IHP news 908 : Paris Manifesto & CPHIA 2026 in Addis

*(**27 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,

As **COP 31** was coming to a rather disappointing end in **Antalya** - you find plenty of final analysis in this issue, including on "ways forward" in the so called 'end game' of fossil fuels (*ahum*) -, **in Paris, a manifesto against the international oligarchy was launched.** Not a moment too soon. Many of us still recall the days when 'oligarchs' were mainly situated in Jeltsin's Russia. Now oligarchs & crony capitalism are a global problem – the term **'broligarchy'** is now in vogue for the new billionaire class. The manifesto, which lays out three principles doesn't beat around the bush: "***The explosion of extreme wealth is the major social fact of our time.***" And then"… *sound(s) the alarm:* ***billionaires are a threat to our democracies.***" (*as well as the planet and much else)* The Global Health community, currently still busy reforming (*or is it tinkering*), would do well to start its "reform" from this manifesto. A few billionaires (*like in the MDG era*) are one thing, a billionaire-dominated global economy is quite another one. Social contracts are under huge pressure in numerous countries these days, as the **'implicit meritocratic bargain'** underpinning many of these contracts is increasingly proving a lie, certainly for younger generations. With the global rise of AI not exactly helping much in this respect.

As if to underline the Paris Manifesto, on Monday the world witnessed a **'Second Coming'** of sorts. The news broke as I was watching a **WHO webinar on the Ottawa Charter after 40 years,** with neat presentations and interventions from **Ilona Kickbusch** and **Olivier de Schutter** among others. De Schutter drew upon his recent "*Roadmap for Eradicating Poverty Beyond Growth : report of the Special Rapporteur on Extreme Poverty and Human Rights*", arguing that **the world urgently needs to go beyond the " three-step "grow-tax-transfer" sequence**" if we want to have a chance to tackle poverty (and inequality) in the 21st century. The Roadmap identifies a set of policy measures at domestic and multilateral levels that could reduce the dependency of the fight against poverty and inequalities on economic growth. With the COP just finished, he obviously flagged the **ecological cost** of the current growth-oriented economic system, but also what he described as the **"burnout economy**", "*a growth model that, by treating individuals as resources to be rendered maximally productive, manufactures the very conditions that undermine health, social cohesion and, ultimately, economic capacity itself*". On a related note: although not particularly known for being Ottawa Charter-minded, even **the Economist** now discerns a 'sexual recession' (based on recent Lancet research) in the "rich world", partly linked to exhaustion. (#*thejoysoflatecapitalism*)

It's clear **Ottawa Charter proponents face an even more challenging & wicked situation than 40 years ago**. One of the key battlefields on 'determinants' is the **fight for tax justice**. With the **UN Tax Convention** heading to **Nairobi** (30 Nov-10 Dec), tax discussions are entering a critical phase. Let's hope also that solidarity levies soon become a key feature of our economic system – at all levels. Anyway, just a few of the Ottawa battlefields, as Pat Benatar could have sung around the time of the Ottawa Charter :)

Over then to the **main highlight** of the global health week. On Monday, **the Fifth International Conference on Public Health in Africa** (**CPHIA 2026)** started in Addis. **Themed** "*Africa's Health Security and Sovereignty: Transformation from Health Dependency and Vulnerability to Ownership and Resilience*", **Africa CDC's flagship conference**, co-hosted by the Ethiopian government, welcomed over 30.000 participants. CPHIA 2026 is aligned with the **Africa Health Security and Sovereignty agenda** adopted by the AU Assembly, and comes **a few months before Africa CDC's tenth anniversary.** Though after all the commotion around Jean Kaseya's leadership from last week (*picked up also in the New York Times*), Kaseya probably wasn't in an anniversary mood. He seemed unfazed throughout the week, though, except perhaps in the opening plenary. Meanwhile, Africa CDC's Governing Board decided to finalise the leadership assessment by mid-December.

A CPHIA session on Monday featured the **WHO DG candidates**, with Ethiopian Health Minister Dr Mekdes Daba Feyssa asking the 7, "*What Can WHO Director-General Candidates Offer Africa?* " In related WHO DG race news, do check out **Andrew Harmer's blog on last week's Candidates' Forum in Geneva**, "*Six candidates in search of an Organisation*". Bit different from the standard fare of Forum coverage & analysis (*as you probably already gather from the title*). I nearly stayed in my seasonal dry cough. Towards the end of the blog, Harmer comes with up **his own prediction of the 'final three',** to be decided end of January. Added bonus: as he mentions himself, the DG candidates' forum also offered some **free 'job interview advice'** that could be useful for many of us in these rather
difficult times for global health. Well, only if you want to be 'fit for purpose' of course, and hoping for 'function *(+ salary*) to follow form' :)

On Tuesday, a new and worrisome **UNAIDS report,** *"Ending AIDS Starts with Access"*, was released, **ahead of World Aids day**. On a more positive note, Devex reported that **the generic form of lenacapavir has started arriving in Africa** (both via the Global Fund and the Clinton Health Access Initiative). Soon after, India's Hetero also started shipments. That's quick – but demand is huge.

Finally, on Wednesday **16 Days of Activism against Gender-Based Violence** were kicked off. Check out also today's related **Featured article** by Relindis Ma-gang Tapang on **femicide in Cameroon.** It's a grim read.

Enjoy your reading.

Kristof Decoster

Featured Article

When Murder Gets a "Reason": Femicide and the Language of Blame in Cameroon

Relindis Ma-gang Tapang

Primary school teacher Geraldine Achiah had been married for barely two months. In September, she died in Yaoundé, Cameroon. Her relatives allege that she had been beaten to death by her husband

after a marital dispute. He denies it and is currently in jail awaiting a murder trial. Achiah is one of nearly 70 women killed in Cameroon in 2026 for reasons connected to their gender, according to the Ministry of Women's Empowerment and the Family. And those are only the cases that were recorded. Femicide, the intentional killing of women and girls with a gender-related motivation, is the most extreme form of gender-based violence. Yet under Cameroonian law, it is not recognised as a separate crime from murder; therefore, no police or court register counts it.

"Take accountability too"

As the hashtag #NoToFemicide spread online after Achiah's tragic case, a Cameroonian influencer offered her followers a different message, however. It was widely reshared on Facebook by popular bloggers. In the video, she began by saying, "DEAR WOMEN, TAKE ACCOUNTABILITY TOO". Femicides, she wrote, "will continue if cheating continues", "if DNA results keep showing negative", "if women keep choosing money over character". She closed with what a man "derives his ego from": his woman, his money, his manhood. "If you are wise, you don't joke with the above." She was not alone. In September, a columnist on the news site Camer.be argued that ending femicide requires "re-educating" women. He said he didn't want to justify murder but nonetheless blamed "deviant female behaviour" that turns men into cash machines, and he dismissed "slogans imported from the West".

Taken together, these voices turn a killing into a consequence. The man who kills is reacting; the woman who died provoked him. Infidelity, money, disrespect or a paternity dispute is no defence to murder in any courtroom, yet each of these 'reasons' is offered as an explanation. Moreover, the influencers' line about women "staying in abusive relationships" gets the danger backwards. UN Women's analysis of intimate partner femicide in Kenya found that attempts to leave act as acute triggers for lethal violence.

Excuses, not reasons

These voices echo a long-standing culture of ownership. In many homes, a husband's infidelity is tolerated as something men do, while a wife's is treated as provocation. If betrayal explained killing, partners of both sexes would die in similar numbers; instead, women represent 82% of people killed by intimate partners worldwide. The psychiatrist Laure Justine Menguene traces this to a patriarchal society and a violent upbringing in which men "grow up with the idea that they are superior to women." Viviane Tathi Yende of Stop Féminicides 237, a Cameroonian organisation that tracks femicide cases, cites alcohol and drug abuse, economic stress, the clash between traditional and modern ways of life and, above all, impunity. "There is … a taboo around prosecuting the perpetrators of violence; time and time again, the preference is for an out-of-court settlement". None of these causes relates to something the woman did. And so while the excuses blame the victim; the evidence points to the men who kill and the system that lets them go unpunished.

The script repeats itself across the continent. In Kenya, women murdered in Nairobi short-stay rentals in 2024 were blamed online for chasing money or clout. In South Africa, a police minister said Karabo Mokoena's 2017 murder should "serve as an example to all our girls". At home, women often repeat it too. In her doctoral thesis on women in Bamenda Cameroon, Emmanuella Bih followed women's Facebook groups for years and found victims blamed in the comments even after they had been killed. The phrase she heard most was "na woman di kee another woman", which loosely translates to " it is a woman who kills her fellow woman". Each excuse makes the next killing easier to explain away. It decides whether neighbours step in, whether police act, and whether a woman believes anyone will help her.

A public health crisis hiding in plain sight

The increase in femicide rate is an indication of a deeper public health crisis. About 32% of women in sub-Saharan Africa have experienced intimate partner violence in their lifetime. Africa also has the world's highest rate of partner and family femicide. In Cameroon, nearly 4 in 10 women who have had a partner report violence. Yet according to a 2024 PLOS Global Public Health study, the women reaching hospital care after violence tend to be the more educated and better off, indicating that those most at risk stay out of sight until it is too late.

What must change

Cameroon promised to halve violence against women by 2026 but so far hasn't come anywhere close. A femicide bill is on its way but law alone will not undo patriarchal thinking. That requires, among others:

1. **Swift changes in the police.** One woman told Human Rights Watch that a police commissioner advised her to drop her domestic violence complaint "because it is a family matter". Officers should be trained, with specialized femicide units, as the women's minister has urged. Partner violence is a crime, too often dismissed as "a family matter" to be settled privately.
2. **Equality in family law.** The revised Family Code, stalled for over 20 years, would replace discriminatory family rules that entrench male authority at home.
3. **A national femicide register.** Police, court and mortuary records would show the true scale, for clearer evidence-based decisions.
4. **Education for equality.** Schools and communities must teach boys that women are equals, not property.

Last but not least, the conversation must change too. Accountability should belong to the men who kill and to the institutions that fail to stop them. No list of a woman's "faults" ends with her death being deserved.

Highlights of the week

Structure of Highlights

- New UNAIDS report (& other HIV updates)
- CPHIA in Addis (& other Africa CDC related updates)
- Ebola Emergency
- More on PPPR & GHS
- AMR
- COP 31: Final analysis
- WHO DG race
- Global Health Reform
- Future of development cooperation (& post-2030 brainstorm)
- Global Tax justice
- More on Global Health Governance
- More on Global Health Funding & Financing

- UHC & NCDs
- Trump 2.0, US Global Health Strategy, bilateral health agreements & impact new Democrat Congress
- More on country transitions and integration
- Run-up to HSR Cairo
- International Day for the Elimination of Violence against Women (25 November) & 16 Days of Activism against Gender-Based Violence
- More on SRHR & Women's Health
- Commercial determinants of health
- Human Resources for Health
- More on Planetary Health (/Climate & health)
- Digital health
- Conflict/War & health
- Access to medicines, vaccines & other health technologies
- Some more reports
- Miscellaneous

New UNAIDS report (& other HIV updates)

UNAIDS (press release)- Decades of HIV progress are threatened by barriers to access - but governments and communities can prevent a resurgence, warns UNAIDS

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2026/november/20261124_PR_GAU26_report

"**New UNAIDS report 'Ending AIDS Starts with Access'** shows that **HIV prevention programmes have been dismantled, community services have closed and countries face growing challenges in sustaining HIV responses."**

"… As UNAIDS marks its 30th year, UNAIDS has today launched a new report warning that although the world has moved closer towards controlling the HIV epidemic, cuts and shifts in international HIV financing and anti-rights and anti-gender campaigns are creating a global crisis that threatens to reverse one of the greatest public health achievements in history. … "

"HIV, which was once a death sentence, has become a manageable health condition for millions of people thanks to life-saving HIV medicines. **Some 32.1 million of the 40 million people living with HIV are now on treatment.** In addition, a twice-yearly injection, lenacapavir, and other new long-acting prevention innovations in the pipeline, offer the prospect of protecting millions more people from acquiring HIV. **However, new UNAIDS analysis shows that HIV resources available in low- and middle-income countries fell by more than US$ 1 billion in 2025, leaving a US$ 4.3 billion gap between available resources and what is needed annually to stay on track** to end AIDS as a public health threat by 2030…."

"… **Countries face impossible choices:** Although **UNAIDS data from 55 countries show increased**

domestic HIV spending in response to the crisis, many face severe constraints that make replacing international financing impossible in the short term. In many highly affected countries, debt-servicing obligations now exceed government health spending by two- or even three-fold, leaving little fiscal space to rapidly absorb funding losses….”

PS: “**Despite the current crisis, UNAIDS stresses that the world can still reach the goal of ending AIDS as a public health threat by 2030**. Achieving that goal could prevent 3.2 million new HIV infections and avert 1.3 million AIDS-related deaths by the end of the decade. Preventing a resurgence of the HIV epidemic depends on countries building responses they can sustain: making HIV a national priority, integrating services into inclusive, rights-based health systems, and advancing reforms that remove stigma, discrimination and exclusion. Communities must lead this work. …”

- See also **UN News - Decades of gains against AIDS could unravel as HIV funding dries up** With some more key stats from the new report.
- And via AFP:

“**The number of AIDS-related deaths has fallen to its lowest level in more than two decades** -- a trend the organisation attributes to the "extensive coverage and improved quality of treatment and care programmes". **Approximately 570,000 people worldwide lost their lives to AIDS in 2025 -- equivalent to almost 1,600 deaths per day -- a figure down** from 600,000 in 2024 and 1.3 million in 2010.”

“Based on data from 172 countries, **the agency estimated that last year, 41 million people were living with HIV -- of whom 32.1 million were accessing antiretroviral therapy….”**
And … “it **is estimated that 1.2 million people contracted HIV in 2025 -- down from 1.3 million the year before**, and well down from the peak of 3.5 million in 1994.”

“… **However, progress has been uneven, and HIV programmes faced an 18-percent decrease in international financing over the past year**, said UNAIDS. … Though **the United States remains the biggest source of international HIV funding, Washington's contributions fell by 26 percent between 2024 and 2025**. The impact "has been especially dramatic given the reliance of many countries on its support for core HIV programmes", said UNAIDS. **Meanwhile disbursements from the Global Fund to Fight AIDS, Tuberculosis and Malaria dropped by 13 percent last year**.”

PS: ““… **Given that current UNAIDS HIV estimates do not yet capture the full effects of the 2025 funding disruptions, "the worst impact may still be ahead**," it said. Reductions in testing, prevention, outreach, treatment initiation and adherence support will eventually translate into increased HIV transmission and rising AIDS-related illness and deaths, it warned.”

“UNAIDS said **92 million people had acquired HIV since the start of the epidemic, of whom 44.2 million had died** from AIDS-related illnesses. **The UN first set out in 2015 the target of ending AIDS as a public health threat by 2030.”**

Lancet Comment –World AIDS Day 2026: ending preventable deaths from advanced HIV disease

A Zumla et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02310-X/fulltext

"… On World AIDS Day 2026 it needs to be recognised **that ending AIDS as a public health threat by 2030 will remain elusive without renewed commitment to preventing deaths among people with advanced HIV disease.** Ultimately, progress should be measured not only by new infections prevented and treatments initiated, but also by lives saved."

Authors **propose five steps.**

Nature Editorial – The world has a golden chance to improve HIV prevention: don't squander it

https://www.nature.com/articles/d41586-026-03809-2

"Generic versions of an effective HIV drug have been approved, and an HIV vaccine is on the horizon. Now is no time for funders to take their foot off the pedal."

- On the latter (HIV vaccine on the horizon?), see **Nature News – A powerful HIV vaccine is finally within reach — thanks to these super antibodies**

"Potent immune responses against diverse HIV strains have ignited the field, but major hurdles remain."

CPHIA in Addis & other Africa CDC related updates

"Running from 23 to 27 November under the **theme *"Africa's Health Security and Sovereignty: Transformation from Health Dependency and Vulnerability to Ownership and Resilience,"*** the conference comes amid declining external health financing and persistent public health threats, underscoring the need for stronger national institutions and sustainable health financing…."

Below you find some of the **key messages, reports, events** (including a DG Candidates' forum), and other snippets from CPHIA.

But we start with an important **update from Africa CDC's Governing Board**:

Statement of the Governing Board of the Africa Centres for Disease Control and Prevention (Africa CDC)

https://africacdc.org/news-item/statement-of-the-governing-board-of-the-africa-centres-for-disease-control-and-prevention-africa-cdc/

(23 November) **Re the 16th Ordinary Meeting of the Governing Board.**

"The **Governing Board of the Africa Centres for Disease Control and Prevention (Africa CDC) convened its 16th Ordinary Meeting on 22 and 23 November** 2026 in Addis Ababa, Ethiopia. During the meeting, **the Governing Board elected its new Bureau**, with the Honourable Minister of Health of the Republic of Uganda assuming the position of Chairperson and the Honourable Minister of Health and Social Services of the Republic of Namibia, assuming the position of Vice-Chairperson. **The Board also received the report of the outgoing Governing Board."**

"As a newly constituted Governing Board, and **to enable a comprehensive and informed assessment of the performance of Africa CDC and his Director General for the period 2023-2026** building on the presentation made by the secretariat and the results presented therein, **the Governing Board requested additional documentation to make a fully informed, objective and evidence-based recommendation.** This will allow the **Governing Board to reconvene before 15 December 2026 to finalise its recommendation, ensuring its timely submission to the Committee of Heads of State and Government, and then the African Union Assembly of Heads of State and Government."**

"The **members of the Governing Board collectively affirmed that the request for additional information was not motivated by any personal concerns or allegations against the Director General**, but rather reflected the Board's responsibility to exercise appropriate institutional oversight and due diligence…."

