slimmer focus, a longer name, and renewed questions for a shrinking system that struggles to change. The **19-20 October Grand Bargain annual meeting** turns a page on what’s now a **decade-old package** of reform promises. ...”

“... Here are **a few takeaways and key points as the next phase of the Grand Bargain is thrashed out:** ... The **new version of the Grand Bargain**, to be formalised this week, **pushes more heavily on country-level progress.** ... The focus is stripped back to **concentrate on quality funding, localisation, and equitable partnerships.** Accountability to people who use aid and gender are meant to be cross-cutting threads. It **also gets a new name** already squished into an obligatory acronym: **the Collective**

Action Platform for the Grand Bargain, or CAP4GB. ... Part of the push will be through expanding and formalising country-level bodies known as national reference groups, or NRGs. ...”

Global health events

HPW - Abu Dhabi Wants Health Systems to See Disease Coming. But Who Owns the Data and Who Gets Left Out?

<https://healthpolicy-watch.news/abu-dhabi-wants-health-systems-to-see-disease-coming/>

“At the **Abu Dhabi Future Health Summit**, ministers and officials from Greece to Jordan lined up to learn from the emirate’s bet on genomes, wearables and artificial intelligence. **Away from the main stage, the clinicians and engineers building these systems were more candid about consent, price and proof.**”

“Health systems everywhere wait for people to fall ill and then try to fix them. **Abu Dhabi wants to use genomes, connected health records, wearables and AI to spot risk years earlier and act before disease takes hold....”**

Global health governance & Governance of Health

Lowy Institute - The United States has a new template for blocking global health consensus

A Finch; <https://www.lowyinstitute.org/the-interpreter/the-united-states-has-a-new-template-for-blocking-global-health-consensus>

“A near-unanimous UN vote on pandemics masks a deeper fight over what counts as consensus in global health diplomacy.”

“**...After last year’s political declaration on non-communicable diseases followed a near-identical path** (it also required consensus, which the United States invoked at the eleventh hour forcing a vote), **what emerges is a pattern indicating how we can expect the United States to approach multilateral engagement on global health – wielding consensus as another lever alongside its broader retreat from the UN and World Health Organisation.** Diplomats are also now entitled to ask what consensus means if a powerful state can hold up what the overwhelming majority wants....”

“That crisis of confidence will follow negotiators into next year’s talks on universal health coverage which will proceed on the same modalities – “agreed in advance by consensus “. The greater risk is that this becomes a template for health diplomacy – particularly for crises like pandemics that require global solidarity....”

Global Policy (Editorial) - The 'New Washington Consensus' and the Remaking of the International Economic Order

Ming Du; <https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70259>

Editorial of a special issue.

Review of International Studies- Internationalisation by appropriation: Expertise, empire, and nineteenth-century health governance

Jan Eijking; [Review of International Studies](#);

“How did health governance get internationalised, and with what effects? In the early nineteenth century, a range of transregional sanitary councils were responsible for mitigating the pandemic spread of diseases such as cholera. **The International Sanitary Conferences, first convened in 1851, centralised this arrangement but also discriminated against non-European public health expertise. This article argues that this was a case neither of imperial power politics alone nor simply of functional problem-solving, but of the appropriation of pre-existing governance structures. The article singles out epistemic and institutional appropriation as crucial twin dynamics that shaped nineteenth-century health governance.** Analysis of the 1866 and 1892 sanitary conferences shows how **Europeans systematically disqualified non-European expertise:** they constructed and prioritised cholera as an ‘Oriental’ threat to Europe, and repeatedly claimed the superiority of French and German over Ottoman, Persian, and Egyptian experts. **Inversely, expert-based resistance to European policy proposals was nominally welcomed, but in practice sidelined whenever expert-based objections did not reproduce the dominant Eurocentric interpretation of public health. By showing how imperial and racial hierarchies actively obscured the transregional origins of health governance, the article innovates International Relations’ understanding of what internationalisation empirically looks like and contributes a novel account of appropriation as a key means by which hierarchical relations get built into international organisations.”**

Health Diplomacy and Emerging Agency - Türkiye's Role in Global Health Governance

A E Minko; <https://www.taylorfrancis.com/chapters/edit/10.4324/9781003729709-29/health-diplomacy-emerging-agency-abraham-ename-minko>

Chapter in a book, ‘Global South Agency in International Politics’.

