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

*(**20 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,

It's been quite an eventful week, in global and planetary health terms.

Let's start perhaps with the **second week of COP 31 in Antalya**, where UN SG Guterres put it like this in his farewell speech: *'You cannot build peace on a burning planet'* . Adding, "… *For [all these] reasons, I have never viewed climate action as just one of many other issues.* ***Climate action is central to every aspect of the work of the UN."*** Let's hope his successor sees it likewise… (as well as the next WHO DG).

Having said that, near existential questions are now being asked of the **COP process**, and not just with respect to this COP - see a Lancet Planetary Health editorial on the biodiversity COP17. If a COP (*100.000 participants in Antalya*!) starts to resemble the mass migration of the Visigoths at the end of the Roman Empire, it should be fairly obvious we can't go on like this. Unless a "re-enactment" of sorts is the point.

In more upbeat news, a **new international partnership to support SRHR** was launched at the **Copenhagen summit** (16-17 Nov). The partnership "*invites global partners to join forces and unlock new financing for SRHR*". Denmark also happens to be one of the five European countries discerning a **'mutual interest'** with the Kagame regime in immigration "return hubs" in Rwanda these days. The wonders of 'partnerships' in our brave new times… Still, the abovementioned SRHR initiative is encouraging, even if the term '**unlocking'** always makes me wonder "*where on earth was that money 'locked' before, then"*? To help answer that question, check out a new **must-read paper** by **Ben Wood et al** which sketches a proper **'Financing Health for All' agenda** for our times**.** Essential paper, if you ask me – at least if we still want to make something of our polycrisis times for Gen Z & future generations. Indeed, as Anders Nordström likes to say: ""*Business as usual is not an option*." :) Others in the global health financing space feel differently, though, with some anticipating **'the coming third AI philanthropy wave'** as if it's their own version of the "Second Coming".

Earlier this week, **Big Pharma**'s "North Star", laser focused as always on equity, **demanded an audit of WHO's flu program**. Textbook "pharmaceutical capitalism' at work. An audit of the activities of Pfizer & co during the pandemic, on the other hand, is obviously for a galaxy, far far away.

In other GHS news, to nobody's surprise, **the Ebola emergency remains a PHEIC** . Ebola cases have more than doubled in 3 months, Tedros noted. The situation remains very worrying and sad more than 6 months into the emergency.

This newsletter issue also features updates from **Geneva's inaugural Global Framework on Chemicals conference**; a **global call to action on obesity**; and a Lancet Psychiatry Commission coined yet another three-letter acronym (**PUI – Problematic Internet Use**). Chances are we all suffer from it.

World AMR Awareness Week (18–24 November) has also started now, with the theme "***One Health, One Action: Prevent AMR Now*.**" Slightly rings a bell of "*One Plan, One Budget, One Report*", since a few years global health's new mantra, and a long overdue one. Which brings me to **Africa CDC,** whose boss Jean Kaseya faced a Health Policy Watch "bombshell" article on Monday evening, days before the Governing Board was to meet (22 Nov), and also one week before the kick-off of CPHIA, the (5th) International Conference on Public Health in Africa 2026 in Addis (23 Nov). After some apparently strong Ethiopian coffee, Kaseya hit back.

On Wednesday and Thursday, the **first WHO DG candidates' forum** took place in Geneva. Also in this race, things are getting rough now at times, as the stakes are high. See for example a HPW article (16/11) - Jakarta Mounts Firm Defence of Sadikin's WHO Bid, Rejecting Civil Society Allegations. Quite some 'wheeling & dealing' is no doubt taking place behind the scenes, with also **PABS negotiations** still ongoing till at least May 2027. But the **public interviews with the 7 DG wannabes** (*insiders, outsiders, 'hybrid' and/or 'maverick' candidates, 'Budi'-sattvas or others :*)) were refreshing and insightful. Won't be easy to narrow the field down to three in January.

Always interesting by the way to see pundits and experts **advocate for 'fundamental/radical change**', as in another **HPW inside view** published before the first Forum, "*Are WHO Member States Ready for Fundamental Change? From Institutional Survival to Global Health Leadership*". Ask yourself though: **are you ready for fundamental change?** 99 % of us (*and I certainly include myself*) aren't. But we need to keep trying. As make no mistake, **fundamental/radical change is what our times require. Whether we like it or not.**

Too bad we don't agree on what fundamental change should entail. With respect to WHO, the COP or the global economic system.

*PS: this week we have **two featured articles related to World Children's Day** (20 Nov). One (by **Eunice Lobo**) focusing on India, the other one (by my colleague **Jacquie Oliwa** for ITM's Paediatric Reflex) with a more global picture.*

Enjoy your reading.

Kristof Decoster

Featured Articles

World Children's Day: A seat in school is not yet a promise of learning

Eunice Lobo

As the world marks Children's Day on 20 November, it is worth reflecting on the hopes families place in education. In India's rapidly developing context, many families uproot their lives and move to a city as an investment for their children's future. Parents leave villages and smaller towns in search of work and better livelihoods, hoping their children will live lives they could not. However, in urban poor settings, this hope often comes at a considerable cost with families stretching their limited incomes to pay for school fees, uniforms, transport and other expenses.

Urban families in India now have more schooling options, including a growing number of private schools advertising affordable fees. Yet even modest fees can be a substantial burden for households with uncertain or daily wages. Moreover, securing a place in school does not necessarily mean a child is receiving a good education.

In recent years, India has made important commitments to improving school education through the National Education Policy (NEP) 2020 with a vision for equitable, inclusive, and quality education, and renewed emphasis on foundational learning, holistic development, and teacher preparation. NIPUN Bharat Mission 2021, a flagship programme of India's Ministry of Education, has made foundational literacy and numeracy a national priority, aiming for every child to attain these skills by the end of Grade 3. The PARAKH Rashtriya Sarvekshan 2024, a large-scale, nationwide learning and competency assessment survey in India across government, government-aided and private schools showed that at Grade 3, national average scores (*percentage of questions answered correctly*) were 64% in language and 60% in mathematics, with urban students averaging 63% and 59%, respectively. These figures provide a useful picture of learning across the school system in urban India. But at the same time, averages can conceal a less visible challenge, where children in the same classroom may be learning at very different levels.

Not all children start from the same place

Children's health, development, and learning are shaped by social determinants, including family income, parental education, food security, housing, sanitation and neighbourhood safety. Early-life nutrition, physical, and mental health influence brain development and children's capacity to engage, communicate and learn. India's programmes, including Mission Saksham Anganwadi and POSHAN 2.0 (*India's integrated nutrition and early childhood development programme*) and PM POSHAN (*a centrally sponsored scheme in India that provides free hot cooked meals to school children*), recognise the links between health, nutrition, and education and lay important foundations for child development. But we need to keep building on this foundation, ensuring that children not only survive, but also thrive - with health, care, and educational opportunities to realise their potential.

One child may enter school already familiar with books and numbers, while another is still learning in a language different from the one used in the classroom. Some children grasp new concepts quickly while others need more time, practice or even a different explanation. Yet the pedagogy is often organised around the grade rather than the child's actual understanding. When children struggle to keep up, gaps begin to accumulate. While this is not an argument for lowering expectations, it is a call to action for recognising that children need different kinds of support to reach expectations.

Encouraging initiatives that respond to learning differences

A number of encouraging initiatives have seen the light in recent years to try take into account learning differences of children.

The *Teaching at the Right Level* approach of Pratham (*education NGO in India*) assesses children's actual learning levels and thus organises instruction around what they need to learn next, rather than assuming that all children in a particular grade are at the same level of understanding.

Other initiatives are now helping researchers and educators understand how and why children learn differently. The Learning Variability Network Exchange (LEVANTE)* examines differences in learning within individual children, across groups, and across contexts building an open, cross-cultural evidence base. NYU's Global TIES for Children (*an international research center dedicated to improving child development outcomes in LMICs*) translates rigorous research into practical, scalable solutions for children's learning and development. UNESCO advances inclusive education by urging systems to respond to learners' diverse needs, backgrounds, and abilities. India's NIPUN Bharat, similarly, emphasises competency-based learning and continuous formative assessment to help teachers identify gaps and respond to children's progress. However, the challenge is to make these commitments part of everyday classroom practice. Therefore, assessment should not simply label children as high or low performers, but should help teachers decide what to do next.

Better urban data, disaggregated by neighbourhood and school type, would help reveal where inequalities in health, development, and learning intersect, while stronger co-ordination between education, health, nutrition and urban development systems could help ensure that these interconnected needs inform local planning and service delivery.

On November 14, India already celebrated Children's Day. On a day like this, it's good to remember the hopes that bring so many families to our cities. We must ask whether children are learning, whether their different needs are recognised, and whether they are making progress. A good education should not depend on a family's ability to pay, the neighbourhood in which they live, or the type of school their child attends. It should be a promise that every school is equipped and supported to fulfil.

** Disclosure: The LEVANTE programme has recently awarded a grant to my organisation.*

After 2030, children must do more than survive..

*By **Jacquie Oliwa** for the Paediatric Reflex, in commemoration of World Children's Day, 20 November 2026*

The child survival agenda is one of global health's greatest achievements. Over the past three decades, investments in immunisation, nutrition, maternal and newborn care, and the treatment of infectious diseases have collectively saved millions of lives. Yet as we commemorate World Children's Day, we must confront some uncomfortable realities. The job is far from done: we are still leaving out "the missing middle", and survival alone is no longer an adequate measure of progress. What should the post 2030 agenda look like? How can we ensure that every child has the opportunity to survive, thrive and carry health and wellbeing into the next generation?

- To continue the read, see IHP: [After 2030, children must do more than survive..](#) …

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Highlights of the week

Structure of Highlights

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A few reads of the week

Always debatable, I know.

BMJ Editorial - Critical condition: what are we doing about nuclear war?

K Abbasi, R Horton, … (**World Association of Medical Editors)**
https://www.bmj.com/content/395/bmj-2026-101273

Editorial by a number of medical journals. "**Health professionals must ensure discussions on nuclear risk maintain a health focus."**

Excerpt: "…**The imperative to pull back from the brink has pushed the multilateral system into action.** In late 2024, the United Nations (UN) General Assembly, declaring itself "alarmed at the renewed prospect of nuclear war, and gravely concerned by the catastrophic humanitarian and environmental consequences that would result," voted to initiate a comprehensive review of current knowledge about the consequences of nuclear war. The **UN secretary general appointed a 21 member independent scientific panel to prepare a report, which is due in 2027.**
In 2025, thanks to global pressure (including our last editorial), the World Health Assembly voted to update obsolete World Health Organization (WHO) studies on the public health effects of nuclear war. A new WHO report is due in 2029. In March 2026, WHO staff were reported as being "vigilant in the event of a nuclear incident" in relation to the war on Iran. **Together, the forthcoming reports of the UN and WHO represent the first major international reassessments of the effects of nuclear war by these bodies in nearly 40 years…."**

They conclude: "**Health professionals have a vital role in keeping a health focus in public discussions on nuclear risk**. We need a verifiable, deadline driven agreement to eliminate all nuclear weapons. **This is why it is essential that the health sector continues to demand that every country—including the nuclear weapon states—should join the TPNW**. The flourishing, and even the survival, of the human species is at stake…."

Habib Benzian – Everyone Is a Stakeholder. So What?

On Substack ;

"**Global health is obsessed with bringing everyone to the table**. But who is responsible for what happens afterwards?"

You all know this, of course. But global health power corridors usually pretend they don't, so we flag it here as a 'highlight of the week'.

A few excerpts to provide you with a flavour:

"**We love stakeholders**. We map them, consult them, engage them and celebrate their participation. Hardly a strategy or international agreement is developed without a promise of meaningful stakeholder involvement. And who could object? Health affects everyone, and progress requires cooperation across governments, businesses, health professionals and communities. **But there is something odd about a concept that puts a multinational corporation, a philanthropic foundation, a government ministry and a patient living with preventable disease into the same category…."**

"… global health has a gift for converting conflicts into **the language of partnership."**

PS: "… **None of this means abandoning stakeholder engagement.** Cooperation matters, and decisions improve when those affected contribute their experience and knowledge. But before celebrating another consultation or consensus statement, we should ask who stands to gain, who will bear the costs and who remains responsible when interests conflict. These questions expose what the language of engagement can obscure: participation is a process, not a purpose. **Global health exists to improve health and reduce preventable suffering, not to ensure that every**

interested party leaves the room satisfied. Sometimes it needs consensus or compromise. Sometimes it needs decisions powerful stakeholders will dislike. …. "

"… Global health institutions should confront a similar question: can they recognise when the interests they depend on conflict with the public good, and act accordingly, even when doing so threatens their own comfort? **There will never be global health without interests. The problem begins when accommodating them becomes an objective in itself rather than a means of making better decisions. Everyone is a stakeholder in global health. But global health is not supposed to serve everyone's stake. It is supposed to serve the public**. And those are not always the same thing."

Reuters – With foreign aid slashed, Africa must 'own its own future', billionaire Ibrahim says

Reuters

Re the **2026 Ibrahim Index of African Governance.**

" Foundation says Africa loses around $90 billion annually through capital flight. **Index shows deterioration across all four major categories in Nigeria, South Africa continues to slide. Parts of the continent becoming "ungovernable"**, Ibrahim says"

"**African governments should use a slump in foreign aid as a chance to take control of their development by cracking down on tax loopholes and investing more domestic resources**, British-Sudanese billionaire Mo Ibrahim has told Reuters…."

"… **The 2026 index found a slight improvement in overall governance over the past decade, despite a deterioration in security, rule of law and respect for civil rights.** In an interview on Wednesday, Ibrahim said **countries along a "conflict arc" extending from the Atlantic through the Sahel towards the Horn of Africa were increasingly becoming "ungovernable**".
But he said Africa had resources to improve the situation…."

PABS – Wrap-up of round 9 (2-13 November, Geneva)

With **press release WHO** & must-read **analysis by Geneva Health Files**.

WHO - Member States reiterate commitment to finalize Pandemic Agreement PABS Annex by May 2027

https://www.who.int/news/item/13-11-2026-member-states-reiterate-commitment-to-finalize-pandemic-agreement-pabs-annex-by-may-2027

Press release after the latest round in Geneva. "….Member states made progress on how to share benefits within a legally binding framework. Their discussions further clarified the roles of participating partners and explored how the PABS system can support more equitable access to

pandemic-related health products when future threats emerge. Member States also advanced discussions on access to pathogens with pandemic potential, including the sharing of biological materials and sequence information, while undertaking detailed consideration of the role of laboratories and other technical partners in supporting the system…."

PS: "… Member States agreed to keep momentum in the coming months, including working to bring positions closer together through informal sessions. **IGWG9 will resume formal negotiations during 11-15 January 2027. Additional rounds of formal negotiations are scheduled for 15-19 February 2027 and 15-25 March 2027…."**

Geneva Health Files – Global Health Negotiations Proceed in the Backdrop of Elections at the WHO

P Patnaik; https://newsletter.genevahealthfiles.com/global-health-negotiations-proceed-in-the-backdrop-of-elections-at-the-who/?ref=geneva-health-files-newsletter

Must-read analysis. "There are two parts to this edition: **a wrap on the negotiations themselves; second, the PABS talks from the lens of the elections…."**

Re Part I: "In this story, we briefly recap some of the issues that came up for deliberations during November 2-13. … re **process**, and **substantive issues** (access to pathogen info, benefits, contracts).

PS: "… **The next formal meeting is scheduled for early January 2027**, preceded with informals in December 2026. **For now, the deadline for May 2027 appears to be taken seriously by countries, according to negotiators….**

Re Part II: "**Are the PABS Talks The Site for Global Health Electoral Politics?"**

A few excerpts : "**There has been speculation on potential political quid pro quos that map across these elections and the PABS negotiations, between member states**. Most candidates have reached out beyond the regions they are from, after all this is an international race in a multilateral forum. **That electoral calculus is reaching the shores of this technical negotiation is significant in itself. By their political nature, the PABS talks are fertile ground for such dealmaking. It has been difficult to gather evidence on this.** However, as per standard practice, we raised questions and were told that the **elections and the negotiations are separate processes, each with its own objectives, mechanisms and timelines, according to one of the member states**. We were also **told that positions in these negotiations are based on substance and public health objectives, not on any quid pro quo arrangements**, another influential actor in these negotiations said."

" **At this stage we are unable to confirm the specifics of this, given both the sensitivity and the fluidity of these processes, and to respect the incipient developments in diplomatic spaces. But public interest demands, that the existence of such speculations be acknowledged**. … Some diplomats dismissed the speculation as "fiction", and said that these were solely technical negotiations. **Across delegations in Geneva, many diplomats also told us that it is ultimately the foreign ministries that will decide on how a country would vote in the WHO elections. "Although the role of DG at the WHO is a technical one, there are political considerations**," a diplomat told us this past week. **And quid pro quos are at par in such elections, diplomats say. In general, the quid pro quos can extend beyond health**, sources. "WHO is only one of the many dossiers for countries. While these elections are important for global health, it is one among many forums that foreign

ministries are looking at," the developing country diplomat explained to us." ""**Many prospective candidates are reportedly lobbying members of the Executive Board whose vote will matter in the nomination of the final three**. This is not unusual at all. Diplomats told us there are deals being struck in the run up to the WHO Executive Board meeting in January 2027 when 34 members of the board will whittle down the seven prospective candidates and nominate three …."

- And via **RANI's** **Resilience Action playbook** :

"More work ahead for PABS. After two weeks of talks (2-13 Nov.), **IGWG 9 delivered more agreed text on the PABS Annex than any previous round of negotiations.** Still, despite calls for an all-hands-on-deck approach to finalise the Annex, **it was not the breakthrough needed for a December Special Session of the World Health Assembly (WHA) to approve a final package**. A new negotiation timeline aims to finalise the text by WHA80. **Here's where things stand:**

- ***Where text moved.*** *Delegates 'yellowed' and 'greened' text, signaling greater alignment on definitions and use of terms, benefits during public health emergencies and other times, the WHO Coordinated Laboratory Network, and PABS sequence databases. The governance section shows broad agreement overall.*
- ***What remains open.*** *Access to pathogen samples remains a key outstanding issue, with ongoing debate over the EU-backed 'hybrid' and the Africa Group's 'federated' models. Rather than weighing one proposal against the other, IGWG 9 worked from the on-screen text and used Bureau and co-facilitator proposals to tackle access element by element. Decisions are still needed on when a manufacturer becomes a 'participant' in the PABS system and signs a contract with WHO, the composition of the future PABS advisory group, and monetary contributions…."*

Ebola Emergency

Africa CDC/UNFPA/UNICEF/WFP/WHO - Six months on, accessing hard-to-reach communities key to halting Ebola outbreak

https://africacdc.org/news-item/six-months-on-accessing-hard-to-reach-communities-key-to-halting-ebola-outbreak/

Joint statement. "Six months into the Ebola outbreak caused by Bundibugyo virus in the Democratic Republic of the Congo**, significant progress has been made in bringing lifesaving services closer to affected communities, despite immense challenges. However,** fuelled by ongoing conflict, displacement and humanitarian needs, **the outbreak continues to expand, particularly in affected areas. …"**

- See also **Reuters - Congo's Ebola outbreak is spreading and killing at a record pace (16 Nov)**

"The Ebola outbreak in eastern Democratic Republic of Congo remains out of control six months after it was first declared, with case numbers and deaths still rising at a record pace."

- See also **UN News** – Ebola cases double in DR Congo

(17 Nov) "The Ebola outbreak in the Democratic Republic of the Congo (DRC) has more than doubled in three months, with more than 11,000 cases and 5,400 deaths now reported in 67 health zones across eight provinces, the **head of the World Health Organization (WHO) said on Tuesday**…."