- See also **HPW – Africa CDC Governing Board to Finalise Leadership Assessment by mid-December**

"The governing board of the Africa Centres for Disease Control and Prevention (Africa CDC) has "requested additional documentation to make a fully informed, objective and evidence-based recommendation" on the performance of the entity and its Director-General, Dr Jean Kaseya….

…according to the statement, board members "collectively affirmed that the request for additional information was not motivated by any personal concerns or allegations against the Director General, but rather reflected the board's responsibility to exercise appropriate institutional oversight and due diligence"."

Also with **information on the composition of the newly constituted Board.**

- And via **Devex Check-up: Devex CheckUp: Africa CDC board bides its time on Kaseya**

"… Kaseya kept the temperature up in his address to the opening plenary on Monday, with one of his slides warning that a transformative leader should expect to face resistance, smears, and even insults. This was a future apparently foretold to Kaseya by Ethiopian Prime Minister Abiy Ahmed Ali after he took the job. "Thank you for making me resilient, prime minister," he told the leader in the front row."

"Also looking on were some of the health ministers who will decide whether the Congolese doctor will get another term as DG. …"

"… At the time of publication, no board members had spoken out publicly against Kaseya**. Others, however, are starting to have their say. Former Ghanaian diplomat Nashiru Abdulai, currently a special adviser to the African Union commissioner for health, humanitarian affairs, and social development, confirmed to me that he was the author of a letter, written in his personal capacity, that said the issues raised in the Africa CDC staff petition deserved "serious consideration."** In the letter — seen by Devex — Abdulai suggested the credibility of the African Union was at stake. "Africa cannot champion good governance, transparency and accountability internationally while compromising these same principles within its own institutions," he wrote. "

"How's it all going down on the conference floor? It's a shame for Africa CDC's highly regarded staff, delegates tell me. Their biggest concern seems to be whether Africa CDC's leadership troubles will make it harder to retain its most valuable assets: its people."

- See also an **earlier HPW article … –** Africa CDC Board Unable to Agree on Reappointment of Director-General (from Monday morning). Provides a bit more background on some of the statements in the abovementioned Africa CDC press release.

"**The incoming Governing Board of the Africa Centre for Disease Control and Prevention (CDC) was unable to agree on whether to reappoint the body's controversial Director-General, Dr Jean Kaseya, on Sunday,** according to high-level sources. The board will resume its discussion on Monday (23 November), sources told *Health Policy Watch*. Kaseya's four-year term ends in February." **"Aside from reappointment, the board is said to be considering three other options: extending Kaseya's appointment for six months alongside a professional improvement plan; suspending him and investigating the various allegations; and advertising the position…."**

"The new board held its first formal meeting on Sunday, and **Ugandan Health Minister Chris Baryomunsi was elected as its chairperson for the next three years.** …"

Africa CDC – CPHIA 2026 Opens with Focus on Health Sovereignty and Action

https://africacdc.org/news-item/cphia-2026-opens-with-focus-on-health-sovereignty-and-action/

Over to CPHIA then.

Press release. (23 Nov) "**African Heads of State and Government gathered to open the Fifth International Conference on Public Health in Africa (CPHIA 2026), calling for greater domestic investment, national ownership and accountability to advance the continent's health security and sovereignty."**

"Co-hosted by the Africa Centres for Disease Control and Prevention (Africa CDC) and the Government of Ethiopia, the conference opened at the Addis International Convention Centre (AICC). **Highlights included the launch of the African Union Champions' Roadmap on reproductive, maternal and child health, the presentation of the Artificial Intelligence and Digital Health Championship, and recognition of outstanding contributions to public health**…."

5th African Public Health conference question Africa's Health Sovereignty at a crossroads: Who controls the medicines, the money and the future of African lives?

Africa News channel;

Coverage of the opening session. "**Africa is demanding a new place in the global health order not merely as a recipient of international assistance, but as a continent capable of financing its health systems, manufacturing its medicines, producing its vaccines and determining its own public health priorities."**

"The **message emerging from the opening day** of the 5th International Conference on Public Health in Africa (CPHIA 2026) in Addis Ababa was unmistakable: **Africa's health future cannot remain permanently dependent on decisions, financing arrangements and pharmaceutical supply chains controlled beyond its borders…."**

"… At the heart of the debate was **a powerful challenge articulated by Africa CDC Director-General Dr. Jean Kaseya: "Who names us, and who decides for us?"** Drawing on the **story of Ethiopia's internationally recognised 3.2-million-year-old fossil, Lucy, known locally as *Dinknesh***—meaning "you are marvellous"—**Kaseya connected the question of identity and ownership to a much larger struggle over Africa's position in global health governance.** His argument went beyond symbolism. It raised questions about who determines health priorities, who controls medical production, who finances public health institutions and, ultimately, who has the authority to shape the conditions under which African people live and survive…."

"… Kaseya said his **four-year progress report at Africa CDC** was guided by the **conviction that institutions delivering on their mandates deserve the right to request additional resources while remaining accountable for what they receive.** This is an important distinction in the health sovereignty debate. African ownership cannot mean simply transferring decision-making authority from international institutions to African governments. It **must also mean building transparent, capable and accountable institutions that deliver measurable public health outcomes. "**

"…His **message that Africa's young people must have a seat at the table**—not tomorrow, but today—also brings **generational representation** into the discussion…."

Also with an **overview of the speeches by other African leaders (including Ethiopia's).**

"**African leaders speak: from political declarations to continental responsibility**: The first-day discussions at CPHIA 2026 brought together African political leaders around a **shared question**: how can the continent move from dependence towards greater responsibility for its health future?..."

- **Africa CDC** also had **daily updates on LinkedIn:**

CPHIA 2026 Opens: From Maternal and Digital Health Roadmaps to WHO Leadership Debate (24 Nov) The maternal health roadmap centres on **the "Three Zeros**": no home deliveries, no preventable maternal and newborn deaths, and no unvaccinated children.

CPHIA Day 2: Are We Ready for the Next Outbreak?

"**Are we ready for the next outbreak? Day two of CPHIA 2026 put that question** to ministers, researchers and partners, and their answers pointed the same way: **readiness is built between crises, not during them, and it has to be African-owned…."**

CPHIA Day 3 Recap: Stop asking how much Africa receives for health, and start asking how much it invests

"**Can Africa pay for its own health? On Day 3 of CPHIA 2026, participants said yes. The money exists on the continent, in national budgets, pension funds, natural resources and the diaspora**. The harder job is getting governments to choose health when they spend it, and then following that

money all the way to the clinic. **The plenary treated health as an investment in growth, not a cost**. …

PS: Africa Health Atlas and Knowledge Hub Launched: Africa CDC, in partnership with the Ethiopian Public Health Institute (EPHI) and the Institute for Health Metrics and Evaluation (IHME), launched the Africa Health Atlas and Africa Health Knowledge Hub. The **Atlas** provides comparable health indicators across 54 African countries, enabling governments to track disease burdens, benchmark performance and prioritise investments. The **Knowledge Hub**, initially rolled out in nine AU Member States, offers AI-powered evidence synthesis, multilingual resources and knowledge exchange to bridge the gap between research, policy and practice.
The two platforms are designed to strengthen Africa's capacity to translate health data and evidence into better policies, targeted investments and improved health outcomes…. "

HPW – What Can WHO Director-General Candidates Offer Africa?

https://healthpolicy-watch.news/what-can-who-director-general-candidates-offer-africa/

"**The seven candidates** aspiring to be the next Director-General of the World Health Organization (WHO) **made their pitches to African health ministers**."

""**What three things can you offer to Africa**?" **Ethiopian Health Minister Dr Mekdes Daba Feyssa asked the seven candidates** aspiring to become the next leader of the WHO at the Conference on Public Health in Africa (CPHIA) on Monday. **Their answers were as diverse as their candidate platforms…."**

HPW - South Africa Urges Africa to Back Local Manufacturing Talk with Purchasing Commitments

https://healthpolicy-watch.news/south-africa-urges-africa-to-back-local-manufacturing-talk-with-purchasing-commitments/

"**South African Health Minister Aaron Motsoaledi challenged African countries to move beyond talk of "local manufacturing" of medical products to committing to buying goods produced on the continent.** 'There's a weakness in Africa where we don't trade with each other. We trade more with other outside countries," Motsoaledi told the Conference on Public Health in Africa (CPHIA) underway in Addis Ababa this week. "**We need functioning African markets, pooled procurement, regulatory convergence, technology transfer, and long-term purchasing commitment that make African production commercially viable and sustainable**," he added…."

The HPW article then also zooms in on **some global health reform discussions.**

"Several CPHIA sessions on Tuesday dealt with the reform of the global health "architecture" and health sovereignty – particularly with dwindling official development assistance (ODA)…."

With interventions by the **Zimbabwe Health Minister, Ethiopia's Health minister, and also Global Fund and GAVI leaders (Sands & Nishtar),** and their view on country transitions.

Africa CDC - One in six pregnancies is to an adolescent girl, yet only one health facility in eight offers services built for young people: new Africa CDC report

https://africacdc.org/news-item/one-in-six-pregnancies-is-to-an-adolescent-girl-yet-only-one-health-facility-in-eight-offers-services-built-for-young-people-new-africa-cdc-report/

""Seen, Served and Counted", a continental assessment of adolescent health drawing on data from the Ministries of Health of all 55 African Union Member States, was launched at the Africa CDC Youth Pre-Conference and Women in Health Leadership Summit

"Africa's health systems are failing to reach the continent's 10- to 19-year-olds, not for lack of policy but for lack of delivery, financing and data. That is the finding of *Seen, Served and Counted: The State of Adolescent Health in African Union Member States*, launched today by the Africa Centres for Disease Control and Prevention (Africa CDC)…."

"In the countries able to report, **pregnancies among girls aged 10 to 19 make up 16.5% of all pregnancies, rising to 24.2% in Southern Africa, almost one in four. Five years of effort have moved that share only slightly, from 17.9% in 2021.** Yet only 12.9% of health facilities offered adolescent- and youth-friendly services in 2025, with almost no change since 2021…."

"**The report was launched** in Mandela Hall at the African Union Commission headquarters, **at Youth Pre-Conference and Women in Health Leadership Summit, a pre-event of the Conference on Public Health in Africa (CPHIA 2026)…."**

With **7 recommendations.**

RVMC Launches Five-Year Strategy to Optimise Regionalised Vaccine Manufacturing Ecosystems

https://rvmc.net/rvmc-launches-five-year-strategy-optimise-regionalised-vaccine-manufacturing-ecosystems

"With a **$35 million budget over five years**, the **strategy provides an operational framework to optimise the regionalised manufacturing ecosystem** as production capacity and capability expand. The strategy advances vaccine equity, regional health security, and sovereignty by anchoring production in routine immunisation, keeping facilities commercially viable and ready to meet needs during outbreaks."

"**RVMC provides independent implementation support to help regional partners strengthen manufacturing ecosystems and sustain production over the long term….**

"Today at the 5th International Conference on Public Health in Africa (CPHIA 2026), **the Regionalized Vaccine Manufacturing Collaborative (RVMC) launched its 2028–2032 Strategy: *Optimising Regionalised Vaccine Manufacturing*.** The **five-year roadmap outlines four strategic initiatives** designed to ensure that regionalised manufacturing is supported by the political commitment, market structures, regulatory frameworks, and financing conditions required for long-term sustainability. **The strategy also marks a shift in RVMC's role: from building the evidence and consensus for regionalised manufacturing to working alongside governments, regional bodies, and manufacturers on the decisions and actions that make it viable….."**

Ebola emergency

Cidrap News – Ebola in DR Congo at 6 months: Rampant spread, new waves of violence

https://www.cidrap.umn.edu/ebola/ebola-dr-congo-6-months-rampant-spread-new-waves-violence

"**Both the Africa Centre for Disease Prevention and Control (Africa CDC) and the World Health Organization (WHO) released new reports on the ongoing Ebola outbreak** in the Democratic Republic of Congo (DRC) **over the weekend**, showing that the **outbreak response has yet to identify enough case contacts early**, which is allowing transmission to run rampant in hot zones. "

"… **Moreover, a new wave of violence in the outbreak area have slowed response efforts this weekend, forcing health workers to shelter in place in a maternity ward of a hospital in Ituri province**. Since January, the WHO has confirmed 87 attacks on healthcare workers and facilities in the DRC. …"

"… **Richard Hatchett, MD, CEO of the Coalition for Epidemic Preparedness Innovations (CEPI), said that three ongoing large vaccine trials could lead to a breakthrough in the beginning of 2027.** But the **violence in the region is a hindrance to the type of large studies needed** for this outbreak…. …"There's lots of conflict, there's lots of misinformation," **Hatchett told Semafor.** "The biggest variable is how quickly can we enroll the necessary number of subjects, and that is a dynamic process."…"

"Contact tracing is still main problem : The most startling finding of Africa CDC's six-month report is that **only 11% of confirmed cases** (1,146 of 10,659 with onset from week 19 to week 45) **came from the contact lists, against a target of 95%.** "The response found the other 89% outside those lists, which means many transmission links were identified too late to list and monitor the contacts," Africa CDC said in an executive summary of the report, which covers May 15 to November 15. …"

- And update via **Reuters - Congo's Ebola cases exceed 12,000 as responders struggle to contain outbreak** (26 November)

Reuters – Global vaccine group aims to buy 1.5 million doses of new Ebola Bundibugyo shot for Congo

Reuters;

(24 Nov) "**The global vaccine alliance Gavi said on Tuesday it plans to buy up to 1.5 million doses of an experimental new vaccine** against the rare species of the Ebola virus responsible for a huge outbreak in Congo, **if it proves to be safe and effective.** The **vaccine, developed by Britain's University of Oxford and the Serum Institute of India, is in trials in the Democratic Republic of Congo**. …"

"… **Gavi,** which helps the world's poorest countries buy emergency shots as well as childhood immunisations, **did not disclose the financial terms of the deal**. It has already given $40 million to help speed up the development of vaccines for Bundibugyo." " **Gavi's chief executive Sania Nishtar said that the deal represented only the first step, and urged other health agencies to step up with**

more funding and to quickly draw up protocols for rolling out the vaccine if it is shown to be effective…."

- **GAVI press release** - Gavi signs agreement with Serum Institute of India to secure rapid access to Bundibugyo vaccines

"… **The agreement is funded through Gavi's First Response Fund**, with supply remaining conditional on clinical trial results, as well as the candidate vaccine securing necessary regulatory approvals and policy recommendations…"

- Related **tweet Els Torreele**: "An important unaddressed question: **at what price? Ervebo was apparently bought at the excessive price of 99$/dose despite an almost fully publicly funded development. Are we learning any lessons?..."**

Cidrap News - Uganda, South Sudan intensify efforts to keep Ebola out amid burgeoning DR Congo outbreak

https://www.cidrap.umn.edu/ebola/uganda-south-sudan-intensify-efforts-keep-ebola-out-amid-burgeoning-dr-congo-outbreak

(20 Nov) "Amid the growing Ebola outbreak in the Democratic Republic of Congo (DRC), **neighboring Uganda and South Sudan have tightened public-health measures and increased preparedness**, and the **head of Gavi, the Vaccine Alliance, says clinical trials of three Bundibugyo Ebola vaccines could lead to a breakthrough in the coming months if security problems can be overcome…."**

Reuters – Scientists are learning more about rare Ebola virus outbreak

Reuters;

"**Bleeding seems to be rare symptom, Africa CDC says**. **Children hit disproportionally hard**. Key question is whether any current vaccines, treatments work against the virus…"

"**A key area of investigation centers on Bundibugyo's symptoms, particularly in children**, WHO and Africa Centres for Disease Control and Prevention officials told Reuters. Infection with Ebola can cause fever, vomiting, diarrhea and, in severe cases, internal and external bleeding. …"

"But **bleeding is only occurring in around 5% to 10% of confirmed cases in the Bundibugyo outbreak, said Yap Boum,** Africa CDC's deputy Ebola incident manager, making it less common than in outbreaks of the more prevalent Ebola, Zaire. **This makes the disease easier to confuse with other more common illnesses like malaria, which Boum said could have contributed to the late detection of the outbreak alongside early challenges with diagnosis**, as the tests designed for other Ebola species do not pick up Bundibugyo…."

"It is also making it harder to track the spread, as many people do not suspect Ebola and seek care. Around 70% of patients are still dying in their communities rather than in healthcare centres…."

