IHP news 905 : Could the times be a-changing… ?

(6 November 2026)

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

Dear Colleagues,

I can't remember any **US midterms** followed as closely (near-) globally as the ones that took place earlier this week. The epic Democrat victory was hands down the most joyful and important news of the week. Pleased to see that **'green economic populism'** played a role, in addition to a strong anti-Trump sentiment (*with many Americans in the mood to already "sunset" Donald altogether*) and plenty of other factors (*certainly including affordable health care*). In recent months, a number of huge blows have been dealt to the seemingly 'unstoppable' far right momentum. In line with a 'learning health system', could there also be such a thing as a **'learning polity'…**?

That doesn't mean much yet for the upcoming French presidential elections, with Macron there in the role of 'lightning rod' (even if also not on the ticket). But at least it should be clear now wat (centre-) left should try to offer in the second round against Le Pen, in terms of discourse, policies & profile of the candidate, in order to have a good chance. As for sure the European far right has also learnt a few lessons from these midterms on the importance of 'bread & butter' issues *(in case it was still needed).* As for the US, let's see how things are going in the next few years now that Trump has been turned into a 'wounded & angry duck'. He's clearly not well either. Fingers crossed that he still has a few more or less sensible people around him.

This newsletter issue has the usual amount of **PPPR related updates**, featuring among others a **report by the Independent Panel for Pandemic Preparedness and Response** published end of last week, '*Hiding in Plain Sight: Mpox and the Cost of Neglecting Known Threats*'. In the report, the panel argued that '***a health emergency is a sign of failure, not the starting point for outbreak control***'. The preventable yet largely neglected disease (Mpox) caught countries off-guard, with the global consequences we know now. Let's hope the message also sinks in at the latest **(9th) PABS negotiation round**, which kicked off on Monday in Geneva. Meanwhile, **The Elders sounded another alert on the Ebola emergency**, this one targeted to the G20 leaders. For good reason. (*By the way: do the exercise for yourself – even if you leave polio out of the equation, for how much time the world has been in a health emergency over the past 6 years...*)

We also come back on last week's **Global Fund Board meeting** (28-30 October). The **first interviews with Mark Dybul, back at the helm of the Global Fund**, are very insightful and encouraging. A last word on the selection process perhaps: one of the questions in a must-read Geneva Health Files interview concerned the **transparency of the selection process**. Dybul is certainly not to blame for the process, and his answer is honest and to the point. But, while I obviously can't talk on behalf of Southern constituencies, **at least as a taxpayer from the North, I would have liked to watch a public event with the various candidates making their case**. If global health wants a new generation to care about global health causes, in an arguably very different era, then billion-dollar GHIs, still paid to a large extent with taxpayers' money, should also be a lot more

transparent. So I hope Dybul will do something about it, at least for the future. (*on a related note: earlier this week, a whip-smart colleague of mine in this very institute had no idea who Mark Dybul is. And this àfter the selection process. So tell me again whether it's not a good idea to give some more global visibility to GF CEO candidates.*)

Over to the **WHO DG race** then. On **18-19 November**, the 7 candidates will face off in the **first candidates' forum**. Horton's Offline zooms in on the Chinese candidate, **Song Li**, in today's Lancet. Ps: no idea whether my compatriot **Hans Kluge** will make the final three in January (*I wish him all the best, he's a really nice guy)*, but if he does so and runs for DG all the way till the next WHA, then I suspect he'll be in dazzling shape by May 2027. As he seems to going for a tough Sunday morning run in pretty much every place he's campaigning at :) *(#healthpromotion #win-win #envious!*).

COP31 in **Antalya, Turkey**, starts on Monday, and so you won't be surprised that the 'planetary health/ climate & health ' section is hefty. WHO came with a Trillion-Dollar Climate-Health Case this week, as part of its own preparation for the COP. As HPW reports, health is still outside the COP31 negotiation room & text. But on a more positive note, it's for the first time part of the Action Agenda, under the umbrella of 'dynamic and resilient health systems'.

From the US, there was also some **uplifting news on a generic version of lenacapavir** (*first FDA approval of a generic*), which should boost global roll-out in the coming months and years. And **new Global Estimates by WHO on Adolescent Physical Activity** should allow you to get at last that lazy teenager of yours out of his/her bed by noon :)

But let me end with a statistic that caught my attention this week. *"… 5.7 billion people live in countries that are doing austerity. That is 71% of the world population."* While obviously, **'austerity'** is a spectrum (*not all forms of austerity are equally harsh*), it gives an idea of where we currently are. At the same time, in countries like mine '**the resilience industry'** is also rapidly gaining momentum. For some reason, though, in power corridors (*and Global Health is certainly not immune to the discourse in 'power circles'*), **'resilience' never seems to rhyme with** an **"economy of enough**" (*see eg Hans Stegeman, blog in Dutch*), even if it would be a natural fit. In the blog, Stegeman argues among others, that if we're prepared to invest 'inefficiently' in defense for reasons of security, then we should also be willing to do the same (i.e. *invest inefficiently*) in areas like care, education, social cohesion and nature. As that certainly also amounts to building 'resilience'.

That will only be possible though, if we make substantial progress on the - at least - **10 options listed in the 'Alternatives to Austerity'** article, in which I found the abovementioned stat. Tuesday's Midterms make some of these a bit more likely, but the road ahead is still arduous. But hey, after this week, at least it should be clear for Global Health on which side they should be? (*Hint: it's not Big Tech & AI)*

Enjoy your reading.

Kristof Decoster

Featured Article

The new global health philanthropists are in a hurry to do good

Jil Molenaar

Billions of dollars in Artificial Intelligence (AI) wealth seem likely to create a new generation of philanthropists who are brimming with urgency to make a difference. What might this mean for the role of philanthropy in global health?

Two leading AI companies, Anthropic and OpenAI, plan to list their shares on the stock market in the near future. These Initial Public Offerings (IPOs) are expected to turn a significant number of founders, employees and early investors into millionaires, and some into billionaires. Many of these people have already said they intend to give a large share of their fortunes away. All seven of Anthropic's co-founders, including its chief executive Dario Amodei, have pledged to donate 80% of their wealth.

Observers therefore expect tens of billions – that is, tens of thousands of millions of dollars – to go to charitable causes. AI wealth could soon make up a large share of all philanthropy, and some refer to it as an incoming tidal wave.

Global health will feel the impact of this wave. Anthropic's president, Daniela Amodei, told *The Economist* that global health is becoming a focus for the company, which is already working with organisations across Africa to use its AI model, Claude, in health care and to forecast food insecurity. The Anthropic founders' personal giving after their IPO windfalls is likely to follow a similar direction.

Effective altruism

Many of the soon-to-be AI millionaires and billionaires are drawn to effective altruism (EA), a movement that aims to do the most good possible by directing donations to the uses with the strongest evidence and the highest return. Key figures at OpenAI, and especially at Anthropic, are part of EA circles, and some of EA's founding figures work at Anthropic. Much EA giving is channelled through intermediaries such as GiveWell and Coefficient Giving, which evaluate which interventions offer the best value for money and advise wealthy donors on where to give. Interventions are ranked by measures such as the net benefit generated by each additional dollar spent, a calculation that favours programmes whose effects can be counted quickly and precisely.

This approach to philanthropic giving is hardly new. It shares key characteristics with the brand of philanthropy promoted by Bill Gates, the world's first centibillionaire, whose fortune has become a major force in global health over the past quarter century. Bringing business logics into charitable giving and treating donations as investments expected to deliver measurable returns, the Gates Foundation's approach has been characterised as "philanthrocapitalism".

Preference for techno-fixes

Even though some of the new AI millionaires and billionaires somewhat disparagingly refer to the Gates Foundation and its peers as 'TradPhil', short for traditional philanthropy, many are likely to follow a similarly philanthrocapitalist path in their global health grant making. We can expect a preference for technical interventions: for single products or tools addressing a clearly defined health problem, preferably scalable across many settings and contexts. Support for vaccine development will be popular, along with funding for potentially 'groundbreaking innovations' like new treatments for neglected tropical diseases (NTDs), AI-powered ultrasound devices, or chatbots offering health advice.

A commonly heard critique of this techno-focus is that it sidelines efforts to address structural determinants of health and to strengthen health systems. Donors tend to approach problems through the lens of their own expertise. For AI philanthropists, technology presents an obvious answer, even to problems whose root causes lie elsewhere.

Many interventions that rank high in terms of cost-effectiveness metrics can only be sustained within a functioning health system. Building such systems is slow, cumulative and context-specific work, the value of which is difficult to capture in a return per dollar measure. Some fear that this makes health system strengthening a poor fit for the impact assessments that effective altruism demands.

In a hurry

Patience seems to be in short supply among the new AI philanthropists. Some in the AI industry believe that Artificial General Intelligence (AGI) is only a few years away, and that their money may matter less once it arrives. Against such timelines, investments that take considerable time to bear fruit are a hard sell. After a decade in which critiques of single-disease programmes have moved into the mainstream of global health, and major funders are slowly moving away from such approaches, the new philanthropists seem likely to pull the field back towards them.

The new philanthropists may also disrupt a second fragile, recent trend. Despite the devastating impact of the 2025 aid cuts, some LMICs saw a silver lining in having a greater say over their own health priorities. Large philanthropic donations with strings attached could quickly erode that. GiveWell recently relayed an anonymous offer of $2 to $3 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria, more than the United States, its largest donor, gave last year. According to the Fund's executives, the terms of the new "Malaria Impact Accelerator" would hand a single donor unprecedented control over which interventions countries should adopt.

Room for negotiation?

Although the first mind-bogglingly large gifts from new AI philanthropists have been announced, it remains to be seen how quickly the bulk of the new philanthropic funds will actually move. AI leaders benefiting from the upcoming IPOs have a clear financial incentive to give away money, because it spares them a large tax bill. For instance, selling $10 million worth of stock could cost them more than $3.5 million in tax. Yet claiming the tax benefit does not require charitable dollars to be spent straight away. Much of the new philanthropy is expected to pass through donor-advised funds (DAFs), which are accounts that grant the donor a tax deduction as soon as the money is deposited but leave them free to decide only later which causes they will support. Some $326 billion already sits untouched in US DAFs.

Despite the proclaimed hurry to do good, a lot of the money may therefore spend a considerable time standing still. Perhaps that offers an opening? Time for the global health community to make the case for less glamorous investments, and to persuade the new philanthropists that bottom-up approaches to strengthening health systems deserve their support.

On the author:

Jil Molenaar - MSc, PhD, Reproductive and Maternal Health Unit, Institute of Tropical Medicine Antwerp. Email: jmolenaar@itg.be

Highlights of the week

Structure of Highlights

- Read of the week
- PABS negotiations: round 9
- Ebola emergency
- Mpox (& PPPR)
- More on PPPR & GHS
- WHO DG race
- Global Fund Board meeting & comeback Mark Dybul
- Global Health reform
- More on Global Health Governance & Financing/Funding
- AI & Global Tax Justice
- Midterms, Trump 2.0, US Global health strategy & bilateral health agreements
- Impact aid cuts & transition
- Post-2030 brainstorm
- Human Resources for Health
- UHC & PHC
- Adolescent health
- World Cities Day
- Mental health
- Commercial Determinants of health
- Planetary health (& climate/health)
- Access to Medicines, Vaccines & other health technologies
- Miscellaneous

Read of the week

Lancet Comment – Beyond the models: addressing the catastrophic health threats facing humanity requires a holistic approach

M Romanello & H Clark ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02201-4/fulltext

Coming back on a few recent Lancet Reports/Commissions. "The **2026 report of the Lancet Countdown on Health and Climate Change** found that climate change has become an unprecedented global health emergency, requiring a new long-term emergency response mechanism to be effectively addressed. Yet climate change is not the sole threat facing global health. **The Lancet Commission on 21st century global threats to health**… … "

"**A closer look at the threats identified by the Commission reveals major synergies for action that modelled estimates cannot fully capture. Climate change provides a good example**; it is a system-wide threat amplifier that exacerbates many of the other 16 threats identified, and policies designed for both health and climate action could help address at least 12 of the threats. Conversely, action on most other threats, if purposefully designed, could help reduce climate change-related health threats…."

"… **Beyond climate change, similar synergies exist across other threats the Commission assesses: pandemic risk, antimicrobial resistance, and the collapse of development assistance for health; child malnutrition, obesity, high blood pressure, high alcohol use, and income inequality; unhealthy ageing, obesity, smoking, high alcohol use, high blood pressure, and poor mental health; and many others**. These **synergies reinforce the need to avoid siloed single-issue perspectives** that generate false competition in policy salience and resource allocation, in favour of aligned approaches that optimise resource use, and maximise co-benefits and return on investment."

"**Adopting a system-wide perspective to decision making requires a marked shift in policy making in favour of a more integrated and cross-sectoral approach** than has been applied to date. **At a global level**, the profound disruption of global health assistance, coupled with emerging processes, such as considering the redesign of the global health architecture, offer **opportunities to break down these siloes and advance integration in health and development agendas**. **The growing focus on national sovereignty and leadership should foster alignment between global processes and needs at a regional, national, and subnational level."**

The Comment concludes: "**Crucially, with multiple catastrophic risks looming, protecting global health requires leveraging synergies across health agendas and balancing the magnitude of potential harm with the urgency of action**. The window of opportunity to prevent irreversible harm from climate change, malicious use of AI and potentially also nuclear warfare is rapidly closing—averting these threats requires urgent action. Preventing potentially catastrophic binary outcomes, such as pandemics, is also critically urgent. **In responding to these urgent threats, prioritising lasting resilience in public health and stronger health systems will help avert catastrophic health outcomes from all threats**—both those that the Lancet Commission on 21st century global threats to health identified, and those it might have missed. **It is only through this system-wide lens that a safe future can be achieved."**

PABS negotiations: Round 9 (IGWG 9, 2-13 Nov)

Ninth meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement

HPW – Seasoned French Diplomat Returns to Lead Pandemic Annex Talks

https://healthpolicy-watch.news/renowned-french-diplomat-returns-to-lead-pandemic-annex-talks/

Coverage of the opening session of this PABS round.

"**France's Ambassador for Global Health, Dr Anne-Claire Amprou**, is **joining the leadership of the World Health Organization (WHO) body negotiating the missing piece of the Pandemic Agreement at a crucial moment**. Amprou co-chaired the last stage of Pandemic Agreement talks, which eventually found consensus. However, consensus has eluded WHO member states on the pathogen access and benefit-sharing (PABS) annex, which prevents the agreement's implementation. … … **Brazil's Ambassador Tovar Da Silva Nunes, co-chair of the Intergovernmental Working Group (IGWG) negotiating PABS,** told the opening of its ninth formal meeting on Monday that **Amprou would be formally presented for consideration as his co-chair on Tuesday**."

"Amprou represents France at the Pandemic Fund and Global Fund, and chairs the Unitaid board. She coordinated the French response to COVID-19 in 2021 and is a former French Deputy Director General for Health…."

"Welcoming Amprou to IGWG, **WHO Director-General Dr Tedros Adhanom Ghebreyesus told the IGWG opening that there is "strong political support" for the annex to be completed…** … He added: "You do not need to design a perfect system for all time. You need to agree on a system that works, that delivers equity, and that can be strengthened as we learn from experience," said Tedros. He also urged negotiators to negotiate "with the intention and expectation of concluding", distinguish between "what is essential and what is desirable", and "**keep public health as your North Star"."** ""The test of this Annex is whether it will help the world respond faster and more equitably when the next pandemic threat emerges," said Tedros…."

"… Algeria, representing the Africa Group, and Egypt, Somalia and Sudan – part of the East Mediterranean Group – reasserted its core position: "Access and benefit sharing are two inseparable pillars on an equal footing. Neither can be implemented at the expense of the other." Algeria **also called for the Africa Group's "federated model",** proposed two IGWG sessions ago, **to be discussed at this session. …"**

"… **Pakistan, for EMRO, and India, for Southeast Asia**, also asserted that **access and benefit sharing need to be on an equal footing…."**

"… **Indonesia, speaking for the cross-regional Group for Equity**, said that "**no country wants its response to the next pandemics to depend on charity".** "Multilateralism earns its keep when its outcome changes things substantially, and ensures that no one is left behind. That is the standard by which the PAPS annex will be judged," said Indonesia. …"

- Related: Geneva Health Files – The EU Signs Up to Steer PABS Negotiations, Amprou of France Elected Co-Chair

(3 Nov) "preliminary update on the negotiations on the Pathogen Access Benefit Sharing system, that began in Geneva this week."

Quote: "**The election of Amprou, sends a decisive signal not only of France's commitments to the negotiations, but to also restore a balance within the Bureau,** sources following the process said. "**As the only woman in the Bureau currently, it restores a much needed gender balance**," a senior diplomat told us yesterday. **But not only the gender balance, there is more. "We think Amprou will push back against the actors who are being heavily lobbied by the pharmaceutical industry. We hope that she will restore the balance in these negotiations by being a part of the Bureau, to also let other European perspectives in these talks**. Some European countries are not in favor of taking the industry's line," a source familiar with intra-EU dynamics told us. …"

TWN – PABS: Access to samples and sequences must be subject to benefit-sharing obligations, developing countries reiterate

(5 Nov) https://www.twn.my/title2/health.info/2026/hi261102.htm

"**At the opening of the 9th session of the Intergovernmental Working Group (IGWG)** on the World Health Organization (WHO) Pandemic Agreement, **developing-country delegations across regions stressed on the inseparability of access and benefit sharing and reiterated that access to pathogen samples and sequence information must be subject to acceptance of benefit-sharing obligations."**

"In their statements at the session, **developing-country delegations showed convergence on the centrality of Article 12 in the delivery of equity in the Pandemic Agreement.** Member States groups representing several Global South regions repeatedly presented Article 12 as the standard against which proposals must be assessed. They stressed on the **principles of equal footing between access and benefit sharing, legal certainty and traceability as well as the need for enforceable, fair and equitable benefit-sharing obligations…."**

Legal experts warn hybrid model in pandemic deal undermines equity

https://www.pharmabiz.com/NewsDetails.aspx?aid=191678&sid=2

"A **new legal brief submitted jointly by** AIDS Healthcare Foundation **and** Third World Network examines the proposed hybrid model against the requirements of Article 12."

"Legal experts have stated that the **hybrid model under discussion for the World Health Organization (WHO) Pandemic Agreement's Pathogen Access and Benefit-Sharing (PABS) Annex**, which is meant to turn the model into binding rules, **is incompatible with what countries have already agreed on during the formation of the agreement.** The AIDS Healthcare Foundation (AHF) circulated the legal brief, signed by 11 legal experts, that **tests the hybrid model against Article 12 of the Pandemic Agreement,** which was adopted by consensus, and **finds it falls short in various aspects…."**

For the **legal brief, see LinkedIn.**

Ebola emergency

More or less chronologically, starting from the end of last week.