- And for **MSF's take** (16 Nov) - Democratic Republic of Congo: Persistent gaps between Ebola disease resources and action remain after six months

"One of our greatest concerns is the **persistent failure of the epidemiological surveillance system**, a cornerstone of any Ebola disease response. Despite the resources officially allocated to this critical activity, surveillance remains deeply problematic, with entire areas poorly covered or even completely neglected…. … **MSF is also concerned about the excessive concentration of efforts in certain areas, at the expense of other hotspots where needs are increasingly urgent**."

Cidrap News - WHO: Ebola case count has more than doubled in 3 months

https://www.cidrap.umn.edu/ebola/who-ebola-case-count-has-more-doubled-3-months

(18 Nov) "**Ebola cases have more than doubled in 3 months, according to the director-general of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus**, PhD. As of today, 11,536 confirmed Ebola cases, including **5,635 confirmed deaths**, have been reported since the outbreak was declared on May 15. "

"**In opening remarks to the third meeting of the WHO's emergency committee on the Bundibugyo virus disease epidemic**, Tedros said the **DRC is still seeing 400 to 500 new cases each week. Children in particular are "paying a terrible price" for the uncontrolled outbreak**, which is now entering its seventh month. **Children have accounted for roughly 30% of all deaths in this outbreak**…."

Cidrap News – UNICEF: Children make up 35% of Ebola deaths in DR Congo outbreak

https://www.cidrap.umn.edu/ebola/unicef-children-make-35-ebola-deaths-dr-congo-outbreak

"The Ebola outbreak in the Democratic Republic of Congo (DRC) continues to hit children hardest, with children representing 28% of total cases but 35% of deaths, according to a **new report from UNICEF."**

PS: "What's more, **the outbreak is impacting health services in hard-hit provinces**. "In Tshopo, nearly 11 percent fewer children received their third dose of the diphtheria, tetanus and whooping cough vaccine, and first-dose measles vaccination fell in all three reporting provinces, by up to 7.6 percent in South Kivu," **UNICEF said.** …"

CEPI - Roadmap to accelerate access to Bundibugyo virus vaccines published

https://cepi.net/roadmap-accelerate-access-bundibugyo-virus-vaccines-published

(19 Nov) "…**The interim Medical Countermeasures network (i-MCM-net) within the Vaccine Pillar of the Continental Incident Management Support Team has developed a Vaccine Access Roadmap**. The document was **co-developed by the Vaccine Pillar partners: Africa CDC, CEPI, Gavi, WHO (HQ and AFRO) and UNICEF,** with multiple other stakeholders informing its development."

"**The Roadmap maps the pathway to equitable access, identifies the known roles & responsibilities across the ecosystem, and highlights the most critical access priorities**. Its aim is to give all vaccine response partners a shared approach to access. That way, R&D progress can be translated rapidly into accessible, suitable and implementable vaccination in Bundibugyo virus-affected communities….".

UNITAID - Access planning for Ebola medicines moves ahead during clinical trials

https://unitaid.org/news-blog/access-planning-for-ebola-medicines-moves-ahead-during-clinical-trials/

(17 Nov) "**Gilead's newly announced voluntary licenses could speed access to medicines currently under evaluation for treatment and prevention of Ebola BDV**, as Unitaid, WHO, national and international stakeholders **advance access roadmaps** to help affected countries secure supplies if trials are successful."

Conflict & Health -Forced displacement, health system fragmentation, and the policy architecture of outbreak response in conflict-affected African states: a document analysis of the 2026 Bundibugyo Ebola outbreak

A Osborne et al; https://link.springer.com/article/10.1186/s13031-026-00863-5

Among the findings: « … **Conflict-specific provisions exist, but they sit mainly in operational and humanitarian guidance and time-limited outbreak plans, and rarely in the standing continental, national and IHR (2005) instruments that frame preparedness; responsibility for several functions is unassigned at the interfaces between levels**. Implementing the Africa Health Security and Sovereignty Agenda and revising national plans and IHR (2005) monitoring tools could assign owners for provisions that humanitarian instruments already contain…."

World AMR Awareness week (18-24 Nov)

World AMR Awareness Week runs from 18 to 24 November under the theme *One Health, one action: Prevent AMR now*.

UN News – 'An unfulfilled plan helps no one': Superbug plans have doubled, but few countries are delivering

https://news.un.org/en/story/2026/11/1168819

"**More countries are drawing up plans to tackle antimicrobial resistance (AMR), but major gaps in testing and treatment mean billions of people continue to be at risk**, according to new data **released by the World Health Organization (WHO)** on Monday."

".. In 2023, around one in six laboratory-confirmed bacterial infections worldwide were resistant to antibiotics… The findings, released ahead of World AMR Awareness Week, show that **173 countries report having developed plans to address AMR** – more than double the 79 that did so in 2017. However, **only 22 per cent of countries report having both the necessary funding and full implementation of their national action plans**, leaving major gaps from preventing infections to diagnosing and treating patients….."

"…Testing remains inadequate in most countries. Only 36 per cent report having a national reference laboratory equipped to test the selected bacteria and fungi – far short of the global target of 80 per cent of countries having comprehensive bacterial and fungal resistance testing capacity by 2030…."

… The **data come from the latest Tracking Antimicrobial Resistance Country Self-assessment Survey "(TrACSS),** completed by 183 countries this year."

- Related: WHO - More countries have antimicrobial resistance plans but patients still lack testing and treatment
- And see Cidrap News - **WHO says countries need to 'move from plans to delivery' on antimicrobial resistance**
- And via **HPW – Without Urgent Action, AMR Could Cause 39 million deaths by 2050**

And a few more links:

- **UN News - Patients running out of options as antibiotics stop working against common infections**

"Common bacteria are becoming highly resistant to front-line and even "last-resort" antibiotics, WHO Euro said on Wednesday**, warning that the situation today is worse than it was in 2019.** The agency issued the **alert with the European Centre for Disease Prevention and Control (ECDC)** after analysing progress on targets to reduce infections caused by resistant bacteria – often described as "superbugs" – that thrive in healthcare settings."

- MSF - **MSF calls for stronger AMR response to protect people affected by conflict**

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

Africa CDC - CPHIA 2026: African Leaders to Convene in Addis Ababa to Advance Health Security and Sovereignty

https://africacdc.org/news-item/cphia-2026-african-leaders-to-convene-in-addis-ababa-to-advance-health-security-and-sovereignty/

"As external health financing declines and public health threats persist, **Africa's flagship public health conference** will examine progress, confront remaining gaps and advance African-led solutions."

With some info on the **major programme highlights** to be expected.

Africa CDC – From dependency to sovereignty: What the International Conference on Public Health in Africa 2026 must deliver for Africa's health security

https://africacdc.org/news-item/from-dependency-to-sovereignty-what-the-international-conference-on-public-health-in-africa-2026-must-deliver-for-africas-health-security/

"**In late November 2026, Addis Ababa will host the 5th International Conference on Public Health in Africa (CPHIA 2026),** co-convened by the Africa Centres for Disease Control and Prevention (Africa CDC) and the Government of Ethiopia. **Its theme, 'Africa's Health Security and Sovereignty: Transformation from health dependency and vulnerability to ownership and resilience'**, states its intent…."

"… **This outcome document set five catalytic priorities: an African manufacturing revolution, innovative health financing, primary healthcare (PHC) transformation, pandemic preparedness and response, and data ownership and governance.** The Conference on Public Health in Africa 2026 should be judged by whether it turns those priorities into delivery. **This year, the Addis Ababa conference is organised around six scientific tracks. Each corresponds to a decision that African governments, institutions and partners must make in the next few years."**

- Full article in the **Journal of Public Health in Africa**: **From dependency to sovereignty: What the International Conference on Public Health in Africa 2026 must deliver for Africa's health security** *(Recommended)*

COP31 in Antalya, Turkey: week two

Don't expect an exhaustive overview – there are other platforms for that. Just flagging some **news snippets, key messages & reports** we found insightful. After a **quick 'state of affairs' as of Thursday evening.**

In a second subsection below we again try to provide some more **'climate & health' related news**.

Guardian - Cop31 told it risks being 'ghost' summit as all mentions of fossil fuels removed from draft text

https://www.theguardian.com/environment/2026/nov/19/cop31-risks-becoming-ghost-summit-after-all-mentions-of-fossil-fuels-removed-from-draft-text

(19 Nov) **State of affairs on Thursday evening**. "Draft agreement also fails to show how developing countries will receive financial help to deal with climate crisis."

- Via Climate Change News - New draft keeps electrification goal but drops fossil fuel references

"The second draft of the COP31 cover decision **leaves out a key ask from many developing countries to put a number on tripling finance for adaptation.**

- See also **UN News - COP31: Ambition goes missing as fossil fuel language drops from draft deal** (19 Nov)

"**A new draft agreement drops**: The text removes explicit references to transitioning away from coal, oil and gas, but acknowledges the 1.5°C goal overshoot.

Key negotiation tracks still stalled: Finance, adaptation and just transition negotiation tracks remain unresolved as Friday's deadline approaches.

Climate action advances: New electrification package highlights clean energy investments and progress across more than 150 countries plus the EU.

Progress remains uneven: UN Climate Change Yearbook finds improvement in just 44 of 96 global climate indicators."

Guardian - 'You cannot build peace on a burning planet,' UN chief tells Cop31 in farewell speech

https://www.theguardian.com/environment/2026/nov/13/cop31-antonio-guterres-united-nations-climate-action

"**António Guterres says climate action central to every aspect of UN's work**, as leaders depart Cop31 and talks go on."

"**In a clear message to his successor, Guterres spelled out why the UN must continue to place the climate at the top of the global agenda**. "Climate change does not stay in its lane," he said. "It drives anger and displacement around the world. It wipes out development gains built over decades. It pushes countries deeper into deficit. It aggravates competition for land and water. "It fuels instability. And increasingly, it threatens the very existence of communities and countries. **For all these reasons, I have never viewed climate action as just one of many other issues. Climate action is central to every aspect of the work of the UN."**

HPW - Polluting Industries Swarm COP31, Outnumber Climate-Vulnerable Nations

https://healthpolicy-watch.news/polluting-industries-swarms-cop31/

"**More than 100 companies and industry groups with records of obstructing climate policy have sent delegations to the COP31 UN climate summit in Antalya that outnumber those of some of the world's most climate-vulnerable natio**ns, an **analysis** released (last week on) Friday found."

"The **103 groups, 60 of them from the fossil fuel industry**, outnumber delegates from Saint Vincent and the Grenadines 100 to 1, Niger 25 to 1, the Philippines 8 to 1 and Nepal 6 to 1, according to the **Kick Big Polluters Out (KBPO) coalition**, which examined the **summit's provisional list of participants…..**

PS: "**Fossil fuel industry sues governments over profits lost to climate action :** The industry is also using private tribunals to challenge climate policies, according to a **separate analysis published** Thursday by **PowerShift, Global Justice Now and the European Trade Justice Coalition**. … Fossil fuel and related companies have **claimed at least $443 billion from governments through investor-state dispute settlement, or ISDS,** the groups **found**…."

Devex – Adaptation Fund pipeline triples to $2.4 billion as demand surges

https://www.devex.com/news/adaptation-fund-pipeline-triples-to-2-4-billion-as-demand-surges-113888

"The **fund is seeking $1.2 billion in contributions by 2029** as low- and middle-income countries face mounting climate impacts and debt pressures."

PS: "… **Next week, countries [will] decide whether the fund will transition from receiving ad hoc annual pledges under the Kyoto Protocol to exclusively serving the Paris Agreement, which would allow it to benefit from carbon market revenues under Article 6 of the agreement, as well as stronger contributions from donor countries**. It has set a **resource mobilization target of $1.2 billion for 2026–2029, or approximately $300 million annually…..**"

Guardian - Controversial efforts to suck carbon from atmosphere championed at UN climate talks

https://www.theguardian.com/environment/2026/nov/16/cop31-carbon-un-climate-talks

"**Proponents and lobbyists make renewed push for carbon dioxide removal (CDR) to be included in final text of Cop31.**"

"What happens when the world, as expected, hurtles dangerously past agreed temperature thresholds? At UN climate talks, **countries are being urged to turn to technology to reverse this fate by sucking carbon directly from the atmosphere. A renewed push by proponents of carbon dioxide removal (or CDR), where heat-trapping carbon dioxide is taken from the atmosphere and stored deep underground, in oceans or in products such as carbonated drinks, is seeking to gain recognition in the final text of Cop31**, the climate summit currently under way in Antalya, Turkey….

PS: "**CDR is often confused for carbon capture and storage (or CCS)**, where emissions are captured directly at source and buried. …"

UN News - COP31 enters decisive week as climate talks face political test and AI initiatives gather pace

https://news.un.org/en/story/2026/11/1168812

(16 Nov) Update as of Monday. "**New international initiatives on artificial intelligence and green industrialization showcased technology's growing role in climate action**, even as negotiators remained deadlocked on **finance, fossil fuels and adaptation ahead of the final stretch of the UN talks**."

"**Artificial intelligence: A new Antalya pledge** attracts 80 endorsements and 271 commitments to make AI more sustainable. **Green industrialization**: Governments launch an initiative to accelerate investment in cleaner steel, cement and other industrial products."

"**Science: Countries remain divided over when the next major Intergovernmental Panel on Climate Change (IPCC) climate assessment should be published, with vulnerable nations pushing for a 2028 deadline."**

Nature News – Can AI actually help the climate? Nations want to harness the technology to cut emissions

https://www.nature.com/articles/d41586-026-03763-z

"**Countries pledge to use artificial-intelligence tools to accelerate the adoption of clean energy — but that potential is unproven."**

"**Ten countries including Germany and Brazil at the COP31 climate summit in Antalya, Turkey, have pledged to do more to limit the greenhouse-gas emissions produced by the rapid development of artificial intelligence — and to use the technology to cut emissions elsewhere**."

"… Some climate advocates welcomed the pledge as a necessary, if vague, step to address the growing emissions and environmental impacts caused by running AI data centres. And researchers say there are ways that the technology could be used to cut emissions, for instance by helping to integrate renewables onto power grids or by improving logistics. But **it remains unknown whether such emissions reductions could offset AI's consequences for the climate. "The trillion-dollar question is whether or not those savings will outweigh those impacts we're seeing now**," says Eric Masanet, a mechanical engineer who studies decarbonization at the University of California, Santa Barbara…."

Guardian - Russia, Saudi Arabia and Australia named as biggest CO2 exporters in history

https://www.theguardian.com/environment/2026/nov/17/russia-saudi-arabia-and-australia-named-as-biggest-co2-exporters-in-history

"Analysis of fossil fuel exports since 1850 differs from most assessments – which look at countries where CO2 is released."

"The **analysis of historical exports of fossil fuels, conducted by Carbon Brief** and seen by the Guardian, **apportions responsibility for CO2 emissions based on the country extracting the fossil fuels, in contrast to most analyses, which look to the countries where the CO2 is released."**

PS: "… **The analysis also shows that the US and China – the world's two biggest current emitters of greenhouse gases – still bear greater responsibility for historical emissions than Russia, Saudi or Australia,** because as well as importing vast quantities of fossil fuels, they have also burned their own supplies…."

Guardian - UK backs idea of new levies on polluting sectors to pay for climate action costs

https://www.theguardian.com/environment/2026/nov/17/cop31-uk-backs-new-levies-polluting-sectors

"Britain joins other signatories to statement urging introduction of targeted taxes on heavy emitters."

"**The UK has signed a statement that backs levies on polluting sectors to pay for the impacts of the climate crisis**, in a strong **political signal that could pave the way for frequent flyer and crypto taxes**. Signing the statement at the UN climate summit means the UK joins a group of governments urging Cop31 to look at "the potential of targeted, small levies to ensure a contribution to the costs of climate action from polluting sectors". The **other signatories so far are Kenya, South Sudan, Spain, Timor Leste, Tuvalu and Vanuatu."**

"…The **UK government** told the Guardian it was **"committed to leading developed nations in mobilising at least $300bn per year by 2035"…."**

NGOs: ""**This is hard-won progress. But signing a statement is only the beginning," he said. "The UK must now use its G20 presidency next year to turn words into action – putting taxes on polluting industries firmly on the agenda** and building international support for measures that make the biggest polluters pay their fair share."

- Link: **Global Solidarity Levies taskforce -** Countries call on COP31 to work together on predictable and innovative finance for resilience (17 Nov)

The Guardian view on climate debt: a vicious cycle the world must break at Cop31

https://www.theguardian.com/commentisfree/2026/nov/17/the-guardian-view-on-climate-debt-a-vicious-cycle-the-world-must-break-at-cop31

"Poor countries are paying creditors instead of preparing for climate disasters. The international financial system must stop deepening their vulnerability."

UN News - COP31 deadlock persists as countries launch new 'climate reality check'

https://news.un.org/en/story/2026/11/1168833

(18 Nov**)** Update from mid-week. **"With the clock running down at COP31 in Antalya, countries on Wednesday launched a new global check on whether climate promises are being kept**, even as **ministers remained deadlocked over some of the summit's toughest questions**: who pays, how fast

the world moves away from fossil fuels and whether a greener future can be called "just" if poorer countries cannot afford it."

"**Global Stocktake: Countries launched the second five-yearly check of collective progress under the Paris Agreement…."**

Guardian – IPCC report delay will threaten global effort to tackle climate crisis, says top scientist

https://www.theguardian.com/science/2026/nov/19/ipcc-report-delay-climate-crisis-scientist

"Johan Rockström, one of world's leading climate scientists**, says stopping panel from working as quickly as possible is inviting disaster."**

PS: "…. Some countries are holding up work on the three-part report, in a row over the body's role and representation of developing countries. **One group has argued that racist assumptions underpin some of the body's recommendations. But Rockström said the reports were fair…"**

HPW - AMOC Risks Running AMOK: Putting Europe Into Deep Freeze and Disrupting Monsoon Patterns in Africa and Asia

https://healthpolicy-watch.news/amoc-risks-running-amok-cop31-atlantic-ocean/

"**Rising global temperatures are driving a likely collapse of the Atlantic Ocean's circulating currents, threatening to reduce European temperatures by around 5℃, disrupt monsoon patterns, global food production and destabilise economies worldwide**, a **group of leading scientists warned** on the sidelines of COP31."

"**The Atlantic Meridional Overturning Circulation (AMOC),** a vast system of ocean currents often confused with the Gulf Stream, is an essential part of the climate system. It carries warm water north from the tropics, releasing heat into the atmosphere as it travels toward Europe. The cooled water then sinks and returns south through the deep ocean to be warmed once more. This continuous loop helps keep Europe much milder than its northern latitude would suggest, while shaping monsoons as far away as West Africa and South Asia and marine ecosystems across the planet. **Scientists cannot say for sure when the climate crisis will push it past the tipping point into collapse, but some put the odds of crossing it at about 50-50 this century.** "**AMOC can no longer be considered a low-likelihood event; this is a high-risk global threat," declared Johan Rockström**, Director of the Potsdam Institute for Climate Impact Research. "You cannot kick the can down the road."

"Despite the doom and gloom, scientists said a win-win lever to reduce the risk of AMOC collapse is rapid cuts in soot (black carbon) emissions, which would slow Arctic ice melt while reducing the health impacts of deadly air pollution."

