IHP News 907: Rough times in global health & World Children's Day

AI-produced summary by Claude (Anthropic) | Source: International Health Policies newsletter, ITM Antwerp, 20 November 2026 | Summary + 30 key reads

Introduction and featured articles

Editorial. Editor Kristof Decoster calls it an eventful week in global and planetary health. At COP31 in Antalya, UN Secretary-General Guterres said in his farewell speech that you cannot build peace on a burning planet, and he hopes his successor (and the next WHO Director-General) will see climate action the same way. Near-existential questions are now being asked of the COP process itself, with 100,000 participants in Antalya, and of the CBD COP17 (see a Lancet Planetary Health editorial). More upbeat: a new SRHR financing partnership was launched at the Copenhagen summit (16-17 Nov), although Denmark is also one of five European countries eyeing Rwanda 'return hubs'. A new paper by Ben Wood et al. sketching a 'Financing Health for All' agenda is a must-read, while others look ahead to the 'third AI philanthropy wave'. Big Pharma (IFPMA) demanded an audit of WHO's flu programme. Also covered: the inaugural Global Framework on Chemicals conference, a global call to action on obesity, the Ebola PHEIC (cases more than doubled in three months), and World AMR Awareness Week (18-24 Nov). Africa CDC head Jean Kaseya faced a Health Policy Watch 'bombshell' before the 22 Nov Governing Board and CPHIA (Addis, from 23 Nov); he hit back. The first WHO DG candidates' forum took place on 18-19 Nov, the race is getting rough, and PABS talks run until at least May 2027. Decoster stresses that fundamental change is what the times require, even though most of us are not ready for it.

Featured articles (World Children's Day, 20 Nov). *Eunice Lobo* (India): a school seat is not yet a promise of learning. Urban poor families stretch incomes for fees, yet averages (PARAKH 2024: Grade 3 scores of 64% in language, 60% in maths) hide large differences within classrooms, shaped by income, nutrition, language and other social determinants. She highlights Teaching at the Right Level, LEVANTE, NYU's Global TIES and UNESCO's inclusive education work, and calls for neighbourhood-disaggregated urban data and better coordination between education, health, nutrition and urban planning. *Jacquie Oliwa* (ITM Paediatric Reflex): child survival is a great achievement, but after 2030 children must do more than survive; the 'missing middle' is still left out and the post-2030 agenda must help children survive, thrive and carry wellbeing into the next generation.

Highlights of the week: summaries by subsection

A few reads of the week

A joint BMJ editorial by a group of medical journals (Abbasi, Horton et al., World Association of Medical Editors) argues that health professionals must keep a health focus in the debate on nuclear risk. It recalls that the UN General Assembly (late 2024) started a comprehensive review of the consequences of nuclear war, with a 21-member scientific panel reporting in 2027, and that the World Health Assembly (2025) ordered an update of obsolete WHO studies, due in 2029; together these are the first major international reassessments in nearly 40 years. The editors call for a verifiable, deadline-driven agreement to eliminate nuclear weapons and for every country, including nuclear-weapon states, to join the TPNW. Habib Benzian's Substack essay 'Everyone Is a Stakeholder. So What?' observes that global health loves stakeholder mapping and consultation, yet puts a multinational corporation, a foundation, a ministry and a patient in the same category; global health 'converts conflicts into the language of partnership'. Participation is a process, not a purpose: institutions must recognise when the interests they depend on conflict with the public good and act accordingly.

PABS: wrap-up of round 9 (2-13 November, Geneva)

WHO's press release says member states reiterated their commitment to finalise the PABS Annex of the Pandemic Agreement by May 2027. They made progress on sharing benefits within a legally binding framework, clarified the roles of participating partners, explored equitable access to pandemic-related products, advanced discussions on access to pathogens (biological materials and sequence information) and examined the role of laboratories. Informal sessions will continue in December; IGWG9 resumes formal talks on 11-15 January 2027, followed by 15-19 February and 15-25 March 2027. Geneva Health Files (Patnaik) recaps process and substance (access to pathogen information, benefits, contracts) and adds a second part on whether the PABS talks have become a site of 'global health electoral politics': there is speculation about quid pro quos between member states, which diplomats dismiss as 'fiction' or say cannot be confirmed; foreign ministries ultimately decide votes, and candidates are lobbying the 34 Executive Board members who will narrow seven candidates to three in January 2027.