ODI: China’s response to the aid squeeze

Part of : <https://odi.org/en/insights/global-china-what-to-read-in-october-2026/>

“... With Western aid budgets shrinking and debt distress spreading, how does Beijing see its own role? Zhou Taidong and Yu Lu offer [a view from Chinese policy scholars](#). They describe international development cooperation moving from contraction to reshaping: traditional aid is being cut and sovereign debt crises are mounting, while the Global South is gaining a stronger voice. China’s response, as they set it out, is to promote the Global Development Initiative (GDI), move towards market-oriented green and digital investment, and build South-South knowledge

platforms. Read alongside the lending pieces above, this shows how Beijing presents the shift to commercial, market-aligned finance: as a new model of cooperation. However, this shift risks having a negative impact on the poorest, most aid-dependent economies that international financial markets deem uncreditworthy....”

TGH - How Talanoa Can Guide Inclusive Global Health Dialogues

<https://www.thinkglobalhealth.org/article/how-talanoa-can-guide-inclusive-global-health-dialogues>

“Pacific health leaders have been drawing on talanoa, a form of group discussion, to confront challenges such as climate change and noncommunicable diseases.”

Global health financing

CGD – The Devil Is in the DLIs: What Program-for-Results Health Operations Can Teach the State Department About Results-Based Financing

J Estes et al; <https://www.cgdev.org/publication/devil-dlis-what-pforr-health-operations-can-teach-state-department-about-results-based>

“...Now, as State Department officials craft implementation plans for more than 30 bilateral agreements signed with partner countries, the question of how to design results-based indicators is more urgent than ever. We think the devil is in the DLIs—the disbursement-linked indicators, that is. The America First Global Health Strategy aims to pay for results, but designing such instruments can be onerous and time-consuming, and if poorly designed, implemented, or measured, this new approach could just mean new disruptions to care for [patients around the world](#).”

“The World Bank's PforR instrument offers over a decade of experience to learn from. We built a [dataset](#) covering the World Bank's PforR health portfolio to assess what these operations actually measure, how they perform, and what lessons they hold for this new iteration of results-based health financing. The State Department should adopt a concise set of clearly defined indicators, balancing achievable milestones with more ambitious health outcomes through a portfolio-style approach that builds on existing government systems. Strong verification processes, flexible approaches to challenging reforms, and transparent performance tracking from the start will be essential to translating funding into sustained health gains....”

Planetary health

Plos GPH – Counted, not just rescued: Nepal's flood, and the test of an 'Always On' health system

K K Aryal et al ;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007486>

“Nepal’s health system has faced this test before – four times at a major scale in nine years: the 2015 Gorkha earthquake, the 2017 Terai floods, the 2023 Jajarkot earthquake, and the 2024 floods and landslides. Each time, facilities were damaged or cut off, referral routes lost, and immunisation and maternal services disrupted; none prompted rebuilding to a higher standard. This flood is a fifth, on the same fault lines...”

“...The fourth edition of Disease Control Priorities (DCP4) argues health systems should be “Always On” – standing capability built into routine care, not assembled after the fact – through dual-use infrastructure that scales rather than switches on. Nepal has been building toward this since 2015: Health Emergency Operation Centres, a hub-and-satellite referral system, minimum service standards, oxygen and laboratory capacity expanded during COVID-19, and Emergency Medical Deployment Teams alongside community surveillance and hospital disaster plans. In a federal system, being “Always On” is as much a governance challenge as a technical one. Sustaining these capabilities require clear ownership, reliable financing and coordinated preparedness across all tiers of government...”

Lancet Planetary Health -The perceived impact of extreme weather events on care for people with HIV or tuberculosis and HIV in Zimbabwe: a survey-based multicentre cross-sectional observational study and formative evaluation

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(26\)00110-5/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00110-5/fulltext)

By Canice Christian et al.

Covid

GAVI - Everything you need to know about the so-called ‘American COVID’ variant

<https://www.gavi.org/vaccineswork/everything-you-need-know-about-so-called-american-covid-variant>

“The XFG variant has been circulating for more than a year and is currently the most common form of SARS-CoV-2 globally.”

