

International Health Policies Newsletter (IHP News 904)

Executive Summary & 30 Key Reads — via AI: Gemini notebook

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1. Executive Newsletter Overview & Editorial Synthesis

The 904th edition of the weekly *International Health Policies* (IHP) newsletter (30 October 2026), published by the Health Policy Unit at the Institute of Tropical Medicine in Antwerp, opens with an incisive commentary titled “**Not winning so far**” by Kristof Decoster. The editorial frames the current moment in global health governance through the lens of political determinants, structural power, and escalating planetary crises.

Decoster highlights the vital anti-authoritarian lesson provided by Luiz Inácio Lula da Silva's election victory in Brazil, driven by Generation Z mobilization, female voters, and progressive evangelical coalitions. Connecting this victory to upcoming political milestones—such as the US midterms and the French presidential projections—the editorial calls for sustained opposition against authoritarian governance globally. Crucially, Decoster critiques the rise of “values-based realism” touted by European and middle-power states, warning that the proportion of genuine values in these diplomatic postures remains dangerously thin.

In global health updates, the editorial flags the release of *The 2026 Report of the Lancet Countdown on Health and Climate Change*, which demands that climate change be formally declared a global health emergency ahead of COP31 in Antalya. Decoster notes a parallel Oxfam report revealing that the world's richest 0.1% derive a “double dividend” by profiting from polluting industries while heavily investing in the \$70–\$92 billion disaster recovery and reconstruction market (as tracked by the “Destroy & Rebuild Index”). The editorial argues that securing a viable future for younger generations requires confronting capitalist structures directly.

Finally, the overview touches upon critical institutional shifts: Health Policy Watch's profile series on the seven candidates vying for WHO Director-General; Mark Dybul's appointment as Executive Director of the Global Fund; the UNAIDS Board's decision to reject “sunsetting” in favor of structural transformation; the impending 9th Intergovernmental Working Group session on Pathogen Access and Benefit-Sharing (PABS) in Geneva; and Africa CDC Director-General Jean Kaseya's stark warning that the DRC Ebola outbreak—exceeding 10,000 cases and 4,600 deaths—demonstrates that “we're not winning so far” and that no continent remains safe without immediate funding and preparedness.

2. Featured Article Synthesis: "New Architecture, Old Foundations: What Global Health Reform Leaves Out"

In the featured essay, **Omar Gabriel Torres Valencia** (physician, historian, and internationalist at Tecnológico de Monterrey) provides a rigorous critique of contemporary global health reform initiatives following the UN General Assembly's adoption of a non-binding Political Declaration on Pandemic Prevention, Preparedness and Response (PPPR) on 12 October 2026. While welcomed by some as a step toward solidarity, the declaration passed without full consensus (blocked by the United States and others), while the binding WHO Pandemic Agreement remains stalled over its Pathogen Access and Benefit-Sharing (PABS) Annex, which missed its May deadline and has been pushed to May 2027. The core disagreement centers on whether pharmaceutical manufacturers using shared pathogens should be subject to legally binding benefit-sharing contracts.

Torres Valencia, drawing on recent analysis with Daniel Bernal-Serrano and Nurul Maretia Rahmayanti, examines why equity is repeatedly deferred. While managerial initiatives like the **Lusaka Agenda** (aligning global health initiatives behind country plans) and the **Accra Reset** (“no ownership without control”) offer valuable administrative alignment, they fail to alter the underlying rules of the global economy. A national health ministry can exercise administrative ownership over its health strategy while remaining entirely powerless against patented medicine pricing, high sovereign debt interest rates, or aid conditionalities.