Ebola emergency

Six months after the Bundibugyo outbreak was declared in DRC, a joint statement by Africa CDC, UNFPA, UNICEF, WFP and WHO notes significant progress in bringing lifesaving services closer to communities, yet the outbreak keeps expanding, fuelled by conflict, displacement and humanitarian needs. Reuters describes it as out of control and spreading and killing at a record pace. According to CIDRAP (18 Nov), 11,536 confirmed cases and 5,635 deaths have been reported since 15 May, with 400 to 500 new cases a week; Tedros opened the third meeting of the WHO emergency committee and said children are 'paying a terrible price' (roughly 30% of deaths). A UNICEF report puts children at 28% of cases but 35% of deaths, with routine immunisation falling (for instance, DTP3 down nearly 11% in Tshopo). MSF highlights the persistent failure of epidemiological surveillance and an excessive concentration of efforts in some areas at the expense of other hotspots. A Conflict & Health document analysis (Osborne et al.) finds that conflict-specific provisions sit mainly in operational guidance and time-limited plans rather than in standing continental, national and IHR (2005) instruments, leaving responsibilities unassigned at the interfaces.

World AMR Awareness Week (18-24 November)

The week runs under the theme 'One Health, One Action: Prevent AMR Now'. New WHO TrACSS data from 183 countries show that 173 countries now report AMR national action plans (79 in 2017), but only 22% have both funding and full implementation, far from the 2030 goal of 60% of countries with funded plans. Only 36% have a national reference laboratory able to test selected bacteria and fungi, against a target of 80% with comprehensive testing capacity by 2030; around one in six laboratory-confirmed bacterial infections was resistant in 2023. HPW reports that without urgent action AMR could cause 39 million deaths by 2050 (as framed in the coverage), and UN News and CIDRAP stress the need to move 'from plans to delivery'. WHO Europe and ECDC warn that common bacteria are becoming resistant to front-line and even last-resort antibiotics, with the situation worse than in 2019.

Run-up to CPHIA 2026 (23-27 November, Addis Ababa)

The 5th International Conference on Public Health in Africa, co-convened by Africa CDC and the Government of Ethiopia, takes place under the theme 'Africa's Health Security and Sovereignty: transformation from health dependency and vulnerability to ownership and resilience', as external health financing declines. Africa CDC's opinion piece, also published in the Journal of Public Health in Africa (recommended), recalls five catalytic priorities from the outcome document (an African manufacturing revolution, innovative health financing, PHC transformation, pandemic preparedness and response, and data ownership and governance) and says the conference should be judged on whether it turns them into delivery, through six scientific tracks that each correspond to a decision governments and partners must make in the next few years.

COP31 in Antalya: week two

Guterres told COP31 in his farewell speech that climate action is central to every aspect of the UN's work. Observers noted that more than 100 industry groups with records of obstructing climate policy (60 from fossil fuels) outnumber delegations of vulnerable countries, while fossil companies have claimed at least $443bn from governments via investor-state arbitration. The Adaptation Fund pipeline tripled to $2.4bn, and countries were to decide whether it will serve only the Paris Agreement. Carbon dioxide removal lobbyists pushed for inclusion in the final text; an Antalya pledge on sustainable AI gathered 80 endorsements, and ten countries pledged to limit AI emissions (Nature doubts the climate benefits are proven). The UK joined a statement backing targeted levies on polluting sectors, countries launched the second Global Stocktake, and ministers remained deadlocked on who pays, fossil fuels and adaptation. A row over the timing of the next IPCC assessment continues (Rockström warns that delay invites disaster), and Carbon Brief ranks Russia, Saudi Arabia and Australia as the biggest historical CO2 exporters.