SS&M - Resilience as Social Practice: Negotiating Long COVID at the Intersection of Illness and Ageing

Chao Fang et al; <https://www.sciencedirect.com/science/article/pii/S0277953626010439>

“Ageing with Long COVID shows resilience is not simply an intrinsic capacity. Framing resilience as individual responsibility overlooks social conditions. Resilience is practised through sustaining narrative coherence amid disruption. Enduring uncertainty replaces narratives of recovery or “bouncing back”. Recognition and healthcare support shape how resilience is sustained or eroded.”

Infectious diseases & NTDs

Lancet Infectious Diseases (Newsdesk) - African countries' effort to interrupt polio outbreaks

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(26\)00538-4/fulltext?dgcid=raven_jbs_etoc_email](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00538-4/fulltext?dgcid=raven_jbs_etoc_email)

“Five African countries have interrupted outbreaks of vaccine-derived poliovirus type 2 but challenges in polio control remain in the continent. Paul Adepoju reports.

Reuters - Bangladesh is battling measles. It's a 'real warning' to other nations

<https://www.reuters.com/world/bangladesh-is-battling-measles-its-real-warning-other-nations-2026-10-17/>

“Bangladesh's measles vaccination programme had been a success story. But in 2025, amid political turmoil, it faltered. Its unvaccinated children are now paying the price.”

Plos GPH – The impact and cost of reaching the UNAIDS global HIV targets

John Stover et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007360>

“HIV funding has been declining in the past decade creating a large gap in required funding. In 2024, UNAIDS (Joint United Nations Programme on HIV/AIDS) convened a Global Task Team to recommend new targets and approaches for 2030 for key HIV interventions. This paper describes the approach to estimate the impact and cost of achieving those targets.”

“... Achieving the UNAIDS 2030 targets would reduce the annual number of new HIV infections globally by 77% from 2023 to 2030, from 1.3 million to 300,000. The number of AIDS deaths would decline by 50% over the same period. Resources needed to achieve the targets in all LMIC would rise to US\$21.9 billion by 2030. Of this amount, 17% is needed in low-income countries, 38% in lower-middle income countries and 45% in upper-middle income countries. Achieving the UNAIDS targets for 2030 would reduce the annual number of new HIV infections to just 9% of the peak value in 1995 and AIDS deaths to 13% of the peak value in 2004. The resources required to achieve these targets are substantial but \$7 billion less than previous estimates of \$29.3 billion...”

Plos Med – Impact of violence on HIV outcomes among female sex workers: A global systematic review and meta-analysis

J Dawe et al; <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004977>

“In pooled analyses, both recent and lifetime exposure to all forms of violence had strong associations with increased odds of prevalent HIV infections.... Experiences of violence were also associated with poorer HIV treatment outcomes, including reduced ART use among FSWs with

recent experiences of violence, and reduced levels of viral suppression among FSWs with lifetime experiences of violence....”

Nature Medicine - Global and regional burden of measles and vaccine coverage among children under 5 years, 1990–2023: a Global Burden of Disease Study

B Sartorius et al; [Global and regional burden of measles and vaccine coverage among children under 5 years, 1990–2023: a Global Burden of Disease Study](#)

“Updates to the Global Burden of Disease Study showed that although global measles incidence and mortality had declined in 1990–2019, **its resurgence since 2020 reflects stalled vaccination progress worldwide.**”

AMR

Cidrap News – Drug-resistant infections linked to \$3.5 trillion in global economic losses in 2021

<https://www.cidrap.umn.edu/antimicrobial-stewardship/drug-resistant-infections-linked-35-trillion-global-economic-losses-2021>

“New research highlights the economic toll of antimicrobial resistance (AMR) and the regions where that impact is most heavily felt. In a **study presented this week at the IDWeek 2026 conference in Washington, DC**, a team of Indian and US researchers estimated that AMR was linked to **\$3.5 trillion in economic losses worldwide in 2021**. Of that amount, **\$835 billion in economic loss was directly caused by infections with drug-resistant bacteria—roughly \$106 for every person on earth.**”