The article contends that global health inequity is not merely a governance defect rectifiable by better organizational design, but a structural feature of how the capitalist world economy operates: **Structural Inequity & World-Systems Theory: Drawing on Friedrich Engels' 1845 analysis of societal conditions (applied to pandemic deaths by Kamran Abbasi in 2021) and Immanuel Wallerstein's world-systems theory***, Torres Valencia illustrates how core capitalist states concentrate wealth and high-value

production while the periphery supplies raw materials and labor under unequal exchange. Citing Jason Hickel and colleagues, the piece notes that unequal exchange drained \$62 trillion from the Global South between 1960 and 2018 (\$152 trillion counting lost growth). * **Mechanisms of Extraction:** During COVID-19, core nations (EU, UK, Switzerland) blocked India and South Africa's proposed WTO TRIPS waiver for 20 months, limiting the eventual waiver strictly to vaccine patents. Pfizer subsequently doubled its revenues to \$81.3 billion in 2021 on a vaccine built on decades of publicly funded research. Furthermore, European states defend pharmaceutical monopolies to preserve export surpluses—such as the EU's record €221 billion pharmaceutical trade surplus in 2025. * **Three Proposed Structural Reforms:** 1. *Publicly Funded Innovation as a Public Good:* Mandate open licensing and technology transfer as default conditions for public research grants, following the precedent of Jonas Salk's unpatented polio vaccine. 2. *Sovereign Debt Architecture Overhaul:* UNCTAD reports that 3.7 billion people live in countries spending more on debt servicing than on health or education combined. A binding sovereign debt workout mechanism and reparative finance (supported by the upcoming 2027 UN Tax Convention) must replace temporary debt pauses. 3. *Delinking Health Functions from Profit:* Enforce strong public financing and regulation to prevent private extraction, citing England's NHS outsourcing, which correlated with increased treatable mortality.

Torres Valencia concludes by rejecting traditional calls for "political will," pointing out that structural inequities stem from rational, self-interested choices by powerful actors. Meaningful structural change requires counter-power, organized pressure, and civil society mobilization—echoing how developing nations and activists secured the 2001 Doha Declaration on TRIPS and Public Health.

3. Subsections Summary: Highlights of the Week

3.1. Read of the Week

Habib Benizian's Substack piece, "*The Consulting Labour Regime: What are global health institutions really buying?*", analyzes the reliance of global health agencies on external management consultancies. Benizian argues that consulting is not merely a flexible staffing buffer but a structured labour regime that systematically redistributes power, institutional risk, professional judgment, and democratic accountability away from public bodies and toward private firms.

3.2. Lancet Series on Men's Health

A new *Lancet* Series and accompanying Viewpoint by Kent Buse, Sarah Hawkes, and colleagues examine why men's health remains a major blind spot in global health policy. The authors attribute this neglect to structural ideas, institutions, and interests—specifically the false conflation of gender exclusively with women's health, path-dependent policy architectures, and zero-sum framings that pit men's health against women's. The Viewpoint focuses on online ecosystems monetizing male grievance and insecurity, arguing they must be addressed as commercial determinants of health through platform regulation, economic precarity reduction, and positive masculinity frameworks. Both papers stress that advancing men's health and pursuing gender justice are mutually reinforcing goals.

3.3. Ebola Emergency in the DRC and Regional Spread

The Ebola outbreak originating in the Democratic Republic of the Congo (DRC) has reached grave milestones, topping 10,000 confirmed cases and 4,600 deaths. Spread has been confirmed across four African nations, with recent Bundibugyo Ebola cases in Kenya and Nigeria linked via genomic sequencing to transmission chains in eastern Congo. Africa CDC Director-General Jean Kaseya warned that the geographic scope is unprecedented and that the outbreak could reach European and Western capitals unless international donors bridge a \$2 billion funding gap (out of \$3 billion required). Meanwhile, biomedical research organization IAVI received \$36 million in US contract funding to advance a single-dose rVSV-based Bundibugyo vaccine candidate, and MSF Access issued a technical brief demanding equitable access planning for experimental BDBV vaccines.

