IHP news 906 : Climate crisis is now 'a global health crisis of pandemic proportions'

(13 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,

Once again, a rather busy week for global/planetary health. In **Antalya, Turkey**, the **climate health emergency took centre stage** at **COP 31 –** well, at least on Day 1. Simon Stiel (UN climate chief), addressing Ministers of Health and other leaders at the **Health Day**, called the climate crisis now ***"a global health crisis of pandemic proportions."*** He's not wrong, in this new 'age of climate extremes' in which we are, moreover, 'heading for irrevocable overshoot' (*which you probably only relish if you're psychopath Hegseth material*). As an increasing number of health actors have been saying, *"phasing out fossil fuels has never been so urgent"*. Gone is 'Health for all', apparently countries now have to prioritize '**health resilience'** (see the just launched **Antalya Initiative for Health Resilience**). This week also saw a call for the current **super El Niño** to be labelled a PHEIC, as sort of a 'testing ground' for WHO. In sum, plenty of '**climate & heath' related COP31 news**, which we cover in a separate subsection - apart from the **more general updates** on COP 31.

Ahead of the **first WHO DG candidates' forum** (18-19 Nov) in Geneva, tension is clearly rising in the race, as a HPW article from this week, *Indonesian Civil Society Coalition Challenges Sadikin's Bid to Become WHO Director General*, showed.

Later today, the **latest PABS annex negotiations round (9)** concludes. Let's see what this round delivers. Meanwhile, on the eve of the **Ebola outbreak's sixth month**, WHO warned: "***Armed conflict is one of the biggest obstacles*** *to containing the Ebola Bundibugyo in the DRC."*

The **First Africa Health Data Forum** took place from 10 to 12 November 2026 in **Nairobi, Kenya**. We also briefly come back on the **inaugural African Medicines Agency (AMA) Week** (25-30 Oct), Kigali.

A new **Access to Medicine Index** was released (*interpretations differ on whether access actually improved the past few decades, or rather planning for access…*), as well as WHO's **Global TB report 2026.**

But let me end the intro with '**Together for Science and Health**', a **new movement against health misinformation,** launched on 10 November in Paris and a bunch of other cities and regions in the world. We obviously share the **overall objective** of this global movement, **"…** *to ensure that science is inclusive, trusted and accessible and serves society to advance health for all*." Nevertheless, here are two small pieces of advice: (1) having the launch co-led by **Emmanuel** *'Arnault'* **Macron**, currently not exactly trusted much by the average French citizen as far as I can tell, isn't very smart. Heck, he might as well have teamed up as 'patron' with Friedrich '*Blackrock*' Merz or Ursula *"Pfizer"* von der Leyen, for maximum 'impact' :). (2) Over here in Europe, I still happen to think that **our**

leaders would do well to apologize to citizens for how easily they allowed Pfizer & other big pharma companies to earn billions and billions during the pandemic, moreover based on research largely publicly developed. 'Trust in science' was badly affected then, as collateral damage. The dirt cheap Pharma billions were super-"kerosine" for the numerous conspiracy theories doing the rounds on vaccines. So far, I haven't heard any apology from Von der Leyen, Gallina (*or other Seth Berkleys for that matter*), in fact they probably see no problem at all. And now that the geopolitical environment has also changed substantially for pharmaceutical companies over the past few years, a formal apology is even less to be expected.

Still, if you want to 'restore trust in science', I'd probably start there.

Enjoy your reading.

Kristof Decoster

Featured Article

We Belong Here Too: An Adivasi's Reflection on Healthcare and Dignity

Manikandan Paniyan & **Sabu K. U.**

"Nobody will believe this if I say it. A five-rupee medicine cost me an hour and a half."

Recently, my elder aunt (*muthamma*) was admitted to Government Medical College, Wayanad, in Mananthavady, Kerala. As a family member accompanying her, I spent considerable time moving between hospital counters, laboratories, pharmacies and administrative offices, carrying prescriptions, investigation requests and documents requiring multiple authorisations. I am an MBA graduate. I can read and write, understand instructions and navigate administrative systems. I also have some familiarity with the hospital.

Yet, obtaining a medicine costing just ₹5 took approximately ninety minutes.

The experience left me physically exhausted and mentally frustrated. But something troubled me more than my own inconvenience. If accessing a simple medicine was this difficult for me, what happens to someone who cannot read or write? What about an elderly Adivasi (*Indigenous communities of India*) person unfamiliar with the hospital, or a woman accompanying a critically ill family member?