“**The largest dollar losses were in South Asia (\$101 billion), East Asia (\$82 billion), and North America, including the United States and Canada (\$70 billion). But countries in Western and Eastern sub-Saharan Africa suffered the greatest proportional impact, with economic losses accounting for 1.42% and 0.96%, respectively, of their GDP....**”

SS&M - What can the Independent Panel on Evidence for Action against Antimicrobial Resistance learn from Science Policy-Interfaces in Global Environmental Governance? A scoping review and conceptual framework

Lauren J. Wallace, A Ruckert et al ;

<https://www.sciencedirect.com/science/article/pii/S0277953626010324>

« To facilitate the generation and use of scientific evidence to support member states in their efforts to tackle AMR, **the political declaration of the 2024 United Nations General Assembly High Level Meeting on AMR called for the establishment of an Independent Panel for Evidence on Action against Antimicrobial Resistance (IPEA)**. Translating evidence into action for complex problems like AMR is both technically difficult and inherently political, requiring the integration of multiple disciplines and sectors, and balancing diverse interests and priorities. **In this scoping review, we synthesize the literature on the key normative and institutional design features and principles that underlie the effectiveness of Science-Policy Interfaces (SPIs) in global environmental governance,**

where SPIs have been operating for decades, to inform design choices for IPEA and other global SPIs....”

Key messages: “Environmental SPIs offer actionable lessons for IPEA and other global SPIs. SPI effectiveness depends on legitimacy, credibility and relevance. There is no one-size-fits-all approach to design effective SPIs. Designing SPIs requires navigating trade-offs between governance principles. Equity must be structurally embedded across IPEA’s institutional design and processes.”

Cidrap News - When it comes to inappropriate antibiotic use, ‘social norm’ framing alone doesn’t shift intentions

<https://www.cidrap.umn.edu/antimicrobial-stewardship/when-it-comes-inappropriate-antibiotic-use-social-norm-framing-alone>

“Newly published **survey results** suggest that just using “social norm” framing to dissuade people from inappropriate antibiotic use won’t get the job done. But explaining why certain behaviors should be avoided can move the needle in some cases....” The survey was published this week in *Open Forum Infectious Diseases*.

NCDs

The Conversation – Health progress in Africa leaves more people living with disabilities: rehabilitation is the next challenge

<https://theconversation.com/health-progress-in-africa-leaves-more-people-living-with-disabilities-rehabilitation-is-the-next-challenge-291906>

By U Abaraogo et al.

Guardian - Warning signs could predict inflammatory bowel disease a decade before diagnosis

<https://www.theguardian.com/science/2026/oct/18/research-predict-inflammatory-bowel-disease-decade-before-diagnosis>

“**Antibody patterns in the blood** may help doctors identify people at risk so they can be treated earlier, research shows.”

The Conversation -Blood pressure rising: over 50% of Nigerians we tested had hypertension and over 65% didn’t know it

<https://theconversation.com/blood-pressure-rising-over-50-of-nigerians-we-tested-had-hypertension-and-over-65-didnt-know-it-292931>

By A Mbawkem.

Lancet Regional Health Africa - Cervical cancer screening uptake and its associated factors among women aged 30–49 years with multiple sexual partners in 10 sub-Saharan African countries: a cross-sectional, secondary analysis of Demographic and Health Survey data

[https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011\(26\)00158-6/fulltext](https://www.thelancet.com/journals/lanaf/article/PIIS3050-5011(26)00158-6/fulltext)

by Prince Tseketse et al.

Social & commercial determinants of health

Globalization & Health - The political economy of flavored tobacco: comparative policy mapping of flavor restrictions for cigarettes and e-cigarettes

C L Ma et al; <https://link.springer.com/article/10.1186/s12992-026-01244-6>

“We conduct a comparative policy mapping of flavored cigarette and e-cigarette regulations in 200 national jurisdictions to build an original dataset of global flavor policy. **We classify the policy combinations into four distinct approaches** and generate **several hypotheses to explain global policy variation.**”

The Examination – Nine in ten research papers disputing definition of ultraprocessed foods have industry ties, study finds

<https://www.theexamination.org/articles/nova-ultraprocessed-foods-industry-ties-study>

Cfr a new [American Journal of Public Health](#) study, that reviewed critiques of the NOVA classification system, which categorizes foods.

