IHP news 906: AI-Generated Summary & 30 Key Reads

Produced by AI (Claude, Anthropic) from the IHP newsletter of 13 November 2026 – Climate crisis: now 'a global health crisis of pandemic proportions'

Introduction & Featured Article

Introduction. Editor Kristof Decoster notes rising tension in the WHO Director-General race, after a Health Policy Watch (HPW) report on an Indonesian civil society coalition challenging Budi Sadikin's bid. The week's main story is COP31 in Antalya, Türkiye, where Health Day opened proceedings and UN climate chief Simon Stiell called the climate crisis "a global health crisis of pandemic proportions". The editor observes that the framing has shifted from 'Health for all' to 'health resilience' (the new Antalya Initiative for Health Resilience), that the world is heading for 'irrevocable overshoot', and that there are calls to label the current super El Niño a PHEIC. Other items: PABS annex negotiation round 9 concludes on Friday; the First Africa Health Data Forum (Nairobi, 10-12 Nov); the inaugural African Medicines Agency Week (Kigali); and a new Access to Medicine Index. On 10 November the 'Together for Science and Health' movement against health misinformation was launched. The editor backs its objective but offers two pieces of advice: the Macron co-led launch may be unhelpful given his low trust levels in France, and European leaders should apologise for letting pharma companies earn billions during the pandemic from largely publicly funded research, which in his view damaged trust in science and fuelled vaccine conspiracy theories.

Featured article – "We Belong Here Too: An Adivasi's Reflection on Healthcare and Dignity" (Manikandan Paniyan & Sabu K. U.). Accompanying his aunt at Government Medical College, Wayanad (Kerala), the author – an MBA graduate – needed about 90 minutes of counters, endorsements and paperwork to obtain a medicine costing INR 5. He asks what this means for illiterate or elderly Adivasi people, who often already struggle with transport, lost wages and finding a companion before even reaching the hospital. Dignity, he argues, means recognition of people's time, knowledge and circumstances; education should never be a precondition for it, and institutions should adapt to communities rather than the reverse. Not every difficulty is discrimination, but equal access means more than open doors. He calls for less administrative burden, Indigenous involvement in service design, and better patient navigation support.

Highlights of the Week – Summary per Subsection

1. Launch 'Together for Science and Health' (10 Nov)

WHO launched the movement on World Science Day for Peace and Development, uniting more than 240 organisations, with 12 events worldwide and links to the Paris Peace Forum. Its three priorities: bringing science and society closer, strengthening evidence use in health policy-making, and improving how science is communicated. WHO Chief Scientist Sylvie Briand presented it as a way to shape research around people's needs, against a backdrop of misinformation and mistrust.

Dev Discourse adds that the initiative encourages communities to become active partners in scientific research and public-health decisions, at a time when misleading health information makes it hard for people to identify reliable evidence. On 7 October the WHO Civil Society Commission and the Chief Scientist's Office had briefed around 100 civil society representatives.

2. PABS negotiations: round 9 ends on 13 November

A mid-round update (RANI) recalls Tedros' three asks: negotiate with the intention of concluding, separate the essential from the desirable, and keep public health as the 'North Star'. Completing the annex is what allows the Pandemic Agreement to enter into force. The 4 November text shows progress on links to other parts of the Agreement, but pathogen access, sequence information and traceability remain open. A special World Health Assembly session in mid-December is no longer expected; the focus is concluding before WHA80 (May 2027). Civil society asks for more transparency and a dedicated focal point.

Stay tuned: the newsletter promises the final press release and some analysis in the coming days. Taken together, the mid-round signals suggest that the negotiators are still some way from a final text, and that the practical question is whether a workable system can be agreed without trying to design a perfect one.

3. Ebola emergency

The DRC outbreak (Bundibugyo virus) stands at 10,910 confirmed cases and 5,234 deaths (case-fatality 48.7%, 9 Nov). MSF urges SAGE to lift the research-only restriction on Ervebo, citing possible

cross-protection, and says that six months in the outbreak is out of control, with missed cases and hospital transmission. Neil Ferguson warns it could last another year. IOM reports 71 cases on transit routes, 95% on informal routes, and calls for wider surveillance as funding runs short. A Lancet Regional Health Africa commentary stresses international solidarity after cases were exported to Uganda, France, Kenya and Nigeria. ProPublica reports a firm linked to Trump's sons received nearly USD 40 million in Ebola-screening contracts despite no Ebola experience. Kenya discharged its last Ebola patient.