COP31: climate and health

HPW's must-read analysis finds that the first draft COP31 decision contains a standalone paragraph on health risks of climate change and on climate-resilient health systems, a potential symbolic victory, but the verbs are weak ('recognises', 'underlines') and no targets, funding or actions are attached; WHO's Elena Villalobos notes there is no 'hook' for health in future negotiations. No government pledged new health money on Health Day (the third COP in a row), the Türkiye-WHO Antalya Initiative has announced no participants or funding, a Spanish-led declaration had six signatories, and no country asked to put health on the formal agenda. Multilateral climate funds have directed about 2% of adaptation finance to health; Brazil's health minister said public health adaptation commitments fell from $3.2bn (2022) to $2.2bn (2024) and launched a financing 'map' for the Belém Health Action Plan. Other items: the European Commission and Wellcome launched the first alliance of climate-and-health research funders; Unitaid launched the £8m SHIELD project on heat stability of medicines; and the Global Climate & Health Alliance urged a health-centred fossil fuel transition roadmap and called developed-country Adaptation Fund pledges (US$50m) 'shamefully inadequate'.

Global health reform

SADC health and HIV ministers (Durban, 9-12 Nov) reaffirmed support for UNAIDS and warned that disruptive reform could jeopardise the 2030 AIDS goal, calling for reform that protects essential functions such as strategic information, analysis and country support. The NCD Alliance submitted three papers (functions and mandates; governance, coordination and accountability; financing reforms) to inform the interim report of the Joint Task Force on Global Health Architecture Reform.

The future of development / international cooperation

Sumner and Klingebiel (Global Policy) examine the OECD-DAC as it approaches its 70th anniversary and the fashionable concept of 'mutual interest', which they split into four 'faces' depending on whether gains are symmetric between countries and broadly shared within them. They warn that 2026 trends point most clearly to 'extractive cooperation' (bilateral commercial deal-making, 'trade over aid'), under which the DAC would have no reason to exist; rising populist-right votes in donor countries and democratic retreat in the Global South sharpen the stakes. A technical DAC review is under way and Thomas Gass becomes chair in 2027.

WHO DG race

The first public candidates' forum (18-19 Nov) questioned Al Kuwari (Qatar), Kluge (Belgium), Song Li (China) and Tamamyan (Botswana) on day one; Balkhy (Saudi Arabia), Neira (Spain) and Sadikin (Indonesia) followed. HPW found donors focusing on fiscal discipline and consolidation, while African, Latin American and Asian delegations pressed on workforce, technology transfer and sovereign biomanufacturing; candidates refused to name programmes to be cut. Kapila's three-part series ends with a 'vacancy notice' and 14 questions for electors, urging them to press candidates on what they have done rather than promised. Jakarta circulated a 14-page rebuttal of civil-society allegations against Sadikin's domestic reforms and corporate background, and Geneva Health Files published his interview. Nordström (former WHO ADG) says WHO needs fundamental change in leadership, management, governance and financing, while Sheikh and Ren call for a 'Transformation Compact' in which the DG makes hard institutional choices and member states provide the political and financial conditions.

More on global health governance

HPW reports that Africa CDC Director-General Jean Kaseya, whose term ends in February, is campaigning for reappointment amid allegations (from eight sources) of threats to diplomats, staff intimidation and lavish spending, a 2025 auditors' letter flagging 49 financial flaws, and a standoff with the AU Administrative Tribunal; the governing board meets on 22 Nov, on the eve of CPHIA. Africa CDC rejected the article as built on anonymous sources and a politically motivated attack in the middle of an outbreak. Devex reports that IFPMA wants one of the Big Four to audit industry contributions to WHO's Pandemic Influenza Preparedness Framework and that some manufacturers are withholding funds; WHO says its funds are already audited and that the UN single-audit principle rules out a Big Four audit. An IJHPM viewpoint (Qi Shao) assesses the EU Global Health Resilience Initiative through three tests: fiscal space, technology and authority, and agenda-setting power.