Mental health & psycho-social wellbeing

Nature (News) - Body clock disruptions contribute to one in four cases of depression, suggests large study

<https://www.nature.com/articles/d41586-026-03359-7>

“Evidence grows for ‘**circadian depression**’, but more evidence is needed to change diagnosis and treatment guidelines.”

Nature (News) - Teen depression and anxiety predicted by childhood brain development

<https://www.nature.com/articles/d41586-026-03357-9>

“Analysis of nearly 30,000 brain scans yields detailed timeline of how the brain matures — and hints at the consequences of disrupting it.”

Sexual & Reproductive health rights

Global Public Health - Reducing period poverty through interventions, innovations, policies and multilevel barriers and facilitators: A systematic review

<https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2749295>

By Ishrat Islam et al.

BMJ GH - Invisibility problem: why current economic evaluations understate the value of sexual and reproductive health and rights, and three strategic shifts to address it

M Narasimham et al; <https://gh.bmj.com/content/11/10/e024850>

« **Most economic evaluations of sexual and reproductive health and rights (SRHR) interventions capture only health-sector benefits, rarely accounting for cross-sectoral returns in education, labour, justice and social protection.** »

« **A 27% reduction in global SRHR financing in 2023, compounded by donor withdrawal since 2025, driven mainly by geopolitical pressures, is undermining progress across health, education, economic development and equity goals. Better evidence is unlikely to reverse decisions made on economic grounds, but evaluations that make cross-sectoral returns visible give ministries beyond health a demonstrable stake in SRHR investment and standing to defend it.** »

« **We propose three strategic shifts to make the broader returns on SRHR investments more visible:** adopting multisectoral and societal rather than a uniquely health-sector perspective; embedding life-course and intergenerational analysis and applying disaggregated approaches to address equity concerns, including those enabled by emerging analytical methods. »

Access to medicines & health technology

GAVI - New TB vaccines are coming. How are countries preparing for the rollout?

<https://www.gavi.org/vaccineswork/study-gathers-evidence-inform-next-gen-tb-vaccine-strategies-africa>

“New tuberculosis vaccines that could save millions of lives are on the horizon. In South Africa, VaccinesWork spoke to two experts researching how best to deploy them.”

Plos Digital Health - The Medicine Quality Monitoring Globe: A public health intelligence system for collecting and curating reports of substandard and falsified medical products from publicly available Internet news media

<https://journals.plos.org/digitalhealth/article?id=10.1371/journal.pdig.0001648>

By Clark C. Freifeld et al.

Rethinking how health financing and supply chains can improve access to essential NCD medicines

C Cashin et al ; <https://ncdfinancing.org/news/rethinking-how-health-financing-and-supply-chains-can>

“For people living with noncommunicable diseases (NCDs), reliable access to medicine is critical to treatment adherence, disease control, and the prevention of complications. Achieving this requires alignment between health financing and supply-chain systems. Yet access to essential medicines is often framed primarily as a supply-chain challenge.”

“When medicines are unavailable, attention naturally turns to forecasting, procurement, warehousing, and distribution. These functions are important, but a recent [four country assessment](#) by Results for Development (R4D) in Ethiopia, Ghana, Nigeria, and Tanzania suggests that some of the most persistent supply-chain problems are inextricably linked to how medicines are financed. Although the assessment was product agnostic, its findings have important implications for NCD care. It examined how health financing interacts with forecasting, procurement, pricing, provider payment, market shaping, and supply-chain systems. ...”