Reuters - Congo Ebola outbreak kills more than 5,000

Reuters;

Oct 30 (Reuters) "**The death toll from the Ebola outbreak in Democratic Republic of Congo has surpassed 5,000, government data showed [last week] on Friday**, as authorities had yet to find a way to control the country's deadliest Ebola epidemic on record…."

Bloomberg - Ebola Fatality Rate Tops 50% After Hundreds of Deaths Added to Congo Toll

Bloomberg;

"**The death rate among confirmed Ebola cases in the Democratic Republic of Congo has climbed above 50% after health authorities added hundreds of previously unallocated fatalities to the official toll.** The outbreak has caused 10,414 confirmed infections and 5,372 deaths, giving it a **reported case-fatality ratio of 51.6%,** according to the National Institute of Public Health…."

The Elders - Open letter to G20 leaders: Failing to act swiftly on Ebola outbreak in Africa risks a global crisis

https://theelders.org/news/open-letter-g20-leaders-failing-act-swiftly-ebola-outbreak-africa-risks-global-crisis

(2 Nov) "The Elders express deep concern over the unfolding Ebola outbreak in Africa and **urge G20 leaders to step up their response."**

"Speaking as Elders who have dealt with past pandemics and health crises at the national and global level, we call on G20 leaders to:

"Release the funds that were pledged and are needed urgently. This should include specific funds to protect, pay, and support health workers and community leaders for village-centred responses on the frontline, and funds for humanitarian and early recovery needs. **Guarantee fair access to approved vaccines and treatment to priority groups first**, to counter mutation risks, particularly in the DRC at the heart of the outbreak. **Address the security dimension of the crisis**, by pressuring armed groups in the DRC and neighbouring countries with influence to allow safe access for health and humanitarian workers. "

Project Syndicate - The World's Perilous Ebola Complacency

T Achoki, Nebiyu Dereje, and **Jean Kaseya;** https://www.project-syndicate.org/commentary/2026-ebola-bundibugyo-epidemic-especially-dangerous-world-complacent-by-tom-achoki-et-al-2026-10

"The exponential trajectory of the latest Ebola outbreak is an urgent reminder that infectious diseases do not wait for ideal geopolitical alignments or balanced budgets. **Global leaders must fund the Africa-led regional response today, or risk paying an immeasurably higher price in human lives and economic devastation tomorrow."**

A few chunks:

"… funding cuts and fragmented global health strategies have undermined humanitarian operational capacity across the region. **Humanitarian agencies, including the United Nations, are warning that the current funding situation is untenable given the pace of the virus's spread**. Judging by other recent epidemics, **political authorities around the rest of the world are inviting disaster by continuing to treat global health security as a discretionary line item."**

"**In a hyper-connected world, an unchecked viral outbreak anywhere is a threat everywhere**. The COVID-19 pandemic should have permanently dispelled the fallacy that border controls or geography can protect us. **Donor countries must recognize that funding the Ebola response is an urgent matter of national security. The most effective way to safeguard global health is to control outbreaks at their source.**

"…**The Africa CDC has established a clear plan to secure humanitarian access and halt this virus. But even the most well-conceived strategy is hollow without immediate financial backing. Pledges and commitments need to be converted into actual resources.** To sustain the response, donors and regional partners must immediately bypass parallel aid networks and **route financial support directly to African-led systems."**

They conclude: "…… . **Global leaders face a stark, defining choice: fund the Africa-led regional response today, or pay an immeasurably higher price in human lives and economic devastation tomorrow."**

Geneva Health Files - Starlink, Specimens And Sovereignty In DRC's Ebola Response [Exclusive Analysis]

P Adepoju & https://newsletter.genevahealthfiles.com/starlink-specimens-and-sovereignty-in-drcs-ebola-response-exclusive-analysis/?ref=geneva-health-files-newsletter

Neat analysis from last week on Friday. **Linked to both the Ebola outbreak, but also the PABS negotiations.**

"In today's story, **we map how information has flowed in the context of the expanding Ebola outbreak, and join the dots on bilateral deals in health, and its beneficiaries**. We also look at this with a Geneva lens. On Monday, November 2, WHO member states convene to resume negotiations on the Pathogen Access Benefit Sharing system….." " In my assessment, **there are no easy or straight deductions we can make from the ongoing outbreak, indicating the challenges countries face in framing obligations on these matters…."**

"**Elon Musk's Starlink terminals are supporting real-time surveillance in eastern DRC**, while **a bilateral agreement with the U.S. requires the country to begin sharing requested specimens and related data within five days…."**

"**This story maps how information flows in the field in the unfolding Ebola outbreak**, and the **implications for global health negotiations in Geneva**, as countries hammer out obligations on the access to biological information and the sharing of benefits…."

Excerpt re Starlink's involvement: "… The public announcements present **Starlink as a contribution to Africa CDC's outbreak response.** Separately, the DRC Health Ministry lists a health-data-sharing agreement and a biological specimen-sharing agreement among the documents signed with the United States in February. The published specimen agreement does not mention Starlink. Geneva Health Files found no public document establishing that the terminals are being used to implement either bilateral agreement. **The public announcements describe Starlink as the connectivity provider**. They do not disclose the network architecture, encryption or access controls needed to determine what, if anything, the company could see beyond operational network information. Nor does Starlink's role, by itself, establish that it can read records held in DHIS2. DHIS2 says countries and institutions using its software retain ownership and control of their data. The software can be hosted locally or through other arrangements selected by the organisation operating it…."

Do read on, as there's a lot more in this article.

TGH - What to Expect of Ebola Emergency Responses Amid Regional Spread

D Singer; https://www.thinkglobalhealth.org/article/what-to-expect-of-ebola-emergency-responses-amid-regional-spread

"**Former National Security Council Director for Countering Biological Threats warns that the outbreak is likely to persist and will require help from a global health system already in turmoil."**
"… For this current outbreak, the **context suggests a long road ahead before containment….**

- **Daniel Singer via LinkedIn:** "**Ebola outbreaks in the DRC are nothing new. This one, however, is different**. It's a different virus, it's spreading through a region where people use guns and machetes to express their views, and the system for coordinating an international response is, shall we say, "not delivering at peak effectiveness". I **wrote about some of this outbreak's specific challenges and why we'll continue to see small eruptions of this virus in other countries for the foreseeable future. Western countries will implement policies to protect themselves, but they'll need to keep up these costly policies indefinitely if they don't provide the health workers in the hot zone the security, equipment, and resources to stop the viru**s. I was **CDC's acting country director in Liberia during the 2014 West Africa Ebola epidemic**. That outbreak took three years to control, and this one is on pace to surpass it."

WHO - Two new candidate vaccines to join Ebola trial as treatment research advances

https://www.who.int/news/item/04-11-2026-two-new-candidate-vaccines-to-join-ebola-trial-as-treatment-research-advances

(4 Nov)

"**Expert groups convened by the World Health Organization (WHO) have recommended adding two new Ebola vaccine candidates to the ongoing Tumaini clinical trial in the Democratic Republic of the Congo (DRC).** The recommendation marks **the first time vaccines specifically designed to protect against Bundibugyo virus**, the virus responsible for the current outbreak, **will be evaluated during an outbreak of the disease.**

The two vaccine candidates are ChAdOx1, developed by the University of Oxford with the Serum Institute of India, and Moderna's mRNA-1469. …"

- See also **HPW - WHO Greenlights Two Ebola Bundibugyo Virus Vaccine Candidates for Phase 2/3 Trials**

With some quotes from Wednesday's **WHO media briefing**.

And a link:

- **Global Fund** - Emergency Campaign to Protect 1.1 Million People from Malaria and Help Strengthen Ebola Response in Eastern Democratic Republic of the Congo (5 Nov)

Mpox (& PPPR)

The Independent Panel for Pandemic Preparedness & Response – Hiding in Plain Sight: Mpox and the Cost of Neglecting Known Threats

https://theindependentpanel.org/documents/hiding-in-plain-sight-mpox-and-the-cost-of-neglecting-known-threats/

(30 Oct) "**The Independent Panel's latest report – Hiding in Plain Sight: Mpox and the Cost of Neglecting Known Threats** – finds that the long-term neglect of mpox contributed to two preventable global health emergencies and made the disease a widespread public health risk.

The report also shows how new variants of the monkeypox virus have emerged over a relatively short period of time, adding risks to people and burdens on already stretched health systems."

The neglect allowed a once-sporadic infection to become a global health risk.

HPW – Declaring a Health Emergency is a 'Signal of Failure, Not a Starting Point'

https://healthpolicy-watch.news/declaring-a-health-emergency-is-a-signal-of-failure/

Coverage of a **related media briefing** last week on Friday.

"The World Health Organization (WHO) declared mpox a public health emergency of international concern (PHEIC), its highest alarm level, twice within two years, in 2022 and 2024. But "**preventable health emergencies are a sign of failure", said Helen Clark, co-chair of the Independent Panel for**

Pandemic Preparedness and Response. "They happen when community health care is neglected, signals are missed, and pathogens are allowed to spread beyond their original habitats…."

"**The mpox virus had been circulating for over 50 years, causing sporadic outbreaks in poor West African communities – but neglect enabled it to evolve into a global public health risk affecting 82 countries**, according to a new report by the Independent Panel published on Friday…. "Mpox was **not new at all. It was actually known for decades, yet had received little attention because it was affecting neglected communities in faraway regions in Central and West Africa**," **report author Dr Els Torreele** told a media briefing (last week) on Friday. "Decades of neglect allowed the virus to mutate into more easily transmissible variants, in particular, transmissible among humans through sexual contact, and spread outside of the original habitat, leading to this first [WHO] public health emergency declaration."…"

"…Clark and Torreele argue that investment in communities and primary healthcare are the best ways to prevent outbreaks from becoming public health emergencies. … Torreele called for **immediate investment in country-led research into neglected diseases**, "looking at the pathogens that cause them, and their habitats, and design context-relevant control measures, including those that can really be adopted at community level, that actually can help us avoid further outbreaks becoming epidemics". **She described the declaration of a health emergency as "a failure" to stop an outbreak when and where it occurs. …"**

PS: … "**True mpox readiness in areas of fragility would require significantly cheaper, unregistered vaccines available in regional or national stockpiles, hand in hand with easy-to-use diagnostics that can differentiate it from chickenpox and measles**," said Torreele."

More on PPPR & GHS

Nature Comment - Five overlooked steps to identify new epidemics, fast

C Tonen-Wolyec et al; https://www.nature.com/articles/d41586-026-03509-x

"**Current measures** to track emerging epidemics have a **key limitation: they don't work if the disease causes unusual or unexpected symptoms."**

"… **Here we set out five steps to improve health systems' abilities to recognize emerging pathogens**. Together, these steps form a loop in which clinical signals are detected, validated, translated into surveillance and diagnostic guidance, then rapidly fed back to front-line clinicians. **We call this approach 'symptom preparedness'…."**

The five steps are: "**Flag clusters of unusual cases… Use AI to flag atypical cases… Adopt tiered case definitions… Deploy broad-spectrum testing … Keep front-line clinicians updated…"**

NYT – Doctors in Ukraine Try Treating Infections Like Biological Warfare Attacks

https://www.nytimes.com/2026/10/31/science/ukraine-soldiers-infection-treatment.html
"As many as 40 percent of injured soldiers face severe infections that can lead to amputations and death. **One initiative is trying to fix that**." (via "decontamination units")

WHO DG race

WHO - Candidates for the post of WHO Director-General

https://www.who.int/about/governance/election-of-the-who-director-general/candidates

As already mentioned last week, seven it is. "**This (official) page provides information and relevant documentation concerning the (7) candidates proposed for the post of WHO Director-General**. This includes their **curricula vitae, the proposals submitted by the nominating Member States, and their pledges to observe the Code of Conduct** for the Election of the Director-General of the World Health Organization. Candidates are listed in alphabetical order by surname."

Lancet – Offline: China bids to lead in global health

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02236-1/fulltext

"**China's last-minute nomination of Dr Song Li as a candidate for Director-General (DG) of WHO surprised many observers of global health politics. But from the perspective of an emerging superpower, it was not surprising at all. The Chinese Government is ready to assert its claim to positions of global leadership, especially now that the USA has turned its back on multilateralism**. In Beijing last week, **I sat down with Dr Li to listen to her set out her manifesto**. She has four pillars supporting her pitch: a more efficient WHO; a safer world; equitable health systems; and harnessing innovation. She seems content with a leaner and more focused agency in Geneva. She would prioritise health security nationally, regionally, and globally, creating a health emergency workforce available for rapid deployment. Although she signs up to the idea of universal health coverage, she seeks to do so through a renewed commitment to climate-resilient primary health care. And she will embrace artificial intelligence tools to ensure better access to high-quality care in the most difficult to reach settings. **The Lancet worked with Dr Li when she co-chaired our China Commission on reproductive, maternal, newborn, child, and adolescent health, published in 2021** when she led the Department of Women's and Children's Health in the National Health Commission. Listening to her talk about WHO and global health, one could reasonably argue that she is the change candidate in this election…."

Do read on. Certainly agree with Horton that **it'll be difficult to keep her out of the final three.**

And "…**a renewed focus on poverty and health would be timely (and urgent) for WHO's member states to consider. "**

Geneva Health Files - Q&A With WHO DG Candidate Gevorg Tamamyan

https://newsletter.genevahealthfiles.com/exclusive-q-a-with-who-dg-candidate-gevorg-tamamyan/?ref=geneva-health-files-newsletter

"Starting today, we will be bringing you views from the candidates in the race to lead the WHO. **We sent ten questions to all the candidates…"**

"The questions touch on areas including priorities for the WHO, measures on safeguarding science, governance, financing, tackling donors, streamlining operations, standing up to bullies (or not), parsing through political fights, you get the drift..."

Do check out Gevorg's answers.

And a link:

- HPW - WHO DG Candidate Hanan Balkhy: 'The Bottom Line is That Funding is Slimmer' (podcast – in interview series)

Global Fund Board meeting & comeback Mark Dybul

With a **press release** on last week's Global Fund Board meeting, and some first interviews with Mark Dybul.

Global Fund Board Approves New Financing Mechanism to Accelerate Progress Against Malaria and Marks Leadership Transition

https://www.theglobalfund.org/en/news/2026/2026-11-03-global-fund-board-new-financing-mechanism-malaria-leadership-transition/

Press release. "**The Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) held its 56th meeting from 28-30 October 2026."**

"As the global malaria response faces mounting challenges, **the Global Fund Board approved the establishment of the Malaria Impact Accelerator, a new financing mechanism designed to mobilize and deploy substantial additional restricted financial contributions from private philanthropy through the Global Fund**. The initiative will support country-led efforts to expand access to lifesaving malaria prevention and treatment in countries with the highest malaria burden and lowest economic capacity. …"

Another excerpt:

"Progress Across Key Priorities in 2026: In his update to the Board, Sands noted the intense focus on delivering maximum impact in the final year of the current funding cycle (2024-2026), with in-country absorption rate on track to be the highest ever, and underscored nearly US$6 billion in total investments to strengthen health and community systems over the current cycle. Sands emphasized

growing traction for integrating HIV, tuberculosis (TB) and malaria services into primary healthcare and a more holistic, people-centered model of care. Looking ahead, he noted that preparations for the next funding cycle (2027-2029) are well advanced, with 87% of country allocations expected to have been reviewed by the Technical Review Panel by year-end. Sands also highlighted the **rapid rollout of game-changing innovations such as lenacapavir, AI-powered digital X-rays, rapid TB molecular diagnostics and next-generation malaria tools**. **Looking to 2027, he pointed to a promising pipeline of new tools –** including the first new TB vaccine. He underscored the importance of close collaboration with countries and partners (such as the Stop TB Partnership, Gavi, the Vaccine Alliance and the World Health Organization) to prepare for the introduction of the vaccine. "

"As countries move toward greater self-reliance, Sands emphasized the **partnership's efforts to expand access to affordable, quality-assured health products through pooled procurement**. He noted the **rapid uptake of Non-Global Fund Financed Procurement (NGFP**), with 23 countries placing 55 orders to date. On this note, Sands pointed to **a new agreement with the World Bank that will enable countries to use World Bank financing to procure health products through the Global Fund's platform.** As part of the Global Fund's efforts to diversify supply, Sands reported that **the number of African suppliers to its platform has significantly increased since the previous funding cycle…."**

HPW – Exclusive: Dismissing Geneva Mergers, Global Fund's Dybul Wants to Focus on Country Capacity

https://healthpolicy-watch.news/interview-global-fund-dybul/

Must-read. *"Returning **to lead the Global Fund**, Mark Dybul argues that **the future of global health lies with domestic health systems, not agency mergers in Geneva.** Evoking the founding ambition of the early 2000s, the **incoming executive director** explains **how the Accra Reset and US bilateral aid can align under unified national plans** – and how his active ties to Washington can help navigate political fragmentation."*

Very cool interview by **Felix Sassmannshausen**, asking many of the questions you'd expect to be asked.

- See also **Sassmannshausen on LinkedIn**:

"Sitting down with incoming Global Fund chief Mark Dybul for Health Policy Watch, **what struck me most was his fierce confidence in what global health can achieve next. He's bringing back the audacious spirit of the early 2000s, when sceptics claimed scaling global treatment was impossible, and the world proved them wrong.** Only this time, the ambition isn't about Geneva driving the agenda - **it's about national sovereignty, domestic leadership, and ending aid dependency."**

Geneva Health Files – Mark Dybul at The Global Fund: Back To First Principles; Focus on Controlling Epidemics; Cautious on The Expansion of Scope; Signals Collaboration With Gavi

M Ince & P Patnaik; *Geneva Health Files*;

Equally cool interview & must-read. "There are **two parts** to this comprehensive edition: first, we have a quick, but thoughtful **update from my colleague Merlin Ince, on the election that took place last week. Second, I also had the opportunity to speak with Dr Dybul late last week**, over an exclusive interview. …"

- From Ince 's part : "…He **will lead on, among other defining decisions, what happens to the people in 35 countries where 63 programmes in HIV, TB and malaria are receiving their final Global Fund grants**. Those countries are expected to take over the funding themselves, on terms they did not set…."