"…**In young children, the situation is even more complex, said the WHO's Smallwood. Gastrointestinal symptoms are more common than fever, complicating early diagnosis and treatment**, which could also be a reason why children are being disproportionately affected, she said. There have been 1,207 confirmed cases of Ebola in children under the age of 5, and 844 of them **have died, roughly 7 in 10,** according to the latest data from the Congolese ministry of health and the WHO. **That is higher than among adults, for whom the fatality rate is around 50%,** which is above previous Bundibugyo outbreaks but below the typical rates for Zaire, Muyembe and other types of Ebola, which can be up to 80% without treatment…."

Reuters – Fields of graves: Hidden deaths reveal scale of Ebola disaster

Reuters;

"**In eastern Congo, graveyards are expanding much faster than Ebola death counts, a Reuters analysis of satellite imagery shows**. The discrepancy points to a **major undercount of the epidemic's toll."**

"… **Reuters estimated the number of deaths linked to the virus in Bunia** by comparing the count of new graves dug in 2026 against the preceding epidemic-free year, to reach a figure health officials refer to as "**excess deaths**". That was **then contrasted with the official Ebola death toll.** While the gap has narrowed over time, **in early November the city's excess deaths of more than 1,000 remained over 50% higher** than the Ebola tally of 707."

"**Not all excess deaths can be directly attributable to the disease and could include indirect effects of the outbreak,** such as people with other illnesses who avoided hospitals for fear of getting infected by the virus, which has no treatment or cure…."

"**The findings of the Reuters analysis, the first detailed attempt to quantify the undercount, are nonetheless consistent with estimates from the World Health Organization, which suggested in July that the outbreak was two to four times larger than available data suggested**…."

"… **The analysis found the Ebola toll undercount was largest during the outbreak's early months**, a trend that the public-health officials said was typical of many epidemics globally. The **narrowing gap over time** is consistent with improvements in detection and reporting…."

"… **Reuters couldn't determine whether the degree of undercounting observed in Bunia and Mongbwalu was reflected elsewhere in eastern Congo**. WHO's Le Polain said **under-detection was likely to be worse in remote and hard-to-reach areas, particularly where there are security constraints.** Response efforts would be deployed comparatively slowly versus Bunia, a major urban centre with the highest number of recorded cases and deaths…."

UN News - DR Congo: Concern for trapped Ebola workers as violence against women and girls deepens

https://news.un.org/en/story/2026/11/1168865

(24 November) " …. **Meanwhile, Ebola is putting immense pressure on families, and women and girls** are bearing much of the burden as **fear of the virus limits their movements and puts them at risk of violence and abuse**. "

"That's according to the **UN Children's Fund (UNICEF) which on Tuesday released initial findings on what is believed to be the first real-time surveillance of violence against women and adolescent girls during an active disease outbreak. …."**

More on PPPR & GHS

Globalization & Health – Where does subsidiarity meet the role of regions in pandemic governance? A thematic synthesis of recommendations from COVID-19

Afifah Rahman-Shepherd et al; https://link.springer.com/article/10.1186/s12992-026-01252-6

"Proposals to reform the global health system align on a few core principles, one of which is subsidiarity. As a principle of political and social organization, subsidiarity locates agency and authority at the most local level of a system. Where the most local level is unable to address a particular problem, only then should higher levels intervene. **In this study, we explore where the principle of subsidiarity meets the role of regions in pandemic governance…."**

We "…. **synthesise three themes around integrating the regional level and regional actors into global governance; shifting decisional authority and accountability toward regions; and establishing regional functions in pandemic financing, surveillance and countermeasures, and workforce**. These themes establish **normative guidance for regional governance of health emergencies in the future, supporting broader global health reform efforts**."

TGH - Africa's Health Security Six Months Into the Ebola Outbreak

I Adetifa; https://www.thinkglobalhealth.org/article/africas-health-security-six-months-into-the-ebola-outbreak

"A **former director general of the Nigeria CDC** calls for **better communication, funding, and trust between countries** to mitigate further regional spread."

Excerpt: "**Moving forward, a variety of tactics exist that African countries can use to boost trust across borders. When I worked as the director of the Nigeria CDC, I found it useful to belong to various organizations**: West African National Public Health Institutes (NPHIs) convened by the West African Health Organization, which still has a standing WhatsApp group; the Africa CDC NPHI initiative; the International Association of National Public Health Institutes (IANPHI), and so forth. **These relationships are important because speedy outbreak response is best delivered by building on existing formal and informal communication channels between a country's own national and subnational authorities and domestic financing earmarked for this purpose**. "

"**The public health community can also learn how to improve health security from the animal sector, which I believe is doing better than its human health counterpart**. Our animal health colleagues had regular communication with their partners across the border and in the region…."

AMR

BMJ Editorial - Capturing the value of antimicrobial resistance innovation

N Zhu et al ; https://www.bmj.com/content/395/bmj-2026-101501

"**We must develop financing architectures that recognise the value of innovation**."

"**the current innovation ecosystem for antimicrobials, diagnostics, and vaccines remains fragile**. Especially for antimicrobials, there is an inherent mismatch between financing models that rely on sales volumes to generate returns and the need to prolong antimicrobial effectiveness…."

"…**These challenges can be tackled through both push and pull incentives**. Push incentives such as the Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X), the Global Antibiotic Research and Development Partnership (GARDP), and the Innovative Medicines Initiative spread the costs of early development through public-private partnerships…"

"**Both push and pull mechanisms are needed, but current models are not being adopted past a few pilot programmes and do not sufficiently address the issue of access beyond single country approaches. We also do not yet know if the revenue generated would be enough to attract large drug companies to antibiotic development**. If all G7 countries adopted the pull incentives that are currently under consideration, this would raise about $100m over five years—almost half of this is estimated to cover running costs for one company. **A global subscription is estimated to require a revenue of $4.2bn per antibiotic over 10 years….** " ""We need to consider how countries share this cost and sustain country commitments over time. **Additionally, this type of subscription model has yet to show relevance for low and middle income countries**, where improving access to effective first line antibiotics remains a more urgent priority…."

"**Emerging options for funding antibiotics include** multinational pooled funding to distribute the costs of innovation more equitably, preferential procurement schemes for firms that start or resume investing in antimicrobial research, and fiscal incentives linked to commitments to support appropriate use (and not overuse)….."

PS: "**Lessons from other industries:** The **funding responsibility should not rest solely with health ministries** because the benefits of effective antibiotics extend to food security, international trade, environmental sustainability, and economic resilience…."

COP 31: Final analysis

As you'll notice, the failure of COP31 sparked **lots of interesting analysis**. Also with a view on the future.

HPW - COP31 Climate Summit that Could Not Say 'Fossil Fuels' Ends with No Deal

https://healthpolicy-watch.news/cop31-consensus-collapse-at-climate-summit/

" After a record 44 hours of overtime, **the UN climate talks in Antalya ended Sunday without any high-level decision document for the first time since the 2000 COP summit in The Hague."**

"**A last-ditch effort to bridge the divide between petrostates** that had insisted on removing all references to fossil fuels from the initial decision draft that had been tabled earlier last week, **and other nations keen to see a clear reference to the leading cause of global warming** was rejected by the European Union, the United Kingdom, Panama, the Marshall Islands, Norway and small island states including Tuvalu. **Countries were enraged that the compromise proposed by the co-presidencies Türkiye and Australia did not even refer clearly to the landmark agreement reached at COP28 in Dubai on "transition away from fossil fuels**" – making only a vague reference to the "United Arab Emirates Consensus."…."

PS: "**Unresolved items from COP31 will now carry over automatically**, under rule 16 of the UNFCCC rules of procedure, **to COP32 in Addis Ababa in November 2027.**

Guardian - Cop31 climate talks break down as key deal rejected

https://www.theguardian.com/environment/2026/nov/22/cop31-climate-talks-set-to-end-in-deep-division-as-key-deal-rejected

"**EU, UK and some of developing world** object to main text that 'failed to meet the moment' and did not mention fossil fuels."

Guardian - Finance, fossil fuels and the 'overshoot': six key takeaways from Cop31

https://www.theguardian.com/environment/2026/nov/22/finance-fossil-fuels-overshoot-six-key-takeaways-cop31?CMP=Share_iOSApp_Other

Recommended analysis. "Fractious summit has highlighted need for wider consensus and more astute handling of the negotiations."

- And a link: Guardian - Cop31 failed but in 'the real world' the transition away from fossil fuels is inevitable

Kevin Anderson - Deal or no deal at COP31: it has little to do with the physics of climate change.

https://climateuncensored.com/deal-or-no-deal-at-cop31-it-has-little-to-do-with-the-physics-of-climate-change/

Not mincing words, as usual.

Excerpt: "**Political leadership is clearly part of the problem**. Having an Australian minister co-lead a COP while representing a government whose exports of LNG and coal are being challenged in an international court was inappropriate and undermined the credibility of the process. **But the problem runs far deeper than the political leadership of individual COPs. Fossil-fuel interests are not simply exerting influence from the sidelines; they are deeply embedded in the institutions, financial systems, commercial relationships and political networks that shape the wider climate agenda. Their influence, alongside that of their various enablers and shills, extends across business, commerce and financial services, and into significant parts of the supposedly independent 'expert' community**. This is a **systemic problem, rooted in the very structures and vested interests that COPs are supposed to challeng**e. Until that is confronted, changing the language, personnel or procedures of the negotiations will achieve very little…."

But do read on.

PIK assessment on the failure of the COP31 UN climate conference in Antalya

https://www.pik-potsdam.de/en/news/latest-news/pik-assessment-on-the-failure-of-the-cop31-un-climate-conference-in-antalya

"The **Directors of the Potsdam Institute for Climate Impact Research (PIK), Johan Rockström and Ottmar Edenhofer**, comment on the failure of the conference." You will notice that they put **different emphases than Kevin Anderson**….

- Related: J Rockström – Why is it so difficult to agree at COP31?

Quote: "… **As long as consensus remains the rule, the fossil-fuel defenders will continue to use this lever as far as possible, given the [now] existential threat they face**."

ODI –COP31 verdict: explosive finish a wake-up call for climate talks

S Colenbrander et al ; https://odi.org/en/insights/cop31-verdict-explosive-finish-a-wake-up-call-for-climate-talks/

« The 2026 UN climate conference in Antalya, Türkiye finished acrimoniously, without an overarching political agreement. **No deal is better than a bad deal - and climate action won't wait for consensus. »** A few excerpts:

« … **It is important to note that Antalya didn't "collapse" in the same way as Copenhagen in 2009.** At COP15, countries needed to create a new framework to replace the Kyoto Protocol. COP31 was under no such pressure, with no big decisions to be made. **Also unlike Copenhagen, this summit concluded with agreements on some negotiated items. It was specifically the cover decision that was not adopted in Antalya…."**

« … Many people say that without the failure of Copenhagen, the success of Paris in 2015 couldn't have happened. Can Antalya be the reckoning the world needs to make climate talks fit for the era of implementation? **At minimum, it sends a clarion call to future COP presidencies that a growing proportion of countries are unwilling to accept the lowest common denominator in the name of reaching consensus. Meanwhile, the expansion of the Action Agenda is proving an effective way to bypass blockers…."**

« Speaking of blockers, three of the world's most powerful leaders skipped COP31 to meet in Shenzhen. Putin, Trump and Xi held their first trilateral summit, where they **agreed (among other things) to "increase the production and supply of refined petroleum products"**. The chumminess among these three autocrats **should help focus the minds of other countries on energy and food security**. Even if they cannot reach agreement within the negotiations, it is **now in their immediate national interest to accelerate their energy transitions and invest in more resilient agri-food systems. Multilateralism may be floundering, but climate action in the real economy is accelerating. »**

Global Policy - We've Reached the 31st Global Climate Summit and Have Yet to Phase Out Emissions

C.J. Polychroniou; https://www.globalpolicyjournal.com/blog/25/11/2026/weve-reached-31st-global-climate-summit-and-have-yet-phase-out-emissions

"COP31 is making clear yet again that **the world cannot simply rely on summits to solve the climate emergency."**

Excerpt from the intro: "…while electrification has emerged as a major theme of this year's summit, it seems more than likely that oil and gas could dominate for decades. **Moreover, like in all previous climate summits, the formal agenda of COP31 does not include an item on the relationship between militarism and climate action. No mention of the long-term environmental costs of war, militarism, and occupation** — including the destruction of Gaza, which has unleashed massive greenhouse gas emissions — is expected to feature in COP31's final text. **In sum, COP31 will make clear yet again that the world cannot simply rely on summits to solve the climate emergency. Radical and legal activism are the best hopes for our future….**

Interview with James K Boyce.

Excerpt: "… **it is crucial to recognize that local and national action to combat climate change does not have to wait for an international agreement. Curbing carbon emissions is often depicted as a textbook collective-action problem: Why should any country reduce emissions if others fail to do so?** This was the argument invoked by President George W. Bush when he refused to ratify the 1997 Kyoto Protocol. **This pretext for inaction rests on the misleading premise that the transition from fossil fuels to clean energy necessarily is a cost rather than a benefit to the country and its people. In reality, proactive climate policies can bring enormous health benefits to the public thanks to cleaner air, for the simple reason that fossil fuels spew out multiple toxic pollutants along with carbon dioxide. Moreover, fossil-fuel phasedown policies can be designed to raise the purchasing power of working people through energy security cashbacks. These benefits of cleaner air and higher incomes accrue regardless of what other countries do. In addition, being a leader in the development of clean energy technologies will confer a strong competitive advantage to the country's economy** in coming decades. So national moves to cut emissions need not be held hostage to decisions by other countries….."

New Humanitarian : COP31: When everyone fails, who is responsible?

https://www.thenewhumanitarian.org/newsletter/2026/11/24/decolonise-how-digest-talking-failure-cop31-selling-war-and-telling-official

"**Much of the reporting about the outcome of the UN climate change conference in Antalya, Türkiye, aka COP31, uses the language of "failure" and "collapse". While it is true that the conference did not produce a final pact, the framing raises questions about what is considered success**. "Other conferences have produced mediocre outcomes, but usually tried to salvage some face-saving semblance of unity at the end," write Fiona Harvey and Graham Redfearn in the Guardian. Is that the bar? **Furthermore, what does success mean when the reporting frames the dispute as pitting countries seeking to water down commitments on fossil fuels against countries expanding their own fossil fuel production while demanding commitments to transition away from them? Must we choose between intransigence and hypocrisy?...."**

"With an overshoot of the 1.5°C warming threshold set out in the 2015 Paris Agreement increasingly seen as unavoidable, **why do we still measure the "failure" or "success" of climate conferences by their ability to produce declarations rather than by countries' implementation of those already made? Should governments be judged on what they promise today rather than what they failed to deliver yesterday?** Can a conference be reported as a success even as the climate crisis worsens?..."

Nature News – Net zero emissions won't reverse climate change — some nations look to 'net negative'

https://www.nature.com/articles/d41586-026-03789-3

From before the end of the COP: "**Countries are starting to grapple with the reality that bringing temperatures down after they breach the 1.5 ºC target would require removing massive amounts of carbon dioxide from the air."**

"Net zero is no longer enough. Among countries at the COP31 climate summit under way in Antalya, Turkey, there's a **growing recognition that meeting climate targets will require the world to go 'net negative', which means removal of more carbon dioxide from the air than is added…. A coalition of eight countries called the Group of Negative Emitters (GONE)** has been working to convince other nations to adopt net-negative targets and get serious about CO2 removal. The group announced that **it will be co-chaired by Denmark and Ethiopia, which is hosting next year's climate summit and could put net negative at the top of the agenda."**

PS: "… **Some climate campaigners worry that CO2 removal technologies won't work and that focusing on them could distract countries from cutting emissions**. Despite those concerns, the latest draft of the main statement from COP31 recognizes that CO2 removal has a role in addressing the overshoot, and welcomes efforts to "urgently and rapidly" scale up development of removal methods…."

And some more links:

- **Carbon Brief - COP31: Key outcomes agreed at the UN climate talks in Antalya** (for all the detail)
- **Guardian Explainer - Oceans, fossil fuels and keeping 1.5 alive: the missed opportunities at Cop31** (what exactly was in the collapsed **'Antalya pact'?)**
- **IHP - From Antalya to Addis Ababa: Winning Back Health and Gender in the Climate Talks (by B Nayer et al)**

WHO DG race

In the CPHIA related section above, we already reported on the **DG candidates' forum in Addis**. Here some other updates & analysis.

Geneva Health Files – The Political Economy of the DG Election at the World Health Organization: Updates from the First Candidates' Forum

P Patnaik; https://newsletter.genevahealthfiles.com/the-political-economy-of-the-dg-election-at-the-world-health-organization-updates-from-the-first-candidates-forum/?ref=geneva-health-files-newsletter

Analysis of the forum in Geneva last week. "First, we offer **insights [The GHF View] on the Forum based on countless interviews.** Second, a **gist of what candidates said, and some of their responses to the questions** posed by countries….."