"Describing the threat as a national security risk, Rockström challenged ministers and diplomats from Iceland, Norway, the Netherlands and Finland who gathered for **the event to tackle AMOC "as a national security issue." …"**

Geneva Solutions – At Cop31, vulnerable countries may turn to the courts as climate negotiations reach deadlock

https://genevasolutions.news/climate-environment/at-cop31-vulnerable-countries-may-turn-to-the-courts-as-climate-negotiations-reach-deadlock

"Vanuatu is unlikely to succeed in getting the principle of legal liability for climate finance included in the final text. The countries most exposed to climate change are increasingly frustrated by the widening gap between promises made at international summits and the urgent needs on the ground…."

COP31: Climate & health

HPW – Health Wins Key Mention in First COP31 Draft Decision Text

https://healthpolicy-watch.news/health-wins-key-mention-in-draft-cop31-decision-document/

(17 Nov). One of the must-read analyses of the week. Excerpts below:

"The **first draft** **of COP31's main political decision includes a standalone paragraph on the accelerating risks of climate change to human heal**th, setting up a **potentially big symbolic victory** for advocates who have fought for years to win a place for health inside the UN climate process."

"**Climate change is already harming human health, including physical and mental health, through climate-sensitive diseases such as malaria, dengue and cholera, heat stress, maternal health, food and nutrition insecurity and damage to health facilities during extreme events**," the draft states. The text also "**underlines" the need to strengthen the climate resilience of health systems by including health in national adaptation and climate plans, and by integrating climate information and early warning systems into public health protection**. The paragraph **sets no targets, commits no funding and asks governments to do nothing specific**. Its two verbs, "recognises" and "underlines", sit at the bottom of the UN's diplomatic vocabulary, signalling acknowledgement rather than action."

"**Beyond that clause, health appears in four of the draft's other 143 paragraphs, each time linked to another issue: as a benefit of climate action, in early warning systems, in human rights language, and in services for children….."**

"**Co-benefits across the text:** Elsewhere, the draft includes **proposals with large potential health gains not directly framed as health measures…."**

PS: "**Health advocates were still heartened by the increased references to health in the climate text compared to previous years.** However, they stressed that this was only a first step in light of the millions of lives impacted by the **"global health emergency"** caused by the climate crisis that many in the health world are calling on WHO to declare…." ""Basically my impression is that there's a **lot of health coverage included in the current draft of the cover text but no hook for health to be more prominent in future negotiations or decisions to be implemented by countries," said WHO's**

Elena Villalobos, who leads ATACH, a strategic alliance to support health sector responses to climate change….."

With also a neat overview (table) of **Health initiatives launched at UN Climate Conferences since 2021.**

PS: "… The potential for a breakthrough inclusion in COP31's final decision threatens to be **overshadowed by the minimal support that has accompanied other health-related initiatives in Antalya.** The **Antalya Initiative for Resilient Health Systems**, the flagship presidency health initiative launched by Türkiye with the World Health Organization (WHO) at the summit's opening Health Day, **has yet to announce any participating countries, staff or funding. "**

"**No government pledged new money for climate and health that day, the third consecutive COP without fresh government financing for health. … ….** A **second new pledge, a political declaration on a "healthy transition" led by Spain, had six signatories as of Tuesday** out of nearly 200 countries at the talks: Spain, France, Peru, Tuvalu, Ireland and Barbados…."

"… **The movement on health at COP31 builds on a patchwork of voluntary frameworks and initiatives launched alongside the UN climate talks since Glasgow, with varying levels of support**. The most concrete is WHO's Alliance for Transformative Action on Climate and Health (ATACH), launched at Glasgow in 2021, whose 106 member countries commit to building climate-resilient, low-carbon health systems. The COP28 Declaration on Climate and Health in Dubai, a broad statement of intent, drew the most signatures of any, with 148 countries. COP29 in Baku produced a coalition of five past and incoming summit presidencies pledging to keep health on the COP programme, outside the formal negotiations. The Belém Health Action Plan, the most detailed of all, has 40 signatories so far, up from 33 when it was announced at the close of COP30 last year. …"

(and as already covered in last week's IHP news issue): "… ***But while declarations and initiatives have launched, the money to act on them has yet to follow.*** *In a WHO survey last year, more than 90% of countries named insufficient finance as a top barrier to their health and climate plans, Tedros said in his Health Day comments…."" Multilateral climate funds have directed about 2% of adaptation finance and 0.5% of all their climate finance to health since 2004, according to a 2025 analysis by the Berlin-based think tank adelphi, roughly the share WHO reported at Glasgow. The Green Climate Fund, the UN's largest climate fund, had financed a single health project in Malawi, as of COP29. On Health Day, Brazil's health minister Alexandre Padilha said international public commitments for health adaptation fell from about $3.2 billion in 2022 to $2.2 billion in 2024. He also launched a "financing framework" for the Belém plan, developed with Wellcome and the Rockefeller Foundation, which maps which climate funds, development banks, philanthropies and national budgets could pay for each measure. "This is not a new fund," Padilha said of the framework, which he described as "a map". The Climate and Health Funders Coalition, a group of more than 35 philanthropies that pledged $300 million in Belém, said it had awarded more than $225 million in its first year and attracted $150 million in new commitments*."

PS: **"While health may at least get more of a mention in the final text, no country asked to add health to the formal negotiating agenda in Antalya**, according to UN meeting records, **despite WHO's calls for health to be part of the negotiations.** "[Health] belongs in the negotiated text," Tedros told ministers on Health Day. "It should be an explicit eligibility area for climate finance and its share should grow as adaptation finance grows." **Only governments can propose items for the negotiating agenda, and they must file before a session opens. None of the agendas for COP31,**

the parallel Paris Agreement meeting or the two technical bodies that prepare their work lists a health item, indicating no country pursued the idea despite WHO's vocal push. "

Global Climate & Health Alliance - Health Experts Urge Türkiye and Australia to Put Health at the Heart of COP31 Fossil Fuel Transition Roadmap

https://mailchi.mp/e81e5b8ac72d/health-experts-urge-trkiye-and-australia-to-put-health-at-the-heart-of-cop31-fossil-fuel-transition-roadmap?e=3289726e8a

"**Health experts call on the Türkiye and Australia COP31 presidencies to advance the Roadmap on Transitioning Away from Fossil Fuels with public health as a central objective."**

"… Their **central demand** was clear: **COP31 must move beyond political commitments and deliver a roadmap for transitioning away from fossil fuels** that places people's health, rights and well-being at its centre. **The experts called on the COP31 presidencies to build on the Roadmap on Transitioning Away from Fossil Fuels (TAFF), launched by Brazil at COP30 in Belém**, and clearly set out how they will advance it through COP31. …"

Global Climate & Health Alliance - "Shamefully Inadequate" - At COP31, Wealthy Countries Fail to Meet Finance Obligations That Would Support Developing Countries Hit by Climate Impacts

https://mailchi.mp/7395ffdddcb3/shamefully-inadequate-at-cop31-wealthy-countries-fail-to-meet-finance-obligations-that-would-support-developing-countries-hit-by-climate-impacts?e=3289726e8a

"**Developed countries commit just US$50 at a key moment for the Adaptation Fund**, and UNFCCC constituencies and allies call on developed countries to fulfill their obligations."

"**the US$50 million amounts to only one sixth of the already painfully modest US$300 million annual resource mobilization floor the Adaptation Fund has set**… During Tuesday evening's event, only three contributors — **Spain, Germany, and Ireland** — announced pledges that, when added to previous pledges from **Estonia, Portugal, and Belgium's Brussels region**, which were not present at the event, total US$50 million."

Commission launches first global alliance on climate and health research funding at COP31

https://www.eureporter.co/environment/2026/11/17/commission-launches-first-global-alliance-on-climate-and-health-research-funding-at-cop31/

*"**At COP 31, the European Commission launched the Multilateral Initiative on Climate & Health Research Funding together with the Wellcome Trust and public research funders from five continents.** As climate change increasingly shapes health outcomes around the world and research remains fragmented, the initiative will help funders align and coordinate investment needs and research priorities. "*

"**The Multilateral Initiative on Climate & Health Research Funding** is the first global alliance of funders dedicated to climate and health research…."

Independent - The world's medicines were made for a climate that no longer exists

https://www.independent.co.uk/news/health/weather-heat-temperature-cop31-medicine-un-b3085692.html

"**Heat speeds up the chemistry that breaks medicines down, writes Vincent Bretin of Unitaid at Cop31 in Antalya.** He argues that Britain is already funding part of the answer, and should take the lead in making sure every country benefits."

"... **This year during Cop31, Unitaid has launched the Safeguarding Heat Stability in Essential Life-Saving Drugs and Diagnostics project – known as SHIELD** – an **£8 million initiative**, supported by donors including the UK, who founded and continue to support Unitaid. **SHIELD asks what a warming world does to our medicines.** We will measure the heat and humidity medicines actually face from port to patient, to identify which are at risk, and figure out ways to protect them: sometimes with a better molecule, sometimes a better box, sometimes a better supply chain. What it learns will be free for every country to use….."

- And via RANI's Resilience Action playbook :

"**Barbado**s became the first country to benefit from the Multi-Guarantor Debt for Resilience Joint Initiative, securing US$600 million in **a debt for health and resilience swap**. …."

"**Landmark joint initiative brings together four multilateral development banks to unlock fiscal space** for approximately US$160 million in health and resilience investments in Barbados."

Global Health Reform

UNAIDS – SADC health ministers warn disruptive UNAIDS reform could jeopardize 2030 AIDS goal

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/november/20261113_PS_SADC_ministers

"**Ministers of Health and Ministers responsible for HIV and AIDS from across the Southern African Development Community (SADC) have reaffirmed their strong support for the continued work of the United Nations Joint Programme (UNAIDS) during a meeting in Ethekwini, Durban in the Province of Kwazulu-Natal, South Africa, between 9-12 November**. The health authorities are **calling for reform that protects the institution's essential functions**, including continued generation of strategic information and analysis that increases the understanding of the AIDS epidemic, expertise and ability to continue to support countries. …"

NCD Alliance – Reimagining the Global Health Architecture for Current and Future Health Needs

https://ncdalliance.org/sites/default/files/2026-11/reimagining_the_global_health_architecture-papers-ncd_alliance-november_2026.pdf

(5 Nov) "**NCD Alliance has produced this document to inform the Joint Task Force on Global Health Architecture Reform's considerations towards their interim report**. It **contains three papers** which aim to inform and contribute to the ongoing reform processes of the global health architecture, setting out recommendations for how it can better respond to current and future health needs. **Together they examine three interconnected dimensions of reform: the functions, mandates and capacities needed to deliver better health outcomes; the governance, coordination and accountability required to align action across sectors and institutions; and the financing reforms needed to support integrated, equitable, resilient health systems and sustain essential global and regional health functions**. The Annexes for each paper provide supporting examples and evidence."

The future of development/international cooperation

Global Policy -The OECD Development Assistance Committee at 70: Whose Mutual Interest Will Prevail?

https://www.globalpolicyjournal.com/blog/17/11/2026/oecd-development-assistance-committee-70-whose-mutual-interest-will-prevail

"**Andy Sumner and Stephan Klingebiel** look at the concept of **'mutual interest'** and its potential evolution in the **donors club, the OECD-DAC as it approaches its 70th anniversary**."

"… In a **new piece for Policy Brief, The OECD Development Assistance Committee at 70: Who defines 'Mutual Interest'?, we consider the future of the DAC as it moves closer to its 70th anniversary in 2031.** We outline a **set of possible futures built on 'mutual interest'**, an idea gaining traction as donors cut aid. This isn't a new concept. It has echoes in South-South cooperation and in China's 'win-win' language. Japan and South Korea, both DAC members, built their aid programmes on it, and the EU increasingly frames cooperation as mutual benefit. It is now gaining ground among the DAC's other members. **We argue mutual interest is malleable in the sense it has multiple meanings. We discern four 'faces' and each implies a quite different relationship between provider and partner country**. We see different implications for the 0.7% aid commitment depending on the take on mutual interest that emerges as dominant. … Mutual interest entails a distribution of gains between countries and within them, in provider and partner countries alike. **We ask whether gains between countries are symmetric or asymmetric, and whether gains within them are broadly shared or narrowly captured."**

Re **the last option** they see: "…… Finally, there's one more future. We call this one of **'extractive cooperation'**. Gains are asymmetric between countries and narrowly captured within them. Elites gain at both ends. Development cooperation becomes bilateral commercial deal making, as in Marco Rubio's 'Making Foreign Aid Great Again' vision of 'trade over aid'. In this future, the DAC has no reason to exist. Countries need minerals or geopolitical salience to find business deals**."**

They then look to the near future**: " So, what? None of our futures is a forecast. All four are live now in parallel, but 2026 trends point most clearly to the fourth. …"**

"…What is evident is how domestic politics are sharpening the stakes and not only in the North where across European DAC members, Timbro data show that the average vote share for populist right parties rose from about 1 in 25 in 1990 to almost 1 in 5 by 2023 and seems set to continue to rise. In the South, the pattern is different and its about the retreat of democracy. V-Dem data place half the population of the Global South in 'electoral autocracies', where elections are not fully free and competitive. And another third of the population of the Global South live in 'closed autocracies'. **The consequence of this is development cooperation between a populist government in the North and an electoral autocracy in the South may come to define whose 'mutual interest' counts."**

"**Back in Paris, for the DAC itself these are existential questions. A technical review is under way but little discussion about its core mission. A new DAC chair, Thomas Gass, will begin in 2027**. Gass will find that how mutual interest becomes defined will determine what the DAC becomes by its 70th anniversary. The EU and its member states along with the United Kingdom can help decide which face of mutual interest prevails and pursue discussion at the DAC. Or wait and live with the choice others make…."

WHO DG race

Important week, with the **first candidates' Forum on 18-19 Nov**. Updates, high-level advocacy & analysis below, more or less chronologically.

But first, must-read analysis of the Forum (by HPW) – first and second day.

HPW - WHO Director-General Candidates Put to the Test in First Public Forum

https://healthpolicy-watch.news/who-candidates-forum/

Must-read.

"**Four of the seven candidates vying to succeed Dr Tedros Adhanom Ghebreyesus faced member-state questioning in Geneva on Wednesday**. The hearings exposed **sharp fault lines over budget cuts and regional manufacturing, though contenders refused to name programmes facing termination."**

"Wednesday's hearing marked the **first public forum** in a **race shaped by escalating health threats, geopolitical conflicts, funding shortfalls, and institutional reprioritisations**. Delegations tested **four distinct leadership philosophies** competing to take the helm in May. The field featured former Qatari health minister Dr Hanan Mohamed Al Kuwari; Belgium's nominee, WHO Europe director Dr Hans Henri P. Kluge; China's maternal health veteran Dr Song Li and Botswana's outsider nominee, Armenian paediatric oncologist Dr Gevorg Tamamyan…."

"The remaining three contenders face questions on Thursday: Dr Hanan Balkhy of Saudi Arabia, Spain's Dr María Neira, and Indonesia's Budi Gunadi Sadikin."

"**While decisive commitments – vote-trading, bilateral alliances, and financial pledges – continue behind closed doors, the public forum provides a rare window into multilateral health diplomacy**. First introduced during WHO governance reforms, the **live-streamed hearings allow global scrutiny of candidate priorities and member-state pressure points…."**

"Questions highlight geographic divides: Donor governments concentrated at least 14 separate questions on normative standards, fiscal discipline, administrative consolidation, and terminating redundant programmes. Conversely, 19 **questions from African, Latin American, and Asian delegations** pressed on workforce retention, technology transfer, and sovereign biomanufacturing. Low-income delegations, particularly from sub-Saharan Africa, treated the sessions as a test of operational survival…."

HPW then zooms in on "**Qatar's operational modernizer"; the "Belgian reformer and reckoning for big pharma"; "The cross-regional institutional outsider"; "China's disciplined pitch for Global South equity".**

PS: "**Wednesday's forum confirmed that member states demand conflicting outcomes from their next chief executive –** no matter what pledges the candidates make on the campaign trail. **Major contributors want ruthless programmatic contraction, while the Global South pushes for equitable expanded technical intervention and local sovereignty….."**

- On the first day of the Forum, see also Geneva Solutions – WHO chief hopefuls face questions about reform, money and independence

"Member states pressed four contenders vying to lead the World Health Organization **on how they would stabilise its finances, reform it and restore trust in its authority."**

HPW - As WHO Director-General Forum Closes, Contenders Pitch Banks, Science and Discipline

https://healthpolicy-watch.news/who-dg-contenders-forum/

Must-read. *"Across two days of questioning,* ***the seven WHO Director-General candidates united around scientific independence and country-level delivery – but diverged on how to fund the cash-strapped agency*** *as the Geneva forum wrapped up on Thursday.* ***Meanwhile, member states revealed their priorities for the coming years."***

"Thursday's closing **World Health Organization (WHO) candidates' forum** pitted a **former banker, a Geneva veteran and a regional chief** against each other. **Budi Gunadi Sadikin (Indonesia), María Neira (Spain) and Hanan Balkhy (Saudi Arabia)** fielded 43 questions across three sessions."

"Each offered a **distinct prescription for restoring WHO's authority** amid shrinking aid and deep budget cuts. **Sadikin pitched development-bank leverage and pooled procurement, while Neira bet on climate-focused primary prevention and cross-sector persuasion. Balkhy, by contrast, leaned on measurable delivery tests, leadership accountability and building country self-reliance**, drawing on her Eastern Mediterranean crisis record…."

" Where the seven contenders agree – and where they split: "Across two days of questioning, **all seven contenders diagnosed the same crisis of trust and shrinking aid. Every candidate promised to shift weight toward country offices and anchor universal health coverage in primary healthcare**. All seven **pledged to protect scientific independence, while most backed reaching 50% assessed contributions and expanding flexible funding. They also shared a reluctance to name specific global programmes to cut**. Pressed on trade-offs, candidates pointed instead to future functional reviews, member-state priority-setting or partnerships with other agencies**. Beneath that consensus, however, sharp divides emerged over who should lead WHO – and how to pay for it…."**

Different financing pitches… …. On pandemic equity, all seven backed expanding regional manufacturing, and most urged finishing the PABS annex. Yet **they split on how aggressively to confront industry and intellectual property rules…"**

"Member states reveal policy priorities: … Over the two days, delegations across regions demanded stronger country offices, primary healthcare and emergency preparedness. They also united around protecting scientific independence, curbing agency overlap and securing sustainable financing. Vulnerable nations pressed for urgent action on climate change…" " "… **Member states diverged sharply on WHO's scope and priorities**. The United Kingdom, Iceland, India and South Sudan pressed WHO to shrink to core mandates and shed overlapping functions. By contrast, Malaysia, Brazil, Colombia and Uganda pushed for local manufacturing, technology transfer beyond voluntary licensing and binding benefit-sharing…."