More on global health funding and financing

Wood, Friel, Sacks, McCoy et al. (Deakin) offer a Financing Health for All roadmap through a commercial-determinants lens: build and protect the fiscal space of all governments, steer financial investments towards health equity and away from health-harming sectors, and democratise finance, while anticipating resistance. CGD's review of 40 sub-Saharan African budgets finds more revenue measures than earlier, yet mostly minor tax changes, rarely linked to aid losses and mostly below 1% of GDP; there is little evidence of spending reallocations to protect health, and the gap is larger than budgets show because much aid was off-budget. Coefficient Giving lists 25 ways to spend the 'third wave' of AI-driven philanthropy.

Trump 2.0, US Global Health Strategy, bilateral agreements and new Congress

Bolivia, Mexico and the US lost measles elimination status, with the NYT highlighting the role of RFK Jr. CNN reports that the administration plans to redirect or withhold nearly all of the roughly $605m Congress slated for international family planning and to move nearly $1bn into a global health innovation fund benefiting US corporations; South Africa, Tanzania and Zimbabwe face cuts above $100m each, and eight countries are cut to zero. CGD sets out six areas for the new Congress (oversight, verifiable results, multilateral leverage), KFF analyses the Advancing Global Health Annual Program Statement that supplements the America First MOUs, and Malaria No More finds more than 40% of malaria commitments in 13 MOUs lack metrics. WPR and EPIC discuss African sovereignty red lines (data protection, minerals, specimen sharing) and co-financing conditions in the 25 bilateral agreements. Also: NIH grant interference, House Democrats' 'Medicare for More' message, and a reinvigorated MAHA agenda under Stephen Miller as chief of staff.

Impact of aid cuts

The Clinton Health Access Initiative's 2026 HIV Market Report shows partial recovery: adults on treatment across nine countries were 3% higher in Q2 2026 than in Q2 2024, but HIV testing among adults fell 17% in at least eight countries and children receiving treatment dropped 20%.

PHC and UHC

A Lancet Primary Care editorial presents midwives as a key part of the primary care workforce, notes an estimated global shortage of 900,000, and cites the Midwife Accelerator (50+ countries), Bangladesh's plan for 25,000 new midwife posts, Sweden's commitments and a Nigerian AI platform, the Maternal Health Multiplier. Drugha argues that UHC monitoring is caught in a 'data poverty trap': countries with the least coverage have the least data (a cause is documented for only 8% of deaths in low-income countries), and she proposes treating data as part of UHC financing at the 2027 High-Level Meeting.

NCDs

Spain and 20 front-runner countries joined WHO and UNICEF in the call to action 'Bending the curve by 2030', aiming to cut obesity prevalence by 5% through prevention (taxes, labels, marketing limits, healthy school food), early action and stigma-free care; over one billion people live with obesity. On World Cervical Cancer Elimination Day WHO reported that three in five women aged 30-49 have never been screened and that only 2% of women in LMICs were screened by HPV test, versus 32% in high-income countries. A PLOS Global Public Health paper argues emergency care has been absent from all four UN NCD High-Level Meetings and should be integrated into NCD strategies, illustrated by sickle cell disease and asthma.

More on planetary health

WHO's 2025 climate and health survey (146 countries) finds more than 90% of countries have focal points and over half have strategies or adaptation plans, but implementation is limited by finance, workforce and monitoring. A Nature Sustainability study estimates the largest US data centres emit 25.7 Mt CO2 annually; the NYT notes this is probably an underestimate. At the inaugural UN Global Framework on Chemicals conference, African countries clashed with agrochemical makers over pesticide metrics. Other items: the TFFF forest fund is $3bn short six weeks from Norway's deadline, Nature Africa asks whether health systems are ready for El Niño, and Hickel et al. propose Sustainable Development Index 2.0, in which no country is sustainably developed.

SRHR and women's health

At the Copenhagen Summit (16-17 Nov), Denmark, Finland, Iceland, Norway, Sweden and South Africa launched a long-term SRHR partnership to mobilise new financing, with Gates and CIFF committing over $1.9bn over five years and South Africa pushing for SRHR within global health architecture reform. UNFPA finds one in four women cannot refuse sex in marriage (45% in west and central Africa). The UNEP-WHO 'State of the Science on Endocrine-Disrupting Chemicals 2026' links exposure from before birth with fertility, brain development, metabolic and hormone-sensitive cancers and costs above $1.1tn a year; a US-led bloc stalled a chemicals Gender Action Plan. Also: El Niño threatens maternal health for 15 million births; de Silva warns metrics-driven family planning risks coercion; and Somalia voted against a UN resolution on violence against women while the US and Russia abstained.