The Lancet Regional Health Africa commentary notes that this is the first time a Bundibugyo outbreak originating in the DRC has produced imported cases abroad, underlining that no country is safe until all are safe. It recalls the WHO PHEIC determination and Africa CDC's continental emergency declaration, and highlights uneven financing across response pillars, limited visibility on where money goes, and delays in turning pledges into usable funds. MSF adds that there is no licensed vaccine or treatment for Bundibugyo, and that anecdotal evidence suggests staff previously vaccinated with Ervebo are faring better in the current outbreak.

4. AMR

A Lancet Microbe paper (Haddad et al.) argues that the pivot to health-security framing of AMR is short-sighted: it favours short-term, sometimes discriminatory fixes over socio-ecological drivers, and exposes the weak, underfunded AMR governance framework. AMR should be treated as a permanent planetary problem requiring sustainable institutions, foresight and public core financing.

The authors see an 'abrupt pivot' towards war-like and apocalyptic AMR messaging, driven by rising defence budgets and faltering multilateralism, as a sign of strategic frailty rather than strength.

5. More on PPPR & GHS

A Lancet Regional Health Eastern Mediterranean Personal View presents geopolitical conflict as a structural determinant of health security. It points to vaccine disruption, polio eradication setbacks, over 100 million displaced people, mental-health harms and energy-driven poverty, and argues conflict undermines surveillance, trust and cooperation.

The paper stresses that immunisation programmes are particularly sensitive to instability, that children exposed to conflict suffer elevated anxiety and depression with intergenerational effects, and that global health security frameworks, traditionally focused on emerging infections, must recognise sustained geopolitical instability as a primary driver of insecurity.

6. COP31 in Antalya: general news & messaging

Over 190 countries are attending, without the US; Türkiye hosts while Australia (Chris Bowen) presides over negotiations and wants a 'tangible outcome' on implementation. Nature reports an imminent overshoot of 1.5°C, with scientists urging carbon dioxide removal and COP reform (Rockström: majority voting). WMO says Earth's energy imbalance is the highest on record, with Jan-Sep 2026 about 1.47°C above pre-industrial. Fossil-fuel transition is formally off the agenda, though Brazil presented a voluntary roadmap and the presidency pushes a 35x35 electrification goal. Guterres, in his last COP address, attacked the fossil-fuel lobby; leaders of China, India, France and Germany stayed home. Finance is contested: developing countries pay almost USD 1 trillion in interest, and while the USD 300bn goal is broadly on track, Carbon Brief finds new public climate-finance pledges down over 70% (about USD 11.7bn a year versus roughly USD 40bn). The Belem-Antalya just-transition mechanism remains vague. Climate Action Tracker projects 2.7°C under current policies (1.9°C even if all pledges are met); Carnegie examines climate clubs and Kevin Anderson warns that technological optimism abandons Paris.

Day 3 coverage adds that around 40 leaders addressed the summit and that Guterres proposed a 'climate justice compact'. Ethiopia's Abiy Ahmed, whose country hosts COP32, asked every finance pledge to state how much, by when and on what terms. UNCTAD counts 3.7 billion people living in countries that spend more on interest than on health or education. HPW also explains the Annex II dispute: China, Russia and the Gulf states insist they are not donors, although China reports mobilising about USD 24.5 billion since 2016 and the UAE launched a USD 30 billion fund. A Guardian explainer asks whether, ten years after Paris, climate talks still get anywhere; Mohamed Adow of Power Shift Africa says success will be judged on delivery rather than declarations. Bill McGuire expects the 1.5°C limit to be crossed permanently in 2028 and 2°C in the late 2030s.