HPW – Selecting the Next WHO Director-General: Real Job Description and Essential Questions (Part III)

M Kapila; https://healthpolicy-watch.news/selecting-the-next-who-director-general-real-job-description-and-essential-questions-part-iii/

Last part of a fabulous series. "Seven candidates face the first candidates' forum on 18 -19 November. Part I of this series learned from the eight previous holders. Part II took stock of the world's health and of WHO itself. **Part III writes the vacancy notice: what one person can reasonably do in five years and the questions electors should put to aspirants to judge suitability."**

The article was written just before the first candidates' forum on Wednesday : "… **The leisurely process provides ample opportunity to appraise the best fit for the Director-Generalship. But how to do that when there is no clear job description?** What benchmarks should electors use to evaluate candidates? Without that, we could be easily sidetracked by their slick social media campaigns**. This article corrects the deficiency by proposing a job description and questions that electors should ask all aspirants. …."**

"… **The Director-General's job description should be about what one person can reasonably do within five years, given institutional constraints and global circumstances**. …" ""The rationale for these objectives and targets was provided at part II of this analysis. That identified the seven key "world health determinants" that set the Director-General's compass, one institutional reality they cannot escape, and five constitutional obligations they must discharge. The earlier analysis at part I looked at eight previous incumbents through four crucial tests to identify the personal skills and characteristics that determined their successes and failures in office. **What follows is written in the register the Assembly has never used for this post: a vacancy notice…."** *(and what a 'vacancy notice that is…)*

PS: **"… Relying on candidate vision and published manifestos is insufficient as they say quite similar and sensible things with which one can hardly disagree.** Thus they have little power to 'discriminate' between the merits of aspirants. **Therefore, as the past is the best guide to the future, the electors should press them hard on what they have actually done, not what they intend…."**

Kapila then **provides 14 questions.**

And a final note:

"Binding the electors: Of course, **these questions also hold up a mirror for Member States as much as for the candidates. First: will they pay the assessed future increases they have already voted for, and will they stop earmarking what they give above that? Second: will they give the successful candidate the necessary instruments** such as a binding code of conduct, a say in who leads the regions, and a mandate on emergencies that is defensible when it is tested? **Or will they elect someone to fail and blame them when they do? For 78 years, Member States have done just that by demanding results from Directors-General while withholding the means to deliver them.** Present-day electors must acknowledge that no candidate, however able, can succeed on their own. And that the terms of this vacancy notice bind them to discharge their own responsibilities as much as the duties they impose on the person they elect."

"… **the remedy proposed here is a contract with clear objectives and targets that comprise a personal scorecard for the WHA to review before renewal in 2032.** None of this requires a constitutional amendment but requires Member States to know clearly what they want done…."

HPW - Jakarta Mounts Firm Defence of Sadikin's WHO Bid, Rejecting Civil Society Allegations

https://healthpolicy-watch.news/jakarta-defence-sadikin-who-bid/

Must-read. *"**Jakarta has mounted a formal defence of Health Minister Budi Gunadi Sadikin's WHO bid to become Director General and the internal reforms he undertook as Health Minister curbing the powers of Indonesia's powerful health and medical associations.** The rebuttal came after a coalition of Indonesian civil society groups protested his expansion of state control over medical training and standards in a **petition to all of WHO's member states,** the focus of an exclusive report by Health Policy Watch. Meanwhile, **some legal scholars** (eg **L Gostin**) **see merit in his reforms. "***

" **Indonesia has circulated a sweeping diplomatic rebuttal to World Health Organization member states**, defending Health Minister Budi Gunadi Sadikin against domestic allegations of authoritarian governance. In the 14-page filing, Jakarta portrays Sadikin as an executive reformer who took on an entrenched medical establishment to expand public healthcare access. Addressed to the WHO Executive Board and all Geneva delegations, and forwarded to *Health Policy Watch*, the document responds to a **4 November objection** from the **Coalition for Health Justice**….."

In-depth analysis on 7 areas covered in the rebuttal.

*The key one in our view: "**the corporate turnaround pitch".***

Quote: *"….For domestic critics, however, Sadikin's governance vision has been shaped less by public health principles than by his corporate approach. The coalition sees a commercial banker imposing corporate logic on a sector that demands social protection. Responding to this criticism, Jakarta leans directly into that financial pedigree, pitching executive management as a vital asset for global health governance. The filing firmly rejects claims that a private-sector background violates WHO criteria requiring proven leadership…."*

Geneva Health Files - Q&A With Budi Sadikin, WHO DG Candidate

P Patnaik; https://newsletter.genevahealthfiles.com/exclusive-q-a-with-budi-sadikin-who-dg-candidate/?ref=geneva-health-files-newsletter

The series of interviews with DG candidates concludes.

"**Presenting the third of these series: a comprehensive interview with Minister Budi Sadikin, nominated by Indonesia**. Minister Sadikin has governed the health portfolio in Indonesia. A former banker, trained physicist, and a health financing pro, Minister Sadikin is the only non-medic in the DG race. **His candidature challenges the conservative, technical space that global health is. There is fair amount of optimism among developing countries, and across the aisle on this candidature, and the usual scepticism on letting a finance expert at the helm of the UN's only technical agen**cy. (Also keep in mind that, along with key actors, **Indonesia has been leading on global health negotiations in Geneva over the last few years, which makes his candidature endowed with expectations.)… … In addition, find below, the Minister's categorical response to specific concerns raised by Indonesian CSOs on his bid."**

Patnaik: "….We hope these interviews help our readership understand not only how candidates are evaluating the role to lead the WHO, but to also understand how *they assess* the terrain they will govern, if elected…."

PS: **Budi's Comment on the decision by a few Indonesian civil society organizations challenging your election bid on account of policies domestically:**

"● *I respect the right of Indonesian civil society organisations to raise concerns about my candidacy. It is fair to examine my record as Minister of Health, including the reasons for our decisions and their impact on patients and health professionals. But some of their conveyed concern can be categorized as disinformation and defamation to stir up negative public perception.*

● *Our decisions are guided by the needs of the Indonesian people and the goal of advancing social justice through more equitable access to quality health care, including in the country's most remote communities. As Minister, I am accountable for how those decisions are implemented. I would apply the same standard of accountability at WHO."*

GHF - Nothing Short of Radical Change: Task of the Next WHO Director-General [Guest Essay]

Anders Nordström; https://newsletter.genevahealthfiles.com/nothing-short-of-radical-change-task-of-the-next-who-director-general-guest-essay/?ref=geneva-health-files-newsletter

Must-read. A few excerpts.

"…. **I will not disclose my preferred candidate at this stage**. Instead, drawing on my experience as a former WHO Assistant Director-General, Acting Director-General, and WHO Representative in Sierra Leone during the Ebola outbreak 2014-2016, **I would like to share what I see as the priorities for WHO's next leader and what I would like to hear as commitments from the candidates. My central message is simple: WHO needs a leader who is capable and brave enough to deliver fundamental change. The organisation needs to undergo a major transformation in how it is led, managed, governed, and financed. Business as usual is not an option**."

That includes:

"**Leadership is about a team**, not just an individual (with implications) … … **From a disease organization to a health organization … …. Technical excellence must be WHO's defining strength… … Modernizing WHO is essential… … Money matters — but how WHO is financed matters more… … Governance reform cannot wait."**

And Nordström concludes: "The **world needs a strong, independent, technically authoritative, fully funded, and well-managed World Health Organization more than ever. The election of the next Director-General offers a critical opportunity to make that happe**n. I would like to hear commitments in line with the priorities I see as critical from the candidates. **But this cannot be achieved simply by appointing a new individual at the top. It requires an organization-wide commitment to fundamental changes in leadership, organizational culture, technical priorities, management, financing, and governance."**

HPW – Are WHO Member States Ready for Fundamental Change? From Institutional Survival to Global Health Leadership

M Sheikh & Ren Minghui; https://healthpolicy-watch.news/are-who-member-states-ready-for-fundamental-change-from-institutional-survival-to-global-health-leadership/

"The election to lead the World Health Organization (WHO) offers an opportunity to rethink not simply who should lead the institution, but ***how it should exercise leadership in a world that has changed profoundly****. **The greatest challenge facing the next Director-General may be transforming an organization whose political masters are reluctant to change."*** Excerpts:

"**The most consequential decision facing member states** may not be whom to elect, but **whether they are prepared to change the institutional model that the successful candidate will inherit.** Having spent almost three decades working within the United Nations system, the WHO and its governance bodies, we have witnessed successive efforts to reform international institutions. **One recurring lesson is that organizations often change their structures more readily than they change their strategic direction. They become more efficient at doing what they have always done, without necessarily asking whether those are still the right things to do. WHO now confronts precisely this dilemma.** Its ongoing financial crisis has generated an understandable focus on budgets, staffing and organizational restructuring. **Yet the deeper challenge may be that over the last few decades, global health architecture has evolved faster than WHO's institutional model.** The next Director-General could be the most capable manager WHO has ever had and still fail to transform the organization. The **forthcoming election should** therefore become something more ambitious than a contest between individuals. It **should become a constitutional moment for WHO**

– not necessarily to rewrite its Constitution, but to rethink how its constitutional mandate can be fulfilled in a fundamentally different world….”

“**WHO’s predicament is commonly described in terms of three challenges: an expanding technical agenda, financial vulnerability and geopolitical fragmentation….”**

“… **These challenges are real**. But they also reveal a deeper responsibility: **authority mismatch**….” “ **WHO is expected to exercise leadership over a global health system in which authority, financing and implementation are increasingly distributed across institutions that it does not control.** The result is an institution expected to lead comprehensively, financed selectively and increasingly required to negotiate its influence across a fragmented system by maintaining its scientific credibility and political legitimacy….” “ **The task for the global community** is not simply how to sustain WHO as it exists today. It is **whether the institutional model we are supporting is sufficiently adapted to the world in which WHO must operate tomorrow….”**

“… **WHO’s greatest risk may not be decline, but irrelevance: …” “…** This possibility should fundamentally change the way we assess WHO reform. **Success cannot be measured simply through institutional survival, financial stability or organizational efficiency. It must be measured by whether WHO continues to shape the decisions that determine the health of populations.** A WHO that survives but becomes increasingly peripheral to those decisions would represent a failure of reform, however successful its internal restructuring might appear….

“Three reforms, but only one future: What makes the present moment particularly significant is the convergence of three reform processes: **WHO’s internal reform, WHA79 global health architecture reform process and the wider UN80 Initiative.** Each addresses a different problem, but together they could reshape WHO’s institutional future….”

“… WHO should not seek to become the largest actor in every area of global health. **It should become the actor whose contribution makes the collective efforts of others more effective. That is a different model of institutional power** – and potentially a more sustainable one….”

“… The election should therefore produce something more than a new leader and a new strategic vision. **It should establish a Transformation Compact between the incoming Director-General and Member States.** Its **central principle** would be simple: the **Director-General commits to making difficult institutional choices; member states commit to creating the political, governance and financial conditions that make those choices possible.** This would mean accepting that some existing activities may need to end, that collectively agreed priorities require predictable and sufficiently flexible financing, and that scientific authority must be protected even when its conclusions are politically inconvenient. It would also mean supporting a clearer distribution of responsibilities across global health institutions rather than expecting WHO to resolve fragmentation through coordination alone….”

More on Global Health Governance

HPW – Africa CDC Head Pushes for Reappointment Amid Allegations of Intimidation, 'Extravagant' Spending and Adverse Audit Findings

https://healthpolicy-watch.news/africa-cdc-head-pushes-for-reappointment/

Bombshell, this article from Monday evening. Excerpts below:

"Dr **Jean Kaseya is campaigning to be reappointed as Director-General of the Africa Centres for Disease Control and Prevention (CDC) – amid serious allegations of threats to diplomats, staff intimidation, lavish spending and a shrinking budget.** Eight highly placed sources, mostly CDC staff or former staff, told *Health Policy Watch* that Kaseya has threatened two very high-profile AU female diplomats; removed and reassigned staff who question his decisions; and appointed staff without following proper procedures. Four other staff or former staff spoke through intermediaries or shared written documentation. All spoke on condition of anonymity for fear of reprisals. **In addition, the financial management letter for 2025, issued by the African Union's Board of External Auditors and seen by *Health Policy Watch,* flags 49 flaws in the year's financial management processes.** The letter does not give the overall budget for the year 2025 but cites a cash balance of just $52.9 million at the end of 2025, while Africa CDC's Annual Report for 2025 said it was managing a "grant portfolio" of $463 million. "

"**Kaseya's term ends in February, and he could be reappointed for another four years if the Africa CDC governing board recommends this to African Union (AU) Heads of State, and the AU Assembly accepts this.** However, a **brand-new group of eight AU member states, represented by their health ministers, has just joined the CDC governing board as part of the periodic shuffle of membership**. The new members, who attended an orientation meeting on 10 November, are from **Cameroon, Gabon, Gambia, Kenya, Namibia, Sierra Leone, Uganda and Zimbabwe. (North Africa has not yet nominated its two representatives.) The governing board is due to discuss Kaseya's reappointment at its first official meeting on 22 November** – apparently based on an April assessment conducted by the AU Commission Chairperson. Outside observers expect the process to be a virtual rubber-stamp…."

"A **petition from "concerned senior staff" circulated last week urges the governing board and the AU Permanent Representatives Committee (PRC) not to reappoint Kaseya**. …"

PS: "In response to criticism of arbitrary staff reassignments, Africa CDC notes: "[In] any institution that grows this fast, some colleagues change roles, some complete fixed-term contracts and some move on to other opportunities. This is normal career movement; it is not high turnover and it is not a sign of instability." …." Only 37 staff "hold posts approved and paid for by member states", according to CDC. The remainder of staff are funded by major donor projects, and when those end, then so do the assignments. For **instance, a $1.1 billion five-year MasterCard Foundation grant for the "Saving Lives and Livelihoods (SLL) initiative ended in June, resulting in significant job losses**. At the same time, the **Ebola outbreak has required the deployment of new field personnel – and is likely a major factor in the creation of new positions in** 2026…"

PS: "**For several months, there has also been a formal standoff between the Africa CDC and the African Union Administrative Tribunal after Kaseya reassigned three regional directors (RDs) to the organisation's headquarters in February. ….**"

"… '**Extravagant expenditure', financial weaknesses**: In **late October**, before the circulation of the petition, an **anonymous "policy brief" was sent to AU member states and Africa CDC donors**. The ''brief'' is similar to a 2023 document that also made serious allegations against Kaseya's leadership style. Claims made in the October brief include: "intimidation" of staff, the "diversion of emergency funds towards ostentatious spending, lavish travel and favours granted to close associates"…. Six current and past staff who spoke with *Health Policy Watch* echoed reports of excessive travel spending, saying that Kaseya "does not spare any expense" on international trips, including stays in suites typically reserved for heads of state. …"

"… **The CDC governing board meeting on 22 November falls on the eve of the International Conference on Public Health in Africa (CPHIA), Africa CDC's flagship event**. Insiders see the conference as a **showcase event for Kaseya's reappointment campaign**. …."

PS: "**Listing the financial flaws**: The organisation's 2025 annual report notes that "the grant portfolio directly managed by Africa CDC grew from $52m in 2022 to $463m in 2025, with portfolio diversification over 66 active grants". …"

" … **Philanthropies contribute the bulk of Africa CDC's revenue (52%), with the remainder being made up by the World Bank (21%), African Development Bank (6%), governments (8%), Gavi the Vaccine Alliance (3%), The Global Fund to Fight AIDS, Tuberculosis and Malaria (1%), European Union (4%), and other partners (5%)…."**

Africa CDC (News) - An African Institution Will Not Be Put on Trial by Anonymous Sources and Politically Motivated Journalists

https://africacdc.org/news-item/an-african-institution-will-not-be-put-on-trial-by-anonymous-sources-and-politically-motivated-journalists/

The day after, Africa CDC (and Jean Kaseya) hit back. Hard.

"**Africa CDC rejects the article published by Health Policy Watch on 16 November 2026**. It is built on manipulation by anonymous sources, contains factual errors, and ignores the official records that Africa CDC gave its author before publication. **Africa CDC regards it as a politically motivated attack on an African institution and an African leader. ….**… Africa CDC is dismayed by the conduct of the author, who requested answers and documents late last week and then disregarded them; by the hostility of the language used against Africa CDC and its Director General; by the distortion of the facts; and by the readiness to impose a personal opinion and leadership of AU institution on Africa, its institutions and its leaders…."

"**An institution attacked at the moment Africa needs it most: Africa CDC is leading the continental response to Ebola and other public health threats**. It expects criticism and answers fair criticism. Anonymous allegations relayed by politically motivated journalists and their sponsors are different: they aim to weaken an African institution in the middle of an outbreak. For too long, others presumed to decide who may lead Africa's institutions and how they should be judged. That

paternalism has no place in 2026. **Africa's Member States are the judges of Africa CDC, and they have spoken through their organs.**

Point by point, here are the facts, and what the article did with them to become politically motivated…"

Devex – Exclusive: Big Pharma demands audit of WHO flu program

https://www.devex.com/news/exclusive-big-pharma-demands-audit-of-who-flu-program-113868

"**WHO says all funds are already audited and spent fully in accordance with its rules, but Big Pharma still wants one of the Big Four accounting firms to step in."**

"**The International Federation of Pharmaceutical Manufacturers and Associations, or IFPMA, is pushing for one of the so-called Big 4 accounting firms to audit industry contributions to the WHO's Pandemic Influenza Preparedness Framework**, citing concerns over how the funds are used. Some manufacturers are even withholding funds, according to two people familiar with the most recent meeting of the framework's advisory group in October. However, WHO says it already has an external auditor and that it spends all funds in accordance with its rules…."

"… According to sources present, **WHO informed industry representatives at the most recent advisory group meeting in October that a Big 4 audit was not possible under the United Nations "single audit principle," which holds that a U.N. agency should be audited exclusively by a single external body** — currently the comptroller-general of India, in WHO's case…."

"Industry representatives have queried WHO over a possible overspend on the secretariat setup to run the framework, as well as the use of interest accrued on funds held in reserve for a future flu pandemic toward WHO's budget…."

IJHPM – Whose Sovereignty? Financing and Partnerships in the European Union's Global Health Resilience Initiative

Qi Shao; https://www.ijhpm.com/article_4970.html

"**This viewpoint offers an interpretive reading of the Commission's communication and factsheet, supported by selected literature**, rather than a systematic review or an evaluation of implementation outcomes. Policy architecture denotes the connections between stated objectives, delivery instruments, and institutional responsibilities. **Table 1 maps the factsheet's five priority areas to its nine flagships** …."

" **The three tests below** are the author's normative framework, not indicators validated by the Commission…." They are: "**fiscal space, technology and authority, and agenda-setting power."**

Shao concludes: "…**The GHRI is timely and potentially important. Its strongest contribution is to connect health security with systems, manufacturing, surveillance, trust, and international cooperation**. Its **sovereignty promise will depend on whether financing and partnerships transfer durable public capability and authority.** Evidence from earlier partnerships justifies safeguards, not a prediction that the initiative must fail. Democratic health sovereignty means that accountable

institutions and affected communities can shape priorities and govern the resources on which health depends. It can be strengthened through regional cooperation and welldesigned private participation. **The GHRI should be judged by affordability, institutional capacity, and meaningful partner control, alongside mobilized capital and completed infrastructure**."

More on Global Health Funding/Financing

Deakin University (/ The Evidence Exchange) - Working paper - Financing health for all: Pathways, barriers, and opportunities

B Wood, S Friel, G Sacks, D McCoy et al
https://dro.deakin.edu.au/articles/composition/Financing_health_for_all_pathways_barriers_and_opportunities/34866834/1?file=71423767

One of the reads of the week. "**This new working paper identifies pathways to transform economic systems so that they enable better health and fairness for people and the planet**. They expand on – and challenge – the landmark work of the World Health Organization (WHO) in this space, outlining three urgent pathways for change: Build and protect the fiscal space of ALL governments; Steer financial investments towards health equity goals; Democratise finance."

"**A recent series of landmark reports published by the World Health Organization (WHO) Council on the Economics of Health for All has drawn increased attention to the important relationship between finance and health**. Most discussions in this area have traditionally focused on funding and delivering universal healthcare. Recently, however, **experts have advocated for a more comprehensive approach that considers the health impacts of finance beyond healthcare, while calling for an overhaul of current financial systems to tackle overlapping health equity crises (e.g., climate breakdown, global pandemics)."**

"This working paper provides a high-level roadmap for public health scholars and policymakers seeking to advance the Financing Health for All agenda. **We adopt a Commercial Determinants of Health perspective to address critical gaps in current discussions**, including a focus on actions to restrict financial investments in health-harming sectors and practices."