When healthcare becomes a struggle for dignity

The process began with a doctor's request for investigations. I had to approach the hospital promoter handling documentation and benefit-related procedures, produce documents including the ration card and hospital identification details, obtain the necessary endorsements and proceed

to the billing counter. After waiting, another instruction would direct me elsewhere. Diagnostic investigations involved similar difficulties. After completing preliminary formalities and reaching the laboratory, I could discover that a particular test was unavailable. This required another endorsement, a visit to the superintendent's office and additional paperwork before exploring alternative testing facilities. Obtaining medicines was equally complicated. When a prescribed medicine was unavailable at the medical college pharmacy, I had to obtain a non-availability endorsement and further administrative approval. The process could then involve visiting Karunya Pharmacy, HCL Surgical and Madonna Pharmacy, collecting further endorsements and returning to earlier offices for forms, signatures and photocopies. Even finding the medicine did not necessarily mean the paperwork was complete. Each counter appeared to have a separate responsibility. But for me, these separate procedures became one exhausting journey.

All this effort was required to obtain a medicine costing just ₹5.

Had I known where it was available, I might have purchased it directly. But what about a family that cannot afford even small expenses? More importantly, why should obtaining an entitled healthcare benefit depend on a person's ability to navigate complicated procedures? As I reflected on the experience, I realised that the problem was much larger than the ninety minutes I had lost. When someone visits a hospital, especially accompanying a seriously ill relative, they are already experiencing uncertainty and anxiety. They come expecting treatment, guidance and reassurance. Instead, when every step requires another signature, seal or visit to a different counter, they may begin to feel that accessing care depends on their ability to satisfy the institution's demands. This raises a deeper question about dignity.

For us, the ADIVASI communities, dignity is not simply about being treated politely. It is also about being recognised as people whose time, knowledge, circumstances and concerns deserve consideration. I could navigate the hospital partly because of my education. But education should never become the condition for experiencing dignity within a public institution. The difficulty is not that we, as Adivasi people, are unable to understand how healthcare systems function. Rather, it is that healthcare institutions often fail to recognise and respond to the realities of our lives. For many of us in Wayanad's Adivasi communities, reaching a hospital is itself a difficult journey. Long before we arrive at the registration counter, we may already have struggled to arrange transportation, find money for travel, leave behind our daily work and wages, or find someone to accompany a sick family member. By the time we reach the hospital, we have already overcome several obstacles. Yet, instead of finding a system that understands our circumstances and helps us navigate care, we may encounter another set of difficulties. We are expected to understand and adjust to the hospital's procedures, but how often do these institutions make an effort to understand and adjust to our lives?

Over the years, researchers, often from outside our Adivasi communities, have studied and documented how illness affects our livelihoods and places financial and social burdens on our families. Yet, these are realities we have lived with for generations. What we need is not simply more documentation of our difficulties, but meaningful recognition of our experiences when healthcare services are designed and delivered. Our concerns go beyond financial hardship. When we enter hospitals, we often encounter unfamiliar rules, language and procedures shaped by institutions in whose decisions we have had little voice. We want to be heard not merely as subjects of research, but as people whose knowledge, experiences and dignity matter.

We have our own identities, histories, knowledge, languages and ways of caring for one another. These are important parts of who we are. Yet, when we enter formal healthcare institutions, we

sometimes feel that these aspects of our lives have little place in how we are understood or treated. We are expected to adjust ourselves to the institution, rather than the institution making an effort to understand us.

Open hospital doors are not enough

I do not believe that every difficult experience we encounter in a hospital is necessarily an act of discrimination. But I have come to realise that a procedure which appears simple to someone familiar with the system can become an enormous challenge for another person.

We are not asking for special treatment because we are Adivasi. We are asking for our circumstances to be understood, our voices to be heard and our dignity to be respected. For us, equal access to healthcare cannot simply mean that the same hospital doors are open to everyone. It must also mean that we can enter those doors with confidence, receive the care we need without unnecessary hardship, and feel that these public institutions belong to us as much as to anyone else.

What I experienced in Mananthavady made me reflect on a larger question. Are we, as Adivasi communities in Wayanad, alone in experiencing this distance between our lives and the institutions meant to serve us?