7. COP31: climate & health

WHO's briefing stresses that 3.3-3.6 billion people are highly vulnerable and that six prioritised climate-health actions could save 1.6 million lives a year, returning about USD 24 per dollar. Health Day launched the voluntary Antalya Initiative for Health Resilience (AIR), though no participating countries, funding or staff had been announced. Governments again announced no new health-climate financing; Brazil's Padilha noted health adaptation finance fell from about USD 3.2bn (2022) to 2.2bn (2024), and Tedros, at his last COP as DG, said 'declarations do not protect people' and wants health in the negotiated text. Brazil launched a financing framework for the Belem Health Action Plan ('not a new fund'). The Climate & Health Funders Coalition has awarded USD 225 million and gained USD 150 million in new commitments. Health receives only about 1% of climate finance, and WHO has classified El Niño's expected health impacts as a health emergency.

The Global Climate & Health Alliance lists its priorities: closing finance shortfalls, national and regional roadmaps for fossil-fuel phase-out, a task force on adaptation indicators, health inside just-transition entities, and health in the second Global Stocktake. HPW notes that ATACH, with more than 100 member countries, held its own summit on 10 November, and that eighteen health organisations led by Health Care Without Harm want AIR to include a pillar for health workers. Tedros asked that health become an explicit eligibility area for climate finance.

8. COP31: a few more snippets

UK Foreign Secretary Ed Miliband calls climate breakdown a top national-security threat. UN Women reports 1.5 billion women live in climate hotspots and 141 million more could fall into extreme poverty. The Global Solidarity Levies Task Force publishes its annual report on 13 November.

Miliband argued that food shortages, infrastructure threats and migration make security and defence the new frontier of climate action. The UN Women fact sheet 'Gender Equality in the Age of Climate Crisis' was issued at COP31 on Tuesday.

9. Global health reform

The WHO-hosted Joint Task Force on Global Health Architecture Reform is working towards an interim report in early December. A joint position paper (NCD Alliance, GFAN, CSEM) for the financing workstream calls for stronger domestic financing, phased aid transitions, predictable aligned funding and a role for civil society. A slide deck asks whether reform momentum will produce a real redistribution of power and resources. An NCD Alliance blog insists reform must integrate NCDs within UHC, be country-led and involve sectors beyond health.

The HEAR CSO newsletter also lists the composition of the workstream working groups and new resources, while the NCD Alliance blog (Banatvala) argues that UN agencies such as UNDP, ILO, FAO, IOM, UNEP, UNHCR and UNICEF must recognise and answer for the health consequences of their mandates, with governments, civil society and people with lived experience leading reform.

10. Future of international cooperation

Jonathan Glennie introduces 'global public value' as a broader successor to global public goods: international cooperation exists to create value such as poverty reduction, stable climate and peace, shifting the focus from correcting failure to shared purpose, with those affected having agency over decisions.

Glennie argues the global public goods concept carries 'baggage' from market-failure economics (non-rivalry, externalities) and that global public value starts instead from the question of what kind of world we value and what should be created, preserved or restored collectively. Global public finance then exists to invest in that value, and 'all decide' becomes part of how value is defined.

11. WHO DG race

A coalition of Indonesian medical professors and anti-corruption groups petitioned the WHO Executive Board to reject Health Minister Sadikin's candidacy, alleging marginalisation of critics, weakened scientific independence, commercialisation and genomic-data governance concerns (his campaign was to reply). Geneva Health Files interviews Saudi candidate Hanan Balkhy, and a Nature Health comment urges early-career pathways in WHO's leadership transition.

The Coalition for Health Justice (Koalisi Keadilan Kesehatan) delivered its 12-page dossier, dated 4 November, to all Executive Board members and Geneva missions; it also alleges erosion of stakeholder participation and policies that widen inequities, and concludes that Sadikin is not an appropriate candidate.

HPW promised to publish his campaign's reply in full. The Balkhy interview presents a physician and WHO insider with experience in conflict settings.