Some key messages:

"**The Candidates Forum went beyond the elections itself. It was more like a public reflection by the candidates, and the member states, on the future of the WHO**. In fact, it may not be an exaggeration to say that the **discussions gave glimpses of a "changing world order**", in the way it articulated interconnected crises, even as it showed who holds power. (It is another matter what comes next after the current transition.)…". "The **contest itself shows, that WHO remains relevant, and is very much a field where geopolitical play unfolds."**

"… **The responses from the candidates were often not specific enough to meet the many precise questions from member states, diplomats were of the view**. It revealed not only the complexity of the challenges facing the WHO, but also reflected the mature demands from member states, particularly from developing countries…."

"…**The questions themselves tell a broader story of changing dynamics between WHO member states. Developing countries** asked many questions that showed not only that they want a seat at the table, but also how they want to guide, design and dictate policy-making. Sample a few topics from developing countries: pooled procurement; access to countermeasures; prequalification of medicines; regulatory pathways; local and regional manufacturing; scientific leadership; artificial intelligence, among others. **Most developed countries** (including prominent donors) had specific questions on operations, internal reforms, financing, and sexual and reproductive rights. It was also interesting to see what candidates said, and what they did not, on matters such as the reforms on the architecture of global health…."

"**Another area, experts said, some candidates felt short on was: tackling the questions on sexual and reproductive rights**. It has been a lightning rod in WHO's vast and complex mandate. While there was some emphatic support to science and evidence to inform this area of work, far too much was left to "national policies". …"

"Overall, **countries appear to have responded warmly to candidates who were comfortable in their own skin…"**

Patnaik: "…I will stick my neck out and say, that this election may end up as a counter-intuitive, reverse-evolutionary process. **Not the strongest of candidates might eventually win the election – why? Because that is how realpolitik works**. It comes with the territory. This is the political economy of the electoral process - it will be about give-and-take, and not only about the strongest CV, or the most articulate, or even a likeability contest. … … …**There is no doubt that this is a near impossible job – a holy trinity of the technical, the diplomatic and the political.** And no matter what, you cannot wish away any of these aspects of the role."

HPW – Four of Seven WHO Director-General Contenders Have Yet to Disclose Campaign Financing

https://healthpolicy-watch.news/who-dg-campaign-spending/

Must-read. "Two months ahead of January's closed-door shortlisting vote, **only Belgium and Spain have filed official campaign expenditure records for their candidates with WHO**. While cross-regional contender Gevorg Tamamyan disclosed his budget to Health Policy Watch and two candidates pledged future filings, **two remain completely unaccounted for**." (*and not the least ones…)*

Lancet World Report –WHO leadership race puts trust in the spotlight

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02402-5/fulltext

"The WHO Candidates' Forum offered the first opportunity for member states to get an unvarnished assessment of the nominees. **John Zarocostas** reports from Geneva."

"The candidates to replace Tedros Adhanom Ghebreyesus as Director-General of WHO faced probing questions on a wide range of global health issues in the first Candidates' Forum on Nov 18–19. Foremost, delegates questioned the candidates on how they planned to lead, reform, **and restore trust in the beleaguered agency** in the midst of an institutional crisis triggered by the drastic cuts in health funding and staffing…."

Also with the views of **R Brennan, KM Gopakumar, S Moon, …**

Excerpts:

"KM Gopakumar, Legal Advisor at Third World Network (Penang, Malaysia), told The Lancet: "**The new leadership should not seek resources at the cost of WHO's independence and integrity. That is what is important."…"**

""I think one of the most important skills the next director-general will need is political acumen", Surie Moon, Co-Director of the Global Health Centre at the Geneva Graduate Institute (Switzerland), told The Lancet. "Since WHO was founded after the Second World War, power has never been distributed across such a diverse set of countries", she said. "But it means the director-general has to be able to navigate skilfully between the interests of competing groups of countries at a time of intense geopolitical and geoeconomic rivalry, dislocation and uncertainty." **Moon also stressed the importance of integrity and a strong commitment to global public health. "A principled director-general who acts with integrity will be critical for maintaining trust in WHO when political forces**

are pulling it in so many different directions at once", she said. "But what I wonder about is how candidates will handle more difficult situations when we don't have enough evidence, or when the science is inconclusive. That's when it's not enough to rely on the science; you also need strong values."

"Senior health diplomats admitted privately that, while the forum was a valuable exercise in transparency, **the leadership race would be decided elsewhere and by a mix of high-level diplomacy, political bargaining, and a rigorous evaluation of candidates' qualities…."**

"… A **veteran health diplomat, who spoke on the condition of anonymity, told The Lancet that regional realignments "may become more visible" at the Executive Board stage**, while **later withdrawals or consolidations could shift support. "**Down the road the dynamics could change…But **I'd be very surprised if it got to more than one candidate per region in the final three."**

Andrew Harmer - Six candidates in search of an Organisation

https://andrewharmer.org/2026/11/24/six-candidates-in-search-of-an-organisation/

PS: in case you wonder – Harmer's math is pretty good.

"There is already a lot of commentary on the quest to be the next DG of the WHO – some of it excellent (Kapila's 'cornetto trilogy' or Priti Patnaik's reporting over at Geneva Health Files, for example), most of it hackshit. The best thing you can do, though, is **watch the six candidates in action on the WHO's Candidates Forum and make your own mind up. Below are some of my reflections on the candidates' performance….."**

Favourite quote: "… (*Budi) Sidikin has the voice of an ASMR YouTube content creator: switch him on and you will slowly drift into a deep, warm sleep. He is the global health equivalent of the Lotophagi in the Iliad – a metaphor for pleasurable distraction, complacency, intellectual torpor and the abandonment of one's responsibilities. Smoke him at your peril*…"

He ends by: "… It's still early days and there is a Round Two in March next year. Get your popcorn ready. For now, **my money is on: 1. Budi Sadikin; 2. Hannan Balkhy; 3. Hannan Al-Kuwari. …"**

Devex Check-up - The million-dollar question

https://www.devex.com/news/devex-checkup-an-optimist-s-take-on-leading-who-113943

"…. And while we're on the subject of WHO's next leader, there's another **big question that more than 300 organizations and individuals want the candidates to answer: How will they protect the health and rights of women, children, and adolescents?** In an **open letter, a coalition led by Fòs Feminista, the Center for Reproductive Rights, and PAI —** three organizations known for their work in advancing sexual and reproductive health and rights — is **pressing all seven candidates to make some concrete commitments…."**

"At the **top of the list: ensuring WHO has the leadership, expertise, and resources to continue its work on sexual, reproductive, maternal, newborn, child, and adolescent health**. The coalition also wants whoever wins the job to **spell out, within their first 100 days in office, how they intend to**

accelerate progress toward the 2030 maternal, newborn, child and adolescent health targets. They **want annual progress reports, too, and a commitment to defend sexual and reproductive health and rights "without equivocation."** Why the urgency? With WHO under intense financial and political pressure, **advocates worry these issues could be deprioritized** as the organization makes difficult choices about what to protect and what to cut. And sexual and reproductive health and rights are **already facing funding cuts and political pushback from several countries,** including the United States. … … Some candidates did face questions about how they would tackle these challenges at the forum. But **their answers appear to have left advocates wanting more**. One leader described the responses as "rather superficial."…"

JAMA viewpoint – Next WHO Director-General Must Lead With Strategic Science

Saad B. Omer; https://jamanetwork.com/journals/jama/fullarticle/2857073

"This Viewpoint discusses the qualities and ideas the next director-general of the World Health Organization (WHO) should have, noting that the WHO executive board and World Health Assembly **should evaluate candidates' articulation of a coherent science strategy** in addition to their broader vision for the WHO."

"…As the WHO executive board and the WHA evaluate candidates, **they must expect articulation of a coherent science strategy in addition to the candidates' broader vision for the WHO**. A comprehensive strategy **should provide a strong roadmap for addressing AI-related challenges, increase the salience of public health science, and invest in implementation science while leveraging WHO's normative role and existing resources…."**

Global Health Reform

HPW – Global Health Architecture: Cautious Steps and Aid Collapse Spark Pushback From the Frontline

https://healthpolicy-watch.news/global-health-architecture-reform/

Coverage of some of the discussions at the **Geneva Health Forum** from last week. ***"As the Joint Task Force on Global Health Architecture Reform prepares its first blueprint, civil society representatives warned of mounting risks at the Geneva Health Forum****. Researchers and frontline NGOs cautioned that* ***administrative tweaks ignore a catastrophic funding collapse and entrenched power imbalances."***

PS: "**Limiting change across global health architecture**: …. By contrast, **the (WHO hosted) Geneva task force's scope to deliver structural change remains strictly limited. Its mission explicitly excludes proposing revisions to organisational mandates or recommending specific agency mergers.** This boundary mirrors developments in the broader UN80 reform initiative, where earlier proposals to consolidate health-related bodies have halted. "**The merger of UNFPA and UN Women right now is not going ahead … UNAIDS will continue indefinitely; there is not a closure date**," said **Bruce Aylward**. **New leadership at the Global Fund has also dismissed proposals for Geneva-based mergers with Gavi.** Mark Dybul – whom the Global Fund Board appointed in late October to return as executive director in early 2027, having previously led the organisation from 2013 to 2017 –

argued that operational alignment must happen within recipient nations rather than US or European secretariats…."

BMJ (Editorial) – Inequity is baked into global health architecture: should we dismantle it?

T Doherty, M Tomlinson et al ; https://www.bmj.com/content/395/bmj-2026-101539

In the BMJ series '**Geopolitics of global health'.**

"**Current efforts to reform global health risk reinforcing inequities**."

Global Policy Forum - Global health reform needs a shift in power, not just new structures

K Seitz; https://www.globalpolicy.org/en/news/2026-11-19/global-health-reform-needs-shift-power-not-just-new-structures

(19 Nov) "**Debates on reforming the global health architecture are entering a decisive phase. The Task Force led by the World Health Organization (WHO) is working intensively on its interim report**. The report is due to be presented to the WHO Executive Board at the end of January 2027…."

Coming back on G2H2's related paper. "…The World Health Assembly has asked the Task Force to develop recommendations on responsibilities and mandates, coordination and inclusive decision-making and financing.**G2H2 responds with four demands**, the fourth going beyond the Task Force's remit…"

And also zooming in on the related **intra-German debate**. "… These **differing visions for the future of the global health architecture** aren't just playing out between industry and civil society**. They're also being debated within the German government.** What's puzzling about the BMZ's non-paper on global health, reported on by Devex, isn't only what it says, but that **it apparently sets out a separate BMZ position.** That raises **questions about coordination with the Federal Ministry of Health (BMG).** The **lack of an agreed government position on the reform process** is all the more surprising given that Germany, represented by Björn Kümmel from the BMG, co-chairs the Task Force with China."

"Here's the contradiction: the BMZ wants to strengthen the WHO and its role in setting health norms, while holding on to MSIs such as Gavi and the Global Fund. It's even considering extending their mandates to cover more diseases…."

Future of Development Cooperation & post-2030 brainstorm

Global Policy – Reaffirmed at the UN, cut in Berlin, London and Paris: The 0.7% Target and the G7

Stephan Klingebiel and Andy Sumner;
https://www.globalpolicyjournal.com/blog/25/11/2026/reaffirmed-un-cut-berlin-london-and-paris-07-target-and-g7

"Stephan Klingebiel and Andy Sumner take a **close look at the state of the international aid target. They see a policy norm in retreat and ask what can reinvigorate it."**

"… In a **paper** recently published by UNU-WIDER (United Nations University World Institute for Development Economics Research), **we examine (i) the analytical basis on which the 0.7% target actually emerged, (ii) how political support for the target has evolved since and (iii) how input targets fare in other policy fields**…."

And they conclude: "… **Overall, it is more than clear that the 0.7% target is losing significance. In several donor countries it has become a negative target and the aim has become to fall below it**. Against this background, **we propose four things**. First, we need estimates, at the level of individual partner countries, of their respective financing gaps, in terms of both volume and the degree of concessionality required. Second, burden-sharing should be redefined to include the DAC countries, other OECD members such as Türkiye and countries outside the OECD such as China. Third, the ODA/GNI ratio should continue to be measured for reasons of transparency, with what counts as ODA defined more tightly and audited independently. Fourth, the target remains important for international accountability and effective advocacy: it would be premature to abandon a benchmark that is so well known while no replacement of comparable familiarity exists…."

CGD (blog) – The 2026 Development Leaders Conference: Making Cuts, Not Strategic Choices

M Gavas et al ; https://www.cgdev.org/blog/2026-development-leaders-conference-making-cuts-not-strategic-choices

« **At the end of October, development leaders from around the world gathered in Madrid for the ninth edition of the Development Leaders Conference, co-hosted by CGD and the Spanish Agency for International Development Cooperation (AECID**). The mood had shifted since last year's meeting in Hamburg. Then, leaders were grappling with the shock of unprecedented aid cuts and calls for urgent reform. **This year, the immediate crisis had given way to the challenge of adjusting to a new reality of smaller budgets and thinking about aid within a wider system of finance, trade, and security policy. Despite last year's calls for fundamental reform, much of the response has been to do the same things with less money."**

"Our conversations in Madrid revealed that **very few agencies are ready to make the strategic choices this new reality demands.** Cuts are being driven by immediate fiscal and political pressures rather than consideration of where aid will have the greatest impact. The risk is that the system becomes smaller without becoming more effective. **This blog outlines three challenges that emerged during the conference** (held under the Chatham House Rule) that development leaders can

no longer afford to ignore: **reforming the development system, deciding what ODA should not be used for, and ensuring poorer countries are not left behind by artificial intelligence (AI)….”**

HPW – Slipping Nutrition Targets: Country Taxes, Labels and Budgets Point the Way Post-2030

https://healthpolicy-watch.news/collapsing-nutrition-targets/

*“With **2030 nutrition targets** off track and donor aid falling, countries are deploying domestic taxes, marketing bans, and decentralised budgets. **In Geneva, leaders are drawing on these national models to overhaul post-2030 multilateral governance.”***

“**Nutrition targets are collapsing, foreign aid is retreating, and the global governance architecture built to fix both is fracturin**g. That stark convergence dominated **debates during this year’s Geneva Health Forum at Campus Biotech**. Diplomats, researchers, and United Nations officials **warned that multilateral nutrition policy requires a complete structural overhaul before 2030.”**

“**The Scaling Up Nutrition (SUN) Movement and the University of Geneva launched consultations on a joint white paper, in collaboration with the World Health Organization (WHO).** The initiative seeks to **unify fragmented funding streams and align global institutions before the current Sustainable Development Goals (SDG) expire in 2030….”**

“**For years, global health agencies treated malnutrition primarily as a clinical emergency rather than a structural test of national governance. That operating model is now running out of runway as vertical funds proliferate, according to experts**. Over the past 16 years, more than 330 separate vertical food and nutrition initiatives have emerged globally. These uncoordinated funds fragment domestic capacity, forcing civil servants to negotiate overlapping mechanisms for small grants, warned Joanne Raisin, director of the SUN Movement Secretariat….”

“… Turning [the] integration mandate into reality requires convincing finance and agriculture ministries to commit domestic tax revenue rather than awaiting donor grants. Across sub-Saharan Africa, **several governments are building sovereign financing platforms**, although their political architectures diverge between cabinet centralisation and district execution….”

“… **Those frontline political and fiscal models will now feed directly into the white paper** drafted by SUN and the University of Geneva, in collaboration with the WHO. **Conveners aim to use the document to elevate nutrition from a narrow health sub-target into a core pillar of post-2030 development governance….”**

Global Tax Justice

CESR - The UN Tax Convention heads to Nairobi: what the latest draft reveals about the battle for tax justice

https://www.cesr.org/the-un-tax-convention-heads-to-nairobi-what-the-latest-draft-reveals-about-the-battle-for-tax-justice/

(24 Nov) "**From November 30 to December 10, 2026, governments will gather in Nairobi, Kenya, for the sixth session of negotiations on the United Nations Framework Convention on International Tax Cooperation.** With a **revised draft of the Convention released on November 16,** the **negotiations are entering a critical phase**. The new text reflects some of States' demands, but leaves several of the most important questions unresolved. "

"… Ahead of it, **we take stock of what States have put forward in their written submissions, what has changed in the latest draft, and what this means for the prospects of a Convention that can genuinely transform international tax cooperation…."**

Le Monde - Thomas Piketty (column): 'The UN's framework convention on tax cooperation has the potential to change the world'

Le Monde;

From earlier this week. "**United Nations negotiations for a framework convention on international tax cooperation resume in Nairobi on November 30**. The talks could reshape the world, the economist writes in his column."

"…**the sixth session of negotiations on the draft Framework Convention on International Tax Cooperation is set to take place in Nairobi from November 30 to December 10**. Driven by countries in the Global South, the talks have the potential to change the world, and **Western countries would do well to pay closer attention and take a more active role. Otherwise, they risk missing a pivotal moment in history**…." "… **The new framework convention on international tax cooperation, scheduled for adoption in 2027 or 2028**, is likely the most significant since that of Rio (on climate change). Its long-term impact could be even greater…."