Across the world, Indigenous Peoples have raised similar concerns about whether healthcare institutions recognise their identities, respect their knowledge and listen to their voices. Our histories and circumstances may differ, but we share an important aspiration: to receive healthcare without having to compromise our identity, dignity or sense of belonging. Health systems are often evaluated by the services they provide, but they should also be assessed by how easy those services are to access. Reducing unnecessary administrative burdens, involving Indigenous communities in service design, and providing better navigation support for patients and caregivers are practical steps toward a more responsive health system.

Highlights of the week

Structure of Highlights

- Launch ‘Together for Science and Health’ (10 Nov)
- PABS round 9: ends today
- Ebola emergency
- AMR
- More on PPPR & GHS
- COP 31: general news & messaging
- COP 31: climate & health
- COP 31: a few more snippets
- Global health reform
- Future of International cooperation
- WHO DG race

- More on Global Health Governance & Finance/Funding
- Trump 2.0, US Global Health strategy, bilateral health agreements & impact mid-terms
- UHC
- Global Tax Justice
- AI & Health
- First Africa Data Health Forum (Nairobi)
- World Pneumonia Day (12 Nov)
- More on Planetary Health & environmental determinants
- Access to Medicines, vaccines & other health technologies
- Some more reports

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

WHO launches "Together for Science and Health" movement to strengthen trust worldwide

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

(10 Nov) "The **World Health Organization (WHO) today launched Together for Science and Health, a new global movement** uniting more than 240 organizations behind **a shared commitment to strengthen trust in science and harness its power to improve health and development**."

"With an official launch on World Science Day for Peace and Development, the movement rallies scientists, leaders, policy-makers and institutions across sectors, **with 12 events taking place across countries and regions to mark the occasio**n. The **launch is also closely associated with the Paris Peace Forum (PPF)**, one of France's flagship platforms for international diplomacy and multilateral cooperation, reflecting the country's commitment to mobilizing global actors around shared challenges."

"… **The movement will drive collective action around three priorities: bringing science and society closer together; strengthening the use of evidence in health policy-making; and improving how science is communicated and discussed.** Participating organizations will share effective approaches, resources and lessons and build practical collaborations that strengthen trust and help ensure that scientific progress benefits everyone…."

Dev Discourse - From Research to Real Life: WHO Puts Communities at the Heart of Science and Health

https://www.devdiscourse.com/article/health/4003647-from-research-to-real-life-who-puts-communities-at-the-heart-of-science-and-health

From before the launch. "**WHO Chief Scientist Dr Sylvie Briand introduced the movement as an opportunity to shape scientific research around people's actual needs and increase the use of reliable evidence in public decision-making."**

On 10 November, "**The World Health Organization (WHO) launch(ed) a global movement that brings scientists, healthcare professionals and community organisations together to rebuild public confidence in science and improve how health information reaches people."**

Called **Together for Science and Health**, "the movement encourages communities to become active partners in scientific research and public health decisions. **The initiative comes at a time when misleading health information and growing mistrust in scientific advice** are making it increasingly difficult for people to identify reliable evidence and make informed choices about their health."

PS: "On 7 October 2026, **the WHO Civil Society Commission and the WHO Chief Scientist's Office organised an information session** attended by around 100 representatives of civil society and other non-State organisations."

PABS negotiations: Round 9 ends on 13 November

Stay tuned for the final press release & some analysis in the coming days.

Mid-negotiation round update via RANI's newsletter end of last week

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

This was the **update from end of last week** (6 Nov) – halfway.

"… **Tedros' reminder.** In his opening remarks, WHO's Dr Tedros noted that completing the Annex is what allows the Pandemic Agreement to enter into force. He urged that delegates, 'do not need to design a perfect system for all time,' but one that works and can be strengthened over time. **His three asks: negotiate with the intention of concluding; separate the essential from the desirable; and, keep public health as the North Star."**

"… **Under discussion. A text shared with relevant stakeholders on the morning of 4 Nov. shows additional progress, mostly on provisions linking PABS to other parts of the Pandemic Agreement**. Core operational aspects remain under discussion, and new proposals aim to bridge positions. **Agreement is still needed on pandemic potential pathogen access, sequence information, and traceability. "**

"**Eyes on WHA80. The timeline released in July kept the door open to a two-day Special Session of the World Health Assembly (WHA) the week of 14 Dec., if a PABS finish line was in sight.** A **decision on holding this special session is due by 10 Nov**. However, with the text still far from final agreement, **a Special Session is not expected, shifting the focus to concluding the Annex ahead of WHA80 (May 2027). "**

"**Calls for closer engagement. At the 4 Nov. session with relevant stakeholders, civil society organisations renewed calls for greater transparency in the process**. They also proposed a more structured format for engagement sessions and a dedicated focal point to improve communication with the Bureau and ensure timely, relevant contributions during formal exchanges with the IGWG."