3.4. Pandemic Prevention, Preparedness and Response (PPPR)

Following the UNGA Political Declaration on PPPR, UNAIDS called for a paradigm shift in how pandemic readiness is measured—shifting from technical health metrics to assessing income inequality, social protection, healthcare access, and community-led systems, backed by the Global Council on Inequality, AIDS and Pandemics. In Geneva, negotiators prepare for the 9th Intergovernmental Working Group session on Pathogen Access and Benefit-Sharing (PABS) ahead of a May 2027 deadline, amid concerns over shifting political priorities in EU member states. A Health Policy Watch report on the World Health Summit highlighted calls by pharmaceutical executives and global health officials (including RAND's Paul Friedrichs) to reframe pandemic

preparedness as national "biodefence"—noting that the \$31 billion annual cost of global biosecurity represents just 1% of world military expenditure. Additionally, Africa CDC endorsed the African Union Commission's call for the immediate lifting of unilateral sanctions against Zimbabwe, stressing that financial barriers severely impair health procurement and emergency response.

3.5. World Polio Day (24 October)

Marking World Polio Day, WHO AFRO Regional Director Dr. Mohamed Janabi published a call to action outlining a four-point strategic framework to overcome final operational barriers, sustain cross-border surveillance, and close out polio eradication across the African continent.

3.6. WHO Director-General Race (2027–2032)

Health Policy Watch published comprehensive profiles of key candidates competing to succeed Dr. Tedros Adhanom Ghebreyesus: * **Dr. María Neira (Spain):** A veteran Geneva insider and environmental health leader whose manifesto frames planetary health as hard-nosed primary disease prevention that protects national budgets. While backed by a global civil society coalition, she faces skepticism from capitals demanding operational decentralization and fiscal austerity. * **Budi Gunadi Sadikin (Indonesia):** Minister of Health, former banker, and nuclear physicist. Running on his "Build, Grow, Scale" (BGS) platform, Sadikin positions himself as a balance-sheet reformer capable of restructuring WHO's financial crisis. His campaign is backed by Indonesia's quadrupled WHO contributions (\$29.4M for 2026–2027), though he faces scrutiny over domestic legal frameworks regarding health and social policies. * **Dr. Song Li (China):** Senior administrator at China's National Health Commission specializing in maternal care and primary health. Supported by Beijing's \$320.1 million projected biennial WHO contributions (making China the largest assessed state contributor post-US exit), Song's platform emphasizes South-South cooperation. However, her bid encounters intense Western geopolitical headwinds and concerns over executive concentration. * **Dr. Gevorg Tamamyan (Armenia / Botswana Nominee):** Pediatric oncologist nominated through an unconventional transregional partnership with Botswana. Positioned as a complete outsider, Tamamyan's "WHO for U" platform proposes converting the WHO Foundation into a mass public-giving instrument to cultivate millions of individual donors. * **Mukesh Kapila's Analysis (Part II):** Constructs a constitutional job description for the next WHO DG based on Article 2 functions, highlighting that while global life expectancy has increased by 6.5 years since 2000, healthy life expectancy has risen by under 5 years—widening the gap between living and living well to 10.5 years.

3.7. Global Health Reform

The UNAIDS Programme Coordinating Board (PCB) unanimously rejected "sunsetting" the agency, approving a strategic transition plan to streamline the Joint Programme in alignment with UN80 reforms. Executive Director Winnie Byanyima's term concludes in December 2026, requiring an interim appointment. Working group discussions revealed ongoing debate regarding the optimal transition length, whether to maintain standalone country presences, and budget envelope constraints.

3.8. Post-2030 Brainstorm

Rainer Kattel's publication for Friedrich-Ebert-Stiftung, *"The Capability State: Delivering Beyond 2030"*, argues that achieving post-2030 sustainable development requires moving beyond financing targets to focus on public sector capabilities. Kattel proposes pairing every future SDG goal (including Universal Health Coverage) with explicit benchmarks for structural administrative capacities and dynamic routines.

3.9. Comeback of Mark Dybul at the Helm of the Global Fund

The Global Fund Board appointed Dr. Mark Dybul as Executive Director for a four-year term beginning in early 2027. Dybul returns as the organization confronts an unprecedented \$5.36 billion funding gap, sharp foreign aid contractions, and the scheduled transition of 61 disease components across 35 countries out of grant support under Grant Cycle 8. Dybul warned that implementing countries have a narrow 12-to-18-month window to establish national governance and data systems before donor budget reductions take full effect.