"**The paper proposes a suite of policy pathways to reorient financial systems towards health equity. It also summarises various forms of anticipated resistance to the outlined policy pathways, before offering strategies for the public health community to help advance the proposed agenda.** … "

CGD – Who Will Pay for Lost Aid? What Sub-Saharan Africa's 2026 Budgets Reveal

B Clements et al ; https://www.cgdev.org/blog/who-will-pay-lost-aid-what-sub-saharan-africas-2026-budgets-reveal

"**In February, we assessed whether governments in sub-Saharan Africa had responded to the 2025 US aid cuts by increasing revenue or shifting public spending. Our review of budget statements and policy announcements in 18 aid-exposed countries found that only Sierra Leone and Tanzania**

proposed new revenue measures to replace lost aid. None announced spending reallocations to protect health programs, though we noted that later budgets might show a stronger response."

"**The latest budget cycle lets us reassess that prospect. This blog post extends our analysis from US aid cuts to reductions by all donors and expands the sample from 18 to 40 countries**. We review official government sources, including budget speeches, finance laws, and ministry publications. **We identify more revenue measures than in February, but few explicitly address declining aid. Estimated gains are generally modest, and many measures appear to reflect routine annual tax changes rather than deliberate attempts to replace lost aid…."**

Authors conclude: "… **The latest budget cycle shows more revenue measures than our initial review, but most appear to be minor tax changes rather than deliberate responses to declining aid. Few governments explicitly link their measures to aid losses. Quantified revenue gains are generally below 1 percent of GDP**, and some depend on administrative improvements that have often taken longer than planned to implement and generate revenue. **Some governments have also introduced substantial tax relief, while others expect more aid.** Our review highlights the need for budget documents to explain the revenue impact of measures, including administrative changes, more clearly."

PS:" **The main concern is that budgeted grants reflect only part of the decline in external assistance. Much lost aid was spent outside government budgets, leaving health and other social services with a larger funding gap than budget figures suggest. We find little evidence of systematic spending reallocations to protect these services."**

Coefficient Giving - There are tons of amazing ways to spend money to improve the world

A Berger et al; https://coefficientgiving.substack.com/p/there-are-tons-of-amazing-ways-to

"**25 great ways to spend the coming wave of AI-driven philanthropy."**

Quote: "… **Max Roser of Our World in Data wrote a post in 2018** that we all love, titled "The world is awful. The world is much better. The world can be much better." **We think about the prospect of increased giving in a similar way: the third wave is big; the third wave is small; there's a lot the third wave can do…."**

Read what this implies according to Coefficient Giving authors.

Devex Pro - How the world's largest NGO is preparing for AI-driven philanthropy

https://www.devex.com/news/how-the-world-s-largest-ngo-is-preparing-for-ai-driven-philanthropy-113890

(gated) "As AI fortunes raise the prospect of bigger, faster grants, **BRAC**'s Julia Roberts and Asif Saleh explain why an anti-poverty program they once struggled to pitch is drawing donor interest."

Financing Alliance for Health (Working paper) - Laying Strong Foundations: How Health Benefits Packages Can Serve as the Organising Unit for Global Health Finance

S Scotney et al; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=7687278

"**Global health reform debates, including the 2026 Accra Reset, endorse "one plan, one budget, one report" but say little about how money should flow once it is mobilised**. Sector-wide approaches and national health compacts have not resolved this. **We propose that a costed, prioritised health benefits package serve as the organising unit of global health finance, with domestic and external funders co-financing the same package rather than separate programmes.** Using **Sierra Leone as a case study**, where 88% of external health funding was off-budget in 2020-2024 and out-of-pocket payments were 54% of health spending in 2023 despite a free health care policy, **we set out five elements to operationalise this shift**:…"

Trump 2.0, US Global Health Strategy, bilateral health agreements & New Congress

HPW – Three Countries in the Americas Lose Measles-Free Status

https://healthpolicy-watch.news/three-countries-lose-measles-free-status/

" **Bolivia, Mexico, and the United States have lost their measles elimination status."**

"The **Pan American Health Organization (PAHO) announced in a press conference** that the three countries **sustained continued in-country transmission of the highly contagious virus for at least a year. …** The Region of the Americas was the first and only region in the world to have eliminated measles. In 2025, Canada's sustained outbreak meant it was the first country in the region to suffer the loss of its elimination status in nearly 10 years. Now, three additional countries have lost their elimination status. …."

- Related: NYT – U.S. Loses Its Measles Elimination Status, a Historic Setback for American Health

"The nation was once regarded as a global leader for reining in the highly contagious virus. Now, large outbreaks that sicken thousands could become routine."

Including on the **role of RFK Jr**. in this.

CNN - The Trump administration is diverting billions in health funding away from low-income countries, defying Congress' plans

https://edition.cnn.com/2026/11/14/world/trump-administration-foreign-aid-global-health-diverted-intl

"**The Trump administration plans to redirect or withhold nearly all funding that Congress had slated for international family planning aid this year – about $605 million** – according to an **internal US State Department budget report and a memo to lawmakers** that were obtained by CNN. The budget plans **also involve an effort to move nearly a billion dollars into a global health innovation fund benefiting US corporations, while sharply cutting global health funding for low- and middle-income countries." "**"The actions have drawn criticism from nonprofit organizations and lawmakers who argue it **represents overreach by the administration, given that Congress holds the power to decide how money is spent."**

"A copy of the budget report – called the preliminary Fiscal Year 2026 allocation – reveals **plans to divert or repurpose almost all of the $607.5 million in funding that Congress had allocated to supply contraception and other reproductive health services to women overseas."**

"… The budget plans also reveal steep reductions in US health assistance for most countries when compared to 2024 funding levels, according to an analysis of the leaked budget document conducted by Public Citizen, a nonprofit consumer advocacy organization. Their analysis, which was shared exclusively with CNN ahead of its publication Saturday, was conducted in conjunction with the nonprofit organizations Partners In Health (PIH) and Population Action International (PAI), a reproductive rights advocacy organization. **The countries with the largest funding decreases for health programs are South Africa, Tanzania and Zimbabwe, which have all been hit with more than $100 million in cuts. Eight countries – Afghanistan, Central African Republic, Gambia, South Africa, Somalia, Sudan, Timor-Leste and Yemen – have had their health funding cut to zero since 2024."**

- See also the **Public Citizen press release** - Trump Administration Foreign Assistance Budget Allocation Documents (14 Nov)

Devex Check-up - US Senate wants to sustain global health funding. Will Trump comply?

https://www.devex.com/news/devex-checkup-us-senate-wants-to-sustain-global-health-funding-will-trump-comply-113911

"The **U.S. Senate Appropriations Committee released its proposed foreign assistance funding bill, and global health fared fairly well…."**. Check out the detail.

"**Interestingly, the Senate proposal looks for some assurances from the State Department before it shifts more global health funding into the direct government financing approach** favored by the administration. Senators say **they need guarantees that partner countries can manage and monitor the funds** and that they have solid anti-corruption systems in place."

"The **Senate proposal deviates from the version of the bill the House of Representatives has released.** The House is **asking for less money for global health than the Senate** — $8.9 billion. Among other differences, it would give only $1.25 billion to the Global Fund and nothing at all to UNFPA (though there's a little money for family planning and reproductive health**). The Senate and the House will have to address those discrepancies as they work toward a bill that both sides can agree on and pass.** The **more difficult task**, though, might be **coming up with a version President Donald Trump will sign.** Because if you think the two chambers of Congress are far apart, the **Trump administration only requested $5.1 billion for global health**…"

CGD - How the New Congress Can Shape the Unfinished Global Health Transition

J M Keller et al ; https://www.cgdev.org/blog/how-new-congress-can-shape-unfinished-global-health-transition

"Capitol Hill will have an important role to play in examining the dismantling of USAID and its devastating consequences, as well as shaping the longer-term future of US global health engagement. But **there is also a more immediate task: ensuring that billions of dollars in assistance now being programmed by the State Department deliver health services where they are needed most, with results that can be verified. Through its oversight, appropriations, and legislative authorities, Congress can help mitigate the risks of the new approach and support its responsible implementation by backing demands with leverage**."

"Here are six areas that warrant Congress' attention, why they matter, and what lawmakers can do…."

We provide one in particular here: "**5. Where can multilaterals be a force multiplier for what State can't do alone?** The administration's approach to global health multilaterals has been selective: withdrawing from the World Health Organization (WHO), deepening engagement with the Global Fund, and resuming support for Gavi, subject to new conditions. But **with the State Department now managing billions in global health assistance with a fraction of USAID's former capacity, the case for leveraging these institutions is stronger than ever.** Congress should view multilateral institutions not simply as another funding channel, but as a critical lever to extend US global health reach and influence. That includes sustaining funding for key global health institutions, like Gavi, which remains a best buy in global health. **In countries without bilateral agreements, fragile and conflict-affected settings, and cross-border health emergencies, multilateral and regional institutions may be better positioned to sustain services or coordinate responses. The US withdrawal from WHO also raises questions about how essential functions, including surveillance and outbreak coordination, will be maintained or replaced. Coordination with multilateral partners will also matter in countries with bilateral agreements.** How is State ensuring that new commitments complement existing Global Fund, Gavi, and World Bank investments rather than creating duplication or competing domestic financing requirements?...."

KFF – The Advancing Global Health Annual Program Statement (AGH/APS) Mechanism: Supplementing the America First MOUs

K Moss et al ; https://www.kff.org/global-health-policy/the-advancing-global-health-annual-program-statement-agh-aps-mechanism-supplementing-the-america-first-mous/

"**In September 2025, the State Department released the America First Global Health Strategy (AFGHS),** its new approach for U.S. engagement in global health, anchored to bilateral agreements negotiated directly with countries (through memoranda of understanding, or MOUs), although limited information is available on their status. **To supplement and support MOU implementation, the State Department is also using an Annual Program Statement (APS) mechanism, an open-ended competitive funding opportunity, to solicit applications in support of AFGHS goals**. To shed greater light on U.S. global health efforts under the AFGHS, **this analysis examines the Advancing Global Health APS (AGH/APS) award opportunities announced to date** by looking at how funding may be directed across countries and selected areas of global health programming, painting a fuller picture of how continued U.S. global health investment may look in a post-USAID foreign aid landscape."

Check out the findings.

Part of **three new KFF resources** examining the shifting landscape for U.S. global health policy as a new Democratic majority prepares to take control of Congress and the Trump administration accelerates its America First Global Health Strategy.

J Ratevosian – What America Loses When It Walks Away

On Substack;

"**The U.S. and South Africa** have worked through hard disagreements before. They can do it again."

Devex – Malaria No More flags monitoring gaps in US global health deals

https://www.devex.com/news/malaria-no-more-flags-monitoring-gaps-in-us-global-health-deals-113923

"**Washington has pledged malaria funding to 13 partner countries**. But the nonprofit **Malaria No More said the metrics that accompany those funds offer little actual visibility into how effectively they are being spent."**

"**In a new report, the U.S. nonprofit organization is calling for annexes to the agreements with more detailed indicators that can track the impact of the investments and flag potential problems early, including gaps in implementation and drug or insecticide resistance.** After crunching the numbers on 13 memorandums of understanding that are publicly available, Malaria No More found 88 malaria-related funding commitments. But more than 40% of the malaria services the U.S. government has agreed to fund through its MOUs have no accompanying metric…."

WPR (Briefing) – Trump's Global Health Agenda Is Colliding With African Nations' Sovereignty

J Munga; https://www.worldpoliticsreview.com/trump-africa-gobal-health-deals-sovereignty/

"Washington remains a critical partner for Africa even as it reshapes its health assistance. However, **African leaders have their own agency and political realities that manifest through their assertion of sovereignty in international partnerships. This was prominently visible in how African countries challenged the proposed texts of bilateral health agreements with the U.S."**

Recent "… events portray important shifts in Africa's political posture, and they offer **lessons for Washington. The first one is that Africa has options beyond the United States.** Ghana, Namibia and Zimbabwe illustrate this…

"… **Secondly, Washington needs to understand there are new red lines for African leaders, two of which are critical minerals and data protection**… … In most African countries, personal data is now locked in by laws restricting how they can be shared externally. This has been a common thread of contention in health deals with the Trump administration… … This red line, however, is not shared by all African countries, as most of those who have signed with the U.S. did not contest similar provisions of specimen-sharing agreements even in cases where there are provisions for onward

sharing of data, including with non-governmental U.S. entities. But depending on how much domestic pressure builds, there may be room for signatories to renegotiate."

"**The final lesson for Washington comes from the political awakening that is happening in some African countries that are experiencing youth-led uprisings, driven by calls for better governance and accountability**. Governments are struggling to respond to their demands, **creating domestic pressure that also affects international partnerships…."**

EPIC Health Systems – From pledges to budgets: co-financing, control and the conditions for a sovereign health transition under the US bilateral health agreements in Africa

https://epichealthsystems.org/systems-and-sovereignty/from-pledges-to-budgets-us-africa-health-agreements/

"The commitments, budgetary demands and institutional conditions of the bilateral health agreements between the United States and 25 African governments."

"… The transition can strengthen national control over health financing, but **only if the pledges are written into medium-term budgets and executed, health workers are absorbed on terms agreed in advance, financing for medicines is protected, community services are contracted, and African governments coordinate their positions on specimen and data terms.** The United States can support a durable transition by disbursing on schedule and by publishing what it pays against each agreement."

Guardian - 'Orwellian': HIV scientist's ordeal lays bare Trump officials' interference in grant-making

https://www.theguardian.com/us-news/2026/nov/16/hiv-scientist-nih-grant-making-process

"Researchers forced to scrap original studies as NIH rethinks grants not in 'alignment' with administration's priorities."

And a few links via Stat:

- "**Democrats settle on a message: 'Medicare for More':** It doesn't have quite the same ring to it as "Medicare for All." But **coming out of a retreat, House Dems have coalesced around a top health policy priority — bringing government-run health care to more Americans by allowing people to access Medicare earlier in their lives**. A related proposal, **'Medikids**,' would provide coverage from birth to 26 years old…."

- **Stat – With Stephen Miller as chief of staff, Kennedy's MAHA agenda is reinvigorated**

"Kennedy and top aides are feeling reinvigorated by Miller's vision, despite midterm losses."

Impact aid cuts

Devex – Adult HIV treatment programs recovering following funding cuts

https://www.devex.com/news/adult-hiv-treatment-programs-recovering-following-funding-cuts-113901

"**Adult HIV treatment and prevention services show some recovery** following last year's U.S. funding cuts, **according to new report from the Clinton Health Access Initiative**. But it's not all good news, as **services for children continue to show steep declines."**

"The latest data from the Clinton Health Access Initiative shows that the **number of adults receiving HIV treatment across nine countries** was actually **3% higher in the second quarter of 2026** than during the same period in 2024. … But: "Across at least eight countries, the number of adults tested for HIV was down 17% over the same period. And perhaps most worryingly, **the number of children receiving HIV treatment fell by a staggering 20%."**

- See the full report CHAI – The 2026 HIV Market Report: The state of the HIV market in low- and middle-income countries

PHC & UHC

Lancet Primary Care – October issue

https://www.thelancet.com/issue/S3050-5143(26)X2010-6

- Editorial: **Midwifery and maternal health**

"… With their core role based around person-centred care, providing support, education, and continuity of care for women and birthing parents during their pregnancy journey, as well as essential care for newborns and general sexual and reproductive health care, **midwives are a key part of the primary care workforce… … as of 2021, there was an estimated global shortage of midwives of 900 000** due to chronic underfunding, investment, and lack of professional recognition."

"… However, **on Sept 24, 2026, the Governments of Bangladesh and Sweden, in partnership with the UN Population Fund, re-affirmed their commitments to strengthen midwifery as a core element of primary health care in their countries**, with Bangladesh committing to the creation of more than 25 000 new midwife positions across its primary care system and Sweden committing to advancing sexual and reproductive health and rights. **These two countries are part of the Midwife Accelerator initiative, which was launched in 2025, has more than 50 member countries**, and **offers policy makers and governments a centralised and evidence-driven approach to aid in transitioning to midwifery models of care, aiming to improve outcomes for women, birthing parents, and newborns globally…."**

"… **additional measures may be needed in addition to bolstering accessibly and training of midwives in settings such as this. … …** One such recently announced effort comes in the form of a **new digital platform, the Maternal Health Multiplier, to be launched in Nigeria**. The AI-supported platform aims to connect pregnant women and people with staff and facilities; be a low-cost and reliable model to improve connectivity between facilities; and provide tools for frontline workers, access to digital health tools for pregnant people, and decision-support guidance to aid health-care professionals in assessing and identifying signs of poor pregnancy health. …"

"**Midwives are essential to support continued improvement of maternal and neonatal outcomes globally towards SDG 3·1. Governments must support midwifery as a key component of primary health care and universal health coverage** through investment in education and training programmes, and the continued development of accessible, low-cost technologies and communication solutions will be essential to ensure that midwives are not being left behind, that they are able to adequately support their patients, and that they can provide cross-specialism coordination and continuity of care throughout their patients' journeys."

The least counted: Data poverty and the unseen gaps of Universal Health Coverage

E Drugha; https://www.linkedin.com/pulse/least-counted-data-poverty-unseen-gaps-universal-health-druga-phd-fjshe/
Re "**… a longer-standing puzzle at the heart of UHC monitoring. Countries and groups with the least coverage are often the ones with the least data:** in low-income countries, a cause is documented for only 8% of reported deaths (**WHO, 2024**). Household surveys that measure coverage and financial hardship are expensive, irregular, and, in many countries, donor-funded. In other words, **the people most left out of UHC are also the least counted."**

"… **In this essay, I argue that UHC monitoring is caught in a *data poverty trap*: places and people with the greatest coverage gaps are least measured, so their gaps remain least visible, least funded and least addressed.** The term is deliberate: data deprivation, as the World Bank uses it, names a deficit to be closed by target dates (**Serajuddin et al., 2015**), whereas **a trap reproduces itself through the mechanisms traced below:** *donor-dependent data*, which makes measurement in poor countries an optional add-on financed from abroad; *averages that hide*, which let national and modelled figures stand in for the people they miss; and *the politics of numbers*, in which what gets counted reflects who gains or loses from being seen. **I then draw implications for the 2027 High-Level Meeting and beyond…."**

"… If UHC monitoring is caught in a data poverty trap, the 2027 High-Level Meeting can address it with a commitment that is modest in cost but significant in effect: **to treat data as part of UHC financing**. Three implications follow…."

NCDs

HPW - Spain Champions Call for Action Against Obesity

https://healthpolicy-watch.news/spain-champions-call-for-action-against-obesity/

"**The Spanish government and 20 other countries have committed to reducing their national obesity rates by 5% by 2030** as part of a **global call to action against obesity launched on Tuesday with the World Health Organisation and UNICEF.**

"More than one billion people now live with obesity, and there are now more school-age children with obesity than children who are underweight," said **WHO Director-General Dr Tedros Adhanom Ghebreyesus at a media briefing** on Tuesday…."

"… "The call to action asks countries to respond with that same urgency. **It commits countries to one strategy with three tiers**. The first tier is prevention for the whole population, including taxes on sugary drinks, clear food labels, limits on marketing unhealthy food to children, and healthy food in schools. "The second tier is early action for people at higher risk before risk becomes disease, and the third tier is care for everyone living with obesity, including access to effective treatment without stigma."