12. More on global health governance & finance/funding

HPW's must-read analysis sees multilateral development banks becoming the major external funder as aid recedes, with experts warning about debt and about blended finance that de-risks private actors; debt swaps are proposed. Related items: a Global Fund malaria mechanism giving GiveWell a say in funding; the GFF reaching its USD 1 billion target; AU 'political champions' (Ramaphosa to Mahama); Africa CDC welcoming Mark Dybul as Global Fund executive director; Nina Schwalbe on effective-altruism funding bars and a USD 165m Health Aid Transition Fund; pooled TB sputum testing in Cameroon; essays on scarcity, philanthropy ('flipism') and deep versus responsive solidarity; CGD on supply-chain financing governance; and an IDS brief linking social insurance and tax capacity.

Further detail on the MDB analysis: Peter Piot expects development banks to become the major external funder; IHME preliminary data show regional development banks' health assistance up about 32% (USD 270 million) between 2025 and 2026, and the World Bank up 2%. The Global Fund and the Islamic Development Bank signed a partnership in October, and 43% of Global Fund country grants (about USD 4.5 billion) go to IsDB member states. Wemos' Mariska Meurs distinguishes public concessional lending from private-sector de-risking, while Bodo Ellmers warns of a debt spiral. The malaria mechanism (MIA) depends on more than USD 1 billion in private pledges by March 2027. Africa CDC wants Global Fund purchasing power to support African manufacturing and the African Pooled Procurement Mechanism. CGD identifies five elements of good supply-chain financing governance, and the IDS brief argues social insurance and tax capacity are complementary projects.

13. Trump 2.0, US global health strategy, bilateral agreements & midterms

Data suggest the US has lost measles-elimination status. The NYT reports 36 unpublished bilateral 'America First' health agreements (about 70 planned); the DRC deal ends funding for health workers by year-end, and at least 11 deals require specimen sharing within five days without guaranteed access to resulting tools, which experts say undermines PABS. The State Department awarded USD 1.7bn in non-competitive grants to 75 recipients before fiscal year-end. After Democrats won both chambers in the midterms, analyses (Devex, KFF, HPW) expect oversight and power-of-the-purse action and a health agenda on Medicaid, ACA credits and NIH funding. Emily Bass urges separate oversight of USAID's dissolution and the new strategy; CGD recommends investing in the multilaterals, starting with IDA.

Further detail: KFF now publishes a tracker of the 'America First' MOUs with funding, co-financing shares and analysis. The NYT notes that the agreements promise only to 'prioritise' supplying medical tools behind US domestic need, while some give the US access to national health databases without privacy safeguards; Africa CDC's Jean Kaseya fears the bilateral approach weakens continental efforts. Optimists point to the Pandemic Fund (USD 11.5 billion portfolio in 128 countries). Devex reports that Congress has been notified of government-to-government financing plans for only Kenya, Malawi and Uganda. On the midterms, Hakeem Jeffries' agenda foresees repealing the 2025 Medicaid cuts, restoring SNAP and ACA tax credits and releasing withheld NIH funds, and KFF polling shows six in ten voters very worried about health costs. Sanders, likely next Senate Health Committee chair, is pushing Medicare for All.

14. UHC

Devex looks at the race to secure UHC financing ahead of the 2027 UN high-level meeting. Ertila Druga argues people are 'secured but not covered': health security attracts funds and institutions while UHC gets declarations. Bernie Sanders launched a Medicare for All push.

Druga traces three mechanisms: a travelling-threat logic that directs money to cross-border risks, an emergency cycle that turns each outbreak into a new institution, and a parallel security architecture built beside rather than inside health systems. She suggests the 2027 high-level meeting should treat preparedness as part of coverage.

15. Global tax justice

A Global Policy article examines competing OECD and UN forums in global tax governance and the prospects for multilateral cooperation, with policy implications.

The piece is relevant to health financing because the UN tax convention negotiations and OECD processes shape how much domestic and global revenue can be raised for public services.

16. AI & health

CESR examines who pays and who gains from the AI race, calling for tax justice via the UN tax convention; Kaushik Basu proposes a ‘universal basic share’ of global profits; NEJM asks whether AI mass surveillance is a new determinant of health.