- For more see: https://thomaspiketty.wordpress.com/2026/11/24/toward-a-political-revolution-at-the-united-nations/

Tax Justice Net - Biggest winners of UN move to make profit shifting obsolete oppose it

https://taxjustice.net/press/biggest-winners-of-un-move-to-make-profit-shifting-obsolete-oppose-it/

"**EU and UK leaving their share of $394 billion to be won on the table."**

"Making profit shifting obsolete will see countries collect $394bn more a year in tax from multinational corporations, a **new study finds.** But the **biggest winners of making profit shifting obsolete – the UK & EU – remain opposed to a UN tax convention text geared to do so…"**

PS: "… **Former South African President Mbeki is urging the EU and UK to "wholeheartedly" join the consensus at the UN in the study's foreword."**

"**Countries will recover $394 billion in tax a year from multinational corporations currently shifting profit into tax haven under a UN tax convention text geared to make profit shifting obsolete, a**

new study by the Tax Justice Network reports. The $394 billion would be enough for governments to cut down four-fifths of the global rise in household energy bills seen since 2021, turning back the clock on energy bills to before the US-Israel war on Iran and Russia's invasion of Ukraine. **The findings come just days before the biggest winners of making profit shifting obsolete – the UK and EU – are expected to maintain their opposition to the changes at the UN**, prompting campaigners across Europe to demand an answer today from their governments on why they are leaving tax money on the table…. **The UK and EU stand to gain £31 billion more and €85 billion more a year respectively under the changes**."

"**While the biggest tax sums under the UN tax convention text would be gained in higher-income countries, the biggest impacts would be felt in lower-income countries, where the smaller tax sums are bigger than what the countries currently collect in tax**. All countries, with the exception of a few most extreme tax havens, would reverse their tax losses to profit shifting and collect more tax…."

"**The study's findings starkly contrast a common misperception of the UN tax convention as a tug-of-war between the global North and global South, confirming that the some of the biggest enablers of profit shifting are also some of its biggest losers**, and would be better off abandoning their enabling of profit shifting…."

Tax Justice Network - COP31 failed in Antalya. Nairobi is where we can start fixing it

https://taxjustice.net/2026/11/24/cop31-failed-in-antalya-nairobi-is-where-we-can-start-fixing-it/

Excerpt: "**Tax: the missing conversation at COP31:**

We at the Tax Justice Network went to Antalya to make exactly this point. … **Yet taxes were barely discussed in the official talks**. Economist Lucas Chancel made the point at **a COP31 event on solidarity levies and taxation convened by the Global Solidarity Levies Task Force**. Given how closely tax and climate are linked, he **regretted that the UN tax convention was hardly mentioned at COP31, and that climate is hardly mentioned at the UN tax negotiations**. "We need to have negotiators from both spaces speaking to each other," he said.

The bridges are starting to be built. The **Task Force's new report, Raising Revenue, Building Resilience**, calls the tax convention negotiations the most significant development in international tax cooperation, noting that "for the first time, governments are negotiating a universal framework" under UN auspices. It sees the convention as a platform to apply the polluter-pays principle to the fossil fuel sector. The report on implementing the Baku to Belém Roadmap to 1.3T, published by the COP30 Presidency, goes further. It estimates that a robust outcome to the tax negotiations could raise an additional US$500 billion every year, citing our research on global unitary taxation…."

ODI Briefing paper - Taxing large multinationals

M Barake; https://odi.org/en/publications/taxing-large-multinationals/

"**The OECD's global minimum tax was designed to stop large multinationals paying very little tax, but recent changes are narrowing how much it can raise. A 'side-by-side' understanding now excludes US-headquartered multinationals from the Income Inclusion Rule and the Undertaxed Profits Rule, and a new Substance-Based Tax Incentive (SBTI) Safe Harbour gives governments more room to offer targeted tax incentives."**

"**This working paper and accompanying briefing paper estimate what these changes mean for Pillar Two revenues, using OECD country-by-country reporting data**. Leaving US multinationals out has a modest direct effect, largely because Qualified Domestic Minimum Top-up Taxes continue to capture low-taxed profits where they are earned. The SBTI Safe Harbour is likely to matter much more, with losses concentrated in high-income countries, though every income group collects less. **The papers conclude that how tax incentives are designed and used may now shape Pillar Two revenues more than the special treatment of US multinationals**. They set out what governments should do in response: judge incentives by how they interact with the minimum tax, track which qualify for the Safe Harbour, and monitor whether the side-by-side package weakens the incentive to introduce a QDMTT."

More on Global Health Governance

GHF - Gavi at Crossroads: Funding Crisis, Vaccine Politics & the Future of Immunisation

Shubhangi Thakur; https://newsletter.genevahealthfiles.com/gavi-at-crossroads-funding-crisis-vaccine-politics-the-future-of-immunisation/?ref=geneva-health-files-newsletter

(gated) "In-depth report on the financing and political challenges facing the immunization agenda today. This analysis looks at these issues through the premier institution addressing immunization: Gavi - The Vaccine Alliance." "…This is a **20+ page, two-part report, looking at the squeeze on global immunization, and the battleground it has become.** "

UNU (Policy Brief) - Operationalising Health Sovereignty in Africa: From Political Commitments to Regional Manufacturing of Medical Products

J N Baticky et al ; https://unu.edu/publication/operationalising-health-sovereignty-africa-political-commitments-regional-manufacturing

"**We identify five levers for operationalising health sovereignty through pandemic prevention, preparedness, and response.** These include **institutional governance and capacity, regional manufacturing and integrated markets, diagnostic and data capacity, workforce and research systems under African leadership, and redefined global partnerships**."

"Aligning pooled procurement through the Africa Centres for Disease Control and Prevention (Africa CDC), regulatory cooperation through the African Medicines Agency (AMA), and trade under the African Continental Free Trade Area (AfCFTA) can sustain African manufacturing and equitable access to medical products…."

BMJ (Opinion) - Canada and Carney's priorities: a red flag for global health

Lauren Dobson-Hughes et al; https://www.bmj.com/content/395/bmj-2026-101569

« In November 2026, Canadian prime minister Mark Carney's government tabled a federal budget that, for the first time in at least 15 years, made no mention of international development or global health. This omission is a red flag. Carney has been widely praised for repositioning Canada in a disrupted world order. But that repositioning rests on a narrow worldview, one that prioritises short term national security, sovereignty, and economic resilience. Global health advocates must work out where health cooperation fits within this worldview, while challenging both its limitations and its impact on equity and long term solidarity…."

HHR - Priorities and Vision of the New Special Rapporteur on the Right to Health

https://www.hhrjournal.org/2026/11/20/priorities-and-vision-of-the-new-special-rapporteur-on-the-right-to-health/

"… **At its 62nd session in July 2026, the United Nations (UN) Human Rights Council appointed Mariângela Batista Galvão Simão as Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**. Simão is a pediatrician by training and has worked extensively in public health policy and the promotion of the right to health at local, national, and international levels. Her work has focused on ensuring equitable, nondiscriminatory access to health services, medicines, vaccines, and other health products…."

"… **At the start of her mandate as Special Rapporteur on the right to health**, she joined *Health and Human Rights'* editor-in-chief, Joe Amon, for a **discussion of her new role, priorities, and vision for advancing the right to health…."**

Excerpt: "… A **few issues that always need attention** are **sexual and reproductive health and rights; health care and health care workers in conflict situations; the rights of key populations; and stigma and discrimination.** And I would add that for stigma and discrimination, I'm not only thinking about HIV and AIDS but infectious diseases that are possible to eliminate from a public health perspective and are not eliminated…."

"**There are other key issues, too, such as access to medicines and vaccines**. This is an issue I've long been passionate about—it's in my DNA—and is an overarching interest. **But there are other pressing issues, too! One is aging and the other is mental health**, which of course Dainius Pūras focused on. Both are very difficult to tackle. And there is also something that I had to deal with in Brazil when I was the vice minister for health surveillance and environment, which was **climate change and health**. This is also a critical and difficult issue to address and **illustrates why it's important for Special Rapporteurs to collaborate.** For example, there is a Special Rapporteur on climate change and a Special Rapporteur on environmental issues, and there is value in sharing expertise and in thinking across rapporteurs on how to ensure that new technologies are accessible to all and can make people's lives better…."

But do read the full interview, as it's wide-ranging.

More on Global Health Funding & Financing

Global Health Advocates - Joint analysis of President Costa's proposal for the next MFF: A call for a strong Europe that invests in the world

https://www.ghadvocates.eu/joint-analysis-of-president-costas-proposal-for-the-next-mff-a-call-for-a-strong-europe-that-invests-in-the-world/

(25 Nov) "**Ahead of the European Council summit on 26–27 November, where EU heads of state and government will negotiate the next Multiannual Financial Framework (MFF) for 2028–2034, European Council President António Costa has put forward his latest proposal** – known as the "negotiating box", or "negobox"."

"**Global Health Advocates has endorsed a joint analysis of Costa's negobox**, co-signed by 27 partner organisations, **examining what these figures mean for the future of EU external action**." (as well as health)

Includes **7 calls to EU leaders**.

CGD (blog) - A Big IDA22 Risks Shortchanging Future Replenishments

C Kenny et al; https://www.cgdev.org/blog/big-ida22-risks-shortchanging-future-replenishments

Bit technical - but important. A few excerpts:

"**In December 2024, donors agreed to a record $100 billion replenishment for IDA21, the World Bank's fund for the poorest countries (mostly), with just under 25 percent of the total coming from donors themselves**…. Donor grants are fundamental to IDA's model because they enable IDA to offer loans on very generous terms to very poor countries. **But donor support has been declining.. … The magic of more money to IDA clients out of less money from IDA donors was accomplished in part with the help of larger repayment flows from earlier IDA credits, but the key ingredient was the decision to start issuing debt. All that borrowed money must be repaid at market interest rates while most IDA financing to clients takes the form of grants or below-market credits—a drain on IDA's capital.** Declining donor financing makes IDA more dependent on loan reflows to support its replenishments, and means that future IDA replenishments will be smaller, all else equal. And because of high interest rates, which increase the cost of IDA borrowing, it means those **future IDA rounds might be *considerably* smaller.** How much smaller and how soon is not easy to estimate, but the World Bank has the numbers and should publish them so that **donors and borrowers both understand the increasingly hard tradeoffs involved."**

"… IDA22 will be negotiated in 2027, in worsening economic and geopolitical conditions and very high demand for grants and concessional resources. … … And **donor contributions will likely shrink, at least in real terms."**

"… **The prognosis for donor generosity in IDA22 is not good. A 20 percent decline in IDA pledges may be optimistic.** Under those circumstances, perhaps $19 billion would be drawn from IDA's capital, meaning about $39 billion of a $100 billion envelope would be paid for out of future reflows,

bringing the sustainable size of a replenishment closer to $61 billion (Table 5)**.** These estimates are conservative, as they use the June 2026 rate (3.7 percent). At the current 5.15 percent Treasury yield, the same $100 billion would cost IDA about $58 billion, and the sustainable replenishment would fall closer to $59 billion. **In short, a bigger IDA22 will need a greater share of future reflows to cover costs, reducing the volume available to finance subsequent replenishments**. Unless this shortfall is covered by other sources of income (e.g., donors and income transfers from the IBRD and the IFC), IDA's financing capacity will fall…."

Bond - To be a global leader on gender equality, the World Bank must listen to feminist critiques

Amy McShane; https://www.bond.org.uk/news/2026/11/to-be-a-global-leader-on-gender-equality-the-world-bank-must-listen-to-feminist-critiques/

"While aid budgets continue to shrink worldwide, the **influence of multilateral development banks (MDBs) in shaping development policy is increasing…."**

"**The UK is a major shareholder of the World Bank and next year's G20 president, which gives it the capacity to influence decisions on development finance, sovereign debt, climate finance and reform of the multilateral system in the upcoming years**. The UK's "modern approach" to international development must include using political leverage to interrogate not only how much financing institutions like the World Bank mobilise, but whether the policies they promote are consistent with the development outcomes they claim to work towards, including gender equality. "

"A **feminist perspective on macroeconomic policy** is central to the **Bretton Woods Project's (BWP) new report, *Surviving the policy pipeline? A critical analysis of the World Bank Group's approach to gender equality through lending and policy reform*.** Our research draws on an analysis of 10 sample countries and uses a dedicated benchmarking system, which ranks policies from gender-blind to gender-transformative, to follow gender priorities through the World Bank's policy pipeline. **It finds that the World Bank largely treats gender equality as a specialised area of intervention, while broader economic policies continue to be approached as largely gender-neutral despite extensive evidence of their differentiated impacts on women and girls. "**

"**This shows a clear disconnect between the World Bank's expressed commitments to working on gender equality and the economic model through which it pursues development**. Across the countries analysed, 80% retained at least one gender-blind or regressive policy throughout the lending pipeline, but only 40% retained a gender-transformative policy from diagnosis through to lending. **These findings mirror concerns long raised by feminist economists and civil society organisations, particularly regarding the gendered impacts of austerity, privatisation and market-led development."**

"… **Our report finds** that although the **World Bank increasingly recognises the structural drivers of gender inequality, the policy responses attached to lending are often insufficiently ambitious to address them and instead largely focus on economic growth** as the indicator of development impact. …"

OECD (blog) - Who will finance global health now?

B Missika & K Kochkar; https://www.oecd.org/en/blogs/2026/11/who-will-finance-global-health-now.html

"As aid declines and debt pressures grow, global health faces a financing challenge. **Experts from the OECD and the Gates Foundation explore how philanthropy, public finance and stronger partnerships can help sustain progress…."**

Reuters – Africa can borrow its way to lower debt burden, OECD and AU say

Reuters;

(gated) **"African countries could lower their debt burdens by borrowing more, provided the money is invested in projects that boost economic growth**, the Organisation for Economic Co-operation and Development and the African Union said on Wednesday…."

UHC & NCDs

An acute system for a chronic epidemic: Noncommunicable Diseases and the limits of Universal Health Coverage

Ertila Druga; https://www.linkedin.com/pulse/acute-system-chronic-epidemic-noncommunicable-limits-health-ertila-c1afe/

"Why does an agenda that claims to serve all health needs fit so poorly with the diseases that cause most deaths? Is the problem a lack of money, medicines, or political attention, as much of the literature suggests …? Or is the mismatch built into how UHC is designed and governed? And what does it mean for the 2027 UN High-Level Meeting on UHC, held only two years after the NCD declaration? **To answer these questions, one must see NCDs not as one more item on the UHC list but as a test of its basic design."**

"**A first step is to say what "UHC" refers to. The term is used for three things. It is a global agenda, set out in UN declarations and WHO strategies. It is a monitoring framework, centred on SDG indicators 3.8.1 and 3.8.2. It is also a set of national schemes that finance and purchase care**, such as India's PM-JAY or Thailand's Universal Coverage Scheme…"

"In this essay, I argue that, in many low- and middle-income countries (LMICs), UHC has been built as an acute system for a chronic epidemic. At each level, it has been financed and measured mostly for episodic, acute and often infectious or maternal problems … **I trace this chronic mismatch through three mechanisms: an episodic design that finances and organises care around single events rather than lifelong management; snapshot metrics that record whether a person takes a medicine at one moment rather than whether a condition is controlled over time; and commercial displacement, which turns attention to treating the harms of unhealthy products while leaving their causes largely untouched**. The mismatch persists, I suggest, for political reasons. Its **strength also varies: it is sharpest where schemes pay mainly for hospital episodes, and for conditions that need continuous** care. I **then draw implications for the 2027 High-Level Meeting and beyond…."**

Lancet Editorial – COPD as a life-course disorder: possibilities and practicalities

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02407-4/fulltext

Today's Lancet Editorial.

"**Chronic obstructive pulmonary disease (COPD) is predicted to affect an estimated 600 million people worldwide by 2050, an increase of 23% compared with 2020. It is one of the four largest contributors to the non-communicable disease burden** according to the *Lancet* Commission on 21st century global threats to health. And these estimates do not account for the many people with undiagnosed COPD or those in earlier stages of the disorder. In addition to well known risk factors, such as active and passive smoking and indoor and outdoor air pollution, there are new and under-recognised risk factors, such as vaping, repeated childhood respiratory infections, and impaired lung growth due to prematurity. **Usually, COPD is diagnosed at an advanced stage and treatment options are limited…."**

"To make real progress in addressing the burden of COPD, several approaches are needed…"

The editorial argues: .. **COPD should no longer be seen as an end-stage disease with limited options beyond symptom control but as a preventable and modifiable disorder. The ultimate goal must be accelerated and renewed attention to lifelong lung health."**

Trump 2.0, US Global Health Strategy, bilateral health agreements & impact new Democrat Congress …

Devex - USAID files go public, igniting a firestorm over disinformation work

https://www.devex.com/news/usaid-files-go-public-igniting-a-firestorm-over-disinformation-work-113981

"The Trump administration says the 1.1GB release shows USAID was "weaponized" by previous administrations. Others aren't so sure."