"…**Jirair Ratevosian**, a former Global Fund Board member who was acting chief of staff for PEPFAR, is clear about the weight of the job. "**Over the coming years, I believe the Global Fund will have greater influence on the direction of global health than WHO,"** he told us. "It can move money, shape markets, bring governments, funders and communities together with a flexibility few institutions can match. That gives its next leader enormous influence over which services survive, which innovations reach people and whose priorities receive funding."…"

- A few chunks from **P Patnaik's interview with Dybul:**

"He responded to **several questions on how he sees the future of the Fund in the backdrop of reforms in the sector, how he would deal with donors such as the United States, and his assessment on the transition towards greater country ownership….** He **also responds to the question on the lack of transparency in the elections process. "**

Re the **Accra Reset & merging**: "…. in terms of the recommendation of the high level panel, everyone seems to be jumping to that one recommendation without looking at the rest of it. The rest of the recommendations are how you get to understanding **what the international system should look like, which is why it is 5-10 years, whereas the other recommendations are all within six to 12-18 months**. And those begin with one country plan, one budget and one monitoring system, and if everyone aligns around that, then we can get to transition…."

Question Patnaik: "… **There has been an impulse over the last couple of years to expand the role of the Global Fund beyond the three diseases. In the context of the reforms of the global health architecture, there have been suggestions that the Global Fund could become a health commodities powerhouse**. What are your thoughts on this kind of bold reconfiguration of what the Fund should look like or can look like? …

Dybul: "…Because right now the mandate is for the three diseases. Within that which was put into place… and Peter's done a great job on this… is health systems resilience and sustainable systems for health and I want to be clear, **systems for health.** You can spend a lot of money building a system that doesn't deliver any health. **So it's not health systems; it's systems for health. … …** "**The whole ecosystem has to come together, and to be honest, it also has to link to the multinational development. I mean, the World Bank has a great effort on health compacts, but it all has to come togeth**er, and that's where that **those first and second recommendations are the key parts…[of the Accra Reset]."**

Patnaik asks: … **There have been concerns about the lack of transparency in the elections for this role. We did reach out to all the five candidates trying to understand their visions, but we did not get any responses. Some experts view it as a missed opportunity**. Obviously, as we speak, there's a

lot of scrutiny of the elections for the WHO DG, with more than six candidates. Would you like to comment on that? …"

Given our special interest in this question, below you find Dybul's answer in full:

Dybul's answer : "*I wasn't part of the decision, on how the process was selected.* ***From my perspective, it was an incredibly robust process, far more than the last time. That involved the constituencies in a very deep way, with their full engagement, not just board members, but the constituencies as well.*** *Much much more, than the last time I had the selection process. The WHO is a fundamentally different organization; it's a member state organization. So how they do things is obviously going to be very different than how the Global Fund does it. I thought the process was incredibly robust. I was actually a little bit surprised at how much time I had to spend on it because the last time was a much more streamlined process. I think it was incredibly robust with deep engagement, and I think everyone should be very proud of the system. Personally… I understand that you know people want to be more engaged or whatever, but you know there was far more engagement than has been in the past, and I think a lot of communities and countries feel that way too. But you know, I people can view things differently if they like."*

Science – Former head of global health fund returns, eyeing a 'huge opportunity' despite political and financial challenges

https://www.science.org/content/article/former-head-global-health-fund-returns-eyeing-huge-opportunity-despite-political-and

"**Mark Dybul contends the group can finally help countries control malaria, TB, and HIV."**

"… On 30 October, **Dybul spoke with Science about the upheaval in global health and how he wants to guide the Global Fund's evolutio**n. He pointedly declined to criticize the Trump administration and said he sees the current situation not as a crisis, but rather as a "huge opportunity."…"

Excerpt: "… **International systems need to evolve to respond to what the countries want and need in the new world. Most people are not aware that a third of the people aged 15 to 35 are going to be African by 2050. If you're worried about immigration right now, economic growth and development, global security and regional conflict, and pandemics, what do you think the world's going to look like if 75% of the young people in the world don't have health, economic opportunity, and education?** That's what **the Accra Reset** is all about. Low- and middle-income countries are saying: "This is what the world needs to look like, and this is where we are going to lead and change." It's a radically different approach, and that's hugely important."

PS: "… **Currently, 12 to 15 countries account for 80% of the Global Fund financing, and maybe five to six of them, with intensive efforts, will put systems in place so they do not need external financing in 5 to 7 years. That frees up resources for others…."**

Lancet World Report – Global Fund appoints Mark Dybul as head

J Zaracostas; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02237-3/fulltext

"Health leaders hailed the appointment in a rapidly changing global health landscape. John Zarocostas reports. »

"**Dealing with the Global Fund's funding gap**—donors have pledged US$12·68 billion against a target of $18 billion for the eighth replenishment (2026–28)—**will be high on Dybul's agenda.** Finding new sources of revenue will also be very important, Dybul said, but he also stressed that keeping the current funders engaged "is also important and understanding what they want and need for institutions to succeed". New billionaires—interested in global health—are also seen as important new sources of financing. He also said that increased efficiencies could help reduce costs, not just internally but also in working with other partners, especially as countries are able to take on greater proportions of health financing…."

Also with the **views of James Love & J Ratevosian.**

J Ratevosian – 10 Questions for the Global Fund's next era

On Substack;

*"***Mark Dybul's appointment brings reasons for optimism. And 10 big questions about what comes next."**

"**The next three to five years offer an extraordinary opportunity across all three diseases**: expanding long-acting HIV prevention, advancing TB diagnostics and prevention, and deploying better malaria tools. Some are available now; others, still depend on trial results. Getting ready matters…."

"That is part of what prompted **my new ONE Data paper, *Ten questions shaping the Global Fund's future*.** After months of interviews and research, here are the choices I think deserve attention….

Check out the **ten points.**

Including *: "***9. Who holds power?** Greater African influence should shape funding policies and leadership. New donors will seek influence too. At the same meeting that selected Mark, **the Board approved a Malaria Impact Accelerator,** opening the door to substantial new private financing through a proposed GiveWell partnership. This is welcome money! **The Board preserved country-led requests and independent technical review, while GiveWell expects funding to meet its cost-effectiveness criteria. The test is how much room countries will have to set priorities when new money comes with donor conditions.**
10. How does it finance the next decade? Replenishments remain essential. A longer-term strategy must also consider domestic financing, new philanthropy and when conditions attached to money undermine country priorities…."""

Global health reform

Partnership for International Politics & Diplomacy for Health - Insights on global health reform discussions, trends and perspectives: November 2026

https://globalhealthdiplomacy.se/insights-on-global-health-reform-discussions-trends-and-perspectives-november-2026

Seventh in the series of Insights papers. (14 p.)

"Launched at UNGA81 in September 2026, **the Accra Reset High-Level Panel's report** presents ten recommendations spanning national, regional and global health governance. **Its proposals have received encouraging support, but their practical uptake and impact will take time.**

The Accra Reset and the WHO-hosted reform process bring different strengths. The former more fundamentally challenges the status quo, while the latter has the legitimacy and mandate to facilitate broader agreement amongst countries and institutions. Other processes and reports can help ensure that the reform agenda retains its more ambitious options. **Waiting for successive reports, however, risks prolonging inaction. Coalitions of the willing may offer a practical route forward, provided they have credible backing from the countries reform is intended to serve.**

Greater country representation and responsibility will achieve little if donors retain control over funding and final decisions, or if institutions continue to protect existing mandates. **True progress on the reform agenda will be reflected in a genuine redistribution of power."**

PS: **The WHO-hosted process interim report** is expected for **end of November.**

And, **"Expected on 3 December, MOPAN's upcoming report 'Comparative Advantage in the Multilateral Health Ecosystem' aims to present reform pathways that strengthen country ownership and preserve essential functions**. The report will assess how nine multilateral organisations can best deliver prioritized health functions and improve their division of labour. It will examine mandates, capabilities, and the incentives that enable reform…"

Devex Pro – Is Germany ready to take the lead on global health?

https://www.devex.com/news/is-germany-ready-to-take-the-lead-on-global-health-113795

(gated) "**A new policy paper from Germany's development ministry seems to signal interest in helping set global health policy. But observers say they're waiting to see more coordination across the entire government."**

"**Germany has joined the conversation about the future of global health**.

The **Federal Ministry of Economic Cooperation and Development, or BMZ, has released a discussion paper laying out a possible vision for reforming the global health architecture and the role Germany could play in this emerging constellation.** Also called **a nonpaper**, the document **joins a growing consensus calling for the prioritization of health sovereignty. It specifically**

references the Accra Reset that would put countries in charge of setting their own health priorities, with multilateral and bilateral donors providing support…."

Via Devex Check-up: "At the same time, **the paper makes the case for multilateral institutions.** That includes **the World Health Organization, which the paper says remains best placed to uphold international norms and standards**. …"

"The paper addressed not just the global health architecture broadly, but Germany's role in it. Though here it was a bit more conservative: **BMZ envisioned German support to continue primarily through multilateral institutions, including The Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance…."**

Lancet eClinical Medicine (Health Policy) – A review of global health architecture reform efforts—navigating between reform and fragmentation

S Grude, V B Kerry et al; https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(26)00544-4/fulltext

Authors **mapped 11 featured global health architecture reform initiatives**, illuminating their areas of alignment, consensus, fragmentation and duplication. This review adds transparency to the reform process, provides policymakers with evidence crucial to navigate the reform landscape and helps to illustrate areas of progress and challenge.

Findings: "A total of 11 initiatives were included with **Alignment and Efficiency and Financing and Funding emerging as the most common primary domains** (four initiatives each), followed by **Country Sovereignty** (three, all originating in Africa). Capacity Building appeared only as a secondary domain (four initiatives). We found diverse approaches to governance and accountability, while few operationalised plans on how to increase fiscal space. Donor accountability was emphasised by seven initiatives but its operationalisation remained unclear. The **Uganda case illustrated** how four coexisting financing logics generate duplication and gaps at the country level."

G2H2 (position paper) - Global Health Architecture Reform: from a Coordination Task to Structural Change: G2H2 key points on the WHO-led Joint Process on GHA Reform

https://g2h2.org/posts/global-health-architecture-reform-from-a-coordination-task-to-structural-change/

"**The reform of the Global Health Architecture (GHA) must be more than an exercise in mapping institutions, clarifying mandates and improving coordination. It must address the power asymmetries, accountability gaps and structural inequalities that shape global health governance.**"

"**Building on the 2017 G2H2 position paper The WHO We Want,** members of the Geneva Global Health Hub (G2H2) **call for a global health architecture that is public-interest driven, human-rights based, democratic, transparent and accountable, centered on health equity and Health for All, and protected from undue commercial influence.** Protecting the right to health of individuals and the right to development of countries of the Global South must be respected and protected…."

"The current Joint Process provides an opportunity to address fragmentation and duplication. But **unless the process itself addresses existing power imbalances, it risks formalizing and cementing the status quo rather than transforming it. However, the design of the process reproduces root causes of the problems that it is meant to solve. The fact that global health initiatives and the very actors at the heart of donor-driven health financing – several of which give companies and private foundations a vote on their governing bodies – are represented in the Joint Task Force while civil society does not have a meaningful, unfettered role illustrates this concern**."

"The **test of GHA reform** must therefore be **whether it changes who has power, who makes decisions, whether deliberations are transparent and public-interested and where resources are allocated** – not simply whether existing actors coordinate more efficiently…."

"Against this background, **G2H2 urges the following actions in relation to the three objectives of the Joint Process**. Each of these areas must contribute to addressing existing power imbalances and to building a more equitable, democratic, transparent, and publicly accountable global health architecture……."

Plus an **additional G2H2 proposed priority: recognize the potential of law reform to secure health rights.**

Global Policy - Reform or rebrand? An interview series on the WHO process to reform the global health architecture: Amitabha Sarkar

A Sarkar; https://www.globalpolicy.org/en/news/2026-10-19/reform-or-rebrand-interview-series-who-process-reform-global-health-architecture

"**As the task force working on the WHO-led reform process prepares its interim report by November, we ask global health experts: Can this process deliver a more equitable global health system?** Our **three-part interview series** with Dr Amitabha Sarkar (Tampere University, United Nations Research Institute for Social Development (UNRISD)), Dian Maria Blandina (United Nations University) and Aggrey Aluso (Resilience Action Network Africa (RANA)), **explores what meaningful reform would look like, whose voices are shaping the debate and whether countries and communities with less influence will gain greater control over the decisions that affect their health**."

This is part 1 (with Sarkar).

Lancet GH (Editorial) – Is global health dead?

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00290-1/fulltext

"**Global health is undergoing an existential crisis**. …"

Then the **Editorial links with the Accra Reset**. "… **The problem, therefore, lies not in what global health aspires to be, but how it is practised.** On the wider scale, innumerable commentaries, conference panels, and dialogues—largely dominated by heavyweights from the Global North—have attempted to broach how that practise should change. Yet most have been derivative and lacking in substance. **The publication in September of the Accra Reset report, amongst other efforts including**

that of WHO, at last moved beyond talk to practical, weighty proposals. With its exhortation to countries to produce a national health plan for the current era, a realistic investment plan integrated into the national budget, and a country-led coordination platform with which all development partners are aligned, **the report demands a new level of seriousness from all stakeholders. The next 12 months—the deadline set by the Accra Reset to produce these plans—will be a critical test of their mettle."…"**

The editorial concludes: "…**So is global health dead? Well, let's be careful**. As Patricia Schwerdtle writes in this issue, "Overly cynical accounts of global health can inadvertently reinforce those already inclined to attack it. Critique should help the field to address its shortcomings, not undermine the value of the endeavour itself." **Let's perhaps consider the imminent demise of research that fails to consider power structures, blindly follows funder-led priorities, and shirks its capacity-building responsibilities. But let's not bury the concept of global health as an aspiration, an outcome, and a community."**

More on Global Health Governance & Financing/Funding

Devex - Africa Ready: Rebuilding sovereignty in Africa's new health era

https://www.devex.com/news/sponsored/africa-ready-rebuilding-sovereignty-in-africa-s-new-health-era-113810

"How can sustainable, African-led health infrastructure be financed and governed to ensure long-term global health security? On the sidelines of UNGA81, the **Africa CDC's Dr. Jean Kaseya** explains."

"Taking control of Africa's health outcomes requires a comprehensive road map. This aligns **with the "Africa Ready" narrative** that advocates for **African institutions to design, finance, and govern their own public health infrastructure…."**

"… **To track this progress and hold leaders accountable, Africa CDC will present a continental scorecard at the fifth International Conference on Public Health in Africa this November**. The event will host a dialogue with candidates for the WHO director-general position, ensuring that the needs of the continent are front and center…."

PS: "Achieving true health sovereignty requires a fully funded Africa CDC. **The institution requires an additional $43 million to fulfill its mandate.** That financial backing is critical to ensuring the continent can manage its own crises without relying on foreign agencies."

Development Today - Government report: Swedish aid to global health and SRHR has plummeted

A D Usher; https://www.development-today.com/archive/2026/dt-7--2026/swedish-health-aid

(gated) "**The Swedish government's latest annual report on aid allocations for health shows that funding has fallen by one-third over the past five years, with heavy cuts to Sweden's signature**

issue: sexual and reproduction health and rights (SRHR). The sexual health advocacy organisation RFSU calls for an "immediate halt" in the reductions."

IJHPM - Revisiting the US Withdrawal From the WHO: Power, Precedent, and the Future of Global Health Governance; Comment on "The United States Withdrawal From the World Health Organization: Implications and Challenges"

S Siddiqi, K Buse et al; https://www.ijhpm.com/article_4954.html

"On January 22, 2026 the United States formally left the World Health Organization (WHO), eight months after an editorial by Yazdi-Feyzabadi's and colleagues forecast what its departure would cost. **This commentary affirms the editorial's central concerns while extending the analysis in four directions:** situating the withdrawal within a longer history of US ambivalence toward multilateral institutions; examining who is, and is not, filling the resulting funding void; assessing whether the editorial's proposed remedies are politically realistic; and weighing its predictions against post-withdrawal events…."

- See also an **additional comment by Kent Buse – via LinkedIn**:

"…**the paper asks who is stepping into the void. The question I would add is who benefits**, because a WHO with less money and narrower reach does not leave a vacuum. It **cedes agenda-setting to whoever remains in the room.**

China, by default: its normative weight grows in forums the US has vacated, even as its pledged funding stays restricted. **Philanthropies**, whose priorities require no member-state mandate and whose leverage over a cash-starved secretariat rises with every budget cut. **Regional bodies outside WHO, such as Africa CDC,** whose growing role is welcome but which cannot substitute for a universal-membership body on standards, treaties, and surveillance. **And commercial actors, who gain most and say least**. A WHO unable to sustain its work on tobacco, alcohol, ultra-processed food, and medicines pricing is a WHO less able to constrain the industries that profit from ill-health.

… The withdrawal redistributes power, not just funds. The task is not to accept a weaker normative centre but to rebuild a stronger one, less dependent on any single donor.
Some of that is under way…."

BRICS health journal - The BRICS Health Track: evolution of a multilateral health cooperation framework and its contribution to global health governance

N Gahlot et al ; https://www.bricshealthjournal.com/jour/article/view/120

"**Over fifteen years, the BRICS Health Track (also referred to as the Health Track), comprising Health Ministers' Meetings, their joint declarations, and the technical working groups and cooperative mechanisms established through them, has evolved into one of the most substantive plurilateral health cooperation frameworks among emerging economies**. Beginning with the inaugural **Beijing Declaration of July 11, 2011**, the Health Track has expanded its thematic agenda from communicable disease surveillance and tuberculosis cooperation to encompass universal health coverage, non-communicable diseases, antimicrobial resistance, digital health, pandemic preparedness, traditional and complementary medicine, pharmaceutical access, socially determined

diseases, and the promotion of healthy lifestyles and mental wellness. Successive declarations have established shared commitments and institutional mechanisms that now extends across all eleven member states of the expanded BRICS grouping**. This review aims to trace the chronological and thematic evolution of the Health Track from 2011 to 2026, analyse its principal areas of cooperation and their translation into concrete initiatives, and examine its contribution to the broader global health governance landscape, including coordination at the World Health Assembly, alignment with frameworks of the World Health Organization, and India's G20 health presidency in 2023**. The **16th BRICS Health Ministers' Meeting, convened in Chandigarh on July 23**, 2026 under India's BRICS Chairship 2026, adopted the declaration **introducing two new priority areas and establishing the BRICS Working Group on Traditional, Complementary and Integrative Medicine,** marking one of the important outcomes of India-chaired Health Track**."**

Guardian – Debt of poorest countries at record $9.4tn high, World Bank data shows

https://www.theguardian.com/business/2026/nov/05/developing-country-debt-record-94tn-high-world-bank-data

"Debt owed by developing countries rose to a record $9.4tn (£7tn) last year, with the poorest paying the highest interest rates since the late 1980s, World Bank data shows. The UK government is preparing to champion a "new drive on debt" as part of its **presidency of the G20 next year** – a move the prime minister, Andy Burnham, has linked to confronting the legacy of slavery."