Human resources for health

IJHPM - Changing Wars, Changing Lenses: Understanding Human Resources for Health in Conflict-Affected Settings; Comment on “Human Resources for Health in Conflict Affected Settings: A Scoping Review of Primary Peer Reviewed Publications 2016–2022”

JB Falisse; https://www.ijhpm.com/article_4948.html

« Onvlee and colleagues’ review of human resources for health (HRH) in conflict-affected settings (CAS), together with the commentaries engaging it, invites closer attention to how the dynamics of conflict shape HRH. This commentary asks how that attention can be operationalised. First, I argue that conflict studies, political science, and political economy offer complementary tools: conflict typologies show who fights whom and across which borders, and therefore who employs, regulates, and protects health workers; theories of wartime violence show where health workers can work and whom they can reach; political settlements analysis shows who decides on pay, deployment, and

recognition; and attention to the stage of conflict shows whether windows for reform open at all. **Second, drawing on the limited-statehood and “liminal health system” literatures, I argue that cross-border arrangements for training, recognising, and deploying health workers are structural features of HRH:** what the health labour market (HLM) framework records as “outflow” is often a reorganisation of the workforce. »

And a link:

- TMIH - [Roles and Implementation of Community Health Worker–Led Interventions in Tuberculosis Care in Low and Middle-Income Countries: A Systematic Review](#)

Decolonize Global Health

Public Health in Practice - Contemporary accounts and future directions for decolonising global health: A scoping review

Daniel E. Stewart et al ;

<https://www.sciencedirect.com/science/article/pii/S2666535226001539?via%3Dihub>

“This study addresses a significant gap in the literature by **providing a synthesis of the definitions, historical legacies, and key themes of the decolonising global health movement** across 129 peer-reviewed and grey literature sources...” “The study **moves beyond theoretical critique to propose a set of recommended approaches for global health actors**, focussed on addressing epistemic injustice, fostering equitable partnership working, reforming global health structures, and encouraging individual duty.”

- Coverage also via [Decolonising Global Health: Landmark Review Maps a Movement’s Path to Reform](#)

“A sweeping synthesis of nearly two decades of scholarship has concluded that the movement to decolonise global health remains dominated by researchers in wealthy countries, lacks a shared definition, and has yet to produce a single evaluated example of structural reform in practice. The **scoping review, published in Public Health in Practice**, analysed 129 peer-reviewed and grey literature sources published between 2008 and 2024, and offers both the most comprehensive account to date of what the decolonising global health movement actually says, and a pragmatic set of next steps for turning rhetoric into measurable change....”

Plos GPH – Community mobilization and policy demands in the context of the COVID-19 pandemic: A transnational dialogic non-extractive research approach

Ruth Iguñiz-Romero, A-E Birn et al;

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006384>

“This essay discusses the interplay of epistemological-methodological approaches and research practices developed within a global health study that aims to understand and strengthen community actions and organizing by – and preserve the memories of – made-marginalized places and people during the COVID-19 pandemic. **The project has brought together community actors and social**

justice scholar-advocates in two Global South countries (Brazil and Peru) and two Global North countries (Canada and Germany) to explore and dialogue around how community mobilization efforts during the pandemic sought to influence policymaking toward health equity and social justice....” “...We provide an in-depth account of how we have carried out our project – through what we aspirationally name **Dialogical and Non-extractivist Approaches (DNA)** – using an analytic narration of the possibilities of global health research anchored in an ethical dialogic praxis, guided by principles of non-extractivism and Freirean action research.”

Papers & reports

SSM Health Systems - Health systems and agendas in low- and middle-income countries: An arenas model analysis of communicable and noncommunicable disease priorities in Malawi and Zimbabwe

Stephanie L. Smith, Alison Mhazo et al;

<https://www.sciencedirect.com/science/article/pii/S2949856226001571?via%3Dihub>

“An arenas model for health agenda setting was adapted for national-level analysis. Health systems building blocks were included in the model as priority indicators. Communicable diseases remain high priorities across arenas in Malawi and Zimbabwe. Noncommunicable diseases were lower priorities across arenas in Malawi and Zimbabwe.” “The study shows how analysis of agenda setting outcomes may be sharpened.”

Blogs & op-eds

IHP (blog) - The Fire in the Streets of France

Ikenna Ebiri Okoro; <https://www.internationalhealthpolicies.org/blogs/the-fire-in-the-streets-of-france/>

A ‘view from the Global South’ on the uproar in France – and similarities with restive youth in African countries.

Tweets (via X & Bluesky)

L Gostin

“The US will likely lose its measles elimination status. PAHO will announce it after the election. We’ve maintained our elimination status for decades. That’s the consequence of an HHS Secretary that sows doubts in vaccine science.”