Ebola emergency

With some more or less chronological updates, and analysis. But we start with the update from yesterday (Thursday).

Reuters - Attacks on health workers hamper Congo Ebola fight, Africa CDC warns

Reuters

(12 Nov) Attacks on health workers and facilities are increasingly hindering efforts to contain an Ebola outbreak in eastern Democratic Republic of Congo that has killed more than 5,400 people, **Africa's top public health agency said on Thursday**…. … **At a separate briefing, World Health Organization experts said continuing violence risked "reversing the progress made over the past six months".** WHO Director-General Tedros Adhanom Ghebreyesus said on Wednesday that **insecurity was now "one of the greatest obstacles" to the Ebola response**, restricting humanitarian access, disrupting operations and making it harder to reach communities quickly…"

- See also **HPW - Six Months into Ebola Bundibugyo Outbreak, Conflict is Biggest Obstacle to Response**

"**Armed conflict is one of the biggest obstacles** to containing the Ebola Bundibugyo in the Democratic Republic of Congo (DRC), **warns the World Health Organization (WHO) on the eve of the outbreak's sixth month."**

Cidrap News – Wider use of Ervebo vaccine urged as DR Congo Ebola outbreak nears 11,000 cases

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

(Nov 9) " **The toll of the Ebola outbreak in the Democratic Republic of Congo (DRC) continues to mount in the eastern provinces of the country**, with 10,910 confirmed cases and **5,234 confirmed deaths**. … The **crude case-fatality rate for the current outbreak is now 48.7%."**

"Amid the rising case count, **today Doctors Without Borders (MSF) called for wider use of the Ervebo vaccine in the current outbreak**. Though the Ervebo vaccine targets the Zaire strain of the virus, **testing in animal models suggests that it also offers cross protection against illness caused by Ebola Bundibugyo, which has no licensed vaccines or treatments. And the group says there's other evidence it might work. …"**

"**MSF is urging the World Health Organization Strategic Advisory Group of Experts on Immunization to lift restrictions limiting Ervebo to research use only on the grounds that the vaccine is not experimental.** "Expanding access to ERVEBO offers the best immediate opportunity to help reduce severe illness and deaths while research on Bundibugyo-specific vaccines continues," said Guyguy Manangama, MD, PhD, epidemiologist and **deputy director of operations at MSF**. "The absence of a Bundibugyo-specific vaccine should not prevent the use of the only vaccine currently available." **Currently, Ervebo is being used in the DRC in a number of clinical trials. But MSF said there's anecdotal evidence that staff that had been previously vaccinated with Ervebo in other Ebola outbreaks are faring better in the DRC. …"**

Reuters – Congo Ebola outbreak still out of control after six months, MSF says

MSF

(gated) "Six months into Congo's Ebola outbreak, many cases are likely being missed, transmission in hospitals in some areas is rife and the **virus is still spreading out of control, Médecins Sans Frontières** said on Thursday."

Ebola could be raging in DRC for another year, expert warns

https://www.aol.com/articles/ebola-could-raging-drc-another-165439000.html?utm_source=flipboard&utm_content=AOLcom/magazine/News

"The Ebola epidemic currently raging in the Democratic Republic of Congo could last at least another year, a leading UK epidemiologist has warned. Neil Ferguson, professor of epidemiology at Imperial College, London, told a press briefing that at the current rate of disease spread that the epidemic could still be ongoing at the end of next year. …"

UN News - Ebola: IOM urges wider surveillance beyond formal routes in DR Congo

https://news.un.org/en/story/2026/11/1168781

"**Seventy-one confirmed Ebola cases have been detected along transit routes in the Democratic Republic of the Congo (DRC)** since the outbreak began almost six months ago, **the International Organization for Migration (IOM) said on Tuesday.** The cases were picked up at points of entry and control, **95 per cent of them on informal routes that bypass official checkpoints**, Dr. Andrew Mbala, IOM's Regional Ebola Coordinator, told journalists in Geneva, speaking from Nairobi."