"In its **annual International Debt Report**, the World Bank said the **rising cost of servicing external debt was preventing some governments from investing for the future.** The **increase in developing country debt last year, of 5.5%, was the fastest in four years**, the report finds – driven by a **rapid rise in private sector lending…."**

Global Policy - What Next After Aid Cuts? Growing South-South Partnerships

https://www.globalpolicyjournal.com/blog/04/11/2026/what-next-after-aid-cuts-growing-south-south-partnerships

"Jonta Kamara examines how **growing Africa-Caribbean, South-South partnerships could reshape global health architecture. "**

Publish What You Fund - 2026 Aid Transparency Index: World's three biggest aid donors fall back on transparency, while multilaterals lead the way

https://www.publishwhatyoufund.org/2026/11/2026-aid-transparency-index-worlds-three-biggest-aid-donors-fall-back-on-transparency-while-multilaterals-lead-the-way/

"**The 2026 Aid Transparency Index, released today by Publish What You Fund, shows that the three largest aid providers – Germany, the US and the UK – have become less transparent in the last two years. However, most of the world's leading aid and development agencies are still publishing good-quality information**, after the steepest fall in aid on record. **Multilateral organisations lead the way**, and Spain makes the biggest improvement in the Index's history."

"… **The 2026 Aid Transparency Index assesses 33 of the world's leading aid and development organisations**. Twenty of them (61%) are rated "good" or "very good", and only three are rated "poor" or "very poor". The **average score held steady, at 62.1 compared with 62.7 in 2024**…."

CGD - It's Time For Health Aid to Refocus on the Poorest Countries

A Gheorghe, P Baker et al; https://www.cgdev.org/blog/its-time-health-aid-re-focus-poorest-countries

"**In the early 2000s, close to 70 percent of health aid was directed towards low-income countries (LICs). Today, it is less than 40 percent**. But supporting health in LICs can provide better returns than elsewhere if capacity constraints in LICs and potential risks from reallocation are addressed head-on. **As aid is facing turbulent times, refocusing on LICs should be front and centre of ongoing reprioritisations. This argument forms the bedrock of new research we will carry out over the next 18 months which will explore the potential benefits, risks, constraints, and policy levers that would determine whether such a refocus is practical and responsible across major global health funders…."**

Devex - France's new development chief repositions the agency for a new era

https://www.devex.com/news/france-s-new-development-chief-repositions-the-agency-for-a-new-era-113737

(gated) "Five months into his tenure, **Christophe Lecourtier is reshaping the agency's priorities around a "triple dividend" for development, Europe, and strategic partnerships**, amid budget cuts and growing political pressure at home."

Via Devex newswire: " **Christophe Lecourtier**, then the French ambassador to Morocco and formerly the CEO of Business France, who was handpicked by French President Emmanuel Macron to tackle this new development era. **Lecourtier is now five months into his tenure as the chief executive officer of AFD**. While he hopes to keep Rioux's accomplishments intact, **he faces very different challenges from those posed over the last decade, and has a very different vision to address them…."**

"…. Lecourtier was more diplomatic — appropriate for a former ambassador — in stressing that this "**win-win" won't be a guise for a one-sided victory**. Yes, he says he hopes that **making the Agence Française de Développement, or AFD, a more explicit instrument of French and European strategy** will keep it relevant despite foreboding budget cuts and a waning political tolerance for foreign aid. **In particular, he wants to tie development to securing critical minerals, strengthening industrial competitiveness, and supporting French businesses**. On the other hand, he says that **pursuing those goals must not come at the expense of the countries the agency is meant to serve**. Success requires **striking "a necessary balance between the interests of our partners and the interest of us,"** he says, but emphasizes that France must pursue development in a way that delivers tangible, lasting benefits for partner countries — especially in Africa — rather than treating it as a side benefit of securing resources, Jesse writes. "We cannot behave as if there was no colonial history between us [and Africa]," Lecourtier points out….."

"**He was also blunt in defending his agency against far-right attacks that foreign aid is a losing**

proposition for France — saying the attacks resemble an attempt to put the institution on trial — "a witch trial." Those **attacks largely emanate from Marine Le Pen of the far-right National Rally party**, who is leading in the polls to win France's presidential election next year. **A win there would not exactly make Lecourtier's life easier. It's yet another reason why his job looks very different from that of his predecessor, Rémy Rioux, who's revered for doubling AFD's size…."**

WB/WHO - FinHealth: Public Financial Management in Health Diagnostic Toolkit 2.0

https://openknowledge.worldbank.org/entities/publication/edd5f135-c181-421d-8adb-4787b8aca5a2

Joint product of the World Bank & WHO.

"This toolkit aims to assist practitioners to identify and address Public Financial Management (PFM) constraints that contribute to shortcomings in health service delivery. This Toolkit is anchored in its orientation toward solving health service problems…."

Habib Benzian – Mission Discount: The Paradox of Consulting Rates

On Substack ;

"**How global health pays less for purpose and more for power**."

"Last week I wrote about how global health has learned to rent commitment, outsourcing its obligations to the consultants it depends on while keeping authority firmly inside. ***This essay is about what it pays them, and what that reveals."***

Excerpt: "In most markets, something valuable commands a premium. In global health, purpose often works in reverse. The more meaningful the work is supposed to be, the easier it becomes to suggest that meaning itself forms part of the compensation. **Global health does not pay a premium for purpose. It charges one**. The consultant supplies the commitment. The institution captures part of its economic value."

PS: Gentle suggestion – whenever in the future Boston Consulting Group people are hired by WHO, tell them 'it's for a good cause' (with concomitant ultra-low rates). Let's see whether they feel like it :)

Chapter – Political Economy of Health Financing

S Witter, S Sparkes et al; https://www.degruyterbrill.com/document/doi/10.1515/9783111128238-014/html

- Part of a **new book** on health financing in LMICs. Health Financing in Low- and Middle-Income Countries: The Path to Universal Health Coverage (Edited by: Josephine Borghi et al)

"This book brings together a **team of authors, predominantly from LMICs**, to identify and analyse priority health financing issues in their respective countries and regions…."

Re the chapter: "**We introduce the concept of political economy analysis (PEA) of health financing. The chapter gives three country examples (Thailand, Peru, Nepal)** of its application and highlights the potential utility of PEA not just for retrospective assessment but also for prospective planning to improve the success of health financing policy or reform adoption and implementation."

End Austerity Collective - Austerity is back and experts challenge the policy recommendation of the IMF

https://endausterity.org/austerity-is-back-and-experts-challenge-the-policy-recommendation-of-the-imf/

" Austerity is back and experts challenge the policy recommendation of the IMF."

"**Speaking in Singapore, ahead of the IMF and World Bank annual meetings last October, Kristalina Georgieva said policymakers "can no longer rely on higher growth rates alone to solve fiscal problems".** The managing director of the IMF **told governments to tighten their belts and central banks to take a "hawkish stance", signalling a return to austerity** as the energy shock from the Iran war, record public debt and a credit-fuelled AI investment boom weigh on the global economy."

"**During a panel debate held in Bangkok as a side-event of the World Bank-IMF summit, these views of the IMF were challenged from different angles. The event confronted the views of researchers and human rights experts with those of Rodrigo Valdés, director of the Fiscal Affairs Department at the IMF.** Isabel Ortiz, of Global Social Justice; Roos Saalbrink, of ActionAid International; Chiara Mariotti, from the UN Office of the High Commissioner for Human Rights; and Farah Al-Shami, of the the Arab Reform Initiative offered the evidence on the impacts of austerity policies in practice, while Valdés framed the problems of debt as issues of "intergenerational equity". Below is an **edited transcript of the panel discussion**."

"**This map shows where austerity is today. Virtually the whole world is affected: 5.7 billion people live in countries that are doing austerity. That is 71% of the world population**. This is a topic that matters to the majority of the world…."

"… **there are financing options available in all countries, even the poorest countries. There are at least ten options**, all of them supported by the international financial institutions as well as by the UN, that **would make it possible to redress fiscal consolidation and to make progress towards human rights and the development goals**…."

AI & Global Tax Justice

Guardian - It's time to block reckless AI IPOs and tax billionaires

Naomi Klein and Ilana Glazer; https://www.theguardian.com/commentisfree/2026/nov/02/ai-ipos-tax-billionaires

"We cannot let the billionaire class take unprecedented risks with our future."

"**The billionaire lass is getting richer faster than ever before: a 40% increase in wealth in just the last two years**. Today, the combined wealth of nearly 3,000 global billionaires equals one-fifth of the entire world's yearly output. Nearly 1,000 billionaires live and do business in the United States…."

"**The tools of their domination are tax loopholes, corporate mergers and, in the tech world where many of these billionaires exist, IPOs**. **When a company goes public, its founders and investors win the capitalist lottery.** And instead of paying their fair share of taxes and redistributing resources back into society, most turn around and fund even more corporate consolidation and political corruption to extend their dominion…"

"… **To pay for essential services, we must tax billionaires, and pass legislation to do so starting in California and New York, but that is clearly not enough. We cannot allow more billionaires – or trillionaires – to be made in this country**, further expanding the inequality chasm that's turning a dignified life into a luxury in this country. **We must also block the impending tech IPOs and preserve what's left of our economy and our society…."**

Midterms, Trump 2.0, US Global Health Strategy & bilateral health agreements

We start with some **reads related to the Midterms implications**. And then continue with the rest of 'Trump 2.0' etc.

Stat - Democrats win power to push back on Trump's health care moves

https://www.statnews.com/2026/11/03/midterm-elections-what-democratic-control-senate-means-healthcare/

"**Reversing Medicaid cuts and restoring ACA subsidies** are likely first targets."

"Health care affordability was a potent campaign message: In several closely watched races, candidates made **health care affordability a key campaign plank**, promising to restore Affordable Care Act subsidies and fight the Medicaid cuts passed by Republicans as part of the One Big Beautiful Bill act in 2025….

"'Medicare for All' gets a high-profile champion: Abdul El-Sayed's win in a Michigan Senate race sets him up to be Democrats' principal challenger to Kennedy. … While his race was one of the most closely watched of the cycle, largely because of Democrats' angst about the direction of their party, many in academia and public health had hoped he could be a fighter for them. El-Sayed trained as a physician-scientist, doing research on health disparities and maternal health before becoming the head of Detroit's public health department. **Through the race, he also amassed a huge platform that he will leverage to advocate for Medicare for All, as well as his vision for public health…."**

- Related: **Stat – Sens. Wyden and Sanders, backers of Medicare for All, set to take charge of key committees**

"Health care overhaul is unlikely in near term, but shift in power may offer advocates momentum."

- Via **Stat** - **Five midterm winners and losers: MAHA mowed down, Dem docs scrub in, 'Medicare for All' returns** **"Democratic doctors and scientists made a splash in a 'STEM wave'."**
- And via **TGH** - **What's Behind Rising U.S. Health Insurance Premiums**

" A health economist (J Dieleman, IHME) weighs in on the factors that are driving health care prices in the United States following midterm elections."

Devex Pro - Devex Debrief: A post-midterms USAID comeback?

https://www.devex.com/news/devex-debrief-a-post-midterms-usaid-comeback-113177

(gated) Written before the midterms took place. "**Lawmakers are keeping their options open for the future of U.S. foreign aid."**

TGH - Expert Takes on the Future of Global Health After the U.S. Midterm Election

https://www.thinkglobalhealth.org/article/expert-takes-on-the-future-of-global-health-after-the-u-s-midterm-election

"CFR fellows provide insight on what the dramatic changes to Congress could mean for U.S. global and domestic health policy."

"Think Global Health interviewed **CFR's Bloomberg Chair in Global Health, Thomas Bollyky, and senior fellows for Global Health Stephanie Psaki, Yanzhong Huang, and Prashant Yadav** about what the future might hold for health in the United States and globally….

Five Global Health Questions for a Brand New Congress

J Ratevosian & Mike & For on Substack;

"**A post-midterms collaboration with Jiriair Ratevosian on what Congress should do next on global health...."**

"So what should Congress do with those two years? **We think five questions are particularly worth asking.**

1. Is the money Congress appropriates for global health actually being spent as Congress intended?...

2. What exactly happened to USAID, and what has been lost?...

3. What has happened to the rest of America's global-health capacity? (eg CDC, …)…

4. Is the new bilateral model delivering greater country ownership and better health outcomes?...

5. What would it take for America to engage seriously with WHO again?..."

HPW – The Trump-Kennedy Effect on US Health: Slow-Burn Damage Over Decades

https://healthpolicy-watch.news/the-trump-kennedy-effect-on-us-health-cuts-to-medical-services-and-fewer-vaccinations/

"Cuts to Medicaid, the health services for low-income Americans, and fewer childhood immunisations – alongside persistent insinuations that vaccines are unsafe – are the most significant health policy changes made by the Trump administration since January 2025. They have been accompanied by **reduced food support for low-income families, purges of scientists, and slashed research budgets.** The cumulative impact of these policies will take decades to measure, but the **early damage can already be measured in rising infectious diseases and worsening maternal health."**

"The Trump administration projects it will spend $900 billion less on Medicaid between 2025 and 2034 – largely by making it harder for people to qualify. By its own accounting, 10.5 million people will lose or face reduced health benefits, largely to offset Trump tax cuts that benefit wealthier Americans most. **Maternal care, rural health care and healthcare for Black and Hispanic communities are expected to be worst affected.** The Health and Human Services (HHS) budget has been cut by 12.5% this financial year (which started on 1 October), with more cuts for research grants and health services expected…."

Washington Post - Senate Democratic report alleges Trump foreign policy moves wasted $19 billion

WP;

"**The Senate Foreign Relations Committee's investigative report aims to document the cost and waste resulting from Trump's moves to reshape foreign policy."**

"**The Trump administration's efforts to dismantle U.S. government agencies and fire federal workers could cost taxpayers more than $19 billion, Senate Democrats argue in a report published [last week on] Thursday**. The investigative document, signed by every Democrat on the Senate Foreign Relations Committee, marks one of the most comprehensive attempts from sitting lawmakers to **estimate the cost of President Donald Trump's moves to refocus the federal government's diplomatic machinery along the lines of an "America First" foreign policy**. Democrats argue that the administration has conducted a foreign policy that has discarded much of the oversight tools built into the federal government by firing watchdogs and disregarding congressional intent…."

"… **The report marks the latest attempt by opposition lawmakers to seize on the issue of corruption, which has become a top concern for voters ahead of the November midterms."** With Democrats appearing likely to regain at least the House after the election, the document also represents a **template for the type of intense oversight that could be a feature of the Trump administration's remaining two years…."**

"The report cites a **correspondence from the administration to Congress estimating that closing the U.S. Agency for International Development could cost up to $19 billion as the administration negotiates an end to thousands of contracts.** … The calculation of more than $19 billion in wasted funding combines the administration's estimated cost of closing USAID and paying federal workers on leave…."

Mike Ruffner - Getting Co-Financing Right

M Ruffner; https://mikeruffner.substack.com/p/getting-co-financing-right

By the **former PEPFAR responsible for co-financing policy**. "In underfunded health systems, **where governments direct scarce resources matters more than the size of their commitments.."**

"… **Towards the end of my time at PEPFAR, Ambassador Nkengasong signed off on a new co-finance policy to be implemented in the next funding cycle.** While the timing was coincident, there was also a growing call from the outside including Congress and advocates that PEPFAR should expect some skin in the game from partner countries. **As the person responsible for and advocate of the policy, I was well aware of the difficulties in creating a workable plan…."**

Ruffner argues: " …**The commitments should be specific enough to leave little room for interpretation, modest enough that governments could reasonably be expected to meet them, and measurable through actual expenditures rather than budget promises. I also wanted to minimize the need for subjective judgments about compliance or negotiations over exceptions and waivers**. The consequences of failing to meet a commitment should be clear in advance, proportionate to the failure, and sufficiently credible that both sides expect them to be enforced. Better to have a modest requirement that is consistently met and enforced than an ambitious one that exists largely on paper. The challenge is to make the commitment meaningful and beyond what the government was already planning on doing….

And concludes: " … **The forthcoming co-financing policy provides an opportunity to establish a more credible and strategic approach. None of this eliminates the need for external assistance**. Most countries, even nominally higher income countries, will continue to face extremely difficult choices about which services they can afford. **But co-financing can influence what survives that rationing. We should judge the policy not by the size of the financial commitments governments make, but by whether those commitments help preserve the services and systems that matter most**."

Emily Bass - AFGHS co-signatory countries ask health care users to help fill the financing gap

On Substack;

"…**Hundreds of thousands of Ugandans living with HIV on antiretrovirals could be targeted for user fees or community health insurance schemes** requiring modest premium payments, according to the **April 2026 version of the country's America First Global Health Strategy implementation narrative**. As part of the "**sustainable financing for the private not for profit sector" strategy**, 491 facilities will be targeted for a phased introduction of user fees and scale up of community health insurance program…"

"… **The Ugandan implementation plan narrative is the only one I've been able to review. But the government of Uganda is not alone in turning to health care users to help fill the financing gaps** caused by the abrupt withdrawal of US funds…." "… …a national governmental adoption of policies that pass costs on to health care users, despite evidence that such approaches can exacerbate inequities and leave deficits unfilled."

"**Two countries does not make a pattern, but they do point to urgent questions: Have other countries, including Liberia, included user fees or community health insurance schemes in their implementation plans?** If so, do any of these narratives have what Uganda's lacks: **a fall-back plan in place in case these strategies for sustainable health systems fail to deliver—as they have before?…"**

Brookings – How the United States uses multilateral channels for its aid: A comparison with other large donors

Homi Kharas; https://www.brookings.edu/articles/multilateral-aid-united-states-donor-comparison/

« Multilaterals earn their place where scale, pooling, neutrality, and leverage matter: humanitarian logistics, global health commodities, large-scale concessional finance, and budget support in high-risk settings.

Excluding contributions to EU institutions, **the U.S. provided about one-third of its total aid to or through multilateral agencies in 2025, roughly comparable with other major donors** (members of the OECD Development Assistance Committee, or DAC).

The U**.S. provides its fair share of multilateral humanitarian aid but far less than others in core contributions to multilaterals.**

The U.S. is a heavy user of earmarked funding. Earmarking has considerable costs. Most U.S. earmarks pay for single-donor projects rather than thematic programs or pooled funds. Reducing earmarking could free up hundreds of millions of dollars annually.