3.10. More on Global Health Governance & Financing

• **Anthropic Public Benefit Fund:** Anthropic's SEC filing for its IPO revealed that Clinton Health Access Initiative (CHAI) CEO Dr. Neil "Buddy" Shah will co-manage its Public Benefit Fund. With co-founders pledging 80% of their equity (\$14B each) and 5% of company shares committed to the fund, AI wealth represents a major new philanthropic pool.

- **Private Philanthropy Scrutiny:** Katerini T. Storeng (The Collective) warns that private mega-philanthropy increasingly exercises unaccountable power over public health policy as bilateral aid declines.
- **WHO Fiscal Outlook:** WHO Director-General Tedros confirmed the agency is fully funded for 2026–2027, but WHO strategy directors noted that projected financing for 2028–2029 (based on a flat base budget of \$4.267 billion) stands at only 49% secured.
- **UK G20 Priorities:** The UK All-Party Parliamentary Group on Global Health set five priorities for the UK's G20 presidency, including TB vaccines, fixing broken antibiotic markets, scaling the 100 Days Mission, and health worker mobility.

3.11. Trump 2.0, US Global Health Strategy & Bilateral Agreements

Devex Pro profiled key figures shaping the Trump administration's "America First" Global Health Strategy, including Secretary Marco Rubio, Jeremy Lewin, Brad Smith (former DOGE official supervising bilateral health deals and Gilead's lenacapavir access deal), Jeffrey Graham (acting US Global AIDS Coordinator), and Bethany Kozma (HHS Global Affairs Director). Preliminary figures show US foreign assistance spending dropped to \$11.8 billion in FY2026—one-quarter of the \$48 billion spent in FY2024. Meanwhile, Dr. Jennifer Shuford resigned as CDC Deputy Director after four months amid disputes over measles response data, and CGD outlined five implementation lessons for pay-for-results global health MOUs.

3.12. Impact of Foreign Aid Cuts

Surveys in the *BMJ* and *The Telegraph* document the severe toll of US and UK overseas aid cuts on women and girls in Sub-Saharan Africa, particularly Nigeria. Budget diversions toward defense spending have led to the suspension or termination of protection programs, maternal care, and WASH services. In *Health and Human Rights*, M. Ngcobo analyzes donor withdrawal as a human rights event, arguing that abrupt freezes violate state obligations regarding non-retrogression. Conversely, former Liberian President Ellen Johnson Sirleaf nominated USAID for the Nobel Peace Prize, citing its 63-year contribution to famine prevention and disease response.

3.13. Universal Health Coverage & Primary Health Care

In the US, Democratic candidates in the midterms are increasingly embracing Medicare for All. Internationally, E. Druga's essay "*Everyone agrees, little moves: The consensus of Universal Health Coverage*" analyzes why UHC remains stagnant despite universal endorsement. Druga demonstrates how semantic ambiguity, fiscal displacement, and metric substitution allow political actors to sign onto UHC rhetoric without committing the necessary budget reallocations.

3.14. Decolonizing Global Health

Luchuo E. Bain highlights "*The Matthew Effect and Blind Research Excellence as Drivers and Amplifiers of Global Health Inequities*", arguing that uncritical pursuits of academic research excellence reproduce cumulative advantages for Global North institutions while entrenching structural knowledge inequities in the Global South.

3.15. Mental Health

Geneva Health Files examines the governance and custodianship of global mental health as it becomes integrated into UHC and NCD agendas. In *Think Global Health*, E.O. Nsoesie et al. bring attention to the severe psychological distress experienced by African content moderators employed by third-party firms to clean harmful data for social media and AI platforms, calling on the global health community to treat data moderation workplace conditions as a pressing occupational health issue.