Human resources for health

WHO published the second edition of the Global Code of Practice on the International Recruitment of Health Personnel after WHA79.12, adding five provisions that extend the Code to care workers, clarify its use in emergencies, and encourage co-investment and mutually beneficial partnerships between source and destination countries.

Digital health and AI

HealthAI's Global Governance Forum in London ('From Trust to Implementation') brings regulators and health leaders together on responsible AI. The IEA warns that datacentres will use twice as much electricity by 2030, with emissions up 70%, as fossil fuel use grows fastest in the US and China. A JICSP paper finds that World Bank, WHO and USAID discourse presents digital health as an inevitable wave, depoliticising capacity gaps and power asymmetries with technology providers.

Conflict/war and health

Save the Children's analysis of UN-verified incidents shows children denied humanitarian aid increasing from 509 cases in 2015 to 8,322 last year, now over a fifth of all recorded violations against children (2% a decade ago), mostly in Palestine; a record 589 million children, almost one in four, live in conflict zones.

Access to medicines, vaccines and other health technologies

Franco's must-read analysis uses Keytruda to show how publicly funded science becomes private monopoly rent, and argues for a 'public pharma' approach. Balasegaram (FT) argues for testing drugs in newborns, since only 4 of 40 antibiotics approved in 2000-2022 were tested in newborns, citing the 3,000-infant NeoSep1 trial. MSF urges rollout of the WHO-recommended 4-month paediatric TB regimen, shown to work in routine settings in Uganda and the Philippines. Devex covers the pressures on African pharmaceutical manufacturers, and AVAC reports on early lenacapavir PrEP introduction in Kenya, Malawi and Uganda.

Miscellaneous

The Guardian reports that prediction platforms Polymarket and Kalshi now host bets on measles and other US public health crises, including vaccine mandates and drug trials, and experts warn of the risks.

30 key reads of the week

Selected by Claude (AI) from IHP 907 with attention to 'must-read', 'recommended' and first-listed items; at least one per subsection. Some URLs were reconstructed from line-wrapped text in the source PDF; check them if a link fails.

A FEW READS OF THE WEEK

1. **BMJ Editorial: Critical condition: what are we doing about nuclear war?** (K Abbasi, R Horton et al. | BMJ). Joint editorial urging health professionals to keep a health focus on nuclear risk and to push for TPNW membership.
   https://www.bmj.com/content/395/bmj-2026-101273

2. **Everyone Is a Stakeholder. So What?** (Habib Benzian | Substack (link not given in newsletter)). Asks who is accountable once everyone is 'at the table' and interests conflict with the public good.
   (no URL provided in the newsletter)

PABS

3. **Member States reiterate commitment to finalize Pandemic Agreement PABS Annex by May 2027** (WHO | press release). Official wrap-up of IGWG9 with next negotiating dates.
   https://www.who.int/news/item/13-11-2026-member-states-reiterate-commitment-to-finalize-pandemic-agreement-pabs-annex-by-may-2027

4. **Global Health Negotiations Proceed in the Backdrop of Elections at the WHO** (P Patnaik | Geneva Health Files (must-read)). Analysis of PABS round 9 and speculation about links with the WHO DG election.
   https://newsletter.genevahealthfiles.com/global-health-negotiations-proceed-in-the-backdrop-of-elections-at-the-who/

EBOLA EMERGENCY

5. **Six months on, accessing hard-to-reach communities key to halting Ebola outbreak** (Africa CDC/UNFPA/UNICEF/WFP/WHO | joint statement). Joint assessment that the Bundibugyo outbreak keeps expanding despite progress in reaching communities.
   https://africacdc.org/news-item/six-months-on-accessing-hard-to-reach-communities-key-to-halting-ebola-outbreak/

WORLD AMR AWARENESS WEEK

6. **'An unfulfilled plan helps no one': Superbug plans have doubled, but few countries are delivering** (UN News). 173 countries have AMR plans, but only 22% report funding and full implementation.
   https://news.un.org/en/story/2026/11/1168819