The U.S. has never conducted an evidence-based multilateral aid review. The U.S. is a member of the Multilateral Organisation Performance Assessment Network (MOPAN) but has not transparently used this evidence in deciding which multilateral agencies to support and where to request reforms. »

Impact aid cuts & transition

Global Public Health – Health care workers navigating the unravelling of HIV exceptionalism: 'Now it is your health, your responsibility'

I Haaland; https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2757334

"**This article examines how frontline health care workers in Kenya navigate the end of HIV exceptionalism as donor-funded comprehensive HIV care unravels.** Drawing on ethnographic

fieldwork conducted in Kisumu between August and December 2024 and in November 2025, **the paper traces how the sudden withdrawal of USAID/PEPFAR support accelerated an already planned integration of HIV services into the public health system.** Through the experiences of three health care workers, Mary, Dan and Samuel, the analysis shows how the erosion of psychosocial support, specialised labour and long-term care relationships transformed both HIV care and the work of providing it. Health care workers attempted to sustain continuity through improvisation, moral labour and unpaid support even as their own employment became precarious. **The paper argues that the end of HIV exceptionalism is experienced not as the normalisation of HIV, but as the unravelling of comprehensive care, accompanied by a gradual shift from therapeutic clientship toward patienthood and a redistribution of responsibility onto both clients and frontline workers**."

AJHESP - Sovereignty without austerity: designing a health security framework for equitable health coverage for Africa after aid contraction

H Zandam; https://www.africanjhesp.org/content/article/3/4/full/

"**This policy paper examines the structural fragility of African health systems through dependency theory, the social determinants of health, and health systems strengthening, and asks how inclusion can be protected as external financing withdraws**. Its analytical approach is a structured expert synthesis anchored in coverage models from Africa and the Global South (Rwanda's community-based health insurance, Ghana's insurance exemptions, Thailand's Universal Coverage Scheme, Brazil's Family Health Strategy, and the cautionary dismantlement of Mexico's Seguro Popular), with selected US Medicaid and Medicare mechanisms as secondary comparative inputs. **The paper recommends an African Vulnerable Population Health Security (AVPHS) framework**: categorical vulnerability entitlement on a progressive-universalist trajectory; national risk pooling with progressive central-subnational cost-sharing; district-level purchasing with community health worker care coordination; an explicitly priority-set benefit package incorporating health-related social needs; and vulnerability-adjusted payment sequenced to data capacity. **The framework specifies its risk-bearing structure, priority-setting method, preconditions, and adoption stages, and states the trade-offs adoption imposes, offering a domestically financed pathway that protects inclusion during aid transition."**

WHO/GFF & WB blog - Better Data, Stronger Systems: Country Lessons on responding to aid cuts and maintaining essential services

Cicely Thomas (GFF) and Susan Sparkes (WHO); https://hf-phc-webinar-series.createpublishsite.com/better-data-stronger-systems-country-lessons-on-responding-to-aid-cuts-and-maintaining-essential-services

"What information do countries need to protect services in the face of reductions in health aid? In our new World Health Organization The Global Financing Facility (GFF) The World Bank Group blog, we draw out lessons from Nigeria, Sierra Leone and Uganda shared at our recent Health Financing and Primary Health Care webinar."

"What countries showed us:

✔ Data on who funds what and how, from both domestic and external sources, is the first line of response.

✔ Data needs to be timely and transparent to be used in budget decisions

✔ Integration requires financed system redesign, not just asking frontline workers to deliver more

✔ Separate, uncoordinated "co-financing" requirements work against fiscally realistic, sector-wide responses

What this means for the future of health aid:
Routine, transparent and shared tracking of domestic AND external funding
All partner funding on plan, on budget and reported through country systems
Data-informed system redesign that reduces fragmentation and enables integrated models of care
Public financing decisions driven by domestic, system-wide priorities and budgets…"

Post-2030 brainstorm

Global Social Policy – The role of the state in the imaginary of recent progressive reports

Gabriele Koehler; https://journals.sagepub.com/doi/10.1177/14680181261494903

(gated) "**In 2026, three important reports appeared almost simultaneously in the social justice and welfare state universe: the reader on eco-social contracts** (ESC), co-authored by Patrick Huntjens, Najma Mohamed, Katja Hujo and Manisha Desai (2026); **the Global Justice Report (GJR)** (Chancel et al., 2026) offered by a team of academics at the World Inequality Lab; and **'The Roadmap for Eradicating Poverty Beyond Growth'** (Roadmap) by Olivier De Schutter (2026), the former Special Rapporteur on Extreme Poverty. **Each addresses policies, ideas and thus the role of the state, in light of extreme poverty and accelerating inequalities, unfettered wealth and power concentration, unfair access to public goods and services, the three planetary crises and oppressive autocracy…"**

Human Resources for Health

Plos GPH –The potential of a "next generation" of community health workers to accelerate progress in reaching Universal Health Coverage and Health for All

H B Perry, J D Sachs, R Panjabi et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007545

« **Strengthening community health worker (CHW) programs provides the fastest and most cost-effective route for health systems to achieve their full potential. CHWs should become the backbone of primary health care (PHC) and the foundation of health systems**. Evidence from more than a decade of national-scale experience demonstrates that CHWs who are appropriately trained, paid, equipped, and supervised can extend high-quality essential services to the last mile while improving the overall efficiency of the health system. **We are at a point in time when donor strategies and private investment are captivated by the promise of digital health and artificial intelligence. The most reliable approach to saving more lives is still a paid, supported CHW empowered with digital tools**. At the same time, the contraction of Official Development Assistance (ODA) creates both risk and opportunity. ODA must pivot from supporting services to catalytic capital: time-bound, matching investments that accelerate governments' own proCHW policy. **A**

“next generation” of CHW programs in LMICs would enable CHWs to visit every home monthly and provide a broad array of PHC services as a result of adequate remuneration and appropriate training, supervision, logistical support, and integration into the health system. This could yield a highly favorable economic return—through productivity gains from better health, reduced health-care expenditures, and pandemic-risk mitigation. **A “next generation” of CHW programs is our best bet for accelerating progress in achieving Universal Health Coverage and Health for All sooner rather than later. »**

All Africa – Congo-Kinshasa: Global Nursing Head Flags Dangers of Misinformation After Killing of Congo Ebola Nurse

https://allafrica.com/stories/202610300172.html

“ **The International Council of Nurses (ICN) head has warned of the lethal dangers that misinformation poses to the nursing profession following the killing of a nurse in the Democratic Republic of Congo (DR Congo), who was responding to an Ebola case.** ICN chief executive **Howard Catton** said the "tragic news" was a reminder that prevalent misinformation was particularly dangerous for healthcare staff after young men armed with machetes killed the nurse….”

“"Health misinformation and the breakdown of trust in science is now a deadly risk for nurses and health workers," Catton posted on the media platform X on Oct. 29….”

"**There is both the migration of registered nurses from the continent of Africa and unemployment of nurses in Africa**," said Catton…. "So, as we see this growth in community health workers, we also know that registered nurses continue to leave Africa for high-income countries in Europe or North America." At the same time, many nurses on the continent remain unemployed….”

Catton cited UN figures showing Africa's health workforce grew to 5.72 million in 2024, up from 4.3 million in 2018, noting that such progress is not keeping pace with demand.

Only 46 percent of workforce needs: "The African region currently has only 46 percent of the health workers it needs," said the head of the international nursing group. "**To us, this is starting to feel like a form of neo-colonialism because we're having valuable resources which are being taken; we're not being adequately compensated for them**," said the nursing head, conveying the sentiment some African leaders expressed to him….”

PS: “… **The WHO's Africa 2026 report says an estimated 943,000 trained health workers across the African region were unemployed in 2024.** That is, as the continent faces severe staffing shortages and meets only 46 per cent of its overall health workforce needs. "**We are training more health workers than ever before, yet too many remain unemployed while millions go without care," said Dr Mohamed Yakub Janabi, the WHO regional director for Africa.”**

Eurekalert - The invisible global health workforce: why nurses matter more than ever

https://www.eurekalert.org/news-releases/1149392

“From community health to Ebola response, **nursing is already doing One Health work** – but its **contribution remains under-recognized.”**

" **Nurses may be one of the most important parts of the health care workforce – yet their contribution is overlooked, according to a new paper examining the profession's place in the growing 'One Health' movement** to connect human, animal and environmental health."

"**Nurses are already central to One Health**. The paper, published in the open access journal ***CABI One Health*****,** argues that nursing is already practicing many of the principles at the heart of One Health. Nurses work across clinical care, community and environmental health, infection prevention and emergency response…."

UHC & PHC

E Drugha - Promises with Anchors: Why some financing commitments to Universal Health Coverage hold and others drift

https://www.linkedin.com/pulse/promises-anchors-why-some-financing-commitments-health-druga-phd-dbpge/

"… **Global health advocacy has long assumed that specific financing commitments such as spending targets, earmarked taxes, and legal spending floors are more likely to deliver UHC than general aims**. The assumption seems reasonable. Specific promises are easier to monitor and harder to ignore. **Yet the record is mixed: some specific commitments were met and then reversed, whereas others were never met at all. And they differ less in how specific they were than in what their specificity represents**: Abuja fixed a number in a declaration, Thailand fixed an entitlement in law, with a defined benefit package and a per capita budget. **The question is therefore not whether a commitment is specific, but what it is specific about…."**

*"**What, then, makes a financing commitment hold?** Is it the size of the promise, its legal form or the revenue source behind it? Why do some commitments survive changes of government while others are quietly capped, diverted or abolished?* To answer these questions, one must look beyond the commitments to what holds them in place…."

"**In this essay, I argue that the difference is not between specific and general commitments but between *anchored* and *floating* ones**. ***A floating commitment*** is a promise, however precise, that is not tied to anything that would make it costly to abandon. ***An anchored commitment*** is tied to three elements: a protected revenue source (*a revenue anchor*), a domestic coalition that defends it (*a constituency anchor*), and an institution that turns money into claims people can exercise (*an entitlement anchor*). Anchoring does more than decide whether a commitment survives. **Across the cases analysed below, commitments end in one of four stances: never taking hold, holding throughout, being suspended and later restored, or being abolished without recovery**. The three anchors are not equally strong and do not do the same work. **Revenue anchors are the most easily overridden, entitlement anchors the hardest to remove, and constituency anchors appear to matter most for whether a commitment returns after it has been defeated**. I develop this distinction through an analysis of the health financing and policy feedback literatures and a set of country cases, **and discuss what it means for the 2027 UN High-Level Meeting on UHC**…."

ACTION - Early Warning Signs for the World Bank's 1.5 Billion UHC Target

https://www.action.org/2026/10/29/worldbankanalysis26/
"The World Bank Group has set an ambitious goal: support countries to reach 1.5 billion people with quality, affordable health services by 2030. **With four years remaining, ACTION takes a closer look at what it will take to turn that ambition into reality, examining results in health and nutrition, progress to date, and trends in IDA health-sector financing. The analysis finds important progress, but also early warning signs. …"** (with conclusion on p. 8)

"… the analysis focuses on two key questions: • Do IDA approval trends in IDA20 and the first year of IDA21 reflect a level of health sector financing consistent with the scale of ambition needed to reach the UHC target? • Do current trends in results and coverage suggest that progress toward the 1.5 billion UHC target is on track?..."

Quote: "….As **of October 12, 2026, the Bank reported reaching 742.2 million people, up from 552.7 million as of October 5, nearly half of its 1.5 billion target**. However, approximately **78 percent of the latest increase is attributable to a single existing project in Indonesia…."**

And: **"The analysis found a pronounced decline in approved IDA health sector financing in projects that the WBG identifies as contributing to its UHC target…"**

AJHESP - Reorienting health financing for prevention: Ghana´s free primary healthcare reform as a model for LMICs: a commentary

A A Farhan et al; https://www.africanjhesp.org/content/article/3/2/full/

"**Ghana's Free Primary Healthcare (FPHC) reform, introduced in 2026, represents a deliberate reorientation of the National Health Insurance Scheme (NHIS)** - shifting from an episodic, curative insurance model toward a proactive, prevention-centred system anchored at the primary level."

"… **This commentary provides a descriptive account of the financing architecture and design features of the reform and considers their implications for strategic purchasing and PHC financing in LMICs**. …. We argue that sustainable PHC financing requires not merely increased spending, but a fundamental restructuring of how resources are pooled, allocated, and translated into population health outcomes. **Ghana's approach offers a policy-relevant model for countries transitioning toward prevention-oriented, PHC-centred UHC**."

WHO - How health law contributes to achieving universal health coverage

Lead writer: **D Clarke; https://iris.who.int/items/557a2264-1523-4c97-b3cb-c8503d8eda0b**

"This publication examines how legal frameworks contribute to the achievement and sustainability of universal health coverage (UHC). As part of the UHC Law in Practice series, it provides a **conceptual framework for understanding the role of law in translating political commitments into enforceable rights, institutional responsibilities, governance arrangements, and accountability mechanisms** that support equitable access to quality health services without financial hardship. **The document describes ten interrelated legal dimensions of UHC, including access rights, financing, benefit packages, workforce and medicines, quality regulation, governance,**

equity, private sector engagement, and progressive realization, while also addressing emerging legal issues related to digital health, data governance, and artificial intelligence.

"Drawing on comparative examples from countries including Brazil, Colombia, France, Ghana, India, the Netherlands, Rwanda, South Africa, Thailand and the United Kingdom, the publication illustrates how different legal approaches influence the design, implementation and resilience of health systems…."

GEHM report: Primary health care-oriented responses for people on the move

https://www.who.int/publications/i/item/9789240126626

This afternoon, the WHO Health and Migration Programme, in collaboration with WHO's Service Delivery and Primary Health Care Unit launches the **8th Global Evidence Review on Health and Migration (GEHM),** ***Primary health care-oriented responses for migrants, refugees and displaced populations***.

"This latest edition of the GEHM **synthesizes global evidence on how PHC-oriented responses can improve health outcomes and access to care for people on the move, while supporting more inclusive, responsive and resilient health systems.** The review examines interventions across diverse settings and explores how the core components of PHC—integrated service delivery, multisectoral action, and community engagement—can contribute to better health and well-being for migrant and displaced populations…."

Adolescent health

WHO – One in four adolescents worldwide reported no active days in the previous week

https://www.who.int/news/item/04-11-2026-one-in-four-adolescents-worldwide-reported-no-active-days-in-the-previous-week?=v3

"**One in four adolescents worldwide reported not getting at least 60 minutes of physical activity on any day in the previous week**."

"According to **new global estimates released by the World Health Organization (WHO)** today, this amounts to some 240 million young people aged 11–17 years who reported not completing at least 60 minutes of moderate-to-vigorous physical activity on any day in the previous week. On average, adolescents reported being active for just 2.7 days a week, while only 14% reported being active on all seven days.

The **findings point to a lack of global progress over the past 15 years**, with levels of physical activity among adolescents virtually unchanged during this time."

- More via HPW - 1 in 4 Adolescents Worldwide Get Less than One Hour of Physical Activity a Week

"On average, adolescents reported being physically active for at least one hour a day on only 2.7 days a week. **Girls were less active than boys across all WHO regions, pointing to a major gender gap in the amount of physical activity adolescents experience."**

Re the **stark regional differences**: "In **most of Europe, Asia and parts of the Americas, 90% or more of adolescents reported an hour of physical activity every day. In others, mainly Africa, the Middle East and parts of South Asia, more than 40% of respondents reported no active days**. "Our data has revealed that there are two quite distinct patterns of active days that are broadly aligned with regions. We see that **in many of the low-and middle-income country settings, the pattern is characterized by high prevalence of zero active days**," said Dr Leanne Riley, unit head of surveillance, monitoring and reporting at WHO's NCD division…."

"**The WHO report also calls for more action across education, transport, and urban planning to make environments more conducive for routine physical activity**. The challenge is not simply to persuade adolescents to move more. It is **to create environments that make being active a normal and easy part of growing up**, WHO's Riley also said at the press briefing.

… **Sports brands also have stepped up to the bat, saying they can play a major role in promoting more healthy physical activity**. In response to the WHO report, around 83 sporting goods companies and federations signed an **open letter** coordinated by the **World Federation of the Sporting Goods Industry (WFSGI)**, pledging to strengthen efforts to help more young people move…."

World Cities Day (31 October)

Dev Discourse - World Cities Day: WHO Calls for Healthy, Safe and Accessible Housing for All

https://www.devdiscourse.com/article/health/3999945-world-cities-day-who-calls-for-healthy-safe-and-accessible-housing-for-all

"**The World Health Organization is calling for greater action to make healthy, safe and accessible housing available to everyone, placing homes at the centre of its World Cities Day message."**

"Under the theme "**Regenerating the City: Adequate Housing for All**", WHO highlights how housing conditions shape health and well-being throughout people's lives. Its **appeal asks housing, urban development and public health sectors to work together so that age, income or personal circumstances do not determine access to a healthy home.** Adequate housing protects people from health risks, supports children's development and helps older people maintain independence and quality of life…."

Mental health

Our World in Data - Around half of people will experience a mental health issue in their lifetime

https://ourworldindata.org/around-half-of-people-will-experience-a-mental-health-issue-in-their-lifetime

"What is someone's risk of developing depression, anxiety, or other mental health issues at some point in their life?" (*Pretty high -see the title*.)

Commercial determinants of Health

WHO Bulletin - The use of public procurement to address commercial power asymmetries affecting health

Olalekan A Ayo-Yusuf et al ; https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.26.296013.pdf?sfvrsn=9e8747cc_3

"**Commercial determinants of health frameworks** increasingly recognize how commercial practices and market structures shape population health, but policy responses have focused predominantly on limiting harmful commercial activity. **Public procurement offers an underused opportunity for governments to shape markets proactively towards public health goals. However, procurement of medicines, vaccines and other health technologies can be vulnerable to commercial influence and to information, governance and bargaining-power asymmetries** which affect value, affordability and equitable access**. We propose protective market governance as a framework combining three complementary approaches across the procurement cycle**. First, **independent assessment, including health technology assessment,** can reduce information and evidence asymmetries and strengthen decisions about public value. Second, **transparency, conflict-of-interest management and safeguards adapted from the principles of Article 5.3 of the World Health Organization Framework Convention on Tobacco Control** can address governance and influence asymmetries while permitting necessary engagement with suppliers. Third, **strategic and pooled procurement** can reduce market and bargaining-power asymmetries by aggregating demand, improving market intelligence and strengthening purchasers' negotiating position. **The Pan American Health Organization Revolving Fund** illustrates how evidence-informed requirements, transparent procurement and collective purchasing can improve affordability and equitable access. Early implementation of **the African Pooled Procurement Mechanism** further demonstrates the feasibility of applying collective purchasing and market-shaping principles in Africa. However, the effects on the health system and population health require evaluation. **Protective market governance extends the agenda of the commercial determinants of health by recognizing governments as market actors capable of shaping commercial incentives towards public value, affordability, equitable access and health-system resilience."**

Planetary Health (and Climate & health)

With some **reads in the run-up to COP 31**, but also some other planetary health (and climate & health) articles.