PS: "**Spain has brought together 18 government ministers to implement its national plan to reduce childhood obesity**, she said…."

- For the full call, see **Global Call for Action on Obesity – Bending the curve by 2030**
- See also **Dev Discourse** - Madrid Obesity Call Seeks Healthier Schools, Earlier Support and Better Access to Care

" **Spain and 20 other countries have joined WHO and UNICEF in launching a global commitment to strengthen obesity prevention, early intervention and care.** The participating governments have **pledged to reduce national obesity prevalence by 5 per cent by 2030**, responding to a condition affecting more than one billion people. … **The initiative, titled "Bending the curve by 2030," asks governments to combine population-wide prevention with earlier support for people at higher risk and effective, affordable treatment for those living with obesity."**

WHO - Countries expand cervical cancer screening and treatment, bringing elimination closer

https://www.who.int/news/item/17-11-2026-countries-expand-cervical-cancer-screening-and-treatment--bringing-elimination-closer

"Three in five women aged 30–49 have never been screened for cervical cancer, according to new WHO estimates. Access to human papillomavirus (HPV) testing is particularly unequal. **Only 2% of women in low- and middle-income countries were screened using HPV testing in the preceding five years, compared with 32% in high-income countries**."

"**On World Cervical Cancer Elimination Day**, the World Health Organization (WHO) is urging countries to bring screening closer to women who have never been reached and ensure those with screen positive tests receive timely treatment…."

"Across the world, countries are introducing new policies, expanding services and strengthening health systems to accelerate progress towards cervical cancer elimination…"

HPW - WHO Issues First Guidelines on Type 1 Diabetes for Adults, Including in Humanitarian Settings

https://healthpolicy-watch.news/first-type-1-diabetes-guidelines-as-burden-rises/

*"The guidelines publication coincided with **World Diabetes Day**, where the World Health Organization (WHO) aims to support countries in tackling the growing inequities in diabetes care."*

Plos GPH - The missing frontline: Integrating emergency care into global non-communicable disease strategy

Thamanna Nishath et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007557

"**Emergency Department (ED) triage boards, once dominated by acute presentations, now reflect the global epidemiological transition toward chronic, non-communicable diseases (NCDs). This shift is unfolding in real time across the world, yet emergency care remains structurally absent from the global NCD discourse.** Since the first United Nations High-Level Meeting on NCDs in 2011, emergency care has remained largely absent from the policy frameworks emerging from all four High-Level Meetings, including the most recent meeting in September 2025."

"This exclusion misaligns global NCD policy with the realities of care delivery. It ignores a principal interface between patients and health systems and forfeits opportunities to improve equity, early diagnosis, and continuity of care. **We argue for explicit integration of emergency care into global and national NCD strategies as a platform for detection, risk stratification, and linkage to longitudinal care through a proposed framework**. We **illustrate this policy-practice gap through the co-occurrence of sickle cell disease (SCD) and asthma…."**

More on Planetary Health

WHO (Report) - 2025 WHO health and climate change global survey report

https://www.who.int/publications/i/item/9789240126466

"The 2025 WHO Health and Climate Change Global Survey report provides a global assessment of country-level progress in addressing the health impacts of climate change and developing climate-resilient and low-carbon health systems. Drawing on responses from 146 countries, this edition expands the scope of previous surveys and **establishes a baseline for monitoring the WHO Global Action Plan on Climate Change and Health and the climate-related outcomes of WHO's Fourteenth General Programme of Work."**

"**The findings indicate that national governance structures, vulnerability and adaptation assessments, and climate and health planning have expanded, but implementation remains limited**. More than 90% of countries have designated climate and health focal points, while over half have national strategies or health adaptation plans. However, insufficient financing, limited workforce capacity and inadequate monitoring continue to constrain progress. **The transition towards low-carbon and sustainable health systems remains at an early stage, with persistent**

inequalities affecting lower-income countries. The report highlights the need to strengthen implementation, expand access to financing and build health system resilience."

NYT - Carbon Emissions of Biggest U.S. Data Centers Already Rival Entire Countries, Study Reveals

https://www.nytimes.com/interactive/2026/11/16/climate/ai-data-center-pollution-carbon-emissions.html?unlocked_article_code=1.Q1E.1iwl.0AQ4vYRUF6iB&smid=url-share

"**The largest data centers in the United States are responsible for an estimated 25.7 million metric tons of carbon dioxide emissions annually — almost as much as entire countries like Bolivia or Denmark — according to new research. …** The study, published Monday in the journal **Nature Sustainability**, delivers the **first peer-reviewed estimates of carbon dioxide emissions from the country's biggest data centers since the start of the artificial intelligence boom**. Its authors, **a team led by researchers from Harvard Universit**y, examined the electricity consumption and carbon emissions of 403 data centers from May 2024 to April 2025…."

PS: and most likely, they are underestimates…

HPW - Delegates Clash Over Hazardous Pesticide Metrics at UN Chemicals Summit

https://healthpolicy-watch.news/un-chemicals-pesticide-health/

*"**African nations and health advocates clashed with agrochemical manufacturers** at the **opening of the UN Global Framework on Chemicals conference in Geneva on Monda**y over **whether pesticide phase-outs will be strictly measured or left to voluntary pledges.** Meanwhile, medical networks urged negotiators to place human health – and toxic-free healthcare supply chains – at the centre of global chemical management."*

Development Today – Six weeks from deadline, TFFF forest fund is short USD 3 billion

D A Usher; https://www.development-today.com/archive/2026/dt-7--2026/tfff-forest-fund-is-short-usd-3-billion-6-weeks-until-oslos-deadline

(gated) *"Norway stands firm on the condition for releasing its 20 per cent contribution to the **Tropical Forest Forever Facility**, stipulating that other countries' contibutions must reach USD 8 billion by the end of this year. The new finance model for TFFF has not yet been made public. "*

Nature Africa – Africa has months of El Niño warning. Are health systems ready?

https://www.nature.com/articles/d44148-026-00370-y

"Forecasters gave authorities months to prepare for heavier rains in parts of Africa and drought in others. As COP31 meets in Turkey, funding gaps are making it harder to turn those warnings into protection for clinics and communities."

Ecological Economics - Sustainable Development Index 2.0: An equity-based approach

J Hickel et al; https://www.sciencedirect.com/science/article/pii/S0921800926003605

" In this paper we assess the limitations of the PHDI (UNDP's planetary pressures-adjusted Human Development Index) and advance a **new Sustainable Development Index (SDI)** that resolves remaining problems in the literature…"

Among the findings: "… We **find that no country is sustainably developed, but as of 2023 the best-performing nations were Croatia, Costa Rica and Uruguay**, depending on the specification: countries that achieve relatively strong human development with minimal ecological overshoot."

SRHR & Women's Health

New international partnership invites global partners to join forces and unlock new financing for sexual and reproductive health and rights

https://www.regjeringen.no/en/whats-new/new-international-partnership-invites-global-partners-to-join-forces-and-unlock-new-financing-for-sexual-and-reproductive-health-and-rights/id3193002/

"At a time of growing opposition against gender equality, proposed global health reforms and of shrinking global funding, **Denmark, Finland, Iceland, Norway, Sweden, and South Africa are launching a new long-term partnership to support sexual and reproductive health and rights (SRHR), mobilise additional resources and build a more sustainable global financing ecosystem**. With an **ambition to grow into a broad international alliance**, the partnership invites governments, intergovernmental organisations, philanthropic organizations, development finance institutions, civil society, and private-sector actors to join forces. … …. **The partnership is being launched at the Copenhagen Summit, a high-level meeting hosted by the Danish government and the Nordic Council of Ministers on 16-17 November 2026** to mobilize international support for gender equality and the rights of women and girls…"

"… **The Nordic governments as well as the government of South Africa will work with philanthropic, civil society and private sector partners, including the Gates Foundation, the Children's Investment Fund Foundation (CIFF),** and Laerdal Global Health**. South Africa, as Chair of the Global Leaders Network for Women's, Children's, and Adolescents' Health (GLN**), **will work with member countries and partners to advocate for the explicit inclusion of sexual and reproductive health and rights (SRHR) within global health architecture reforms, promote the prioritisation of SRHR in domestic budgets, and engage philanthropic partners to mobilise additional financing for women's, children's, and adolescents' health and SRHR….**

PS: "**The Gates Foundation and CIFF have committed to investing more than $1,9 USD billion for SRHR over the next 5 years**. …"

"… **The partnership's first milestone is 2030, when the Sustainable Development Goals reach their current endpoint. Partners will take stock of progress and impact, identify remaining needs and opportunities for further financing, and agree on the next phase of their cooperation**, recognising

that sustained investment in sexual and reproductive health and rights is a prerequisite for reaching the Sustainable Development Goals. ….”

PS: “The **partnership builds on equal partnerships, not donor-recipient framing…”**

Guardian - One in four women globally unable to refuse sex within marriage, says UN

https://www.theguardian.com/global-development/2026/nov/19/women-girls-rights-rape-sexual-violence-africa-marriage-unfpa

“Almost half of women in west and central Africa cannot withhold consent, with girls worst affected, UNFPA finds.”

“**In west and central Africa**, almost half of women (45%) are not able to say no in their own marriage, while a third of women (33%) **in east and southern Africa and in Arab states** face the same predicament. **In Latin America and the Caribbean**, one in 10 women are not able to refuse sex, said the **report by the UN Population Fund (UNFPA)** published on Thursday.”

“**Younger women and girls aged 15 to 19 had even less power to say no**, compared with older women aged 45 to 49, according to analysis in the report of eight countries with comparable data… **The findings align with research showing adolescent girls endure very high rates of intimate partner violence….”**

WHO - Evidence mounts that exposure to hormone-disrupting chemicals starts before birth: UNEP–WHO report

https://www.who.int/news/item/17-11-2026-evidence-mounts-that-exposure-to-hormone-disrupting-chemicals-starts-before-birth--unep-who-report

“**Exposure to endocrine-disrupting chemicals (EDCs), can begin before birth leading to a broader range of human and environmental health effects than previously understood**, according to a **new report released** today **by the United Nations Environment Programme (UNEP) and the World Health Organization (WHO).”**

“… **The State of the Science on Endocrine-Disrupting Chemicals 2026 report**, is the first major global update since the 2012 UNEP-WHO assessment; it finds that more than a decade of research has strengthened and broadened the evidence linking these chemicals with harm to people and wildlife….”

- See also HPW – **Toxic Pollutants Threaten Reproductive Health But Ideological Rift Stalls Gender Action Plan at UN Chemicals Summit**

*“**Toxic chemicals cross the human placenta to drive irreversible reproductive and developmental harm, a landmark WHO and UNEP assessment presented at Geneva’s inaugural Global Framework on Chemicals conference warns.** Meanwhile, **conservative delegations halted a plan** to track gender-differentiated exposures and protect female-dominated workforces.”*

"**Routine contact with synthetic pollutants is driving widespread reproductive and metabolic disorders across the globe**, the first major UN scientific assessment **of endocrine-disrupting chemicals** in over a decade warns. Synthesising ten years of clinical and toxicological research, the joint report by the World Health Organization (WHO) and the UN Environment Programme (UNEP) was presented on Tuesday…." "Scientists reviewed evidence on hundreds of manufactured compounds found in everyday consumer goods, packaging, and industrial plastics. **The findings reveal that daily exposure to these substances now imposes global health-related costs exceeding $1.1 trillion every single year."**

"**Mounting clinical evidence links these chemicals directly to falling fertility rates, impaired brain development, and rising rates of reproductive disorders like endometriosis**. Researchers also identified **direct biological associations with thyroid malfunction, childhood obesity, metabolic liver disease, and hormone-sensitive cancers…."**

PS: "…**Negotiators met on Tuesday to debate a dedicated Gender Action Plan designed to track differentiated toxic exposures and protect high-risk workers**. The three-year strategy urges governments to collect sex-disaggregated health data and eliminate hazardous chemical exposures in female-dominated sectors such as the textile and healthcare industries. It also seeks to promote equal representation for women in national chemicals management and international environmental decision-making…. "… **Conservative bloc challenges gender mandate:** However, the proposal triggered immediate ideological resistance from major powers questioning whether the framework should address gender at all. **Led by Washington, opposing delegations argued that UN environmental bodies must restrict their mandates to basic biological definitions. The US delegates reiterated a sweeping stance to eliminate gender terminology across international environmental agreements. Washington demanded replacing gender references with binary biological sex categories, refusing to join consensus on the proposed gender action plan.** "It is the current policy of the United States to remove gender language from United Nations documents," the American delegate stated, urging the conference to drop the plan. **Argentina, Russia, and Saudi Arabia joined Washington to form a unified blockade, attacking the plan's ideology, expanded scope, and administrative burdens**. By withholding consensus and rejecting a formal contact group, the coalition stalled the decision and forced informal talks behind closed doors…."

Guardian – El Niño will increase risk of death in childbirth for millions, say midwives

https://www.theguardian.com/global-development/2026/nov/13/el-nino-death-in-childbirth-millions-midwives-cop31-extreme-weather-maternal-newborn-death-rates

"**Effects of extreme weather expected in countries that already have high maternal and newborn death rates."**

"**About 15 million babies are due to be born in November and December in countries rated as high risk for El Niño – that represents two in every three births worldwide**. They include **Nigeria, Chad, Central African Republic, South Sudan, Somalia and Afghanistan,** which **already have some of the world's highest maternal and newborn death rates. …"**

"… …. "If you're female, pregnant, socially deprived and in a climate catastrophe zone, the odds are stacked against you before you even conceive," said **Anna af Ugglas, chief executive of the**

International Confederation of Midwives (ICM) today. “El Niño is coming on top of other health risks – and for many this will become the difference between life and death.”…”

TGH – Learning from History's Mistakes on Contraception

S de Silva (former director of the U.S. Agency of International Development’s Office of Population and Reproductive Health) ; https://www.thinkglobalhealth.org/article/learning-from-historys-mistakes-on-contraception

“As new funders emerge after USAID's dismantling, family planning should maintain comprehensive programming over metrics alone.” Some excerpts:

“**After donors including France, Germany, the United Kingdom, and the United States cut foreign aid for health by an estimated 5% between 2025 and 2026, family planning services worldwide were upended.** The loss of support from the United States, the largest donor to the sector, primarily drove the disruption. **Now, private philanthropic donors are attempting to fill financing gaps, emphasizing how family planning generates economic returns for individuals and societies. These include both established foundations and new entrants to the global health financing space.** However, as private actors take on agenda-setting roles in the domain of sexual and reproductive health, **advocates have expressed concern about their focus on achieving output metrics over supporting comprehensive programming that expands rights and choice**….”

“**History demonstrates that focusing on uptake of contraception alone—instead of expanding rights-based access to care—may lead to coercive practices,** such as pressuring people to accept contraceptive methods, like intrauterine devices (IUDs), implants, or injections. **New funders in the family planning sector should broaden their vision of family planning program outcomes beyond use or nonuse of contraception, and toward more comprehensive measures that better capture individual needs and preferences….”**

“…**The tension between preserving individual rights and choice while pursuing uptake of contraceptives has a long history.** Research has found that programs that focus exclusively on the uptake of contraception as a metric of success raise the risk of human rights violations, including coercive use of contraception to meet targets….”

“…**Amid shifts in the funding landscape for family planning, sexual and reproductive health advocates looking to persuade policymakers and donors to support their efforts are coalescing around messaging about family planning as an economic growth strategy**. For example, **FP2030—a global partnership focused exclusively on family planning—**is sponsoring a campaign with the tagline "Made Possible by Family Planning," which emphasizes how access to contraception generates economic returns to individuals and societies. **The Gates Foundation** has also commissioned economic modeling that posits a $59 return for every $1 invested in scaling family planning efforts. **GiveWell**, a relatively new funder of family planning programs, uses a cost-effectiveness model that includes women's increased contribution to household earnings as one benefit of family planning. **The economic benefits of family planning are also resonating among governments. In Africa, national policymakers are especially focused on harnessing the "demographic dividend"**—increased economic growth rates that can accrue once population growth slows. **The argument that family planning generates social and economic returns is neither new nor necessarily negative. But leading with this rationale instead of the fundamental right of individuals to determine the number, timing, and spacing of their children carries inherent risks**.

When family planning programs are linked to macro-level policy concerns instead of meeting individual needs, truly voluntary participation may be threatened…."

"Success Metrics Should Focus on Preserving Rights and Choice: … Governments in low- and middle-income countries (LMICs) play a critical role in ensuring that family planning programs respect rights and choice. To date, 45 governments have made policy and resource pledges that align with rights-based principles as part of the FP2030 global initiative. Private philanthropies and high-net-worth individuals—now even more influential in the sector—should consider the lessons of the past as they design cost-effective new models for the future…."

HPW - Somalia Votes Against UN Resolution on Violence Against Women, US and Russia Abstain

https://healthpolicy-watch.news/somalia-votes-against-un-resolution-on-violence-against-women/

(18/11) "**Somalia was the lone country voting against a United Nations (UN) resolution on "intensifying efforts to prevent and eliminate violence against women and girls" on Tuesday, while the United States and Russia were among the six countries that abstained."**

"**The resolution** urges member states to "**take comprehensive and gender-responsive measures" to prevent and eliminate all forms of "violence, intimidation and attacks" against all women and girls**, and to address risk factors by implementing legislation and policies. **Its definition of violence extends to online and digital technologies,** and urges countries to adopt laws and policies to protect women and girls from defamation and hate speech in online spaces…."

Human Resources for Health

WHO Global Code of Practice on the International Recruitment of Health Personnel, 2nd ed.

https://iris.who.int/items/d96ce4e2-68d2-42b5-8dbb-ed553f461f74

"…. Following the third review in 2026, which reaffirmed the Code's growing relevance amid increasing international recruitment of health personnel, the Seventy-ninth World Health Assembly adopted amendments through resolution WHA79.12. **This second edition incorporates five new provisions (Articles 2.4, 2.5, 5.8, 10.4 and 10.5), extending the Code's scope to health personnel employed as care workers and clarifying its applicability during health emergencies and other crises. The amendments also encourage mutually beneficial partnerships and targeted co-investments between source and destination countries, measures to mitigate health workforce losses during crises, and investments in health worker education, employment and retention."**

Via LinkedIn: "…The **second edition of the Code places stronger emphasis on co-investment and proportional benefits,** reinforcing the importance of ensuring that international health worker mobility contributes to stronger and more sustainable health systems…."

- See also WHO : WHO publishes second edition of the Global Code of Practice on the International Recruitment of Health Personnel (departmental news)

Digital health, AI, Problematic Internet Use

As AI safety concerns grow, international health leaders convene at HealthAI Global Governance Forum

https://natlawreview.com/press-releases/ai-safety-concerns-grow-international-health-leaders-convene-healthai-global

"Experts meet in London to explore how responsible AI principles can be translated into practical approaches to regulation, oversight and accountability."

"**HealthAI - The Global Agency for Responsible AI in Health**, welcomes policymakers, regulators, patient and community representatives and health leaders from around the world to **its annual HealthAI Global Governance Forum (GGF 2026) in London**. Themed **Scaling Responsible AI in Health: From Trust to Implementation**, GGF 2026 will focus on turning shared governance principles into action to support the safe, effective and equitable adoption of AI in healthcare…."

Guardian - Datacentres to create 70% more carbon emissions by 2030, IEA report warns

https://www.theguardian.com/world/2026/nov/19/datacentres-to-create-70-more-carbon-emissions-by-2030-iea-report-warns

"**Global energy watchdog forecasts huge rise** as US and China turn to fossil fuels to power AI growth agendas."