CESR describes a familiar political economy of extraction, public assumption of risk and concentrated private profit, and proposes ways to tax AI profits where companies have no physical presence and to recognise user data and model training as sources of taxable value. Basu warns that AI-driven concentration of wealth threatens democracy.

17. First Africa Health Data Forum (Nairobi)

A WHO report on 40 African countries gives health information systems an average maturity of 59/100 (range 26-93). Only 19 countries notify at least 80% of deaths, 21 record cause of death at that level, 18% have a dedicated budget line, and 35% have an up-to-date policy.

The report, The Maturity and Functionality of Health Information System in the WHO African Region, was launched at the forum’s opening and warns that weak data on deaths and health needs can delay life-saving interventions.

18. World Pneumonia Day (12 Nov)

A Lancet Global Health comment notes the 2025 target was missed: pneumonia still kills about 660,000 children under five yearly (around 250,000 neonates). It proposes treating pneumonia as an indicator of health-system performance.

The authors call for a reboot of the agenda for preventable child pneumonia deaths, since almost all deaths are preventable and the target of fewer than three deaths per 1,000 live births remains unmet.

19. More on planetary health & environmental determinants

Think Global Health argues the WHO DG should convene an Emergency Committee on El Niño (PHEIC), and a Nature comment calls the super El Niño a health shock requiring joint action on food shortages and outbreaks. A Geneva Graduate Institute brief covers the Global Framework on Chemicals.

The TGH authors argue that an Emergency Committee would let WHO escalate its response to climate change without redefining ‘emergency’ in international law, a sort of test case for WHO.

20. Access to medicines, vaccines & other health technologies

The 2026 Access to Medicine Index (Novartis first, GSK second) finds nearly 70% of late-stage products have access plans, triple 2018, but NCD plans lag (diabetes: 10 of 19 projects) and insulin supply is at risk. Also covered: WHO-AMA regulatory cooperation at AMA Week (Kigali), African pooled procurement talks in Accra, and Ghana’s USD 100m vaccine plant and 60% domestic-production target.

The Index (first published in 2008) reports more companies embedding access in corporate strategy, with CEO targets and board-level accountability, and earlier planning at the start of R&D. Shortcomings include limited NCD access plans, GLP-1 products not yet available in the global south, lack of AMR research and the withdrawal of multinationals from Africa. The Guardian warns Sanofi, Lilly or Novo might leave the insulin market, and Melissa Barber offers a critical five-point reflection on the Index. The African Pooled Procurement Mechanism meeting in Accra (10-11 Nov) focuses on operationalising continental procurement.

21. Miscellaneous

This subsection contains no items in this edition.

30 Key Reads of the Week

Selected by AI (Claude) from the newsletter; at least one per subsection. 'Editor flag' marks reads the newsletter itself called must-read or cool. URLs were rebuilt from the PDF text; where a link is not in the newsletter, this is stated.

1. WHO launches 'Together for Science and Health' to strengthen trust worldwide

WHO · WHO news · [Launch]

Official launch of a movement of 240+ organisations to rebuild trust in science.

https://www.who.int/news/item/10-11-2026-who-launches-together-for-science-and-health-movement-to-strengthen-trust-worldwide

2. Bridging the gaps: mid-round update on PABS negotiations

RANI · RANI newsletter · [PABS]

Concise mid-round status of the PABS annex talks, open issues and WHA80 timeline.

https://mailchi.mp/rani/bridging-the-gaps-resilience-action-playbook-6-nov?e=da8439b1d4

3. Wider use of Ervebo vaccine urged as DR Congo Ebola outbreak nears 11,000 cases

CIDRAP · CIDRAP News · [Ebola]

MSF asks WHO to lift research-only limits on Ervebo as the toll keeps rising.

https://www.cidrap.umn.edu/viral-hemorrhagic-fever/wider-use-ervebo-vaccine-urged-dr-congo-ebola-outbreak-nears-11000-cases

4. Importance of international solidarity in the escalating 2026 Bundibugyo virus disease outbreak in DR Congo

Belizaire MRD, Kaseya J, Janabi MY et al. · Lancet Regional Health Africa · [Ebola]

Argues the outbreak is a regional and global security concern needing urgent, funded solidarity.