PIK - Scientists confirm global warming is accelerating faster than ever recorded

https://www.sciencedaily.com/releases/2026/10/261027231200.htm

"**Earth is warming faster than ever recorded, with scientists detecting a major acceleration in global temperatures since around 2015**. A new study reveals that **the warming rate has surged to approximately 0.35°C per decade, nearly double the average pace observed from 1970 to 2015**. "

Lancet Editorial – Climate change and health: 10 years on, what next?

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02241-5/fulltext

Today's Lancet Editorial. "**The Paris Agreement came into force in 2016**, a watershed in collective international action on climate change. **That year also saw the creation of the Lancet Countdown on health and climate chang**e, established to track the health effects of climate change and climate action. **The past 10 years may have brought disheartening setbacks in climate policy, but there have also been huge advances in the understanding of and attitudes towards climate change**…."

Offering three ideas as a way forward.

Devex Pro –COP31 in Antalya: Here are 10 key issues to watch

https://www.devex.com/news/cop31-in-antalya-here-are-10-key-issues-to-watch-113726

(gated) COP 31 starts on Nov 9. "With a **shared Turkey-Australia presidency, no central agenda item, and a possible agenda fight over finance, COP31 is billed as the "COP of implementation**." Here's what we're watching, in and outside the negotiating rooms."

- See also **UN News - COP31 explained: What's at stake at this year's UN climate summit?**

"As clean energy technologies advance faster than ever, the **challenge facing countries at COP31 is no longer just finding solutions – but making sure everyone can afford them…."**

"Several major issues remain unresolved:

Climate finance: Developing countries want wealthier nations to fulfil their financial commitments under the Paris Agreement, while disagreements persist over funding responsibilities, access to finance and how global financial flows can be directed towards climate action.

Just transition: Countries agreed last year to establish a mechanism to support the shift to cleaner economies – but still need to decide how it will work.

Adaptation: Negotiators will continue to work on measuring progress while developing countries press for greater financial support.

Cutting emissions: Governments remain divided over how to strengthen emissions action and deliver on existing commitments…."

- And via Climate Home News :

"Electrification, the fossil fuel transition, adaptation to rising impacts, climate science and trade are key themes as governments gather for COP31 in Türkiye…"

"Here's what experts expect to **top the agenda in Antalya**.

Fossil fuel transition and how to cut emissions →

Science row set to rumble on →

Electrification goal - a bright spot? →

A new mechanism for just transition →

Hunt for more adaptation cash amid surging impacts →

China and Africa keen to talk trade →

Support for green industrialisation →

Oceans emerge as top nature concern →…"

CGD Note - Which Countries Have Exceeded Their Carbon Budgets?

E Ritchie; https://www.cgdev.org/publication/which-countries-have-exceeded-their-carbon-budgets

More or less updating a paper by Fanning and Hickel (2023).

The updated analysis: "…Overall, it finds that **while the Annex II countries still account for a disproportionate share of excess emissions** (between 60 percent and 66 percent depending on whether you use territorial or consumption-based emissions, compared to around 16 percent of global population), **this share has steadily declined over the last decade, and that many of the largest "overshooters" are not included in either annex list, in particular China and the Gulf States."**

Guardian – Brazil publishes first global 'roadmap' for phasing out fossil fuels

https://www.theguardian.com/environment/2026/nov/03/brazil-first-global-roadmap-phasing-out-fossil-fuels

"**Cop30 host** sets out steps to break link with coal, oil and gas as it **aims to move focus from negotiating to implementing."**

"All countries can start to break their dependence on fossil fuels now without needing to wait for new technologies or economic changes, **Brazil's government has said ahead of a global climate summit. Brazil, the host of last year's UN climate conference, set out the world's first global "roadmap" for phasing out fossil fuels on Tuesday, showing that countries could boost their economies and pull people out of poverty while breaking the link with coal, oil and gas**."

"**But Joeri Rogelj, a professor of climate science and policy at Imperial College London, said that although the Brazilian roadmaps represented a step forward, they were limited.** "The roadmaps

are valuable but fall short of clearly indicating the pace of change needed by including no timeline or key benchmarks," he said…."

PS: "…**André Corrêa do Lago, Brazil's president of the Cop30 summit, said the roadmaps were intended to help move the annual UN Cops away from their previous focus on negotiating** global agreements to tackle the climate crisis, **and on to implementing the targets that had already been agreed."**

Devex invested - Devex Invested: Finance set to headline at climate conference

https://www.devex.com/news/devex-invested-finance-set-to-headline-at-climate-conference-113784

"Climate finance takes center stage at COP31." Excerpts:

- "**Climate finance is once again threatening to steal the show at COP31 in Turkey** next week. And **not necessarily in a good way**. Two years after countries agreed in Baku **to mobilize $300 billion a year in climate finance by 2035,** they're still fighting over **some pretty fundamental questions**: **Who pays? How much? And through which channels? Developing countries say the commitment falls well short of what they need,** and the dispute over how much the wealthy nations should contribute could derail negotiations before they even get going on Monday. At the heart of the argument is **Article 9.1 of the Paris Agreement, which obliges developed countries to provide finance to developing ones. The disagreement is now so entrenched** that countries may spend the opening of COP31 fighting over whether the issues should even be on the agenda…."

"… So what's the sticking point? **Low- and middle-income countries want high-income nations to commit to providing part of the $300 billion through bilateral public finance**, rather than relying on private investment or contributions from a wider group of countries. **Wealthier nations, meanwhile, favor a broader mix of public and private money**, delivered through bilateral and multilateral channels, with other countries encouraged to chip in."

"And the **chances of getting wealthy governments to commit the entire $300 billion from public sources? Pretty much nonexistent**, according to Colenbrander… "There's no scenario in which Europe, Japan, Canada, etc., are going to say actually we've changed our minds and we're going to succumb to that pressure and do $300 billion from bilateral and public sources," she says. "They absolutely politically cannot do it."

- But there's **another finance fight brewing**, and this one's **about adaptation. Countries agreed last year to triple adaptation finance.** Now comes the harder part: figuring out **what the promise means**, including a clear baseline against which progress will be measured, how the money will be delivered, and what qualifies as adaptation finance. … **The African Group of Negotiators wants a dedicated agenda item, while some countries would prefer to tackle it through the Climate Finance Work Programme**. Either way, the stakes are significant for developing countries facing growing climate impacts…."

Guardian - Funding to help poorer countries cope with climate crisis has stalled, says UN

https://www.theguardian.com/global-development/2026/nov/04/funding-poorer-countries-climate-crisis-adaptation-un-report

"UNEP Report reveals financial support promised by rich nations for adaptation measures is well behind the pace that is needed."

"… **The world's 155 developing nations will need $305bn (£226bn) annually by 2035 to adapt** to heatwaves, fires, floods, storms, droughts and rising sea levels that are made more intense or more frequent as a result of decades of burning fossil fuels, mostly in wealthy global north nations, according to the UN Environment Programme. **Yet finance flows from rich to poor countries were at most $32bn in 2024, the latest year for which data is available. That was only a billion up on the previous year, and down from the peak of 2022,** partly because many governments in Europe are devoting more of their budgets to defence spending…."

- See also UN News – 'The world is not ready': Climate adaptation cash falls far short as warming heads past 1.5°C
- Climate Action Network International - **UNEP report: Tripling adaptation finance would leave over 70% of developing countries' needs unmet**

"**Even if rich governments triple the money available to support developing countries to adapt to climate change by 2035, it would still cover less than a third of what is needed to protect people from worsening climate impacts,** according to a new UN report. The findings underline the **need for COP31 to shift the focus from negotiating finance targets to meeting the actual needs of developing countries."**

ODI (Expert Comment) - COP is dead. Long live COP.

S Colenbrander; https://odi.org/en/insights/cop-is-dead-long-live-cop/

"The great innovation that made the Paris Agreement possible was a nationally led approach. For a decade, implementation has been uneven at best. **In Antalya, the bottom-up design of the Paris Agreement may finally deliver: while negotiations stagnate, national, near-term self-interest is now delivering rapid, real-world climate action."**

"In short, political and market forces now overwhelmingly favour green and clean. The transition will be messy and slower than hoped but, for most countries, decoupling from fossil fuels is now in their near-term best interest. **However, the profound evolution in national interests hasn't made it through to countries' latest national climate plans (Nationally Determined Contributions) or negotiating positions…."**

"There are few paths to advance these reforms within the negotiations; even if the routes existed, they would be easily blocked due to the consensus-based system. **But the COP offers other solutions. The Action Agenda has long allowed coalitions of the willing to make progress on areas of mutual interest outside the formal negotiations.** Critical arenas such as cities, **health**, forests and food have all thrived there in a way they have not – and perhaps could not – within the negotiations…."

WHO Global Preparedness and Response to El Niño-Related Public Health Risks and Emergencies - Strategic Preparedness and Response Plan

https://www.who.int/publications/m/item/who-global-preparedness-and-response-to-el-nino-related-public-health-risks-and-emergencies-strategic-preparedness-and-response-plan

(2 Nov) "**The WHO Global Preparedness and Response to El Niño-Related Public Health Risks and Emergencies – Strategic Preparedness and Response Plan (SPRP) sets out WHO's global strategy and operational framework for October 2026–September 2027.** It translates WHO's Grade 3 response into coordinated action across headquarters, Regional Offices and Country Offices, while supporting nationally led preparedness and response."

"The plan is **structured around four strategic objectives…"**

"… **The initial resource requirement is approximately US$35 million**, covering the first six-month operational period, with the plan designed to be reviewed and adapted as the El Niño risk picture evolves…."

WHO – Six climate and health actions could save 1.6 million lives and deliver trillions in benefits each year

https://www.who.int/news/item/04-11-2026-six-climate-and-health-actions-could-save-1.6-million-lives-and-deliver-trillions-in-benefits-each-year

Also released ahead of COP 31.

"**Six proven climate and health measures could save 1.6 million lives a year while delivering trillions of dollars in economic and fiscal gains, according to a new World Health Organization (WHO) report** released today. Scaling up these measures globally, from heat-health warning systems and climate-resilient water, sanitation and hygiene to clean household energy and efficient fossil fuel pricing policies, **could generate US$ 3.9 trillion in economic welfare benefits annually, while also helping to cut carbon emissions. They could deliver a further US$ 5.4 trillion a year in fiscal benefits."**

"The **report, *Global benefits and costs of prioritized actions on climate change and health***, is the first comprehensive analysis of the economic and fiscal returns from taking six WHO-recommended actions to scale. Together, the **findings point to a triple dividend from these climate actions: healthier people, lower emissions, and stronger economies…."**

- See also **HPW - WHO's Trillion-Dollar Climate-Health Case Rests on Taxing Fossil Fuels**

"Scaling up six climate and health measures worldwide could prevent 1.6 million deaths a year and generate $3.9 trillion in economic benefits annually, the World Health Organization (WHO) said on Wednesday, days before the COP31 climate talks open in Antalya, Türkiye.

Five of the six measures, from improved heat-health warning systems to cleaner household fuels, would save about 360,000 lives a year. They would cost roughly $35 billion a year and return $24 for every dollar spent, according to the new WHO report. **But 1.2 million of the 1.6 million lives saved, and all $5.4 trillion a year in extra government revenue the report projects, would need to come from phasing out fossil fuel subsidies as well as taxing coal, oil and gas at higher rates, to reflect their pollution and climate damage.** And no cost is attached to the fossil fuel pricing reform

recommended. The policies would also have to be adopted in all 168 countries the report covers to reach their targets."

PS: **" Meanwhile, governments are heading the other way.** With the Strait of Hormuz still closed, the UN Development Programme said last month that **fossil fuel subsidies could top $1 trillion this year…."**

- See also a related **Lancet Commentary - Climate–health actions: global scale-up yields economic and fiscal benefits** (by F Pega et al)

"Authors admit these targets are "aspirational rather than realistic." (see caveat 5)

The HPW analysis discusses some of the methodology.

PS: "**Health still outside the negotiating room and text:** Türkiye, which holds the COP31 presidency, has made **resilient health systems one of ten themes in its action agenda and will open the summit next week with a Health Day. None of that is part of the formal negotiations….**

"**Several civil society groups working on health in the climate talks oppose a stand-alone item**. WHO, they say, has never spelled out what such an item would actually negotiate. **A separate health track, they argue, could make it easier for countries to push health out of the rooms where fossil fuels and finance are decided**, creating the kind of silo the health community has spent years arguing against…."

Devex - Climate change isn't gender-neutral. Why is the data?

https://www.devex.com/news/climate-change-isn-t-gender-neutral-why-is-the-data-113803

"A **report from the think tank Global 50/50** finds that **only a tiny fraction of climate and health metrics track outcomes by sex and gender**, raising a problem for funders and policymakers."

"The report found that **just 2% of metrics across four major climate and health frameworks — the Belém adaptation indicators, the World Health Organization Health and Climate Change Global Survey, the Global Climate and Health Alliance healthy NDCs scorecard, and the Lancet Countdown — report results separately by sex**. And just 3% of so-called **contextual indicators**, which track policies, systems, facilities or physical and economic aggregates, even mention sex, gender, women or men…."

The report also comes with some **recommendations ahead of the COP**. See Counted out: How 211 climate and health indicators across four global frameworks fail to see sex and gender.

Climate Change News - COP17 delivers fragile deal to boost conservation and funding for nature

https://www.climatechangenews.com/2026/10/31/cop17-delivers-fragile-deal-scaling-up-biodiversity-conservation-armenia-cbd/

(gated) “After a two-week stalemate, **countries agreed to invite wealthy emerging economies like China to assume donor status and help fund biodiversity protection as finance falls short.”**

“Governments at the COP17 nature summit in Armenia agreed on Saturday to scale up their policies to protect the planet's shrinking biodiversity, **and for the first time invited large emerging economies like China and Gulf states to take on donor responsibilities to help fund those efforts….”**

- For more **detail on all the outcomes**, see also Carbon Brief – COP17: Key outcomes agreed at the UN biodiversity conference in Yerevan
- See also **UN News – COP17: Nations chart ‘Yerevan Pathway’ to speed up action for nature**

“At the halfway mark to 2030, **countries meeting in Armenia have agreed a roadmap to accelerate action for nature, after a global review found the world off track to meet its biodiversity targets.** Agreement was formalised through **the Yerevan Pathway** as the UN Biodiversity Conference (COP17) closed in the Armenian capital on Saturday. **It sets out priorities for the four years left to deliver the 23 targets of the Kunming-Montreal Global Biodiversity Framework.”**

PS: “**Nearly $2 billion in new biodiversity funding was announced**. This included $560 million under the Global Environment Facility’s latest replenishment and $500 million through the Species Recovery Alliance. …”

Guardian - ‘Bunch of baloney’: calls grow for Cop summit reforms as countries on track to fail nature targets

https://www.theguardian.com/environment/2026/oct/31/cop17-reforms-fails-to-deliver-targets

Analysis from last Saturday. “Cop17, focused on protecting nature and restoring ecosystems, concludes on Saturday with **critics saying system allows ‘one idiot’ to stall progress.”**

““**Calls are growing for major reforms to UN biodiversity summits** as countries fail to deliver on their promises to halt the destruction of the natural world, with **governments likely on track to continue their record of never having met a target in the 34-year history of the convention….”**

“**Two weeks of negotiations at biodiversity Cop17 in Yerevan, Armenia, concluded on Saturday morning with countries vowing to redouble their efforts to meet this decade’s targets**, which include commitments to protect 30% of the planet for nature, restore nearly a third of Earth’s degraded ecosystems and reform $500bn (£410bn) of environmentally damaging subsidies….”

Quote by Panama’s environment minister : … “A lot of what’s going on out here at the Cop is just a bunch of baloney and beautiful speeches and BS,” he told AFP earlier this week. “**We cannot have – we cannot expect – a consensus between every nation on Earth on every topic. That’s ridiculous. Cops have been designed to fail, and they are not disappointing.” “ ….** He also argued that the **UN should host a single environmental Cop each year to tackle the climate, biodiversity, plastics and other issues in one go….”**

Guardian - Cryosphere faces permanent damage when world overshoots 1.5C, scientists warn

https://www.theguardian.com/science/2026/nov/02/permanent-damage-crysophere-overshoots-15c-scientists-warn

"UN-backed report finds even temporary rises above Paris agreement target could cause harm to glaciers and polar ice sheets."

"**Earth's icy regions face such dangerous melting that global heating should be brought back below 1C after an inevitable period of overshooting global temperature targets**, a **UN report** has found. … … Permanent and widespread losses of snow and ice **expose a "persistent myth" that overshooting the 1.5C target of the Paris climate agreement – to 2C or 3C – could be manageable or even preferable to urgent cuts to emissions**, the report found."

BMJ Opinion - Climate adaptation can't keep pace unless we phase out fossil fuels

https://www.bmj.com/content/395/bmj-2026-101307

"We cannot continue to fund and fuel the greatest health threat of our time while asking communities to adapt to its devastating consequences, write **Sandro Demaio** and **Saia Ma'u Piukala."**

Concluding: "… **COP31 must mark the point at which the contradiction between adaptation efforts and ongoing fossil fuel use ends**. The era of clean energy and electrification is here, people's health and wellbeing now depend on the speed and scale of its implementation."

Carnegie Europe – Planetary Power: Geoengineering and the New Geopolitics of Climate Intervention

O Lazard; https://carnegieendowment.org/europe/research/2026/10/planetary-power-geoengineering-and-the-new-geopolitics-of-climate-intervention

"**Geoengineering is becoming a geopolitical question as much as a climate one**. The way states and the private sector pursue these technologies, assess risks, and drive research increasingly appears focused on gaining a strategic edge. **In a field where governance in lagging behind, Europe should keep track of the geopolitical implications if it is to develop effective regulatory frameworks."**

Access to Medicines, vaccines & other health technologies

Devex - Where does Africa CDC's pooled procurement stand?

https://www.devex.com/news/where-does-africa-cdc-s-pooled-procurement-stand-113756

Must-read with lots of stats on Africa CDC's pooled procurement as of now. "At the African Healthcare Manufacturing Trade Exhibition and Conference in Addis Ababa, Mariatou Tala Jallow gave an **update on the progress made on setting up the African Pooled Procurement Mechanism**."