"**USAID's official government website is back online — and now, it's home to hundreds of internal documents that intend to prove the U.S. Agency for International Development was "weaponized" by previous administrations to "advance a radical agenda fundamentally at odds with American values."** "In the interest of transparency and accountability, we are publishing files, memos, and internal communications detailing how the agency operated," reads USAID.gov, which was rebooted on Tuesday. **The files include 1.1 gigabytes of recorded webinars, emails, and concept notes related to USAID's disinformation work, which used to be channeled through the agency's Bureau for Democracy, Human Rights, and Governance."**

PS: "… **But critics of the release say it lacks context, and hardly makes for a smoking gun. The disclosures of staff, organizations, and details could also be dangerous**, according to advocacy organization Aid on the Hill, which was launched by former USAID employees after the agency was shuttered. The names and emails of staff and those from partner organizations are unredacted, as are the names of nonprofits that were threatened for their work with the U.S. government. …"

"**Samantha Power, who led USAID from 2021 to 2025, told Devex that the files were "a baffling hodge-podge chosen by people who will do anything to avoid taking responsibility for their lethal mistakes,"** referring to research that's tallied the death toll from USAID's collapse in the hundreds of thousands."

- See also AVAC: **USAID Website Relaunched** : The US Agency for International Development (USAID) website was relaunched this week, nearly two years after the dismantling of the agency began**. The site has 248 internal files, including emails, webinars and** concept notes related to USAID's work to counter disinformation. …"

"… **The release of the website and its amplification across right-wing media represent a renewed effort to justify the dismantling of USAID and reinforce narratives of political bias, censorship and misuse of taxpayer dollars** (the Administration's case for the foreign assistance cuts). The **timing is notable given that the Democrats will control the US Congress in January and are expected to intensify their oversight of the Administration's actions on foreign assistance and global health.** Additionally, given that only selected documents were published, and without broader context, this is **another step in attempts to erode public and bipartisan support for US foreign assistance and divert attention from the increasing examples of the human costs of its dismantling**. …"

TGH - Tracking the "America First" Bilateral Health Agreements

https://www.thinkglobalhealth.org/article/tracking-the-america-first-bilateral-health-agreements

Update as of **20 Nov**. "Think Global Health's analysis found **gaps between country needs and new cofinancing commitments with the United States."**

"The **36 countries that have signed MOUs as of November 13 face widely varying cofinancing provisions, raising questions about their capacity** to meet spending benchmarks, achieve target health outcomes, and replace foreign assistance…."

"**This interactive assesses the sustainability and scope of the cofinancing obligations under the MOUs**. Toward this effort, we analyze the partner governments' recent and projected health spending, examine how U.S. funding is expected to change under the agreements, and evaluate the available text of the MOUs…. We will continue to update the interactive as new MOUs are signed and track developments related to the agreements. Most recently, Think Global Health (TGH) evaluated four new MOU texts released by Public Citizen on October 27 and found that all but one of those countries expects a decline in their total health co-investments—the U.S. and recipient countries' combined spending commitments—from 2026 to 2030…."

Semafor – State Department bypasses Democrats on Africa health aid

Semafor ;

(23 November) "**The State Department plans to bypass objections from leading Democrats to move forward with distributing more than $170 million in health assistance to three countries in Africa**, Semafor has learned."

"**The decision comes after the State Department sent a notification to Congress about the planned funding, which is being sent to Kenya, Malawi, and Uganda, at the end of August**. Days later, **Democrats on the Senate Foreign Relations Committee and House Foreign Affairs Committee placed holds on distributing the funds**. The State Department says that the Bureau of Global Health Security and Diplomacy provided briefings for relevant congressional staffers on the topic, and it ultimately requested the committees lift their holds by October 31. **Now, the department says it will push past the holds and begin obligating the funds anyway…."**

Emily Bass – What Tanzania Got from America First

On Substack

"State is courting US manufacturers for Tanzania while blocking the watchdog with the legal mandate to follow the money."

"**The Bureau of Global Health Security and Diplomacy is offering US government assistance to private sector companies interested in establishing or expanding manufacturing capacity in Tanzania**. This is the **first offer of America First Global Health Strategy (AFGHS) support specifically for the private sector in a published country-specific Addendum to the Annual Program Statement (APS)** that is the umbrella framework for billions of dollars in AFGHS funding."

"**It's also the most concrete evidence to date of an AFGHS co-signatory country that got at least some of what it bargained for in bilateral negotiations that media coverage almost exclusively describes as extractive and coercive of African countries**. The likelihood that **Tanzania sought and secured reciprocal commitments from the US government** complicates this narrative. Without fundamentally changing the role of the United States of America, **the Tanzania-US agreement raises the possibility that other co-signatory countries came away from coercive negotiations with wins for the ruling party.** With this possibility comes the question: **what does it mean for oversight, analysis and accountability when an AFGHS agreement reflects transaction, not extraction?..."**

CGD (blog) – Form Should Follow Function: Five Options for a New Foreign Assistance Architecture

C Landers et al; https://www.cgdev.org/blog/form-should-follow-function-five-options-new-foreign-assistance-architecture

"**The Trump administration's shuttering of USAID radically altered the shape of American development assistance. Today, the dust is settling**, with development assistance functions spread across multiple agencies, but this new configuration should not be accepted as a permanent status quo. Meanwhile, **the debate on Capitol Hill about which agency should lead development has narrowed: reinstate development aid at an independent agency** (likely some version of a restored USAID operating under existing statutory authority) **or give development a permanent home at the State Department. "**

"**That binary misses the point**. US development assistance performs several distinct functions, ranging from humanitarian response to economic growth, which may be best served by a different institutional architecture and associated authorities and tools**. In our note, we argue that form should follow function and examine five institutional options for US development assistance**. We advise against simply restoring USAID without substantial reforms or making the State Department the permanent lead for US development assistance. Either option would risk squandering this unique window of opportunity to build a strategic, ambitious, fit-for-purpose development architecture. We propose a bold rethink of how to structure US development assistance…"

- For the **full CGD note**, see Defining the Post-USAID Era: Five Options for What Comes Next

"…. **We assess five options for what comes next: making the placement at State work; reviving USAID; supercharging MCC and DFC coupled with a dedicated agency for lifesaving aid; going big on the multilaterals; and creating an entirely new bilateral agency**. These options are not all mutually exclusive. **We favor the boldest options: a new, strategic institution with a full suite of tools at its disposal; a revamped MCC and DFC; or some combination of the two, alongside a larger and more targeted multilateral footprint.** We also acknowledge a range of political trade-offs."

More on country transitions & integration

HPW - The Fight to Save What Polio Eradication Built

Paul Adepoju ; https://healthpolicy-watch.news/fight-to-save-what-polio-eradication-built/

Recommended read. *"In **northern Nigeria**, a community organiser still gets calls from families long after a polio project ended. In **Ethiopia**, volunteers map migration routes, grazing areas and water points to find children formal services miss. **As funding falls, countries must decide which parts of the vast eradication system cannot be allowed to disappear."***

"… Now, **many countries across the African continent are being asked to preserve those capabilities while the programmes that created many of them operate with less money**. In **August 2026, African health ministers adopted a 10-year transition framework to progressively integrate essential polio functions into national health systems**. The framework calls for countries to maintain surveillance, laboratory and emergency-response capacity, strengthen routine immunisation and increase sustainable domestic financing. **But the handover is beginning before polio has disappeared…."**

"… In **its latest emergency assessment, published on 13 November, WHO reaffirmed that the international spread of poliovirus remained a Public Health Emergency of International Concern**. Wild poliovirus continues to circulate in **Afghanistan and Pakistan**, while **outbreaks of vaccine-derived poliovirus persist in parts of Africa, including the Lake Chad Basin and the Horn of Africa**. WHO called for sustained vaccination, surveillance and cross-border coordination, particularly among populations that health services struggle to reach. …"

"**At the same time, GPEI's 2026 operational budget was cut by 30% after major reductions in development assistance from longstanding donors.** In October, its **oversight board approved a 2027 operating budget of approximately $78 million, about $65 million less than in 2026**. GPEI

acknowledged that the trade-offs already made have affected the speed and scale of eradication work in some places…."

"… Dr Mohamed Gedi, **Polio Eradication Programme Coordinator at WHO's Regional Office for Africa**, said **the region's new Framework for Polio Transition is intended to prevent that infrastructure from simply disappearing.** "Polio transition does not mean stopping the polio function," Gedi told *Health Policy Watch*. Instead, countries are expected gradually to integrate functions previously sustained through the specialised eradication programme — surveillance, laboratories, staff, financing and infrastructure — into wider health and emergency-response systems. Some of those assets already have been serving purposes far beyond polio, formally or informally for a considerable period of time, Gedi said. Laboratories developed for the eradication programme are used to diagnose other diseases, while polio eradication staff and surveillance systems also have supported wider outbreak response – and can do so more systematically in the future…."

"He described this as **the logic behind the African transition plan adopted in Addis Ababa in August**. It identifies high-quality surveillance, laboratory capacity, emergency-response systems, routine immunisation and domestic financing among the capabilities that countries need to sustain…."

"**Difficult handover moment**: **Some 32 of the WHO African Region's 47 countries had already begun integrating polio functions into national health or emergency-response systems to varying degrees**, Gedi said in an interview on September 2, 2026. … … But the **handover is also occurring in an increasingly difficult financial environment. …** The 30% cut in GPEI funding for the period 2026–2029 means that transition may be more like a cliff. … It **will mean less money for the kind of local campaigns, human resources recruitment and surveillance that works in last mile areas particularly well.** Unpredictable funding also threatens continuity because experienced staff may seek more secure positions elsewhere…."

Plos GPH - HIV transition justice in Africa: A systematic scoping review of USAID/PEPFAR funding withdrawal, marginalized populations, and community-led HIV services

Ikekhwa Albert Ikhile et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007339

"**We conducted a systematic scoping review of peer-reviewed evidence on USAID/PEPFAR funding withdrawal, geographic reprioritisation, implementing-partner transition, and HIV-service disruption in Africa…. …."**

"Evidence from earlier transitions and the 2025 disruption **converged on one finding: withdrawal is a layered health-system shock shaped by service domain, delivery architecture, political and legal context, fiscal capacity, and community participation**. … … We distinguish **planned transition, abrupt suspension, and institutional dismantling** because each requires different safeguards. **The HIV Transition Justice Framework proposes six linked tests continuity, prevention, community, workforce, data, and sovereignty justice.** African health sovereignty is the capability of African states, regional institutions, and communities to set priorities, finance and operate essential HIV functions, govern data, and hold decision-makers accountable without abandoning politically marginalized groups. **Donor exit is not ethically neutral**: it requires advance notice, co-designed

transition, bridge financing, preservation of data and institutional memory, and safeguards against predictable inequitable harm."

Run-up to HSR Cairo

The **9th Global Symposium on HSR** is scheduled for **7-9 December in Cairo**, Egypt. This week, **the 10th Emerging Voices cohort** already started its F2F training program, ahead of the symposium.

HSG (SHAPES blog) – Daring to be brave: how to speak truth to power

https://healthsystemsglobal.org/news/daring-to-be-brave-how-to-speak-truth-to-power/

by **Ikenna Ebiri-Okoro** (blog for the **SHAPES TWG**).

"… **So what does daring to be brave actually require? First, clarity about the cost**. **… Second, precision over performance.** Loudness is not the same as truth-telling….. **Third, building the infrastructure for collective courage.** Individual bravery is necessary but insufficient. … … **Finally, consistency.** It is easier to speak truth to distant power—the World Bank, the big foundations, the former colonial metropoles—than to the power closer to home: the senior professor who controls access, the ministry official who can blacklist, the local gatekeeper who prefers comfortable narratives. Real bravery includes the uncomfortable local version….

Important blog for our times…

- And a blog from another TWG (by **S Mayhew**) – Climate resilient health systems require communities as partners to address the needs of women, girls and marginalised groups

International Day for the Elimination of Violence against Women (25 November) & 16 Days of Activism against Gender-Based Violence

UN News - Five women killed every hour by partners or family members

https://news.un.org/en/story/2026/11/1168863

"Some 47,000 women and girls were killed by intimate partners or family members in 2025 – five every hour – according to new UN figures published on Tuesday. " " "Nearly one in three women worldwide have experienced physical or sexual violence, yet only seven per cent report it to police, a **separate UN Women report** finds…."

"**Together, the two reports reveal violence that is widespread, largely hidden and rarely punished – and women steadily losing faith in the systems meant to protect them."**

"The **2026 Femicide Brief**, published by the UN Office on Drugs and Crime (UNODC) and UN Women ahead of the International Day for the Elimination of Violence against Women, finds that **partners and relatives were behind 60 per cent of the 78,000 intentional killings of women and girls worldwide last year**…."

WHO - 16 Days of Activism against Gender-Based Violence

https://www.who.int/campaigns/16-days-of-activism-against-gender-based-violence/2026

"**Every year, from 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day, the 16 Days of Activism against Gender-Based Violence call for global solidarity to end violence against women and girls everywhere**. This year, the **UNiTE campaign calls on the world to "Ensure justice, protect survivors, end impunity**." For **adolescent girls, this call is particularly urgent**. For millions, violence begins early in life, at a time when girls are forming relationships, continuing their education and laying the foundations for their future health and well-being. **Ensuring justice and protecting survivors therefore means making sure that adolescent girls are not overlooked in efforts to prevent and respond to violence against women…."**

"**This year, the World Health Organization (WHO) is highlighting new estimates of intimate partner violence and non-partner sexual violence against adolescent girls aged 15–19 years**. The findings show that **almost 1 in 3 girls aged 15–19 years, around 43 million girls worldwide, have experienced physical and/or sexual violence** from an intimate partner, sexual violence from someone other than a partner, or both, at least once in their lives. …"

More on SRHR & Women's Health

BMJ GH (Commentary) – The compendium on respectful maternal and newborn care: from principles to action

https://gh.bmj.com/content/11/11/e024259

by H Mehrtash et al.

Commercial determinants of Health

WHO Bulletin – The global arms industry and commercial determinants of armed conflict

Mohammed Abba-Aji, Sandro Galea et al; *WHO Bulletin*

"**In global health, armed conflict is treated as an unexpected external event that affects populations**. The consequences of armed conflict are managed through humanitarian response and studied afterwards. **This approach fails to recognize the underlying determinants of armed conflict. We argue that the global arms industry and commercial determinants of armed conflict can be**

analysed through the perspective of the commercial determinants of health to identify interventions to mitigate health risks and strengthen the global health response…"

"… Compared with other industries that produce harmful products, such as tobacco, alcohol and ultra-processed food, **public health has not engaged much with the defence industry and its role in fuelling armed conflict**. We **identify three features of the arms industry and its relationship to global armed conflict that set it apart from other health-harming industries: sovereign immunity and national security (the protection arms producers receive from their country); generation of arms demand through geopolitical instability; and fragmented regulatory oversight and transnational accountability.** We identify **five interventions**: mandatory transparency; health impact assessment of arms transfers; financial accountability; technical leadership by the World Health Organization; and partnerships between health and defence policy, through which public health can inform geopolitical and humanitarian approaches to reduce health risks and strengthen the global health response."

Human Resources for Health

Science for the People - Public Health Against the State

Daniel Krugman; https://magazine.scienceforthepeople.org/vol27-3-public-health/public-health-against-the-state/

"Lessons from the Protest Epidemiologists of Nairobi's Uprising."

This contribution "… thinks with and tells the **story of the activist public health workers who took to the streets during the #RejectFinanceBill2024 Uprisings in Nairobi."**

"… **Public health tends to be an institutional enterprise—the domain of governments, nongovernmental organizations (NGOs), and universities**. Its tools belong to the state; its experts answer to institutions. **But for this group, the "apolitical" stance public health actors usually take during these moments was not enoug**h. Rather than capitulating to the supposed impossibility of knowing the extent of state violence or being a part of the government's cover up, **they decided to use their training in public health for the anti-state movement…."**

"**For fifty-one days from June to August 2024, and again over the same months in 2025, groups of young public health workers in Nairobi did protest epidemiology**: a mobilization of public health tools for the explicit advancement of mass uprising against the very state apparatus that usually controls the project of counting, managing, and intervening upon populations. **While becoming a part of a long tradition of African health workers who use science and biomedicine to advance anti-colonial revolutions, they challenged popular conceptualizations of what public health is and how it should be done."**

"… While they show what the mobilization of public health professionals during uprisings actually looks like, **they also allow us to begin answering a crucial question: what is our responsibility when governments become antithetical to the health of the population? Here, I argue it is "protest**

epidemiology:" the use of public health tools for the explicit advancement of mass uprising against the state apparatus that usually controls the project of counting, managing, and intervening upon populations…."

More on Planetary Health/Climate & Health

Guardian - World has six consecutive days 2C above preindustrial levels for first time

https://www.theguardian.com/environment/2026/nov/25/world-six-consecutive-days-2c-above-preindustrial-levels-first-time

"Daily global surface temperature hit record 2.24C above baseline levels on Monday and streak is forecast to continue." Record "hot streak"…

Guardian - Water levels fell sharply in world's rivers and lakes in two hottest years on record, study finds

https://www.theguardian.com/environment/2026/nov/26/water-levels-fall-rivers-lakes-reservoirs-global-study

"Researchers say effects particularly felt in South America where levels plunged even as some areas had extreme rain."