RUN-UP TO CPHIA 2026

7. **From dependency to sovereignty: What CPHIA 2026 must deliver for Africa's health security** (Africa CDC (full version in Journal of Public Health in Africa, recommended)). Sets out what the Addis conference must deliver on health sovereignty.
   https://africacdc.org/news-item/from-dependency-to-sovereignty-what-the-international-conference-on-public-health-in-africa-2026-must-deliver-for-africas-health-security/

COP31: WEEK TWO

8. **'You cannot build peace on a burning planet,' UN chief tells Cop31 in farewell speech** (The Guardian). Guterres' farewell message that climate action is central to all of the UN's work.
   https://www.theguardian.com/environment/2026/nov/13/cop31-antonio-guterres-united-nations-climate-action

COP31: CLIMATE AND HEALTH

9. **Health Wins Key Mention in First COP31 Draft Decision Text** (Health Policy Watch (must-read analysis)). A standalone health paragraph in the draft is symbolic, with no targets, funding or negotiating hook.
   https://healthpolicy-watch.news/health-wins-key-mention-in-draft-cop31-decision-document/

GLOBAL HEALTH REFORM

10. **SADC health ministers warn disruptive UNAIDS reform could jeopardize 2030 AIDS goal** (UNAIDS | press statement). Ministers call for reform that protects UNAIDS' essential functions.
    https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/november/20261113_PS_SADC_ministers

FUTURE OF DEVELOPMENT / INTERNATIONAL COOPERATION

11. **The OECD Development Assistance Committee at 70: Whose Mutual Interest Will Prevail?** (A Sumner & S Klingebiel | Global Policy). Four futures for 'mutual interest', with 2026 trends pointing to extractive cooperation.
    https://www.globalpolicyjournal.com/blog/17/11/2026/oecd-development-assistance-committee-70-whose-mutual-interest-will-prevail

WHO DG RACE

12. **WHO Director-General Candidates Put to the Test in First Public Forum** (Health Policy Watch (must-read)). Day-one analysis exposing donor versus Global South fault lines over budgets and sovereignty.
    https://healthpolicy-watch.news/who-candidates-forum/

13. **Selecting the Next WHO Director-General: Real Job Description and Essential Questions (Part III)** (M Kapila | Health Policy Watch). Proposes a vacancy notice and 14 questions electors should ask candidates.
    https://healthpolicy-watch.news/selecting-the-next-who-director-general-real-job-description-and-essential-questions-part-iii/

14. **Nothing Short of Radical Change: Task of the Next WHO Director-General** (A Nordström | Geneva Health Files (must-read guest essay)). Former WHO senior official says business as usual is not an option for WHO.
    https://newsletter.genevahealthfiles.com/nothing-short-of-radical-change-task-of-the-next-who-director-general-guest-essay/

MORE ON GLOBAL HEALTH GOVERNANCE

15. **Africa CDC Head Pushes for Reappointment Amid Allegations of Intimidation, 'Extravagant' Spending and Adverse Audit Findings** (Health Policy Watch). Investigation ahead of the 22 Nov board meeting; Africa CDC rejects it.
https://healthpolicy-watch.news/africa-cdc-head-pushes-for-reappointment/

16. **Exclusive: Big Pharma demands audit of WHO flu program** (Devex). IFPMA wants a Big Four audit of the PIP Framework; WHO cites the UN single-audit principle.
https://www.devex.com/news/exclusive-big-pharma-demands-audit-of-who-flu-program-113868

GLOBAL HEALTH FUNDING AND FINANCING

17. **Financing health for all: Pathways, barriers, and opportunities** (B Wood, S Friel et al. | Deakin University working paper (one of the reads of the week)). Three pathways to align financial systems with health equity, from a commercial determinants angle.
https://dro.deakin.edu.au/articles/composition/Financing_health_for_all_pathways_barriers_and_opportunities/34866834/1?file=71423767