3.16. The 2026 Report of the Lancet Countdown on Health and Climate Change

The 10th annual report of the Lancet Countdown documents escalating health harms from climate inaction, noting a record 710,000 heat-related deaths globally in 2023 (over 70% attributable to human-caused warming). The authors lay out six global health imperatives: 1. Formally declare climate change a global health emergency via a new WHO instrument. 2. Align international governance systems around climate and health. 3. Prioritize rapid, just reductions in greenhouse gas emissions. 4. Place mortality reduction and health at the center of all climate policies. 5. Establish a global climate change and health data commons as public infrastructure. 6. Substantially scale up grant-based climate adaptation finance (currently at \$1.1B vs \$3.3B required annually by developing countries).

3.17. More on Planetary Health

- **COP31 Dynamics:** Analysts flag muted expectations for COP31 in Antalya. The African Group of Negotiators (chaired by Ghana) requested formal agenda space for tripling adaptation finance, Green Climate Fund arrangements, and trade.
- **Amazon Deforestation & Fund:** Lula da Silva's reelection in Brazil renewed confidence in achieving zero deforestation in the Amazon, with Norway preparing payments for record-low deforestation.
- **IPCC Financial Crisis:** A *Nature* editorial warns that falling voluntary contributions leave the IPCC facing a 15 million Swiss franc deficit, threatening the completion of its 7th Assessment Report (AR7).
- **Climate Overshoot & Disinformation:** *Lancet Planetary Health* warns against relying on Carbon Dioxide Removal (CDR) technologies as a substitute for rapid decarbonization during temporary 1.5°C temperature overshoots. A WHO Civil Society report calls on member states to recognize climate disinformation as a direct public health threat.

3.18. Access to Medicines, Vaccines & Health Technologies

- **Malaria Vaccine Price Reduction:** Gavi and UNICEF secured a 40% price reduction for the RTS,S/AS01 malaria vaccine to €5.50 per dose, saving \$50 million between 2027 and 2029 and enabling protection for 1 million additional children.
- **Diagnostics Gap:** The Global Diagnostics Coalition highlighted at the World Health Summit that 47% of the world's population lacks access to timely diagnostic testing.
- **PDP Role in WHO Reform:** GARDP, DNDi, MMV, and MDGH published a joint policy paper detailing nine core WHO functions (e.g., TPPs, Essential Medicines List, Prequalification) essential for needs-driven R&D.
- **Chinese Clinical Trials Trend:** The *Financial Times* reports that Western biotechs (including AstraZeneca) are increasingly conducting early-stage investigator-initiated trials (IITs) in Chinese hospitals for rapid cell and gene therapy testing, raising oversight and safety concerns following two patient deaths.

3.19. Conflict, War & Health

New World Food Programme (WFP) Executive Director Luke Lindberg stated that conflict resolution is the single most effective measure to combat global hunger, noting that armed conflict drives two-thirds of the acute food insecurity affecting 266 million people worldwide. A *Lancet Healthy Longevity* Series addressed the systemic exclusion of older adults in humanitarian health planning.

3.20. Some More Reports & Publications

A *Lancet Commission on the Health and Poverty Alleviation Initiative in China* evaluates China's 2015–2020 targeted campaign that eradicated extreme rural poverty. The commission highlights how addressing illness-driven poverty (which accounted for 42.2% of impoverished households in 2014) through universal health coverage, financial protection, and household-level monitoring provides valuable lessons for multisectoral health integration in low- and middle-income countries.

3.21. Miscellaneous

UN Special Rapporteur on the Right to Health Mariângela Simão emphasized that legal protections for the right to health are meaningful only when backed by enforceable judicial remedies, independent oversight, and reparations for health rights violations.

4. Curated Selection of the 30 Key Reads of the Week

Below are the 30 key reads selected from IHP News 904. Each entry provides the subsection, title, primary author/entity, publication, full clickable URL link, and an ultra-short summary.