"The **International Energy Agency (IEA)** warned that datacentres will consume twice as much electricity by 2030 compared with today, with the global expansion of artificial intelligence accounting for three-quarters of this growth…."

"**Datacentre developers have emerged as the world's biggest corporate buyers of renewable energy to help fuel their servers** which have a connection to local power grids. Despite this**, the report showed that the appetite for fossil fuels is expected to grow even faster, particularly in the US and China…."**

JICSP - Digital health discourses in global health: Varieties of techno-optimist depoliticisation

T Z Sen et al ; Journal of International and Comparative Social Policy ;

« **Digitalisation in health introduces new actors, risks, and challenges into health governance**. Global health institutions such as World Bank, World Health Organisation, and the now-disbanded

US Agency for International Development play a central role in shaping how governments navigate this evolving technical terrain. **This paper examines digital health discourses of these organisations in the early 2020s, asking why, how, and by whom digital health is promoted**. Using Political Discourse Analysis, **we study three flagship documents**, selected from 72. **Our analysis shows that these organisations engage in depoliticisation, portraying digital health as an inevitable wave that governments must adopt rapidly and extensively**. This **techno-optimist framing** overlooks government capacity gaps concerning the complexity of strategic adoption and asymmetric power relations with technology providers, and the absence of political engagement with risks and challenges. **These discourses foster a depoliticised vision of digital health, overlooking the political mechanisms for digitalisation to benefit the public.** »

Lancet Psychiatry Commission – Problematic Internet Usage

https://www.thelancet.com/commissions-do/problematic-internet-usage?dgcid=twitter_organic_globalhealth_lanpsyinternet26_green_lanpsy

"**Problematic usage of the internet, including digital devices and social media, is now acknowledged as a public health problem**. Some action is being taken, by governments and by affected individuals acting through the courts, but there is no comprehensive, global approach. **This Commission**, comprising an international, multidisciplinary group of authors, informed by an advisory group including people with lived experience of being negatively affected by this problem, **provides a thorough overview of the evidence for the scale of the problem and interventions to address it**. Its **key message** is based on the precautionary principle: **PUI raises threats of harm to human health, so precautionary measures should be taken now**, in parallel with more research into cause-and-effect relationships."

Conflict/War & Health

Guardian - Cases of children being denied aid in war zones are soaring, analysis finds

https://www.theguardian.com/global-development/2026/nov/18/aid-denial-humanitarian-children-save-the-children-un

"New assessment shows large increase in cases where access to humanitarian help is deliberately restricted in conflict zones, with most incidents in Palestine."

"The "**weaponisation" of aid is becoming normalised, with new analysis revealing that deliberate holding back of humanitarian help to children in conflict zones has increased 16-fold in the past decade.** The assessment of UN-verified incidents corroborates concerns that denying vital aid is becoming a common tactic of modern warfare…. Cases where children were denied access to humanitarian aid was proven to have increased from 509 in 2015 to 8,322 last year, according to an **analysis by Save the Children."**

"… The data analysis estimates that **more than a fifth of all violations against children in conflict recorded by the UN now involve the denial of aid – up from 2% a decade ago**."

"… A **record 589 million children – almost one in four worldwide – are living in conflict zones**, the highest number since 1990 when data was first collated…."

Access to Medicines, vaccines & other health technologies

Keytruda was built on public science. Why does Merck own the rewards?

D Franco; https://breakthroughnews.org/2026/11/13/keytruda-was-built-on-public-science-why-does-merck-own-the-rewards/

Must-read analysis. "**The world's top-selling cancer drug is a scientific triumph. It is also a warning about what happens when publicly funded knowledge is turned into a private monopoly."**

"**Keytruda is often presented as the ultimate success story of modern pharmaceutical innovation**. And in one sense, that is true. Few medicines have transformed oncology as profoundly as pembrolizumab. It has extended survival in melanoma, lung cancer, and many other malignancies, and it has helped turn immune checkpoint inhibition from a scientific hypothesis into a clinical reality. For many patients, it has meant years of life that previously had few options at all. **But that is only one part of the story. The other part is far less comfortable. Keytruda is not just a breakthrough drug. It is also a striking example of how the contemporary pharmaceutical system works: publicly funded science lays the foundation, private firms take control of the resulting assets, monopoly rights determine pricing, and health systems are then forced to pay extraordinary sums to access medicines they helped make possible in the first place."**

"This is what makes Keytruda so politically important. It is not merely a story about scientific success. **It is a story about ownership, public subsidy, corporate strategy, and the growing gap between biomedical progress and equitable access**. In that sense, **Keytruda is not an exception. It is one of the clearest illustrations of the current system's structural logic…."** " That is **why Keytruda should be remembered not only as a triumph of immuno-oncology. It should also be understood as a case study in the contradictions of pharmaceutical capitalism. …** The lesson is not that we need less innovation. The lesson is that we need a different system for governing it. **The real measure of a medical breakthrough is not only whether it can be invented, patented, and sold at scale. It is whether we can make it available, sustainably and fairly, to all who need it…."**

Enter a **Public Pharma approach.**

FT (Op-ed) – We need to test drugs on newborns despite the risks

Manica Balasegaram (*executive director of the **Global Antibiotic Research & Development Partnership) ;*** FT;

"Very few medicines are developed with young infants in mind, and this can have devastating consequences." Some excerpts:

"**Should we be testing more drugs on newborn babies? As reckless as this may sound, not carrying out clinical trials involving very young infants could be putting them at greater risk**. The fact that

they are such a vulnerable population is one reason why newborns are usually excluded from pivotal clinical trials. Yet, paradoxically, it is their vulnerability that makes them among those most in need of the protection that drugs can provide. Without it, doctors are less able to treat them properly…."

"**Currently, very few medicines are developed with children or newborns in mind, including those most essential to modern medicine, such as antibiotics. Of the 40 new antibiotics approved between 2000 and 2022, only four had been tested and approved for newborns. With drug resistance rising, even these are beginning to fail**. Too often, clinicians are forced to prescribe antibiotics "off-label", making critical decisions about treatment with far less evidence about the appropriate dose, duration and route of administration for newborns than they would have for adults. This can have devastating consequences. Newborns are not simply small adults. Their bodies process drugs differently because their kidneys, livers and brains are still developing, and they can metabolise drugs at rates that vary and differ from adults. Getting the dose wrong can be fatal…."

"**The problem goes beyond a lack of clinical evidence. Even when antibiotics come with guidance for newborns, access to them can be limited. This is an issue that affects all countries, but particularly less developed ones.** Clinicians can often face two challenges at once: too few antibiotics designed and studied for newborns, and too little access to those that are."

"**For drug-resistant infections, this can be particularly dangerous**. Newborns have immature immune systems that make them highly susceptible to serious bacterial infections and sepsis. **Their condition can deteriorate extremely quickly, leaving doctors very little room for error, especially if the infection is drug resistant. This explains why children under five account for one-fifth of deaths associated with antimicrobial resistance. Newborns make up about half of these deaths — about 560,000 each year."**

"**To solve this, we need to not only start having newborns in more clinical trials but also include those who are the most vulnerable** — babies born preterm, with low birth weight, comorbidities or who are seriously sick. … … … **The NeoSep1 trial is one example. Sponsored by the Global Antibiotic Research & Development Partnership, it aims to enrol more than 3,000 newborns across nine countries to determine which regimens are safest and most effective for treating drug-resistant infections in newborns with sepsis…."**

MSF – Children with tuberculosis need a shorter treatment regimen rolled out now

https://www.msf.org/children-tuberculosis-need-shorter-treatment-regimen-rolled-out-now?utm_campaign=17112026&utm_medium=social&utm_source=bluesky

(17 Nov) "**Governments, donors, and global health partners must implement the World Health Organization-recommended four-month treatment regimen for children with tuberculosis**. An MSF study demonstrates the effectiveness of this shorter regimen, as well as its reduced burden of care on children, their families, and health systems."

"Médecins Sans Frontières (MSF) released the outcomes from a study conducted in Uganda and the Philippines at the Union World Conference on Lung Health in Rio de Janeiro, Brazil. The results show that the World Health Organization (WHO)-recommended four-month treatment for children with non-severe tuberculosis (TB) can be successfully rolled out in routine general healthcare settings…."

Devex Pro - The blood, sweat, and stress of pharma manufacturing in Africa

https://www.devex.com/news/the-blood-sweat-and-stress-of-pharma-manufacturing-in-africa-113783

(gated) "The odds are stacked against African pharmaceutical manufacturing companies — **ranging from a lack of visibility into consumer demand to late payments and fractured regulatory systems.** But work is underway to shore up the ecosystem."

AVAC – Advancing Access to LEN for PrEP: Impact Report

AVAC Impact report

"Lessons from early LEN introduction in Kenya, Malawi & Uganda. "

Miscellaneous

Guardian – Health is wealth? Polymarket and Kalshi now host bets on measles and other US health crises

https://www.theguardian.com/world/2026/nov/14/measles-kalshi-polymarket-betting

"**Experts warn of risks of platforms hosting bets tied to US public health** – including vaccine mandates and drug trials."

Global Health Now - Widowhood, HIV, and the Law in Kenya That Could Change Everything

A Oketch; https://globalhealthnow.org/2026-11/widowhood-hiv-and-law-kenya-could-change-everything

Via GHN: "For years, researcher Jackie Odhiambo has documented a **troubling trend: Widowed women in Kenya face disproportionate and increasing HIV risks.** The health crisis stems from a human rights crisis, as widows endure a range of discriminatory cultural practices that can include sexual coercion and property loss…."

Second of a two-part series by Kenyan reporter Angeline Oketch on **widowhood as a blind spot in global health.**

Lancet Offline – A manifesto for protecting public health

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02336-6/fulltext

"**Public health institutions are being threatened by political attack**. Governments that dislike being held accountable for their public health responsibilities deploy multiple means to undermine these

institutions. **At the European Public Health Conference, held in Bilbao, Spain, last week**, Christina Pagel explained how. … " Also with quotes from Martin McKee & others.

Horton: "… If one wants to strengthen public health institutions, **I would propose three lessons: take public trust more seriously, choose better leaders, and make some friends…"**

Global health events

WHO - Governments make over 230 new pledges to prevent violence against children

https://www.who.int/news/item/17-11-2026-governments-make-over-230-new-pledges-to-prevent-violence-against-children

"**Governments are stepping up action to protect children from violence, with over 230 new pledges to be announced at the Second Global Ministerial Conference on Ending Violence Against Children in Manila, Philippines taking place on 18-19 November**, the World Health Organization (WHO) said today.

"**New pledges** include Tanzania's planned US$ 190 million investment in child protection; Nepal's pledge to halve school violence by 2030, benefiting 4.2 million children; Chile's commitment to protect more than 3.4 million children from school violence and cyberbullying; and Mexico's commitment to strengthen online protection by 2030. Burundi has also pledged to ban corporal punishment by 2028, while Côte d'Ivoire aims to reduce violence against children by 30% by 2030. "

"**The commitments, including first-time pledges from 30 countries, bring the global total to more than 630 pledges from 140 countries, since the first conference held in Bogotá, Colombia, in 2024**. The commitments mark a significant step up in global efforts to address **violence against children, which affects more than 1 billion children worldwide each year. "**

Global health governance & Governance of Health

Global Health Journal - Reforming WHO to strengthen its role in the global health architecture

Minghui Ren et al;
https://www.sciencedirect.com/science/article/pii/S2414644726000254?via%3Dihub

By Peking University authors.

Globalization & Health - Global health diplomacy as a causal mechanism: a framework linking political determinants of health to population outcomes

S Novak et al; https://link.springer.com/article/10.1186/s12992-026-01246-4

"**Political determinants of health (PDOH)** scholarship establishes that power, institutions, interests, and ideologies shape population health. It does not specify how transnational political processes translate into measurable health system outputs. **Global health diplomacy (GHD**), the process through which state and non-state actors negotiate responses to transnational health problems, is **usually treated as descriptive context rather than as a set of causal mechanisms. This paper addresses that specification gap."**

"… **The framework positions GHD as a political determinant operating through four mechanism families: access negotiation, trust and legitimacy, resource mobilisation, and institutional bridging**. … **Three conditions bound where the framework applies: armed conflict and fragility, contested multilateral authority, and abrupt financing discontinuity**. Each modifies every mechanism. We distinguish vertical trust in institutions from horizontal trust among community members, because both predict health behaviour and conflict degrades both. Every case is mapped to the mechanism it illustrates, showing which evidence supports which claim and where evidence is absent. **We then examine the reverse pathway, in which health equity operates as a determinant of political stability,** reporting the quantitative estimates alongside the limitations the sources themselves state."

"**Specifying GHD as a set of mechanisms makes diplomacy analysable as a determinant of health rather than as its backdrop."**

Development Today – Sweden's brand as global standard setter in aid is eroded by growing focus on Ukraine and national interests

https://www.development-today.com/archive/2026/dt-7--2026/sweden-peer-review

(gated) **"The OECD peer review of Swedish aid describes a donor that was once a global normative leader but is now reducing its aid and shifting focus away from the most vulnerable in favour of national interests.** Several of the OECD's recommendations, like increased focus on the poorest countries and keeping Swedish aid untied, run counter to the current government's aid policy."

IJHPM - Beyond Funding: What the United States' Withdrawal From WHO Reveals About the Fragility of Global Health Solidarity Comment on "The United States Withdrawal From the World Health Organization: Implications and Challenges"

Stephen Olaide Aremu et al ;
https://www.ijhpm.com/article_4968_a48251d4c143adf4d4b657d5d82ee0ee.pdf

« … Building on the editorial by Yazdi-Feyzabadi et al, **this commentary argues that the implications of the withdrawal extend beyond financial losses and operational disruptions to reveal deeper structural vulnerabilities within the global health system**. The decision reflects growing tensions between nationalism and international cooperation, challenging the principles that underpin effective responses to transnational health threats. While the withdrawal threatens WHO financing, pandemic preparedness, and health equity, it **also exposes long-standing concerns regarding the organization's dependence on a few major donors and the increasing influence of private philanthropy in global health decisionmaking**. It concludes that strengthening WHO requires not only restoring political commitment and sustainable financing but also advancing reforms that enhance transparency, representation, and accountability."

CSEM - Civil Society–Led Multi-Stakeholder Assessment on Implementation of the WHA Resolution on Social Participation for Universal Health Coverage, Health and Well-Being

https://csemonline.net/implementation-of-social-participation-for-health-final-results-from-a-civil-society-led-multi-stakeholder-assessment-of-implementation-of-wha77-2/

"This **report presents a civil society-led, multi-stakeholder assessment of stakeholders' views and experiences of how commitments in the 2024 World Health Assembly resolution on social participation (WHA77.2) are being translated into practice.** …"

"… **Led by the Civil Society Engagement Mechanism (CSEM) for UHC2030**, the assessment was developed **in collaboration with** the Global Health Council, the International Alliance of Patients' Organizations (IAPO), The George Institute for Global Health, Save the Children, Corporación Kimirina, Amref Health Africa, Action contre la Faim and members of the World Health Organization (WHO) Core Group on Social Participation for Health."

Global health financing

CGD (blog) – Six Steps to Scale Up Health Taxes at the Asian Development Bank

A Petri-Hidalgo, P Baker et al; https://www.cgdev.org/blog/six-steps-scale-health-taxes-asian-development-bank

"Taxes on tobacco, alcohol, and sugar-sweetened beverages can reduce harmful consumption while raising government revenue. **In our new working paper, we examine how the Asian Development Bank (ADB) has engaged with these policies**, reviewing nearly 1,200 projects approved over 15 years. **Fewer than 4 percent mention health taxes**. Where ADB has supported health-tax measures, they have generally been one component of broader public finance reforms. None of the projects had joint leadership by ADB's health and public sector management teams. Drawing on these findings, **our companion policy brief sets out six recommendations for a more deliberate approach as ADB develops its new health strategy."**

"The **potential gains are large**: the Task Force on Fiscal Policy for Health, of which CGD was secretariat, estimates that raising the prices of these products by 50 percent through excise taxes would avert 50 million premature deaths globally over 50 years and generate $2.1 trillion in revenue in low- and middle-income countries over five years."

"… **In its response to a 2025 independent evaluation of its health work, ADB committed to preparing a new Board-endorsed health strategy**, in consultation with stakeholders inside and outside the bank, and to encouraging cross-sector ownership of health results. **Our policy brief makes six recommendations for how ADB could build health taxes into that strategy…"**

UHC & PHC

WHO - The Point of Change: Uganda's story

https://extranet.who.int/uhcpartnership/story/point-change-ugandas-story

"A significant drop in external funds in 2025 drove **Uganda's Ministry of Health to optimise available resources and to catalyse a reform agenda for health services integration**. **WHO, through the UHC Partnership, provided support to build a solid technical foundation for the reform, and convened national health partners to support coordinated and aligned implementation**. This **UHC Partnership story** is part of The Point of Change series."

As a reminder, a few weeks ago the **UHC Partnership** launched **The Point of Change**, a new series of country stories on how WHO and partners bring strategic coherence around government-led reforms to strengthen health systems and advance UHC. (*The **UHC Partnership** works in over 110 countries to help partners and donors align behind government health reform processes. Supported by Belgium, Canada, the European Union, France, Germany, Ireland, Luxembourg, Japan, the United Kingdom and WHO.)*

With more stories to come.

HP&P - Implementing social health insurance scheme for universal health coverage: A multiple case study in three health districts in Benin

https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag124/9042352?searchresult=1

By Aminatou Soulemana Abdoulaye, E Paul et al.

HP&P - A fuzzy set approach to assessing catastrophic health spending: an application to data from Nigeria

John Ele-Ojo Ataguba ; https://academic.oup.com/heapol/advance-article/doi/10.1093/heapol/czag123/9065283?login=false

"**Catastrophic health spending (CHS) is conventionally assessed as a crisp set, in which a household either incurs CHS or does not**. Arguably, this does not reflect reality, particularly because households often cannot determine with certainty when they transition to financial catastrophe. **This paper argues that this transition is gradual and can be modelled as a fuzzy rather than a crisp set.** This paper develops a fuzzy set approach to assess CHS, using a fuzzy membership function and introducing novel statistics, including closeness and vulnerability to CHS."

"… At **the 10% budget share threshold, Nigeria's CHS headcount increased from 20% under the conventional approach to 42% under the fuzzy set approach, with the CHS vulnerability headcount exceeding that under the traditional approach.** Focusing solely on out-of-pocket health spending, as is traditionally done in assessing CHS, the fuzzy set approach highlights the significant burden

households face, which is often overlooked by conventional methods, and this is a pertinent issue for health financing policy…."

Health Systems & Reform - The Political Economy of Brazil's 2015 Health Financing Reform: Protecting Health Funding, Redistributing Allocation Authority

https://www.tandfonline.com/doi/full/10.1080/23288604.2026.2755012

By Alexandre Handfas.

Pandemic preparedness & response/ Global Health Security

EcoHealth - Global Mismatch in Human Exposure, Vulnerability, and Health Funding for Zoonotic Disease

E Catucci; https://link.springer.com/article/10.1007/s10393-026-01855-w?

« We produced spatially explicit estimates of human exposure to zoonotic diseases, using key anthropogenic variables known to influence this process. **Comparing those estimates with country-level vulnerability and global health funding reveals a structural mismatch, as the most exposed countries are often the most vulnerable and the least funded ones.** This imbalance underscores **critical gaps in global pandemic preparedness**…. »

« South America, for example, has a level of exposure similar to Africa's, yet it received less than one fifth of the funding per country."