- See also **Devex Check-up: Devex CheckUp: How far has Africa's pooled procurement mechanism gotten?**

"It's been nearly three years since the African Union's assembled heads of state endorsed the African Pooled Procurement Mechanism, or APPM — an initiative linked to the continent's goals of health sovereignty. But **what has happened since then?** … … In case you need a refresher on APPM: The initiative aims to ensure the continent has a **reliable supply of lifesaving medicines** — even during a crisis such as COVID-19 — and build the nascent African manufacturing industry by ensuring there is a market for African-made health products."

"Mariatou Tala Jallow, who's been tasked by Africa Centres for Disease Control and Prevention chief **Jean Kaseya** with establishing the new initiative, said **the staff now numbers 30 people and has a secretariat in Addis and a hub in Cairo, with plans for more across Africa**. They're working on market-shaping, procurement, and supply chain issues, as well as on developing policies to govern those operations. "

"**Eight countries have so far signed memorandums of understanding with APPM**, including Egypt, Namibia, Botswana, Ghana, São Tomé, Rwanda, Tunisia, and Libya — but they're **hoping to reach at least 15 countries** in total **by the year's end. …** The team has so far **built a pool of 89 prequalified manufacturers,** and they plan to further expand that with another round of prequalification starting in January 2027. Meanwhile, **the list of products APPM plans to purchase has ballooned from an initial 10 to more than 100, including medicines for neglected and noncommunicable diseases and for those that disproportionately affect Africans, such as HIV, malaria, and tuberculosis…."**

HPW – FDA Approves First Generic of HIV Prevention Drug, Lenacapavir

https://healthpolicy-watch.news/fda-approves-first-generic-of-hiv-prevention-drug-lenacapavir/

"**The US Food and Drug Administration (FDA) has approved the first generic version of lenacapavir**, the highly effective twice-yearly injection to prevent HIV, **developed by Dr Reddy's Laboratories based in India.** Dr Reddy's was **one of six pharmaceutical manufacturers that was granted a non-exclusive, royalty-free voluntary licensing agreement from Gilead**, which developed lenacapavir. The **agreement, signed in October 2024, limits the sale of the generics to 120 high-incidence, resource-limited countries**. The **generics – expected to cost $40m a year – are expected to reach countries by the end of this ye**ar, and **Zambia** is likely to be one of the first to get supplies. …"

PS:" **Dr Reddy received "financial, technical, and regulatory support" from Unitaid, Wits RHI, and the Clinton Health Access Initiative (CHAI) to accelerate the development of the generic**. The FDA approval comes only 16 months after Gilead's product was approved. …"

- See also **Science – U.S. approval of cheap, generic HIV prevention shot may boost global rollout**

" **Indian company pledges to sell injectable lenacapavir in low- and middle-income countries for only $40 a year."**

PS: "**Unitaid, a nonprofit that works with CHAI on negotiating generic pricing, says the availability of a generic lenacapavir will be particularly beneficial for teenage girls and young women in South Africa and neighboring countries**, who have some of the world's highest rates of new infections but have not benefited from oral PrEP. "…"

"… "We are having supply challenges that generics will solve," Amole says. **CHAI hopes 20 million people globally, 9 million of them in Africa, will be on LEN PrEP by 2030**. The price could go even lower than $40 per person per year if other generics companies enter the market, she says. "

- BMJ News - **Lenacapavir: Why a newly approved generic version of the blockbuster HIV drug won't be available in the areas that need it most**

" A cheap, generic version of one of the world's best HIV prevention drugs **will be out of reach for patients in at least 26 countries,** the US manufacturer of the original drug has confirmed. … … **26 middle income countries and territories, including some with growing HIV epidemics, will be unable to buy the new generic because of conditions set out by Gilead."**

"**Countries excluded from purchasing the generic version include Latin American nations such as Venezuela, Peru, and Brazil, which have growing HIV epidemics…."**
… **Carlota Baptista, HIV access and advocacy lead at Médecins Sans Frontières (MSF**), told The BMJ that **one in four new HIV infections were occurring in countries currently excluded from getting the generic lenacapavir**. **Four countries whose populations had participated in clinical trials of lenacapavir—**Argentina, Brazil, Mexico, and Peru—**would be prevented from buying the generic**, she said. "**MSF added that, while lowering the cost of a drug may make it more affordable for some countries, this did not automatically make it widely available. People in conflict zones, and key populations** such as men who have sex with men, transgender people, and sex workers **can face significant barriers to getting the drug…"**

"… **Carmen Perez Casas, HIV and pandemic preparedness strategy lead at the global health agency Unitaid**, said that supplying lenacapavir to the areas that needed it most was "an urgent problem that requires an urgent solution." "**At a minimum, 9% of new global HIV infections are in countries that are not included in the territory of the voluntary licence from Gilead**," she said. "We encourage all parties, especially the companies, as well as all the other stakeholders, to continue trying to find a solution that can help the people at risk wherever they are to get access to this product."

"When contacted by The BMJ **Gilead said** that there were no plans to change the terms of the 2024 deal after approval of the generic. But the **company highlighted how, in September, it had signed an agreement with the Pan American Health Organization (PAHO) to make brand name lenacapavir available in Latin America.** That agreement "provides a pathway for 14 countries outside Gilead's voluntary licensing territory" to have access to the drug, a spokesperson for the company said. **But MSF said that the terms of that agreement were still not publicly known and that the price PAHO was paying for each dose "is likely to be much higher than that of the generic**."

MSF - Gilead continues to rake in huge profits while people worldwide struggle to access HIV prevention medicine

https://www.doctorswithoutborders.org/latest/gilead-continues-rake-huge-profits-while-people-worldwide-struggle-access-hiv-prevention

"**Pharmaceutical corporation made $6.2 billion off HIV products this quarter alone yet continues to keep lenacapavir out of reach for millions."**

"It is unacceptable that **the US-based pharmaceutical corporation Gilead Sciences made more than $6 billion in HIV product sales in the third quarter of this year, yet continues to block millions of people's access to the highly effective HIV prevention medicine lenacapavir**, said Doctors Without Borders/Médecins Sans Frontières (MSF) today…."

HPW - Funders Float 'Natural Selection' for Non-Profit Neglected Disease Drug Developers as Global Health Aid Dries Up

https://healthpolicy-watch.news/funders-float-natural-selection-for-non-profit-neglected-disease-drug-developers-as-global-health-aid-dries-up/

Coming back on a World Health Summit session on the future of PDPs.

"…. **around a dozen product development partnerships (PDPs) (were) set up around the turn of the century to make medicines that drugmakers had no commercial reason to invest in bringing to market.** At the World Health Summit in Berlin this month, **a senior German research ministry official called the partnerships "an amazingly good deal" – then warned them that funders could no longer guarantee their survival**. … "There's an underlying promise … that I don't think we can keep," said V**eronika von Messling, director-general for health and life sciences at Germany's Federal Ministry of Research, Technology and Space (BMFTR),** at a **session on the future of the partnerships' model.** "That promise would be that as long as you are a good PDP and stay in this box, somehow financing will be ensured." …"

"…… **For many partnerships, like the wider global health world, the money is already disappearing.** Funding received by PDPs for their neglected-disease research fell for five straight years to a record low in 2023, according to Impact Global Health's G-FINDER **survey**. The Gates Foundation, by far their largest backer, cut its PDP grants by nearly a quarter the following year, and DNDi cut its research spending by 23% in 2025, its audited **accounts** show. The UK, the partnerships' largest government funder, is cutting aid to 0.3% of gross national income by **2027**, and Germany is planning further **cuts** to global health in its 2027 budget. The UK gave PDPs $40 million for neglected-disease research in 2023, more than any other government, and raised that by 55% in 2024, G-FINDER data show. Germany's research ministry gave $4 million and is now **splitting** €50 million among five PDPs over six years. The Netherlands, Australia, Switzerland, Japan and the European Union also contribute…."

"… As global health investment shrinks across the developed world, **von Messling suggested funders could let the partnerships compete for what money remains.** "Just to be provocative here, there is maybe some charm in actually tolerating the tension that comes from **a natural selection process or natural evolution**," she said. "Some PDPs might actually succeed and others might be less successful."… "**If there is no more funding," said Dirk Mueller, senior health adviser at the UK's**

Foreign, Commonwealth and Development Office (FCDO), "then there will be more natural selection."…"

Devex Check-up - Until the sun sets

https://www.devex.com/news/devex-checkup-germany-shifts-into-the-driver-s-seat-on-global-health-113787

"**The Gates Foundation is playing the long game when it comes to strengthening pharmaceutical regulation in Africa**. And by long, we mean **till sunset do them part."**

"**The foundation has been a longtime backer of efforts to harmonize medicines regulation across the continent, supporting both national regulators and the African Medicines Agency, or AMA**, which aims to streamline oversight of medicines and other medical products. But **its commitment isn't ending anytime soon**. "**We are having a conversation about how we stay as their supporter until 2045," Cynthia Mwase**, the foundation's director of health for Africa, said at the African Healthcare Manufacturing Trade Exhibition and Conference in Addis Ababa, Ethiopia, last week. That's the year the foundation plans to sunset. **"We are here to stay to make AMA work." …"**

Science Policy Forum – Expanding global access to GLP-1s: Challenges and opportunities

K C Shadlen et al; https://www.science.org/doi/10.1126/science.aek2174

In-depth analysis.

Concluding: "…**Generic semaglutide offers an important opportunity to expand global access to treatment for obesity and type 2 diabetes. However, the development of newer, patent-protected GLP-1s may generate new conflicts over access, even as effective generic alternatives become available."**

"**We have reviewed the patent, regulatory, and production challenges to meeting the large—and likely growing—demand for semaglutide and next-generation weight-management medications**. Even if these barriers could be overcome and GLP-1s made widely available at low prices, expanding global access to these therapies would require substantial up-front funding from national governments or international donors. Even when pharmaceutical products are inexpensive or free, countries may still require external resources for procurement, distribution, and administration. Widespread use will be costly for both private and public payers, and increasing access may require new approaches to financing. Declining donor support for global health may place greater responsibility on national governments to finance access to antiobesity treatments.
Tackling obesity and diabetes requires a multipronged public health approach that combines effective treatment with efforts to address the underlying drivers of these conditions. **Access to effective pharmacologic options is but one important component**, alongside policies to improve diets, promote physical activity, create healthier living environments, and address social and economic factors that contribute to obesity and diabetes."

Miscellaneous

Some insightful reads we'd like to draw your attention to:

Science Politics – No Country for Young People

J Lichtslag; https://sciencepolitics.org/2026/11/03/no-country-for-young-people/

"Youth-led protests are sweeping across the world, spurred by divergent lives between young populations and their older political leaders." Including some **data on the representation gap** (compiled by the author).

Excerpt: "… **Worldwide, the average age gap in political representation is over a generation, 29.76 years. According to my analysis, the average world leader is 60.5 years old, while the average median age of all countries is 30.8**. However, 103 countries around the world have a gap that is even larger than one generation (measured as 25 years). **Astoundingly, there are eight countries where the gap between the age of the political leader and the governed population is larger than 60 years, all but one (Palestine) being in Africa**. These countries include Eritrea, Liberia, Uganda, Zimbabwe, Cote D'Ivoire, Malawi, and Cameroon. '…"

The Jacobin - What comes after globalization?

Branko Milanovic; https://jacobin.substack.com/p/what-comes-after-globalization
"The world as we know it is a product of globalization — and this era of globalization might be coming to a close."

LSE - The harms of extreme wealth

https://sticerd.lse.ac.uk/harms-of-extreme-wealth/
New evidence review.

"Examining the harms of extreme wealth and wealth concentration across society, the economy, politics and the environment."

"This review brings together interdisciplinary evidence on the political, environmental, economic and social harms associated with extreme wealth and wealth concentration.
The findings form part of **the Extreme Wealth Line Initiative,** which seeks to identify the point at which the harms linked to concentrated wealth become socially unacceptable."

Global health events

World Conference on Traditional Medicine 2026 delivers landmark outcomes for global health

https://www.who.int/news/item/30-10-2026-world-conference-on-traditional-medicine-2026-delivers-landmark-outcomes-for-global-health

"**The World Conference on Traditional Medicine 2026 concluded in Beijing on 18 October** with several key outcomes aimed at strengthening global cooperation for health and well-being. These included the **adoption of the Beijing Initiative on the Conservation and Sustainable Use of Traditional Medicinal Plant Resources, the promotion of the New-Era Shennong Herbal Project, and the publication of the Report on artificial intelligence empowering global traditional medicine development (2026).** The conference also marked the **establishment of the Global Alliance for Traditional and Integrative Medicine (GATIM)** to foster international scientific collaboration…."

The **biennial conference was held on 17–18 October** at the China National Convention Center in Beijing.

- For more on this event, see also Development Discourse - World Traditional Medicine Conference 2026 Backs Research, AI and Plant Conservation

The meeting saw the publication of a 2026 report on artificial intelligence in global traditional medicine development and the establishment of the Global Alliance for Traditional and Integrative Medicine, known as GATIM.

Global health governance & Governance of Health

UK makes huge aid cuts to Commonwealth nations despite warm words at Chogm

https://www.theguardian.com/world/2026/nov/03/uk-cuts-aid-commonwealth-countries-despite-warm-words-at-chogm-summit

"**Nations in the group fare worse than others, with funding for nature projects especially hard hit** even as climate crisis intensifies global need."

"**Funding from the UK to the Commonwealth nations that previously had bilateral aid programmes will be cut from £546m in 2024-25 to £131m in 2028-29**. Of that total, a large chunk – £68m – will go to Nigeria, leaving £63m for other countries…."

Maastricht University (Policy brief) - Safeguarding the WHO: A Prescription for an Effective EU Approach to Global Health

O Fernandez;
https://cris.maastrichtuniversity.nl/ws/portalfiles/portal/325083454/6ad0eec018354f215d788af3_WHO_PolicyBrief_final.pdf

« In line with its multilateralist credentials**, the European Union (EU) has emerged as a vocal supporter of the World Health Organization (WHO),** particularly after the outbreak of the COVID-19 pandemic. However, **the EU's rhetoric is not always matched by the scale and consistency of its commitments….** … This policy brief examines the main challenges facing the WHO, the opportunities and constraints shaping its relationship with the EU, and the steps EU institutions and member states could take to strengthen their support for the organisation…"

« … **This policy brief argues that a more effective partnership would require greater willingness from EU institutions – chiefly, the European Commission – to provide flexible funding, mainstream health priorities, and gain visibility within WHO governing bodies**. The **Commission and EU member states would also need to engage more constructively with the Global South** and pursue a more coherent approach to global health governance. Without these conditions, the EU will struggle to bolster the WHO and consolidate its credentials as a global health actor…."

ECDPM (Discussion paper) – Supporting financial institutions to scale up investments in health under the Global Gateway

K Karaki et al; https://ecdpm.org/application/files/2917/9138/0419/Supporting-financial-institutions-scale-up-investments-in-health-under-the-Global-Gateway-ECDPM-Discussion-Paper-414-2026.pdf

"…. there is a clear **opportunity to further evolve the EU's approach to meet rising health investment needs in partner countries by complementing grants with a broader set of financial instruments**. European financial institutions for development are well placed to mobilise additional capital for health…" With **5 suggestions.**

European Journal of Public Health - H.10. Round Table: Is Global Health Governance Breaking Apart? Collaboration and supporting WHO's Role

ASPHER, WHO/Europe, WHO Collaborating Centre on Health in All Policies and the Social Determinants of Health , et al ;
https://academic.oup.com/eurpub/article/36/Supplement_5/ckag169.559/8995608

"Current polycrises highlight the importance of international cooperation to protect population health. However, health system governance is fragmenting. **Partial disengagement of Member States, proliferation of bilateral agreements, the rise of sub-national diplomacy, and the growing influence of public–private and philanthropic actors are reshaping power, legitimacy, and accountability in global and European public health**. World Health Organization (WHO) is central to these developments. **We challenge the assumption that multilateralism is still the default organising principle, ask whether parallel, potentially competing, governance structures are emerging and what this means for WHO across Europe and our public health community**. Building on ASPHER/EUPHA/WHO work, **the round table and interactive session reframes WHO as essential, evolving global public health infrastructur**e. Despite political and financial pressures, WHO Europe delivers guidance, technical support, and coordination. However, **without a strong normative centre, real-life risks include: impaired transnational resilience to health security threats, regulatory divergence, inequity, weakened conflict-of-interest safeguards, and erosion of scientific legitimacy**. Panellists from academia, policy, and practice will **examine four fault lines: bilateral health diplomacy, public–private governance, sub-national engagement, and institutional reform**, highlighting WHO Europe work…."

Global Policy - The World Health Organization's Reform After COVID-19: Between Old Habits and a New Normal

Óscar Fernández; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70260

"**Since 2020, calls to reform the WHO have intensified, echoing past initiatives that drew significant scholarly attention**. However, studies on WHO reform often lack breadth and analytical benchmarks while failing to consider the preferences of member states and other principals. **This article fills these gaps by examining key stakeholders in post-COVID-19 WHO reform efforts and explaining how the initiatives undertaken relate to the notions of robustness, effectiveness and democracy. …"**

"…Findings suggest that the **WHO Secretariat and member states have identified synergies between robustness, effectiveness and democracy, although emphases have varied and trade-offs have also emerged**. Despite uneven progress and overlooked institutional weaknesses, the post-COVID-19 reform agenda maintains significant momentum. Going forward, it will require a deeper reflection on the WHO's role in global health governance and how to weather the United States' retreat from multilateralism."

With also some **policy implications**.

ECDPM - What the Russia-Africa summit reveals about Africa+1 diplomacy

I Wutz; https://ecdpm.org/work/what-russia-africa-summit-reveals-about-africa-plus-1-diplomacy

"**On 28 and 29 October, Moscow welcomed 48 African delegations, of which 22 were led by a head of state.** This summit follows the Africa Forward summit by France in May 2026, Italy's Africa summit in February and the 7th AU-EU summit in November 2025. **Like other hosts, Russia presented itself as the partner Africa needs to achieve a prosperous future. But what does its narrative reveal about Russia's geopolitical aims in its engagement with the African continent? And what does this latest round of summit diplomacy tell us about the gap between the rhetoric and the practice of these summits?"**

UHC & PHC

Journal of Health Management - Health Systems Reforms in Bangladesh: An Analysis of the Last Three Decades

https://journals.sagepub.com/doi/10.1177/09720634261486581

By Treasure Udechukwu, Valéry Ridde et al.

AJHESP – Efficiency and technology gaps in achieving universal health coverage: a metafrontier data envelopment analysis of 189 countries

https://www.africanjhesp.org/content/article/3/1/full/

By E Z Asbu et al.