#	Subsection	Title & Author	Full Clickable URL Link	Summary
1	Read of the Week	The Consulting Labour Regime: What are global health institutions really buying? Habib Benzian (Substack)	https://benzian.substack.com	Analyzes consulting in global health as a labor regime that redistributes power, risk, and responsibility away from public institutions.
2	Men's Health	Lancet Series on Men's Health: Policy Neglect and Gender Governance Kent Buse (The Lancet)	https://www.thelancet.com/series/mens-health	Examines the global policy neglect of men's health and frames online male vulnerability ecosystems as a commercial determinant of health.
3	Ebola DRC	Ebola scientists to probe Nigeria case origin, Africa CDC says Reuters (Reuters)	https://www.reuters.com	Reports on an Africa CDC-led investigation by Dr. Jean-Jacques Muyembe into genomic links between Ebola cases in Nigeria, Kenya, and the DRC.
4	Ebola DRC	Africa's 'unprecedented' Ebola outbreak could reach UK, says top health official Jean Kaseya (The Guardian)	https://www.theguardian.com/global-development	Warns that the 10,000-case African Ebola outbreak could spread globally unless international donors bridge a \$2 billion funding shortfall.
5	PPPR	UNAIDS welcomes adoption of UN General Assembly Political Declaration on PPPR UNAIDS (UNAIDS Press Release)	https://www.unaids.org/en/resources/presscentre	Calls for evaluating pandemic preparedness through income equality, social protection, and health access metrics rather than purely technical capacities.
6	PPPR	Equity with Accountability: What the UN Political Declaration on PPPR Leaves Unresolved G W Brown et al. (International Health Policies)	https://www.internationalhealthpolicies.org	Critiques the non-binding UN declaration for failing to establish enforceable delivery mechanisms or resolve structural governance failures.
7	Polio Day	From the Heart of a Doctor: Why Must We End Polio Now Mohamed Janabi (Health Policy Watch)	https://healthpolicy-watch.news	Outlines a four-point strategic roadmap from WHO AFRO to maintain momentum and achieve final global polio eradication.
8	WHO DG Race	María Neira: Planetary Health Pioneer, Geneva Veteran, Civil Society Candidate Health Policy Watch (Health Policy Watch)	https://healthpolicy-watch.news	Evaluates María Neira's WHO DG manifesto positioning planetary health as a fiscal buffer alongside her challenges as a headquarters insider.
9	WHO DG Race	Selecting WHO Director-General: The Job Nobody Has Described (Part II) Mukesh Kapila (Health Policy Watch)	https://healthpolicy-watch.news	Constructs a constitutional job description for the next WHO chief to bridge the widening ten-year gap between lifespan and healthspan.
10	GH Reform	UNAIDS board rejects sunset of UNAIDS UNAIDS PCB (UNAIDS Press Release)	https://www.unaids.org/en/resources/presscentre	Details the UNAIDS PCB unanimous decision to transform rather than sunset the joint program while navigating budget envelopes and UN80 reforms.