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00170-7/fulltext

5. Re-securitising antimicrobial resistance: how resurgent health security thinking threatens collective action

Haddad C et al. · Lancet Microbe · [AMR]

Warns that security framing of AMR favours short-term fixes over durable collective action.

https://www.sciencedirect.com/science/article/pii/S2666524726002314

6. Geopolitical conflicts as a structural determinant of global health security: a focus on the Eastern Mediterranean region

Abdullah MA et al. · Lancet Regional Health Eastern Mediterranean · [PPPR & GHS]

Shows how conflict drives vaccine disruption, displacement and health insecurity.

https://www.thelancet.com/journals/laneme/article/PIIS3050-5054(26)00010-4/fulltext

7. Cop31: what is at stake at the UN climate summit and what can it achieve?

Guardian · The Guardian · [COP31 general]

Useful curtain-raiser on the main contention points at COP31.

https://www.theguardian.com/environment/2026/nov/08/cop31-what-is-at-stake-at-the-un-climate-summit-and-what-can-it-achieve

8. Analysis: Climate-finance pledges fall 70% as countries meet at COP31

Carbon Brief · Carbon Brief · [COP31 general]

Public climate-finance pledges drop to about USD 11.7bn a year as US and European donors retreat.

https://www.carbonbrief.org/analysis-climate-finance-pledges-fall-70-as-countries-meet-at-cop31

9. WHO at COP31: climate change and health briefing and key messages

WHO · WHO · [COP31 health]

Three key messages and concrete asks, including USD 24 return per dollar on six climate-health actions.

https://www.who.int/publications/m/item/who-at-cop31--climate-and-health-briefing-and-key-messages

10. 'Declarations Do Not Protect People': COP31 Opens Under Pressure to Deliver Results Over Words

Health Policy Watch · Health Policy Watch · [COP31 health]

Best account of Health Day, the AIR launch and the absence of new health financing.

https://healthpolicy-watch.news/declarations-do-not-protect-people-cop31-opens-under-pressure-to-deliver-results-over-words/

11. Ed Miliband: climate crisis puts national security of all countries at risk

Guardian · The Guardian · [COP31 snippets]

UK minister frames climate action as the new security frontier.

https://www.theguardian.com/environment/2026/nov/11/ed-miliband-national-security-climate-crisis-cop31

12. Health Financing for a Reformed Global Health Architecture: A Common Position

NCD Alliance, GFAN, CSEM · Position paper (HEAR CSO) · [Global health reform]

Civil society input for Workstream 3 on equitable, predictable and country-owned financing.

https://globalfundadvocatesnetwork.org/wp-content/uploads/2026/11/261109-Position-paper-Financing-for-a-Reformed-GHA-GFAN-NCDA-CSEM.pdf

13. What health ministers keep telling us about NCDs, and why reform must listen

Banatvala N · NCD Alliance blog · [Global health reform]

Argues no reformed architecture is credible unless countries can tackle NCDs within UHC.

https://ncdalliance.org/stories/news-blogs/2026/what-health-ministers-keep-telling-us-about-ncds-and-why-reform-must-listen

14. An introduction to Global Public Value

Glennie J · Substack · [Future of int. cooperation]

Proposes 'global public value' as a broader purpose for international cooperation (link not given in the newsletter).

URL not provided in the newsletter

15. Indonesian Civil Society Coalition Challenges Sadikin's Bid to Become WHO Director General

Health Policy Watch · Health Policy Watch · [WHO DG race]

The week's 'bombshell': the first grassroots challenge to a DG nominee.

https://healthpolicy-watch.news/indonesian-civil-society-sadikin/

16. Q&A with Hanan Balkhy, WHO DG candidate
Geneva Health Files · Geneva Health Files · [WHO DG race]
Second in an interview series, with the Saudi-nominated WHO insider.
https://newsletter.genevahealthfiles.com/exclusive-q-a-with-hanan-balkhy-who-dg-candidate/?ref=geneva-health-files-newsletter