"**Extreme global heat caused an unprecedented decline in the water levels of lakes, rivers and reservoirs around the world in 2023 and 2024**, an international study has found. The **analysis of global water systems, a collaboration led by the Chinese Academy of Sciences**, found that the planet's surface freshwater fell sharply during the two years, which were the hottest on record. Global river flows fell to about 5.7% below normal, while the water stored in lakes and reservoirs dropped by 9.5%. …"

Lancet Letter - Indonesia's fires are a health emergency

A Maharani; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02162-8/fulltext

Authors **call for three actions**. The first one being: "**First, Indonesia should declare a national health emergency** and activate a response based on air quality thresholds, including the provision of clean-air spaces, respiratory protection (eg, N95 masks), continued maternal and child health services, and psychosocial support…."

Lancet Regional Health Africa - Beyond what we can count: rethinking Africa's climate-health burden

Tafadzwanashe Mabhaudhi et al; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00181-1/fulltext

"**The Lancet Commission on 21st Century Global Threats to Health makes an important contribution to anticipatory health governance**. Its emphasis on prevention, preparedness, and action across interconnected threats is welcomed. **However, its recommendations may not achieve the intended outcomes in Africa without adequately accounting for contextual vulnerabilities, structural health inequities, institutional capacities, and interconnected climate threats that conventional metrics alone cannot fully capture**. We argue that the **Commission's estimated climate threat to health is restricted and omits important climate-related risks most consequential for Africa**. This raises questions of which threats are prioritised, political accountability, resource allocation, representation, and whose experiences inform policy decisions…."

"…**Our concern is less that the Commission claims completeness than that its estimate of climate-related health risks will be read by policymakers, the public and the media as a complete account of the climate-health risk**. We call for **climate-health estimates to be reported with an explicit account of excluded pathways, for integrative assessment that treats climate change as an amplifier of other threats rather than a parallel threat…."**

Digital health

Lancet Regional Health Africa – Sovereignty without architecture? A comparative policy analysis of African digital health and health information system strategy documents ahead of the 2028–2033 global digital health agenda

Augustus Osborne et al; **https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00180-X/fulltext**

"**African digital health strategy documents increasingly invoke digital sovereignty. We assessed whether they contain the governance and architecture provisions needed to give it effect**. In this comparative policy analysis, we mapped national digital health strategy documents for all 54 African countries and coded 41 publicly retrievable continental, donor and national documents (25 from 24 countries) across ten governance domains…"

Findings: "**Continental texts framed sovereignty most strongly**. National texts endorsed interoperability, but few named a standards hierarchy, an architecture approval process, procurement or hosting conditions, or a steward with enforcement authority. **The reviewed national documents invoke sovereignty without the provisions that would make it enforceable; these are findings about texts, not implementation**. …. **We propose ten verifiable provisions for strategies prepared under the 2028–2033 global digital health agenda**."

"… **To our knowledge, this is the first multi-country analysis to code enforceable governance and architecture instruments, and the framing of digital sovereignty, in African national digital health strategy documents.** …. Sovereignty is now a salient frame in the reviewed texts, but it is seldom

translated into provisions on standards, architecture approval, procurement, hosting and stewardship authority."

"**African digital health policy is now a governance agenda as much as a technology agenda**. The 2028–2033 global digital health agenda should move from generic commitments to digitisation and interoperability towards enforceable governance, regionally coherent architecture and financing that rewards integration rather than proliferation. **We propose ten provisions for national strategy documents, each verifiable from the text, and actions for governments, Africa CDC, WHO AFRO, African Union institutions and development partners."**

Conflict/War & health

Lancet – Offline: Humanitarian health—the shameful silence

R Horton; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02396-2/fulltext

"**Joanne Liu** was International President of Médecins Sans Frontières (MSF) from 2013 until 2019. In her compelling **memoir, *Ebola, Bombs, and Migrants: Humanitarian Crises in a Security-Obsessed World* … , she recounts her time working at MSF and draws lessons for global health today**. The premise for her argument is **that 9/11 ushered in a securitised approach to humanitarian action, which "denied our common humanity".** By invoking the red card of security, countries were given permission, even encouraged, "to flout the fundamental rules of war and international humanitarian law". **Liu uses the Ebola virus disease outbreaks of 2014, the 2015 bombing of an MSF hospital in Kunduz, Afghanistan, and global migration to prove her case**. "Solidarity", Liu argues, "should be the overriding solution to these existential threats." **She is devastating in her criticism of global health actors.** … … Liu **calls "for the creation and development of solidarity mechanisms". How? By restoring principles of human dignity, protection of the vulnerable, and the right to health, and by returning to multilateral global governance**. She recognises that her manifesto will be a tough ask. But "it is better to fight for change than to abdicate", she argues. "Failure to recognise the humanity of others is to ignore one's own humanity." "

"… **Fouad Fouad** is Professor in Social Sciences and Global Health at the Liverpool School of Tropical Medicine, UK. Last week, he gathered an international group of humanitarian researchers—doctors and scientists, lawyers, and development experts—to review the present state of humanitarian health. **Fouad was an author of the 2026 Johns Hopkins Center for Humanitarian Health–*Lancet* Commission on health, conflict, and forced displacement**. Karl Blanchet presented the findings of the Commission, arguing that the **humanitarian system is not fit for purpose**. Attacks on health workers and hospitals are increasing. There is no correlation between need and funding. And there is little hope that change will come from within**. The Commission plans to set up a Humanitarian Alliance to hold humanitarian actors accountable for their failures…"**

Horton then **links with the WHO DG race**: "… Given the increasing importance of humanitarian crises, one might have expected the seven candidates standing for election to become the next Director-General of WHO to have prioritised health emergencies in their appeals for member-state votes. But **at last week's first candidates' forum, held in Geneva, none even mentioned humanitarian health in their prepared pitches. Not even those candidates from regions most affected by humanitarian emergencies**. The complacency that Liu pinpoints is shamefully alive and well among those seeking to lead WHO. Why is that? It is a question worth inquiry and speculation.

Conceit? Fear? Cowardice? **No candidate deserves WHO's top job until they take humanitarian health more seriously."**

Guardian - Israel's destruction of Gaza has created a 'toxic wasteland', experts find

https://www.theguardian.com/world/2026/nov/23/israel-gaza-destruction-created-toxic-wasteland-oxfam-report

"Scientific and satellite findings warn of widespread contamination in Gaza, posing **grave threats to public health 'for generations to come'."**

"**Israel's military assault has created widespread contamination across the entire strip, the report by Oxfam and the Conflict and Environment Observatory (Ceobs) finds**, with heavy metals, explosive residues, asbestos from destroyed buildings, and sewage making the air, soil and water dangerous for Palestinians for decades to come….."

HPW - "Health should never be a casualty of politics': Tedros Calls on US to Lift Fuel Blockage of Cuba

https://healthpolicy-watch.news/health-should-never-be-a-casualty-of-politics-tedros-calls-on-us-to-lift-fuel-blockage-of-cuba/

"World Health Organization (WHO) Director-General Dr Tedros Adhanom Ghebreyesus called on the United States to lift its fuel blockade of Cuba during a visit to the island on Tuesday."

"… **The WHO has made $2 million in flexible funding available to Cuba via its regional office, the Pan-American Health Organization (PAHO),** to prioritise childhood vaccinations. WHO officials also delivered medicines and medical supplies mobilised through PAHO's emergency programme, and Tedros committed to assist Cuban authorities to repair medical equipment. He called on partners to increase their technical and financial cooperation with Cuba…."

"**He detailed some of the effects of the ongoing US blockage on Cubans' healthcare**…"

Access to Medicines, Vaccines & other health technologies

Devex - Low-cost, generic HIV prevention injection arrives in Africa

A Green; https://www.devex.com/news/low-cost-generic-hiv-prevention-injection-arrives-in-africa-113978

"**Both the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Clinton Health Access Initiative have announced deliveries of the generic form of lenacapavir to Zambia**."

"…. **CHAI confirmed that 10,000 vials have arrived, procured at a cost of $40 per person for a year's supply. The Global Fund did not reveal how many injections it has delivered**. … "

"**As part of a collaboration with Freddie, a telehealth platform in North America focused on the 2SLGBTQ+ community, CHAI procured the doses from Dr. Reddy's that were distributed in Zambia today.** The collaboration between CHAI and Freddie, known as **PrEP Onwards**, is making one dose of lenacapavir available to someone in Africa for every person who starts PrEP through Freddie in Canada or the United States…."

PS: "**Gilead's branded version of lenacapavir first reached sub-Saharan Africa on Dec. 1, 2025, to coincide with World AIDS Day, through a partnership with** the U.S. President's Emergency Plan for AIDS Relief and the Global Fund, or PEPFAR. **Those partners have committed to making lenacapavir available to 3 million people by the end of 2028.** The Global Fund did not confirm whether today's delivery of generics counted toward the 3 million total…."

"… **Ahead of today's delivery of generic lenacapavir, the drug was already available in 10 African countries.** The Global Fund reports that 189,000 people across those countries have received their first dose of lenacapavir…."

"During a **press conference** at the International AIDS Conference in July, **Jared Baeten, a senior vice president at Gilead, said the company expected 600,000 people to be enrolled on lenacapavir by the end of this year**. The **Global Fund reported** that **24 countries are expected to have received the drug by the end of 2026…."**

- See also a **Global Fund press release - First Deliveries of Generic Lenacapavir for HIV Prevention Arrive in Countries**

"The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is announcing a major milestone in expanding access to HIV prevention: **The world's first deliveries of generic lenacapavir arrived in Zambia, with another delivery to Uganda expected in the coming days**. These deliveries, just one year after Gilead Sciences' lenacapavir arrived in sub-Saharan Africa, mark an unprecedented acceleration and expansion in access to a highly effective, quality-assured generic HIV prevention medicine in low- and middle-income settings. **Another Global Fund-financed shipment of generic lenacapavir will arrive in Zimbabwe in early 2027."**

"… **The first generic deliveries were made possible by a strong coalition of partners** working together at unprecedented speed. **It started with Gilead Sciences' early voluntary licensing agreements with generic manufacturers, as well as catalytic investments from the Gates Foundation and Unitaid to expedite the availability of the first quality-assured generic products. The Children's Investment Fund Foundation (CIFF), along with the Gates Foundation and Unitaid**, funded technical support for early adopter countries preparing to introduce and scale up access to lenacapavir. These efforts build on the **strong collaboration in financing and procurement between the Global Fund and the United States government…."**

"The accelerated rollout is also the **result of early recommendations through the Global Fund's Expert Review Panel mechanism and recent regulatory approval by the U.S. Food and Drug Administration,** which allow countries to **move faster to procure innovative, quality-assured products via the Global Fund's pooled procurement platform** with Global Fund and United States government funding…."

Reuters – India's Hetero begins shipments of generic HIV prevention drug to Africa

Reuters;

"**India's Hetero said on Thursday it had begun shipping generic versions of Gilead Sciences' HIV prevention drug lenacapavir to Africa, with plans to supply 300,000 vials to Zambia, Uganda and Zimbabwe."**

"**Gilead has licensed six generic drugmakers, including Hetero and Dr. Reddy's Laboratories to manufacture and supply generic versions in 120 low- and middle-income countries**, in a push to expand access to the drug in regions with high HIV burdens…."
"**The shipments come a day after the Global Fund to Fight AIDS, Tuberculosis and Malaria said the first generic lenacapavir supplies had arrived in Zambia**, with deliveries to Uganda expected in the coming days and Zimbabwe in early 2027. **More than 189,000 people across 10 countries had received a first dose of the drug as of November, according to the Global Fund, and the organisation plans to deliver four times more lenacapavir in 2027 than in 2026, with generic products accounting for a growing share of supplies."**

"**Hetero said it plans to supply generic lenacapavir to 10 additional African countries in early 2027 after the initial shipments**. The company also aims to launch the drug in India over the coming months, subject to regulatory approvals…."

Devex Pro - Come to Brazil: Fiocruz eyes joint ventures with pharma

https://www.devex.com/news/come-to-brazil-fiocruz-eyes-joint-ventures-with-pharma-113950

(gated) "The **president of the Brazilian manufacturer wants to go beyond tech transfer deals and establish deals with pharma to research new products in Brazil**."

"**Low- and middle-income countries have long demanded technology transfer from rich countries** to ensure their own supply of drugs and vaccines. **Brazilian state-affiliated manufacturer Oswaldo Cruz Foundation, or Fiocruz, wants Big Pharma to help them invent new products themselves**. In an interview with Devex, **Fiocruz President Mario Moreira said product development deals with Big Pharma companies were his priority for the next year."**

"… **Mario Moreira, president of Brazilian pharma manufacturer Fiocruz, reckons he has personally signed more than 20 tech transfer agreements**. They were "very nice," he told my colleague Rory O'Neill at the company's Rio de Janeiro headquarters. "But if you do this for a long time, you can lose the capacity to develop your own products. That's the challenge we have," he said. **Fiocruz has already grown its "muscles of production," but now Moreira wants to focus on the "muscles of innovation."** His priority for the next year? **Product development partnerships with pharma companies to research new technologies and develop new diagnostics, vaccines, and therapeutics in Brazil."**

"Meanwhile, **the technology transfer pipeline is hardly slowing down**. **Fiocruz is negotiating deals involving HIV prevention drugs with Merck and Gilead and is close to finalizing an agreement with Spain's Biofabri that would secure manufacturing and commercialization rights for a promising tuberculosis vaccine candidate across 30 countries in the Americas**, excluding the U.S. and Canada.

But **it's the prospect of fundamentally changing its relationship with Big Pharma — from a recipient of innovation to a partner in creating it — that could make Fiocruz a model for other low- and middle-income countrie**s looking to break their technological dependence…."

Guardian - 'The only free thing is a bed': hospital patients forced to pay as Malawi runs out of medicines

https://www.theguardian.com/global-development/2026/nov/25/malawi-healthcare-hospitals-drug-shortage-medicines

"Poor rural families forced to find basic medical supplies as scarcity of foreign exchange paralyses healthcare provision."

Re "…**Malawi's worst medical supply breakdown in more than a decade**. While periodic shortages have long strained the country's underfunded health system, **nationwide availability of essential medicines has plunged to 40%**, down from 77% in early 2025, with major referral hospitals dropping to as low as 18%, according to **internal reporting from the state-run Central Medical Stores Trust (CMST). Health analysts say public facilities have not experienced a collapse on this scale since 2013**, when inherited debts and a major corruption scandal triggered an aid freeze by donors. **In a country where public healthcare is supposedly free at the point of use, the shortages are pushing the cost of treatment on to expectant mothers and patients."**

"… **At the root of the crisis is an acute shortage of foreign exchange that has paralysed medical procurement in Malawi, which imports nearly 80% of its pharmaceutical and surgical supplies.** A severe trade deficit driven by falling tobacco export revenues and surging fuel import bills, which now exceed $700m (£535m) a year, as well as inflation running at 20%, have left official foreign reserves able to cover about two and a half months of imports, below the three-month international benchmark, prompting commercial banks to strictly ration US dollars. … Although parliament allocated 108.3bn kwacha (£48m) for medicines and medical supplies in the 2026–27 national budget, **the CMST cannot easily convert local currency into dollars** to pay international vendors. **As a result, the agency has accumulated about $18m in unpaid arrears to overseas suppliers, which have halted new shipments until invoices are settled…."**

GAVI - The Gavi Leap has reached an inflection point: its impact is already being felt

https://www.gavi.org/vaccineswork/gavi-leap-has-reached-inflection-point-its-impact-already-being-felt

"With Gavi poised to reach one billion vaccines delivered in a single calendar year, CEO Sania Nishtar **reflects on the early impact of the Gavi Leap reforms**, the difficult choices behind them and what meaningful transformation in global health really requires."

Nature Comment –Blend public cash and private innovation to unlock drug development

V Dzau et al ; https://www.nature.com/articles/d41586-026-03723-7

"Common health conditions lack medicines and treatments because industry finds them too risky to invest in. Here's what would help."

"… we propose an adapted innovation model based on mission-driven public–private partnerships (PPPs), in which government acts as a leading strategic investor. By bringing together the best scientists in academia and industry and lowering risks in industry development in areas of public need and for diseases with limited understanding, this model would accelerate translation, advance health and increase economic returns. **Here, we outline how it would work**. It will require systems to ensure affordable access to drugs and therapies, as well as revenue sharing between public and private partners to guarantee public benefits and to support investments in innovation…."

Wemos (position paper) – Regional production for equitable access to health products: moving from factories to ecosystems

https://www.wemos.org/en/regional-production-for-equitable-access-to-health-products-moving-from-factories-to-ecosystems/

Position paper on what it takes to build regional production ecosystems and why clear access conditions on public investment are crucial.