18. **Who Will Pay for Lost Aid? What Sub-Saharan Africa's 2026 Budgets Reveal** (B Clements et al. | CGD). Few of 40 countries' budgets deliberately replace lost aid or protect health spending.
https://www.cgdev.org/blog/who-will-pay-lost-aid-what-sub-saharan-africas-2026-budgets-reveal

TRUMP 2.0 AND US GLOBAL HEALTH

19. **Three Countries in the Americas Lose Measles-Free Status** (Health Policy Watch). Bolivia, Mexico and the US lose elimination status after a year of sustained transmission.
https://healthpolicy-watch.news/three-countries-lose-measles-free-status/

20. **The Trump administration is diverting billions in health funding away from low-income countries, defying Congress' plans** (CNN). Leaked budget documents show family-planning funds redirected and deep cuts for several African countries.
https://edition.cnn.com/2026/11/14/world/trump-administration-foreign-aid-global-health-diverted-intl

IMPACT OF AID CUTS

21. **Adult HIV treatment programs recovering following funding cuts** (Devex (on CHAI HIV Market Report)). Adult treatment is recovering, but testing is down 17% and children on treatment are down 20%.
https://www.devex.com/news/adult-hiv-treatment-programs-recovering-following-funding-cuts-113901

PHC AND UHC

22. **Lancet Primary Care, October issue (editorial: Midwifery and maternal health)** (The Lancet Primary Care). Argues midwifery is a core part of PHC, citing a shortage of 900,000 midwives.
https://www.thelancet.com/issue/S3050-5143(26)X2010-6

NCDS

23. **Spain Champions Call for Action Against Obesity** (Health Policy Watch). Spain and 20 countries commit to a 5% reduction in obesity prevalence by 2030.
https://healthpolicy-watch.news/spain-champions-call-for-action-against-obesity/

MORE ON PLANETARY HEALTH

24. **2025 WHO health and climate change global survey report** (WHO | report). Planning is expanding across 146 countries, but implementation is held back by finance and workforce.
https://www.who.int/publications/i/item/9789240126466

SRHR AND WOMEN'S HEALTH

25. **New international partnership to unlock new financing for SRHR** (Norwegian Government (Nordics + South Africa) | press release). Launch of a long-term SRHR partnership with Gates and CIFF committing over $1.9bn.
https://www.regjeringen.no/en/whats-new/new-international-partnership-invites-global-partners-to-join-forces-and-unlock-new-financing-for-sexual-and-reproductive-health-and-rights/id3193002/

HUMAN RESOURCES FOR HEALTH

26. **WHO Global Code of Practice on the International Recruitment of Health Personnel, 2nd ed.** (WHO | IRIS). Updated Code extends to care workers and emergencies and promotes co-investment.
https://iris.who.int/items/d96ce4e2-68d2-42b5-8dbb-ed553f461f74

DIGITAL HEALTH AND AI

27. **As AI safety concerns grow, international health leaders convene at HealthAI Global Governance Forum** (HealthAI | via NatLawReview). Forum on translating responsible-AI principles into regulation and accountability.
https://natlawreview.com/press-releases/ai-safety-concerns-grow-international-health-leaders-convene-healthai-global

CONFLICT/WAR AND HEALTH

28. **Cases of children being denied aid in war zones are soaring, analysis finds** (The Guardian (Save the Children analysis)). Aid denial to children rose 16-fold in a decade, with a record 589 million children in conflict zones.
https://www.theguardian.com/global-development/2026/nov/18/aid-denial-humanitarian-children-save-the-children-un

ACCESS TO MEDICINES, VACCINES AND OTHER HEALTH TECHNOLOGIES

29. **Keytruda was built on public science. Why does Merck own the rewards?** (D Franco | Breakthrough News (must-read)). Case study for a 'public pharma' approach to publicly funded innovation.
https://breakthroughnews.org/2026/11/13/keytruda-was-built-on-public-science-why-does-merck-own-the-rewards/

MISCELLANEOUS

30. **Health is wealth? Polymarket and Kalshi now host bets on measles and other US health crises** (The Guardian). Experts warn of risks from betting markets tied to public health events.
https://www.theguardian.com/world/2026/nov/14/measles-kalshi-polymarket-betting