Pandemic preparedness & response/ Global Health Security

WHO - Universal Health and Preparedness Review (UHPR): a case study from Cameroon

https://www.who.int/publications/m/item/universal-health-and-preparedness-review-(uhpr)--a-case-study-from-cameroon

"**Cameroon engaged in the Universal Health and Preparedness Review (UHPR) in January 2023, becoming the seventh country to complete its national review phase….** … This **country case study** documents Cameroon's experience in implementing the UHPR, highlighting the role of the national One Health platform, chaired by the Prime Minister's Office, in fostering whole-of-government engagement, strengthening coordination and advancing national priorities for health emergency preparedness. It **also illustrates how the UHPR helped elevate health security on the political agenda and supported resource mobilization, including approximately US$23 million secured through the Pandemic Fund to strengthen One Health capacities…..**"

Dev Discourse - Can Zimbabwe's New Pandemic Fund Project Turn Early Health Warnings Into Stronger Protection?

https://www.devdiscourse.com/article/health/4001115-can-zimbabwes-new-pandemic-fund-project-turn-early-health-warnings-into-stronger-protection
"**Zimbabwe's US$14.33 million project aims to strengthen outbreak detection, laboratories and readiness across human, animal and environmental health**. Its benefits for businesses and households will depend on coordinated responses, community trust and sustained funding beyond 2028."

"Zimbabwe's US$14.33 million pandemic preparedness project places early detection at the centre of a wider effort to protect lives, livelihoods and essential services. **Running from 2026 to 2028, the government-led programme** will be **implemented by the African Development Bank Group, the Food and Agriculture Organization of the United Nations (FAO) and UNICEF**…."

Plos Med – Transforming pandemic influenza antiviral stockpiling using a capacity-based approach: A modeling study

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004992

By N Gavish et al.

Planetary health

Lancet Planetary Health – September issue

https://www.thelancet.com/journals/lanplh/issue/current

We already covered the Editorial, **Climate Overshoot**, in a previous newsletter. Most articles already appeared online before.

Check out also: **The Capitalocene:** an emerging concept in public health in the midst of the current socioecological crisis

Development banks count data centres as climate finance

https://www.sustainableviews.com/development-banks-count-data-centres-as-climate-finance-17ae7673/

(gated) "Multilateral lenders can classify the cost of data centres towards climate mitigation targets if they meet certain requirements, even without demonstrating absolute emissions reductions."

Well, well.

Guardian - World's wettest rainstorms are getting wetter, affecting flood and drought risk

https://www.theguardian.com/news/2026/nov/05/worlds-wettest-rainstorms-getting-worse-flood-drought-risk

"Events that deliver about half of global rainfall are getting shorter but more intense, with wide-ranging implications."

Health Research Policy & Systems - Dynamic Evaluation of climate and health field-building and system-strengthening: a protocol for the Advancing Research for Climate and Health global initiative

S Hearn et al; https://link.springer.com/article/10.1186/s12961-026-01543-9

" The **Advancing Research for Climate and Health (ARCH) global initiative** addresses this gap by supporting a **regional network of researchers focused on strengthening climate-resilient primary health care and health systems. …"**

Covid

Plos Med – Global return-on-investment of COVID-19 vaccines in the first year of the vaccination programme: A model-based economic evaluation

https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004772

By H Benjamin et al.

Infectious diseases & NTDs

WHO – Progress against neglected tropical diseases requires sustained action

https://www.who.int/news/item/04-11-2026-progress-against-neglected-tropical-diseases-requires-sustained-action

"**The World Health Organization (WHO) today reported major global progress against neglected tropical diseases (NTDs), with 63 countries having eliminated at least one NTD by June 2026, up from 42 at the end of 2020."**

"**WHO's Global report on neglected tropical diseases 2026, a midterm assessment of the 2021–2030 NTD road map**, shows that more countries are eliminating NTDs and fewer people need treatment. Findings reveal that the number of people requiring interventions fell to 1.41 billion in 2024, down 36% since 2010 and 19% since 2020…."

- For more detail, see **HPW - Uneven and Fragile Progress Against Neglected Tropical Diseases – New WHO Report**

"While substantial progress has been made in driving down the global burden of neglected tropical diseases (NTDs), trends are "uneven and fragile", and several diseases are off course to meet 2030 targets…." (also with some info on **the financing of NTDs)**

Nature Medicine - Climate change threatens malaria elimination in the Asia Pacific

Kimberly Fornace et al; https://www.nature.com/articles/s41591-026-04722-x

"**Climate change threatens decades of progress toward malaria elimination across the Asia Pacific**. In recent years, reported cases have increased sharply in several regions, including Pakistan following the 2022 floods. However, current research and adaptation strategies have largely focused on gradual warming and shifting transmission seasons and may not fully capture acute operational disruptions in endemic settings. **Here we examine how climate change influences malaria through cascading disruptions to health systems, population displacement and ecological change**…."

International Journal for Equity in Health (Editorial) - The role of social sciences in addressing inequality related to Neglected Tropical Diseases (NTDs)

https://link.springer.com/article/10.1186/s12939-026-02997-7

By P Nahar, L Dean et al.

NCDs

Africa CDC - New Multisectoral Framework to Cocreate National Multisectoral Action Plan to Improve NCDs, Injuries and Mental Health

https://africacdc.org/news-item/africa-cdc-develops-action-plan-to-address-ncds-injuries-and-mental-health/

Kigali, Rwanda (30 Oct). "African Union Member States are a step closer to a coordinated response to non-communicable diseases (NCDs), injuries and mental health conditions following the **finalisation of a multisectoral action plan at a five-day technical meeting convened by the Africa Centres for Disease Control and Prevention (Africa CDC). … …** The **continental action plan – developed alongside the Multisectoral Engagement, Coordination and Action (MECA) Framework** – seeks to **translate the African Union (AU) Common Position on NCDs, injuries and mental health into national policies and programmes…"**

Nature Medicine – Global, regional and national burden of cervical cancer in 1990–2023 with forecasts to 2050: a Global Burden of Disease study

N Pritchett et al ; https://www.nature.com/articles/s41591-026-04729-4

"**Analyses of the Global Burden of Disease study** reported 887,000 new cases and 369,000 deaths from cervical cancer worldwide in 2023, which are **forecasted to rise by 2050."**

Nature Comment – Could measuring immune health reshape medical care?

https://www.nature.com/articles/d41586-026-03396-2

"Finding practical ways to analyse the state of a person's immune system could guide treatment decisions and create opportunities for disease prevention."

Nature Health - Global health outcomes from replacing dietary sodium chloride with potassium-enriched salt

L Huang et al ; https://www.nature.com/articles/s44360-026-00216-9

« A modelling analysis estimates that **replacement of all salt worldwide with potassium-enriched salt** would prevent 2.96 million deaths and 10.17 million new cases of cardiovascular and chronic kidney disease."

Mental health & psycho-social wellbeing

Plos GPH - The hidden mental health burden of corruption in healthcare: Findings from a scoping review and key informant interviews

Madura Nanthakumaran, D Balabanova et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007509

« **Corruption in healthcare is a pervasive global challenge that undermines equity, efficiency, and trust in health systems**. Whilst its economic and governance impacts are well documented, the **psychological consequences for patients, providers, and those involved in anti-corruption reform remain under-explored. Understanding these mental health effects is critical** for designing anti-corruption strategies that safeguard wellbeing and strengthen health systems. »

Among the findings: "… **Corruption was reported to be associated with psychological distress among patients, providers, and anti-corruption actors.** This included stress, anxiety, depressive symptoms, and moral injury. At a community level, corruption eroded trust and collective agency, whilst institutional effects included normalisation of unethical practices. Structural determinants were found to perpetuate corruption's harms. **Anti-corruption efforts produced mixed outcomes**: reform targeting high-level officials improved public mental health modestly, whereas punitive measures against frontline workers exacerbated fear and demoralisation in the workforce. Protective factors such as moral agency, and robust reporting systems were found to buffer harm but were context dependent. **Policy recommendations are made for practice, research and capacity building. These include framing corruption as a public mental health issue, strengthening whistleblower protections, commissioning further research, and adapting reform to local political economy and social norms.** These findings indicate that **corruption is a plausible but under-recognised social determinant of mental health** requiring further research. **Integrating mental health considerations into anti-corruption policy and health system reforms is essential** to mitigate harm and strengthen resilience. »

Social Indicators Research - Global Mental Wealth: A Multidimensional Analysis of Social, Financial, and Emotional Well-Being in 92 Countries

Kai Ruggeri et al; https://link.springer.com/article/10.1007/s11205-026-03890-0

"… **Findings include a trend of languishing mental health across many groups, particularly among younger adults and within higher-income countries**. While positive trends are observed for education and income, a number of concerning trends also emerge, particularly the poor results for young adults and generally moderate results for employed individuals. In sum, we find an alarming but perhaps unsurprisingly low level of positive mental health in a substantial number of countries, but also identify specific economic, social, and other indicators that policymakers could target in improving the well-being of the populations they serve."

First-of-Its-Kind Beauty Study Links Spirituality, Flourishing

https://www.catholic.edu/all-stories/first-its-kind-beauty-study-links-spirituality-flourishing

"In the spring of 2026, Professor Brandon Vaidyanathan and his team partnered with Gallup to survey more than 10,000 adults in the U.S. and U.K. about their experiences of beauty."

"The **Beauty and Belief Survey** – part of the **Templeton-funded project "Can Beauty Save the World?"** led by Brandon Vaidyanathan, professor of sociology – **explores how the experience of beauty relates to political affiliation, work, religion, and spirituality.** In this Q&A, he walks us through the findings of this **first-ever large-scale international study on aesthetic experience**…."

Sexual & Reproductive health rights

Plos GPH (Opinion) – Beyond reproduction: Reclaiming the full meaning of sexual and reproductive health

S M Eyzaguirre et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007469

Important read. « … "**Sexual and reproductive health" should not become shorthand for reproductive risk management**. The field should be **accountable to the full breadth of its name**: sexual wellbeing as an end in itself and reproductive health as a dimension of embodied life that extends beyond reproduction…."

Lancet GH – Tsepamo 8 years on: women's health remains an afterthought

Willem Daniel Francois Venter et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00270-6/fulltext

Comment linked to a **new Lancet GH study**: Prevalence of neural tube defects and major external structural abnormalities by antiretroviral treatment regimen in Botswana in 2014–22: a birth outcomes surveillance study (by Rebecca Zash et al)

"**In May, 2018, four cases of neural tube defects among 426 infants exposed to dolutegravir at conception in the Tsepamo study in Botswana triggered an international scramble across WHO, the US President's Emergency Plan for AIDS Relief (PEPFAR), guideline committees, and health ministries that exposed the hollowness of supposed rights-based HIV programming**. The European Medicines Agency and US Food and Drug Administration issued contraception-linked warnings within days. WHO's May 2018 guidance recommended efavirenz for women of childbearing potential in the absence of reliable contraception despite dolutegravir offering better tolerability, a higher barrier to resistance, and simpler, lower-cost implementation. PEPFAR stayed silent on contraceptive access. **WHO's July 2018 guidance tried to strike a balance by recommending dolutegravir, but only together with consistent and reliable contraception. Country policy ran from paternalistic to coercive:** Uganda required long-term contraception before dolutegravir access; Kenya barred women aged 15–49 years altogether from December, 2018 to January, 2020. Other countries had similarly uneven responses. **WHO endorsed dolutegravir unconditionally for all women in July, 2019, following a Tsepamo update showing a 0·3% reduction in risk**….

"…**The completed analysis by Rebecca Zash and colleagues in this issue of The Lancet Global Health is the strongest evidence against a clinically important excess risk**. Across 8 years of surveillance, neural tube defects and major external structural abnormalities did not detectably differ between pregnant women exposed to dolutegravir at conception and those exposed to other antiretroviral regimens…."

They conclude: "… **8 years later, Tsepamo story is tempting to tell as a successful pharmacovigilance case—**ie, an early warning followed by accumulating evidence, a falling risk estimate, and finally reassurance. **Zash and colleagues' study supports that reassurance but does not erase the years of ongoing disrupted access and constrained reproductive choice that followed. Inertia persists across the region: nine African Union member states have still not ratified the African Union 2003 Maputo Protocol's guarantee of reproductive rights, and in states where it has been ratified, most signatories have never brought domestic abortion law or health choices into compliance with it; Botswana's abortion law has not meaningfully changed since the 1990s. The Tsepamo signal should have prompted a fundamental re-evaluation of reproductive access**; instead, it exposed how **governments across the region failed to address longstanding constraints on women's reproductive rights or revise the policies** underpinning them."

NYT - An 80-Cent Plastic Pouch Is Saving Thousands of Women From Dying in Childbirth

https://www.nytimes.com/2026/11/03/health/maternal-drapes-nigeria-childbirth.html

"The maternal drape, as it is called, is helping to solve one of the world's most intractable health problems."

"**The drape is now being rolled out across Nigeria. But it was only the first part of the intervention** that saved Ms. Balarabe. **Next came the series of treatments after the pouch became dangerously full of blood. None of those steps are new, but a few years ago, researchers tested what happened when they were all done at once — massage, oxytocin, tranexamic acid, IV fluids — and quickly.** They found that, together with the drape, these interventions cut deaths from postpartum hemorrhage in hospitals by about two-thirds…."

Global Public Health -'Estaba en muy buenas manos': Experiences of accompanied abortion after 17 weeks in Argentina, Chile, and Ecuador

https://www.tandfonline.com/doi/full/10.1080/17441692.2026.2754558

By Celina M. Doria et al.

Access to medicines & health technology

Lancet World Report – India to cap the cost of 137 cancer drugs

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02238-5/fulltext

"**Following a Supreme Court ruling**, India's National Pharmaceutical Pricing Authority will limit trade margins on many life-saving drugs. Samaan Lateef reports from Mumbai."

Decolonize Global Health

Book chapter: Conceptualizing Zoonoethics from the Global South

Jeyver Rodriguez: https://onlinelibrary.wiley.com/doi/abs/10.1002/9781394251896.ch23

"Imagining Cross-Cultural Strategies from One Health Ethics to Prevent and Respond to Pandemic Risks."

« This chapter argues for zoonoethics as a novel ethical framework crucial for enhancing the One Health (OH) approach. By integrating non-anthropocentric and decolonial perspectives, zoonoethics addresses pandemic risks and promotes multispecies justice, fostering intercultural dialogue between local communities and global health systems. The chapter explores how zoonoethics, along with critical health humanities, can resolve normative conflicts within OH, while highlighting the importance of indigenous knowledge in health justice. Ultimately, zoonoethics offers a holistic roadmap for managing zoonotic risks, advocating ethical stewardship of ecosystems and pushing the boundaries of bioethics to include all species in pandemic prevention and planetary health efforts. »

"The **central challenge: Can we prevent future pandemics without questioning the human-centered values that help create their conditions?...**"

Conflict/War & Health

SSM Health Systems - Supporting health system resilience capacities in fragile and shock-prone settings: a qualitative synthesis of six years of learning from the ReBUILD consortium

https://www.sciencedirect.com/science/article/pii/S2949856226001698

By Sophie Witter et al.

Conflict & Health - In defence of neutrality: has humanitarian self-critique gone too far? In response to the Lancet Commission on conflict, forced displacement and health

https://link.springer.com/article/10.1186/s13031-026-00855-5

By P N Schwerdtle.

HP&P - Why post-conflict health gains often do not last: a systematic review of time horizons and scale in health system reconstruction

https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag125/9011610?searchresult=1

By C Yan et al.

AI & health

Nature Health (Comment) - The Consumer AI and Mental Wellbeing Commission: matching mass adoption with evidence, safety and equity

Bilal A. Mateen et al; https://www.nature.com/articles/s44360-026-00208-9

"In collaboration with Nature Health, we announce the **convening of the Consumer AI and Mental Wellbeing Commission**: a global effort to assess the evidence on, and define the oversight mechanisms needed for, the safe, effective and equitable use of artificial intelligence to support the well-being of the general population and people living with mental health conditions."

Miscellaneous

CHAI – Digitizing health campaigns: lessons from Benin, DRC, Kenya, and Nigeria

https://www.clintonhealthaccess.org/report/digitizing-health-campaigns/

"Lessons from four African countries between 2021 to 2025."

Nature Sustainability- The SDGs need a subjective well-being reality check

Mel George et al ; https://www.nature.com/articles/s41893-026-01963-z

« As United Nations Member States negotiate post-2030 development frameworks, an important **empirical question is whether progress on the Sustainable Development Goals is also reflected in subjective well-being**. Across 42 countries and more than 100 indicators per country, **the indicators for Sustainable Development Goals correlate with life evaluations in levels, but show little consistent association with year-to-year changes in life evaluations.** This divergence raises questions for post-2030 indicator design. »

« Choosing indicators for after 2030 should include **checking them against people's experience.** A **Nature Sustainability study finds weak links between annual SDG changes and how people rate their lives,** a reason to track both…."

Papers & reports

Lancet Letter – Global health: dying from failure or fulfilment?

M Jimba ; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02119-7/fulltext

Coming back on a **Horton Offline,** in which he asked whether global health can recover its lost radicalism, referring to Saul Alinsky's *Reveille for Radicals.*

"**To end global health, there are two fundamentally different ways. One is through failure**: resources diminish, solidarity fragments, and we lose the will or capacity to organise and act. **The other is through fulfilment:** the inequities and injustices that made global health necessary are progressively overcome. **Global health should resist the first kind of death. Instead, it should aspire to the second.** Alinsky helps us recover the power to organise. Wakai (*professor of the author*) reminds us what that organisation is ultimately for…."

UNU Wider (paper) – When development bargains are absent

S Dercon; https://www.wider.unu.edu/sites/default/files/Publications/Working-paper/PDF/wp2026-116-when-development-bargains-are-absent.pdf

"**A development bargain is an elite bargain in which those with power and influence share a commitment to pursue growth and development. Aid works best where a development bargain exists, yet it is needed most where one is absent. This paper maps what outsiders can realistically do in such places**. It orders the **absence of a development bargain on a ladder: conflict, fragility, and the many stable elite bargains that are not developmental**. Stabilization must come first where no elite bargain exists, and aid may help or hinder this. Where bargains are stable but captured, outsiders can build coalitions, back reformers and pockets of effectiveness, and shift elite incentives through trade, investment, and finance, while ensuring aid does not entrench the status quo it hopes to change."

Review of International Studies – Moralising geopolitics: Sexual shame and stigma in international relations

D Cooper-Cunningham; Review of International Studies

"**This article theorises the role of sexual shame and stigma in constituting and reproducing international order**. Using Russia and the USA as illustrative cases, it argues that **anti-queer politics** is not an isolated domestic phenomenon but **part of a broader geopolitical project of international ordering through sexual stigma…."**