17. Development Banks to Become 'Major Funding Source' as Aid Recedes, But Experts Warn of Risks
Health Policy Watch · Health Policy Watch · [Governance & finance]
Weighs the opportunities and debt risks of MDBs becoming central to health financing. **Editor flag: must-read analysis of the week**
https://healthpolicy-watch.news/development-banks-global-health/

18. From Ramaphosa to Mahama: Africa's Political Champions in Global Health
Evaborhene NA · Global Policy (blog) · [Governance & finance]
Examines how AU political champions can boost African agency if gains are institutionalised. **Editor flag: must-read**
https://www.globalpolicyjournal.com/blog/10/11/2026/ramaphosa-mahama-africas-political-champions-global-health

19. Donald Duck's Theory of Global Health
Benzian H · Substack · [Governance & finance]
Uses 'flipism' to question how billionaire philanthropy shapes global health priorities.
https://habibbenzian.substack.com/p/donald-ducks-theory-of-global-health

20. U.S. Global Health Strategy Jeopardizes Prevention of Pandemics, Experts Warn
New York Times · The New York Times · [Trump 2.0 & US]
Details the unpublished bilateral health deals and their clash with the global PABS approach.
https://www.nytimes.com/2026/11/06/us/politics/pandemic-prevention-african-countries.html

21. Special edition: Democrats won big. What could it change for foreign aid?
Devex · Devex · [Trump 2.0 & US]
Explains likely Democratic priorities on oversight and the power of the purse.
https://www.devex.com/news/special-edition-democrats-won-big-what-could-it-change-for-foreign-aid-113822

22. Secured but not Covered: Why Health Security moves faster than Universal Health Coverage
Druga E · LinkedIn essay · [UHC]
Explains why health security attracts funding and institutions while UHC gets declarations. **Editor flag: 'very cool analysis'**
https://www.linkedin.com/pulse/secured-covered-why-health-security-moves-faster-than-druga-phd-f0z7e/

23. Competing Forums in Global Tax Governance: OECD, UN and the Prospects of Multilateral Cooperation
Boukal T et al. · Global Policy · [Global tax justice]
Compares OECD and UN tax forums and draws policy implications.
https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70255

24. The AI race: Who pays the price, and who reaps the rewards?
Balsera MR · CESR · [AI & health]
Makes the case for economic justice and tax fairness in the AI economy.
https://www.cesr.org/the-ai-race-who-pays-the-price-and-who-reaps-the-rewards/

25. New WHO report reveals critical gaps in Africa's health information systems
WHO Afro · WHO Afro · [Africa Health Data Forum]
Health information systems in 40 countries score an average maturity of 59/100.
https://www.afro.who.int/news/new-who-report-reveals-critical-gaps-africas-health-information-systems

26. Childhood pneumonia: a stress test for health systems
Ginsburg AS et al. · Lancet Global Health (Comment) · [World Pneumonia Day]
Argues pneumonia should be treated as an indicator of health-system performance.
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00274-3/fulltext

27. WHO Director General Should Convene Emergency Committee on El Niño
Carlson CJ et al. · Think Global Health · [Planetary health]
Makes the case for a PHEIC on El Niño without redefining 'emergency'.
https://www.thinkglobalhealth.org/article/who-director-general-should-convene-emergency-committee-on-el-nino

28. The super El Niño is more than a climate shock – it's a health one, too
McLaughlin E et al. · Nature (Comment) · [Planetary health]
Warns of food shortages and outbreaks that must be tackled together.
https://www.nature.com/articles/d41586-026-03628-5

29. After 20 years, how much has Big Pharma changed on access?
Devex · Devex · [Access to medicines]
Reads the new Access to Medicine Index: more access plans, but gaps on NCDs and insulin.
https://www.devex.com/news/after-20-years-how-much-has-big-pharma-changed-on-access-113846

30. WHO and African Medicines Agency advance regulatory cooperation at inaugural Agency Week in Kigali
WHO · WHO news · [Access to medicines]
Launch of technical committees and new regulatory initiatives for harmonised African regulation.
https://www.who.int/news/item/10-11-2026-who-and-african-medicines-agency-advance-regulatory-cooperation-at-inaugural-agency-week-in-kigali