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11	Post-2030	The Capability State: Delivering Beyond 2030 Rainer Kattel (Friedrich-Ebert-Stiftung)	https://www.ft.com/health	Recommends pairing post-2030 global development targets with explicit public sector capability metrics and administrative routines.
12	Global Fund	Global Fund Board Appoints Mark Dybul as Next Executive Director Global Fund (Global Fund Press Release)	https://www.theglobalfund.org/en/news	Announces Mark Dybul's four-year appointment to lead the Global Fund through severe fiscal strain and country transition cycles.
13	Global Fund	Breaking news: Mark Dybul makes a comeback as new Global Fund chief Devex (Devex)	https://www.devex.com/news	Analyzes Dybul's return to navigate a \$5.36 billion funding shortfall, procurement reforms, and shifting domestic grant transitions.
14	Governance & Finance	Big news on who's behind Anthropic's Public Benefit Fund Devex (Devex)	https://www.devex.com/news	Reports that CHAI CEO Buddy Shah will co-manage Anthropic's new Public Benefit Fund as AI wealth opens potential philanthropic avenues.
15	Governance & Finance	Philanthropy as private power over public health policy Katerini T. Storeng (The Collective Blog)	https://www.globe.uio.no/english/research/networks	Warns that relying on mega-philanthropy risks substituting private corporate power for democratic public health governance.
16	Trump 2.0	Meet the team behind the America First Global Health Strategy Devex Pro (Devex Pro)	https://www.devex.com/news	Profiles key political figures and advisers executing bilateral health deals and foreign assistance reductions under Trump 2.0.
17	Trump 2.0	C.D.C. Deputy Director Resigns After Four Months in the Job New York Times (The New York Times)	https://www.nytimes.com/section/health	Reports the departure of Dr. Jennifer Shuford from CDC leadership amid national measles outbreaks and policy friction.
18	Aid Cuts	Foreign aid cuts severely impact global health services for women Rebecca Root (BMJ)	https://www.bmi.com/content/395	Documents how drastic reductions in US global health assistance are dismantling essential reproductive and maternal care services globally.
19	Aid Cuts	Donor Withdrawal as a Human Rights Event: HIV Care After Foreign Assistance Freeze M Ngcobo (Health and Human Rights)	https://www.hhrjournal.org	Argues that abrupt donor funding withdrawal creates legal state retrogressions and violates human rights obligations in recipient nations.
20	UHC & PHC	Everyone agrees, little moves: The consensus of Universal Health Coverage E Druga (LinkedIn)	https://www.linkedin.com/pulse	Deconstructs how semantic ambiguity and fiscal displacement allow global leaders to endorse UHC without making necessary budget reallocations.
21	Decolonize GH	The Matthew Effect and Blind Research Excellence as Drivers of Inequities Luchuo E Bain (LinkedIn)	https://www.linkedin.com/pulse	Argues that uncritical definitions of research excellence reinforce cumulative advantages for wealthy institutions while deepening global health inequities.

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22	Mental Health	Who Holds The Custodianship of Global Mental Health? Deena Mehjabeen (Geneva Health Files)	https://newsletter.genevahealthfiles.com	Analyzes how institutional authority and governance responsibilities are distributed as mental health is integrated into UHC and NCD agendas.
23	Mental Health	Data Workers and the Mental Toll of Cleaning the Internet E O Nsoesie et al. (Think Global Health)	https://www.thinkglobalhealth.org/article	Calls attention to the severe psychological distress experienced by African content moderators cleaning harmful data for tech and AI platforms.
24	Climate Countdown	The 2026 report of the Lancet Countdown on health and climate change Marina Romanello et al. (The Lancet)	https://www.thelancet.com/series/mens-health	Assesses a decade of health risks from climate change and sets six urgent priorities, including declaring a global climate health emergency.
25	Climate Countdown	Call for New WHO Instrument to Address Climate-Driven Global Health Emergency Health Policy Watch (Health Policy Watch)	https://healthpolicy-watch.news	Explains why existing WHO emergency mechanisms like PHEICs are ill-suited for decade-long climate crises and require a tailored instrument.
26	Planetary Health	Is the UN's climate conference circuit waning? Geneva Solutions (Geneva Solutions)	https://genevasolutions.news/climate-environment	Questions the momentum behind the upcoming COP31 UN climate summit in Antalya as climate action increasingly shifts outside UN channels.
27	Planetary Health	Global climate body fights for survival: why the IPCC must be saved Nature Editorial (Nature)	https://www.nature.com/articles	Warns that falling government contributions have left the IPCC facing severe budget deficits that threaten the completion of its 7th Assessment Report.
28	Access to Meds	Gavi and UNICEF secure lower malaria vaccine price, saving US\$ 50 million Gavi / UNICEF (Gavi Press Release)	https://www.gavi.org/news/media-room	Announces a 40% price reduction for the RTS,S malaria vaccine to €5.50 per dose, freeing \$50 million for child immunization.
29	Access to Meds	China's rapid human trials draw western drugmakers — and safety concerns Financial Times (Financial Times)	https://www.ft.com/health	Details how Western pharmaceutical firms are shifting early-stage cell and gene therapy trials to Chinese hospitals to accelerate testing timelines.
30	Conflict & War	Ending conflict is 'number one thing' to reduce world hunger, new WFP chief says Luke Lindberg (UN News)	https://news.un.org/en/story	Identifies conflict resolution as the single most impactful intervention to address acute food insecurity affecting 266 million people globally.