"**Regional production of health products must be driven by public health objectives, rather than by industrial and commercial interests**. Ultimately, success should not be measured by how much is produced, but **by whether people can access the health products they need, at prices they and their health systems can afford. "**

Some more reports

WHO (report) – Health inequality monitoring atlas: a global mapping of country capacities, resources, policies and practices

https://www.who.int/publications/i/item/9789240125032

"**This report provides the first global mapping of national health inequality monitoring capacities, resources, policies and practices across WHO Member States**. Drawing on self-reported information from 161 countries, representing 83% of WHO Member States and 89% of the global population in 2025, it examines leadership and strategic planning, the availability of disaggregated health data, and national capacities for analysis and reporting. …"

"**The findings reveal widespread political commitment**, with 89% of countries reporting commitments to address health inequalities in their national health sector strategic plans, alongside gaps in governance, data collection, analytical capacity and reporting…."

- **Related Lancet Comment – Strengthened inequality monitoring is needed to progress global health equity goals** (by Ahmad Reza Hosseinpoor et al).

"A **new report from WHO, Health Inequality Monitoring Atlas: A Global Mapping of Country Capacities, Resources, Policies and Practices**, published on Nov 24, 2026, and which we helped

develop, **shows wide variations and gaps in health inequality monitoring practices across 161 countries** (panel). It underscores that inequality monitoring systems are at different stages of maturity across countries and all countries have opportunities to strengthen these systems, albeit in different ways. **So, what is needed for countries to improve health inequality monitoring?..”**

Miscellaneous

Cidrap News - Researchers estimate 34-fold rise in global dengue cases in past 35 years

https://www.cidrap.umn.edu/dengue/researchers-estimate-34-fold-rise-global-dengue-cases-past-35-years

Researchers at the **Annual Meeting of the American Society of Tropical Medicine and Hygiene (ASTMH)** in Maryland reported “… **a 34-fold increase in global incidence** (of dengue) from 1990 to 2024…” “A **team led by researchers at the London School of Hygiene and Tropical Medicine** expanded existing surveillance data from 143 countries and used statistical methods to fill gaps in country-level data and convert annual totals into monthly counts. …”

“The **investigators estimated that, during the study period, cases tallied 74 million worldwide,** including 10.7 million infections not recorded in World Health Organization databases.”

“**Outbreaks have doubled in cyclical strength and become increasingly synchronised globally. “Reported incidence increased 34-fold, with growth fastest in recently emerging regions in Africa, the Middle East and South Asia**,” the authors said in the **study abstract**. “Outbreaks have doubled in cyclical strength and become increasingly synchronised globally.” …”

“**But the true global scale is believed to be far greater—perhaps as many as 390 million infections annually**—because three of four infections are mild or don’t cause symptoms and because case counts represent only those reported by health authorities and surveillance systems…”

- See also Nature – Dengue has exploded globally with shocking speed

“The number of recorded cases of the mosquito-borne disease worldwide rose by a factor of 34 over 34 years.”

Global health governance & Governance of Health

Norway helped define sustainable development. Can it do the same for dignity?

David McNair et al; https://senseofthings.substack.com/p/norway-can-shape-the-next-era-of?r=hxyd&utm_campaign=post&utm_medium=web

“In **1987 Norway put the concept of Sustainable Development on the global agenda**. At a similar moment of fracture, Norway can do it again.”

"This week we are in Oslo launching a **new discussion paper** on **Dignified Development** which **aims to inform Norway's review of its development cooperation strategy** in *Prosjekt Vendepunkt* (Project Turning Point)…."

"**Our proposal calls on Norway to be a champion for a new kind of cooperation that is transparent about values and interests, leads by example, and builds a coalition of middle powers** that do the same: a counterweight to the prevailing trend of retreat and transactionalism…."

Global Policy - Rethinking Agenda Expansion in Informal Intergovernmental Organizations: BRICS and Global Order Contestation

Emel Parlar Dal, et al; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70276

"…. By **analyzing 17 declarations of the BRICS summits between 2009 and 2025**, … … **The article asks in what ways the BRICS declaratory agenda has expanded and what this reveals about how the group positions itself in global order contestation**. It argues that **BRICS agenda expansion operates through three interrelated processes: a) issue diversification, b) issue patterning, and c) issue reframing.** The findings show that **BRICS has moved beyond its early emphasis on economic and financial coordination toward a broader agenda encompassing peace and security, sustainable development, social-human issues, technology, and global governance. Yet, agenda expansion does not proportionally translate into institutional deepening across the agenda**. Rather, what emerges in the declarations of BRICS is a **process of selective thematic broadening, the presence of discursive repetitions and increased attempts at framing BRICS as a central issue in discussions about global order.** These patterns support **interpreting BRICS's declaratory role through the concept of a global order discourse actor**."

Global Policy - Debt Sustainability and Sovereign-Lending Risk Analysis With Chinese Characteristics

Tianyi Wu et al; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70250

« This paper examines debt sustainability and sovereign-lending risk analysis in Chinese lending to low-income countries (LICs), comparing these approaches with those of bilateral and multilateral donors…."

Global health financing

Health Economics, Policy & Law - Rethinking priority-setting: why alignment behind country-led processes matters now more than ever

A Sitruk et al; Health Economics, Policy & Law;

"The financing of health systems in low-and middle-income countries is being challenged by difficult macro-fiscal conditions and a sharp decline in development assistance, while demands on health systems increase. **Achieving sustainable universal health coverage requires institutionalising country-led, evidence-informed priority-setting processes (EIPS), and adopting a unified framework for benefits design.** Such an approach can support alignment across funding, reduce

fragmentation and improve allocative efficiency. Health systems strengthening investments must also be prioritised in line with nationally determined priorities. The institutionalisation of EIPS and health technology assessment requires dedicated resources to address current barriers. Scaling up regional and global collaborations is a key strategy to address fundamental challenges and gaps in the global evidence base for EIPS. Furthermore, new technologies including artificial intelligence present opportunities to facilitate evidence generation, sharing and use, but they must be used responsibly. Recent WHO restructuring provides an opportunity to strengthen WHO's role in standardisation of both evidence and data and in making the case for the use of EIPS and benefits frameworks…."

UHC & PHC

WHO - Health financing progress matrix assessment: Zimbabwe, 2026

https://www.who.int/publications/i/item/9789290316343

(23 Nov).

Pandemic preparedness & response/ Global Health Security

Nature Communications Health - Repeated spillovers are warning signals: high-level political negotiations must value pandemic prevention at source

M Peyre et al; https://www.nature.com/articles/s44528-026-00061-y

« Repeated zoonotic spillovers offer opportunities to prevent pandemics, but the systems that detect and reduce these risks remain underfunded. **Here, we argue that international agreements must secure sustained, equitable investment in these One Health systems and the communities supporting them. »**

Planetary health

Climate Uncovered - The Permafrost Time Bomb: How a waking giant will continue to drive warming even after net-zero

Tom Harris; https://drtomharris.substack.com/p/the-permafrost-time-bomb-how-a-waking

"Permafrost melt sits quietly in Tipping Point reports and occasionally makes a small news story when a village has to be relocated or wildfire breaks out, **but it deserves a lot more attention."**

"… **Permafrost has the potential to easily destroy 'remaining carbon budgets' and point the Earth towards continued warming for centuries, even if we achieve net-zero emissions of our own**…."

Covid

GAVI – Nine things we now know about Long COVID, six years after the pandemic began

https://www.gavi.org/vaccineswork/six-years-pandemic-started-here-are-nine-things-we-know-about-long-covid

"For millions of people, COVID-19 never really ended. **Researchers are piecing together what drives Long COVID and who is most at risk. However, just as answers emerge, the money and data needed to act on them are slipping away."**

"**Around 400 million people worldwide are estimated to have suffered from Long COVID** – most cases haven't been resolved – **at a cost of roughly US$ 1 trillion a year to the global economy.** No drug has yet been shown to reliably treat the condition once it sets in. **Research funding and national surveillance are both dwindling, and cases in low- and middle-income countries were barely being counted to begin with…."**

Lancet Infectious Diseases (Editorial) –Long COVID trials revisited

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(26)00589-X/fulltext

Editorial of the new December issue.

Infectious diseases & NTDs

AP - Scientists report strong new evidence that specially bred mosquitoes can fend off dengue

https://apnews.com/article/dengue-mosquitoes-brazil-wolbachia-f76cedcdcdf10c8834ab828d3e12ab13

" **Children who lived in Brazilian neighborhoods buzzing with a special kind of mosquito were far less likely to catch dengue or another worrisome virus, chikungunya, researchers reported Saturday.** The **major study of more than 5,700 children in one of the world's dengue hot spots** offers **new evidence that breeding mosquitoes unable to transmit these viruses can be a viable strategy** rather than solely relying on pesticides and trying to avoid getting bitten."

"**In neighborhoods populated by these so-called Wolbachia-carrying mosquitoes**, researchers found about a 69% reduction in dengue and chikungunya infections in schoolchildren compared to similar neighborhoods — an **effect sustained even during Brazil's severe 2024 dengue outbreak**, said Dr. Sri Edupuganti of Emory University, part of the international research team. The researchers reported the findings at **a meeting of the American Society of Tropical Medicine and Hygiene**…."

Bhekisisa - Is SA losing ground against HIV? These four graphs offer a warning

https://bhekisisa.org/health-news-south-africa/2026-11-23-is-sa-losing-ground-against-hiv-these-four-graphs-offer-a-warning/

"**Findings** (cfr the Lancet HIV) **from one of the world's largest ongoing population surveys tracking HIV, in rural KwaZulu-Natal, are "a sobering warning",** researchers say. **All four indicators they analysed show that the momentum in bringing the HIV epidemic under control has been lost —** which could mean it could start growing again. …"

Devex Opinion – Ignoring poor progress on neglected tropical diseases puts us all at risk

H M Ferguson; https://www.devex.com/news/ignoring-poor-progress-on-neglected-tropical-diseases-puts-us-all-at-risk-113952

"As progress toward eliminating neglected tropical diseases stalls, **WHO's midterm review underscores the need for action beyond health — on debt, climate change, and conflict."**

AMR

SS&M – Out-of-Pocket Health Spending, Governance Capacity, and Antibiotic-Use Composition: Global Evidence from the WHO AWaRe Framework

Muhammed Benli et al;
https://www.sciencedirect.com/science/article/abs/pii/S0277953626011585

Some findings: "Higher out-of-pocket spending is linked to lower Access and higher Watch shares. Stronger governance is associated with higher Access and lower Watch shares. Higher OOP spending is linked to lower odds of meeting the WHO 70% Access target (i.e. t least 70% of total consumption consists of Access-group antibiotics). UHC service coverage is not independently linked to AWaRe composition…."

NCDs

Nature Medicine - Later-born generations have better memory and lose it more slowly

https://www.nature.com/articles/s41591-026-04758-z

"Dementia risk at any age has been falling for decades. An analysis of ~219,000 people followed for up to 30 years shows that newer generations start old age with a larger cognitive capacity that declines more slowly than that of previous generations, and this combined advantage is large enough to account for the fall in dementia incidence."

Lancet GH - The global hypertension care cascade in May Measurement Month 2023: a cross-sectional opportunistic blood pressure screening campaign

Gabriele K Kerr, et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00243-3/fulltext

"**May Measurement Month is an annual global blood pressure screening campaign aimed at raising hypertension awareness**. In this study we present the **results of the 2023 campaign."**

Interpretation findings: "… **Opportunistic May Measurement Month screening provides a low-cost, scalable route to increase awareness and detection of raised blood pressure**."

Sexual & Reproductive health rights

Plos Med (Perspective) - Pre-eclampsia: Time to focus on delivery rather than discovery

Alice Beardmore-Gray et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005306

"Efforts to reduce maternal mortality have stagnated in the past 5 years and pre-eclampsia remains a leading cause of death. To save mothers' and babies' lives, we must re-focus resources on implementing what we know works best—ensuring that women everywhere have access to good quality antenatal care and planned early birth."

WHO Bulletin - Antenatal care quality and postpartum health, Ethiopia, India, Kenya and South Africa

https://cdn.who.int/media/docs/default-source/bulletin/online-first/blt.25.295406.pdf?sfvrsn=8f170593_3

By Catherine Arsenault, M Kruk et al.

HP&P - Antenatal care in West Africa: a multi-country analysis of trends and wealth-related inequality in content delivered assessed using Demographic and Health Surveys, 2003–2024

HP&P

By Goldfield Edem Azumah et al.

Access to medicines & health technology

Dev Discourse - Herbal Medicine Quality Standards Move Forward at WHO Expert Meeting

https://www.devdiscourse.com/article/health/4009879-herbal-medicine-quality-standards-move-forward-at-who-expert-meeting

"The **standards initiative contributes to the WHO Global Traditional Medicine Strategy 2025–2034,** which supports stronger quality assurance and regulatory systems."

"**Experts from all six World Health Organization regions gathered in Hong Kong SAR, China, from 16 to 18 November 2026** to advance internationally harmonised quality standards for herbal medicines." "Convened by the WHO Global Traditional Medicine Centre, the three-day meeting focused on developing a shared scientific foundation for assessing the quality of these medicines…."

BMJ Opinion - US pressured the UK into paying higher drug prices; now it wants Germany to follow

M Vogel et al; https://www.bmj.com/content/395/bmj-2026-101587

"The US is using the threat of trade sanctions to press Germany to pay more for new drugs, citing the UK's earlier concessions. European governments must prepare for the consequences if it succeeds, write Matthew Vogel and colleagues."

Human resources for health

Development Discourse -WHO Sets Out Shared Investment Framework for Health Worker Recruitment

https://www.devdiscourse.com/article/health/4009242-who-sets-out-shared-investment-framework-for-health-worker-recruitment

In case you missed this last week. "**WHO will continue to support Member States that request help implementing the updated Code, including technical assistance on bilateral agreements, co-investment approaches and policy dialogue…."**

Stat – More surgeons in Africa isn't enough when only 10% are women

T Vadset ; https://www.statnews.com/2026/11/20/women-surgeon-shortage-global-cosecsa-lancet-commission-mukagaju-africa-making-of-a-surgeon/

"Fixing the gender gap is crucial to solving the surgeon shortage."

"A recent analysis of the surgeon workforce in 12 of the 14 member countries of the College of Surgeons of **East, Central and Southern Africa (COSECSA)** found that women make up one-tenth of the surgical workforce. This number has gone unchanged since 2015 despite a 42% increase in the total number of surgeons in the region. Meanwhile, 5 billion people worldwide lack access to safe and affordable surgical care…."

SSM Health Systems - The cost of training a nurse and midwife in Africa: A scoping review

https://www.sciencedirect.com/science/article/pii/S2949856226001595

by Daniel Kipchumba Kurui et al.

Global Health Action - From brain drain to system overload: a conceptual framework for public-sector health-worker attrition as endogenous organisational overload in South Africa

https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2766661

By Joyce Ayeni et al.

Plos GPH - One leg in the community, one leg in the health system: A qualitative study of stakeholder perspectives on South Africa's community health worker programme and lessons for Belgium

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006937

By Laura Vroonen, Edwin Wouters et al.

Migration & Health

Journal of Global Health - Governing migration and health: actors, instruments, norms, and accountability deficits

Anuj Kapilashrami et al; https://jogh.org/2026/jogh-16-04386

"**We systematically mapped the global governance architecture of migration and health**, examining the actors, instruments, policy forums and normative framings that influence policy development and coordination…."

"…**Our analysis points to a persistent disconnect between migration governance and health governance: health remains peripheral in migration instruments, and migration marginalised in health instruments.** Building on emerging mandates and functions, **we propose a four-domain governance typology to support integration under the unified label 'migration health'**. This typology addresses implementation fractures, guides analysis of power asymmetries, and centres

health rights and accountability to advance the development of equitable migration-health policy and practice."

Papers & reports

Plos GPH - Corruption in health systems: An umbrella review of the pathways to health, financial, and social outcomes

Michele Coleman, D Balabanova et al ;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0005763

« **This umbrella review synthesises findings from twelve systematic reviews and meta-analyses to examine how health-sector corruption affects health, financial, and social outcomes**. It identifies common types of corruption, including substandard and falsified medicines (SFM), informal payments, absenteeism, pharmaceutical promotion, procurement fraud, and billing abuse, and maps the pathways by which they affect outcomes. **The review reveals two recurring dynamics: incentives arising from systemic vulnerabilities and opportunities created by governance failures**. SFM contribute to avoidable mortality and economic strain, particularly in low-resource settings. Informal payments and absenteeism disproportionately affect poor and rural populations, eroding trust and deepening inequities. The pharmaceutical industry's influence distorts prescribing practices, raising costs and compromising care quality….."

« … **It contributes to the Lancet Global Health Commission on Anti-Corruption in Health's efforts to advance transparency, accountability, and health equity. »**

Journal of Global Health Law - Ensuring health as a human right: Brigit Toebes's legacy of human rights scholarship to advance global public health

Benjamin Mason Meier et al; https://www.elgaronline.com/view/journals/jghl/aop/article-10.4337-jghl.2026.0005/article-10.4337-jghl.2026.0005.xml

"**In advancing human rights obligations under global health law, Brigit Toebes (1969–2026) developed foundational scholarship to conceptualize the right to health, apply human rights to leading health challenges, and expand rights-based analysis to face new threats**. The **Global Health Law Consortium reflects on the inspiring legacy** of our colleague and friend, whose influential legal scholarship has offered a roadmap for future generations to uphold human rights in global health…."