PS: Importantly: "Our data cover the years before the dismantling of USAID and the US withdrawal from the WHO. They offer a baseline for the shortfall the international community will need to offset…."

LSHTM - Targeted containment best way to stop outbreaks of Nipah virus

https://www.lshtm.ac.uk/research/centres/centre-mathematical-modelling-infectious-diseases/news/500846/targeted-containment-best-way-stop-outbreaks-nipah-virus

"Analysis of historical outbreaks in India and Bangladesh found uneven spread of Nipah virus, showing targeted containment as best way to tackle outbreaks."

Cfr a paper in Plos NTDs.

Planetary health

Lancet Planetary Health (Editorial) - A consensus to stall on biodiversity

https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(26)00141-5/fulltext

"In **October this year, representatives met for the 17th Conference of the Parties to the Convention on Biological Diversity, and the results were to most a disappointment.** The **Convention** — established in 1993 and signed by almost every country in the world **— recognised more than 20 years ago that global biodiversity was in serious decline, and it was meant to provide the leading multilateral forum to solve that problem.** Unfortunately, despite the recognition that biodiversity is essential to human health and wellbeing, it remains overall in decline."

"In 2010 countries negotiated the Aichi targets to protect and restore global biodiversity over the next decade, but by 2020 most of the targets remained unmet. This failure was blamed on the vagueness of the targets, not providing ways to monitor progress, and no clear plan to finance implementation…."

"… **The frustration at COP17 has renewed criticisms that the current decision by consensus model is no longer fit for purpose. Some would like to replace the COPs, while others want to reorientate them toward implementation**. The latter argue firmly against jeopardising confidence in the only international process we have. **Suggestions to streamline UN-facilitated negotiations on the environment and bring together issues like biodiversity, climate, desertification, plastic pollution etc, seem welcome and sensible, but are they enough?..."**

"**Multilateral agreements have their place**. Cooperation is essential to solving global environmental issues. It is important, however, not to assume that poor implementation is a problem of bureaucracy. **Much like the misapprehension that clearer science communication on environmental degradation will precipitate action, there is a danger in thinking that, if we could just get the COP processes right, countries will be bolder and implement their pledges. The decisions to follow through on environmental commitments, to legislate, to allocate finance, are political and usually nationally motived ones**. There is still time to save and restore our vital natural ecosystems. **The COP process has done its part in internationally recognizing the importance of biodiversity and setting a destination, but it has stalled. Perhaps it is time that smaller coalitions of countries come together to be bolder and implement the urgent changes needed to protect nature and ourselves**."

Guardian - AI models 'weak and fallible' on climate science, UN-backed study reports

https://www.theguardian.com/environment/2026/nov/16/ai-models-fallible-denial-climate-science-unesco-cop31

"**While mostly accurate describing simple facts, models pivoted to denial and wrong answers when challenged."**

"**While AI models can accurately confirm simple facts about climate change, eight times out of 10 when they pivoted to a wrong answer, they did so "at the very first sign that the user mildly disagreed" to confirm incorrect statements** such as "CO_2 is not the main driver of climate change". The report uncovered **a strong tendency for AI models to be sycophantic**, meaning the model is more interested in pleasing the user than standing by facts – an issue identified when people turn to AI chatbots for personal advice. **The report from Unesco and University College London was launched at the UN climate summit in Turkey on Monday**, revealing the **results of tests on 15 of the world's most popular AI models…."**

Annals of Global Health (Viewpoint) - From Climate Ambition to Implementation: Positioning Health and Financing at the Center of COP31

Aminata Kilungo et al; **https://annalsofglobalhealth.org/articles/10.5334/aogh.5608**

"Climate change is already harming health, yet health remains marginal in climate finance and accountability. Less than 1% of climate finance goes to projects that explicitly aim to protect health, and in 2024 developing countries that have costed their health adaptation needs received about a third of the annual amount they report. COP30 adopted eight health indicators under the Global Goal on Adaptation and called for efforts to triple adaptation finance, but the June 2026 Bonn session ended without agreement on the indicators' technical task force or on how to reference that finance. **Ahead of COP31, we argue for three shifts: treating health as a primary adaptation outcome with a tracked share of adaptation finance; providing grant-based, directly accessible finance for ministries of health; and developing expert-led health metrics linked to finance. We set out four concrete asks."**

Covid

Science - NIH director calls for new probe of controversial COVID-19 origin paper

https://www.science.org/content/article/nih-director-calls-new-probe-controversial-covid-19-origin-paper

"Bhattacharya wants **Nature Medicine** to review whether former NIH leaders ghostwrote manuscript challenging theory an engineered virus caused pandemic."

Global Policy – Do Global Burden of Disease COVID-19 Estimates Inflate Covid Mortality Over Mortality From the Response?

D Bell, G W Brown et al ; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70263

" The **Global Burden of Disease (GBD) project has estimated 12.7 million COVID-19 deaths within an excess mortality of 15.9 million for 2020–21, figures significantly higher than other sources**. Given GBD's traditional importance for policymaking, **we assessed the approach used and its likelihood of producing valid estimates.** In doing so, analysis revealed that the GBD model assumes questionable higher-than-reported COVID-19 mortality in populations with low vaccine uptake or low compliance with non-pharmaceutical interventions (NPIs). …" **Authors conclude**: "The GBD's

approach raises questions about the reliability of its mortality estimates and the public health response, suggesting a need for a better evidence base to inform future global health reform."

Journal of International Relations & Development - The development finance regime complex and crisis response: a comparative perspective of multilateral development banks' response to COVID-19

https://link.springer.com/article/10.1057/s41268-026-00396-7

By D Ella.

Infectious diseases & NTDs

Lancet – Seasonal mass vaccination with R21/Matrix-M against malaria in The Gambia and Burkina Faso: an open-label, cluster-randomised, controlled trial

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01562-X/fulltext

- And related **Lancet Comment** - **Seasonal mass vaccination for malaria control in west Africa**.

"In this issue, Edgard D Dabira and colleagues build on these advancements in malaria prevention by testing a fundamentally different deployment concept. **Rather than restricting malaria vaccination to young children, the authors evaluated the safety and efficacy of seasonal mass vaccination (SMV) of entire communities in two diverse settings of seasonal malaria transmission**: The Gambia, with low-to-moderate transmission, and Burkina Faso, with intense transmission…"

NEJM (Review article) - Preventing Malaria Infections and Moving toward Malaria Elimination

https://www.nejm.org/doi/full/10.1056/NEJMra2508563?query=featured_secondary_home

"Resistance threatens existing preventive tools for malaria. Next-generation bed nets are now available, and biologic and genetic approaches show promise. New vaccines offer protection for young children."

And in case you missed this (from end of October):

- NEJM – Next-Generation Bed Nets to Control Malaria in Côte d'Ivoire
- NEJM editorial - Next-Generation Malaria Nets in an Escalating Arms Race

"This editorial contextualizes a trial comparing the effectiveness of three long-lasting insecticidal nets in reducing the incidence of malaria in children living in a region with high malaria transmission in Côte d'Ivoire."

Stat – Study raises doubts about combining vaccine, monoclonal antibody to protect against malaria

https://www.statnews.com/2026/11/19/malaria-monoclonal-antibody-l9ls-vaccine-r21-infant-study-mali/

"Researchers say monoclonal could still be a useful tool, but pause plans to use it in babies."

NCDs

Nature Medicine – Young people with obesity deserve better care

https://www.nature.com/articles/s41591-026-04784-x

"The evidence available to support the treatment of obesity in children and adolescents is insufficient and requires rapid improvement."

HPW – SEAHEARTS: South-East Asia's Success Rolling out Strategies to Accelerate Action on Diabetes and other NCDs

N Buddha et al ; https://healthpolicy-watch.news/seahearts-south-east-asias-success-rolling-out-strategies-to-accelerate-action-on-diabetes-and-other-ncds/

*"**The SEAHEARTS initiative in WHO's South-East Asia Region** offers an outstanding example of how we can **build health systems that address diabetes and other related conditions – worth special attention on World Diabetes Day**, as we grapple with the growing number of people worldwide living with the condition."*

Re "… **SEAHEARTS, a regional initiative launched by SEARO Member States in 2023 to accelerate the prevention and control of cardiovascular diseases and other noncommunicable diseases (NCDs). …** Three years on, SEAHEARTS has chalked up impressive successes in extending prevention policies in health systems and across sectors – **touching the lives of more than 1.75 billion people across the region in one way or another. It offers an important lesson: tackling the NCD epidemic requires governments to strengthen primary health care while acting decisively on the wider determinants of health…..**

"A **stronger focus on integrated prevention : One of SEAHEARTS' most significant contributions has been to bring together interventions that are too often pursued separately.** The initiative combines **recommendations from four WHO technical packages targeting both health systems as well as health-in-all policies approaches**. They include: HEARTS for cardiovascular disease management in primary health care; MPOWER for tobacco control; SHAKE for salt reduction; and REPLACE for eliminating industrially produced trans-fatty acids…."

Scientific reports – Global prevalence of the double burden of malnutrition among adults in 80 countries using WHO STEPs data

https://www.nature.com/articles/s41598-026-74293-x

Among the findings: "…**Regional prevalence** ranged from 40.9% in sub-Saharan Africa to 83.3% in Oceania, and rose monotonically with national income, from 37.3% in low-income to 77.6% in high-income countries…"

Social & commercial determinants of health

IJHPM - Ten Years of Insights on Monitoring the Corporate Political Activity of the Food and Beverage Industry: A Snowballing-Based Literature Review

https://www.ijhpm.com/article_4957.html

By C N H Middel et al.

- Link: Tobacco Control - Working in tobacco control: research-informed and experience-informed approaches to surviving and thriving amid industry intimidation (by E Banks et al)

Access to medicines & health technology

Lancet Regional Health Africa (Comment) - Beyond availability: stewardship-enabled access to priority antibiotics in Africa

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00173-2/fulltext

By Vindana Chibabhai et al.

FT – Makers of obesity drugs hit back at claims of negative side effects

https://www.ft.com/content/acca0ba8-913d-4a8a-8d3b-a5521ed1cfc2?syn-25a6b1a6=1

"Novo and Eli Lilly respond to concerns that their blockbuster GLP-1 medicines can lead to problems including poor nutrition."

Excerpts:

"**Pharma groups Novo and Eli Lilly have defended the wider health impact of their market-leading obesity drugs, after fresh criticism from a UK nutrition entrepreneur added to concerns over the side effects of the blockbuster treatments.** Speaking at the FT's pharma summit this week, **Tim Spector, who co-founded the Zoe nutrition app, claimed that users of the so-called GLP-1**

medicines had "terrible" gut microbiomes, "far worse than I would have expected given the benefits of the drug". "If you don't look after your diet at the same time [as taking the drugs] you are really going to be messing up your immune system," Spector said, later clarifying that he was **referring to as yet unpublished research on semaglutide users by Zoe and academic partners**…."

"… **Both (pharma) groups have acknowledged that their medicines commonly cause gastrointestinal side effects, including vomiting, nausea and constipation and — in rare cases — acute pancreatitis. However, they deny litigation in the US that alleges the treatments have caused more serious gastrointestinal injuries** and that those customers were not warned of the risks. Novo and Lilly have **said that any side effects are far outweighed by the benefits of GLP-1s**, whose potential uses now stretch from diabetes treatments to substance dependence. A study published this year found that obesity drug users were less likely to suffer from many common addictions, including to alcohol, cannabis, cocaine, nicotine and opioids. Separately, Novo and Lilly have both published results about the drugs' possible impact on slowing down biological ageing. …"

Stat – Expert warns of battleground over global access to newer GLP-1 drugs for obesity

https://www.statnews.com/pharmalot/2026/11/16/semaglutide-obesity-glp1-access-medicines-low-income-countries/

(gated) "**Economics professor Ken Shadlen argues drugmakers should ready licensing plans now."**

*"**Over the past few months, lower-cost generic versions of the blockbuster GLP-1 drug semaglutide, which is sold as Wegovy by Novo Nordisk for combating obesity, started to become available in some countries and will soon arrive in still others. Meanwhile, the pharmaceutical industry is racing to develop newer GLP-1 medicines that, to varying degrees, are forecast to be more effective, cause fewer side effects, and are easier to administer.** On one hand, these developments suggest more people than ever before may find needed help for losing weight. But there is another possibility: **Obesity medications may become the next big battleground over access to medicines in lower-income countries, according to Ken Shadlen, a London School of Economics professor who studies the politics of pharmaceutical and health regulation.** We spoke with him about the looming challenges that may soon confront drugmakers, governments, and patients. …"*

Science Politics - The Missing Voices in Global Drug Policy

P Sharma; https://sciencepolitics.org/2026/11/18/the-missing-voices-in-global-drug-policy/

"Palliative and pain specialists should have a seat at the table when determining international treaties about morphine and other controlled substances that are also medications."

Global Health Journal – Comparison of the 1st and 24th WHO essential medicines list (1977–2025): identification of "core essential drugs"

https://www.sciencedirect.com/science/article/pii/S2414644726000345

By L J Bindel et al.

Decolonize Global Health

BMJ GH - Awareness and attitudes towards decolonising global health: findings from an international survey of perioperative clinicians

R Ambulkar et al; https://gh.bmj.com/content/11/11/e024372

"**Most clinicians are unfamiliar with the term but strongly support its core principles**. Differences exist across income settings, and key priorities include education reform and equitable funding…."

Journal of Global Health - Broadening global health knowledge: epistemic pluralism through Asian philosophical traditions

B Hewage et al ; https://jogh.org/2026/jogh-16-03038

".. **This article argues that selected Asian philosophical traditions, often interpreted through the lens of orientalism, offer an under-recognised resource for rethinking global health**. Drawing selectively on Taoist, Confucian, and Buddhist traditions, we highlight how principles of relationality, adaptability, and compassion provide alternative foundations for understanding health beyond the absence of disease…"

BMJ GH - Lumumba's tooth: the unfinished restitution of power in global health

H Benzian et al; https://gh.bmj.com/content/11/11/e026315

"Belgium's return of Patrice Lumumba's only known remains shows that formal restitution can occur while former holders still control its timing, terms and meaning. Belgian Congo's celebrated colonial health system combined extensive infrastructure with profound dependence on expatriate personnel and authority. **Decolonisation can transfer institutions, responsibilities and resources without transferring the capabilities and decision-making power required to govern them. Contemporary reforms in research, localisation and technology transfer should be judged by whether authority moves with functions and resources."**

AI & health

MDPI - Toward a Clinical AI License for Independent Initial Diagnosis and Prescribing in Primary Care

https://www.mdpi.com/2673-2688/7/11/480

By Y Fuji.

JAMA Viewpoint - Beyond the Rogue Agent—Preparing Health Systems for AI Failure

Attila J. Hertelendy et al ; https://jamanetwork.com/journals/jama/article-abstract/2856704

"**Public attention to artificial intelligence (AI) has fixed on a single, dramatic question: whether increasingly autonomous systems might one day slip human control and act against us.** Congressional hearings, calls for moratoria, and debate over AI kill switches frame the technology as an existential hazard. Health care has been drawn into the same conversation understandably, given the speed of AI adoption and developers' own warnings that capability growth may be outrunning control. **For clinicians and health system leaders, however, this framing is a distraction. The question that matters at the bedside is not whether a model will become sentient and malevolent. It is more mundane and more urgent: when the AI woven into clinical operations fails, is compromised, or behaves outside its intended scope, is the health system prepared to keep caring for patients?"**

Miscellaneous

UNFPA (report) - State of the World Population Report, "Succeeding Generations: Empowering Young People to Chart the Future"

https://www.unfpa.org/swp2026

"**The State of World Population 2026 report examines the lived realities, rights struggles and aspirations of youth worldwide**. It urges global leaders to move beyond tokenistic engagement and shift from designing systems for young people to building a future with and by them."

Papers & reports

BMJ GH Supplement – Diaspora and health systems resilience in fragile settings

https://gh.bmj.com/content/11/Suppl_4

By the ReBUILD for Resilience Consortium.

Start with the **Commentary** - The role of diaspora in the resilience of health systems in fragile and shock-prone settings: moving from recognition to strengthened governance and partnerships (by S Witter et al).

WHO Bulletin – November issue

WHO Bulletin;

"In the **editorial section**, **Ahmad Reza Hosseinpoor et al.** summarize WHO's work on addressing the inequalities that affect noncommunicable disease prevention and control. **Marcelo D'Agostino et al.** discuss the implications of governments wishing to pursue digital sovereignty in public health."

IJHPM - Rethinking Population Policy: Values, Structural Constraints, and Implications for Health System Sustainability

C Rachatan, J Bump et al ; https://www.ijhpm.com/article_4964.html

« **In this paper, informed by discussions at the Prince Mahidol Award Conference (PMAC) 2026 Parallel Session (PS) 2.5, "Diverse Values and Ethics in Designing Population Policies**," we argue that **population policy should be understood as value-responsive, rather than a purely technical exercise, impacting the health and well-being of people.** Values differ across settings and are not uniform within societies. They may reflect individual or collective priorities, can come into tension with one another, and are translated differently into policy decisions. **When policies privilege some values over others, value-responsive policy-making requires recognising whose values are prioritised, whose are marginalised, and how less-represented values can be meaningfully accommodated and protected in policy design and implementation**. Drawing on policy experiences discussed during PMAC 2026 PS 2.5, **we examine these tensions through different ethical perspectives…"**

« … **These value-driven policy choices may also influence how the benefits and costs of demographic change are distributed**, with implications for health system financing, workforce, service delivery, and leadership and governance of health systems. **We examine these potential implications through the World Health Organization (WHO) Health System Building Blocks to consider how population policy choices relate to health system sustainability**. Finally, we propose an **initial conceptual framework** for future research examining how values and structural factors interact to influence public attitudes towards population policy and how policy responses may have implications for health system sustainability. »

Tweets (via X & Bluesky)

Jean Kaseya

"Every region of Africa now has a seat at the table where Africa CDC's direction is set.
This **past week, I proudly opened the inaugural meeting of the Africa CDC Governing Board. Ministers of health from every region of the continent, two per region, now sit alongside our partners to steer the agency's work. This Board makes Africa CDC more accountable to the Member States it serves.** It will guide our priorities, and we will report back on what we deliver.
To every Board member: thank you for accepting this responsibility on behalf of the continent."

Mark Suzman

"I'm pleased to **welcome Salman Ahmed to the Gates Foundation as president of our Global Policy and Advocacy (GPA) division**. For over three decades, Salman has worked to build international cooperation around some of the world's most complex challenges. His career has spanned government, multilateral institutions, academia, and public policy research, with a consistent focus on helping leaders navigate change, forge partnerships, and advance shared goals in an increasingly

complex global environment. …**Salman comes to us from RAND**, where he served as Distinguished Chair in Strategy and Diplomacy, focused on the geopolitical implications of artificial intelligence and emerging technologies. He also brings experience working with global partners and advising on national security strategy and foreign policy, including how to better support economic opportunity and prosperity across senior roles at the White House, the U.S. Mission to the United Nations (UN) and the UN."

James Love

"**IFPMA Director General David Reddy open letter to WIPO DG candidates**, states that **WHO activities** relating to intellectual property, technology transfer, licensing, and pricing **undermine innovation."**

J Rockström

"As the need to remove greenhouse gases from the atmosphere has become a hot topic at #COP31, PIK Director **Johan Rockström** urges swift action in an op-ed @Reuters: "**In the next 12 months, there is a window of opportunity to build consensus on carbon removals."**"

Katri Bertram

"**Over the past weeks, I've heard (& read) more and more stories of global health leadership integrity fails.** What are **donors and members of boards** doing? Another round of: absolutely nothing."