"With transmission continuing, people on the move and funding running short, **the agency says surveillance has to reach well beyond formal border crossings if the outbreak is to be contained**. "Often when people think about response and especially in this context of Ebola, many people tend to think about the hospitals, the treatment centres, the isolation wards and all that," he said. "**We need to think about the mobility of the population.""**

Lancet Regional Health Africa – Importance of international solidarity in the escalating 2026 Bundibugyo virus disease outbreak in DR Congo: No country is safe until all countries are safe

Marie Roseline Darnycka Belizaire, **J Kaseya, M Y Janabi** et al ;
https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00170-7/fulltext

"… its re-emergence underscores an enduring and largely unresolved challenge: **the ecological, epidemiological, and systemic conditions that enable Ebola outbreaks in the DRC and its neighbors have not been eliminated. The international community must treat this event not as a localized emergency but as a regional and global health security concern demanding immediate, coordinated, and adequately resourced solidarity."**

"The importation of cases into Uganda, France, Kenya, and Nigeria, the first time in the history of BVD outbreaks that have originated in the DRC, is **tangible evidence that no country is safe until all countries are safe**. This proves that regional health security is fundamentally interdependent,

compelling the World Health Organization (WHO) to determine a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005), followed swiftly by the Africa CDC's declaration of a Public Health Emergency of Continental Security (PHECS)…"

"…Disparities in financing across response pillars, limited visibility over the geographic allocation of resources, and delays in converting pledges into accessible funding continue to constrain the response. **The international community is therefore urged to accelerate the disbursement of outstanding pledges, mobilize additional resources in line with revised operational and humanitarian requirements, and direct sustained investment towards the seven priority areas listed in the Panel 1…..".**

ProPublica - Firm Linked to Trump's Sons Got Nearly $40 Million in Federal Contracts to Screen for Ebola and Other Diseases

https://www.propublica.org/article/trump-sons-xwell-xprestest-government-contracts

"XpresTest has years of experience conducting disease screening in U.S. airports but has never worked with Ebola or provided biosecurity services abroad. It's "a new thing for us," the company's CEO said."

Science – Ebola vaccine lessons

Seth Berkley; https://www.science.org/doi/10.1126/science.aem8493

With a historic overview of Ebola outbreaks & what it implies in terms of vaccines.

Nature News – Record-breaking Ebola outbreak: phone data reconstruct first weeks of spread

https://www.nature.com/articles/d41586-026-03666-z

"The **Bundibugyo virus strain was circulating for weeks before its detection in May**, but was **missed owing to surveillance failures, testing gaps and funding cuts,** researchers say."

And a link:

- AP - Kenya discharges last Ebola patient, beginning countdown to Ebola-free declaration

AMR

Lancet Microbe - Re-securitising antimicrobial resistance: how resurgent health security thinking threatens collective action

C Haddad et al ; https://www.sciencedirect.com/science/article/pii/S2666524726002314

"**A spectre is haunting the field of antimicrobial resistance (AMR): the spectre of health security**. After a **decade of efforts to embed AMR within Global Health and developmental agendas**, **decision-makers and academics are reshaping their messaging for an anxious era**, characterised by spiralling defence budgets and faltering multilateralism…. …While current spending priorities might favour framing AMR in terms of war and apocalyptic breakdowns, **we argue that a shift towards health-security framing is short-sighted and overlooks important lessons from AMR governance**. **Rather than tackling the socio-ecological factors that make AMR a permacrisis, securitised thinking prioritises short-term fixes and occasionally discriminatory health interventions**. Worryingly, organisations' abrupt pivot towards securitised framings also reveals the strategic frailty of a global AMR governance framework and its inadequate long-term funding commitments."

"… In **contrast to well-worn superbug warnings, mounting evidence from the life and social sciences indicate that AMR is best understood as a permanent planetary problem**. Finding equitable ways of living with this problem requires sustainable institution building, strategic foresight, and core financing from public institutions. Resisting the allure of antiquated health security interventions and sanitary divisionism is key to reinvigorating collective action."

More on PPPR & GHS

Lancet Regional Health Eastern Mediterranean- Geopolitical conflicts as a structural determinant of global health security: a focus on the Eastern Mediterranean region

Muhammad Ahmed Abdullah et al; https://www.thelancet.com/journals/laneme/article/PIIS3050-5054(26)00010-4/fulltext

"…. Ongoing geopolitical conflicts are reshaping global health beyond the immediate toll of mortality and injury. **This Personal View explores how geopolitical instability influences social determinants of health within and beyond conflict zones, drawing on examples from the Eastern Mediterranean region focused on vaccine disruption, polio eradication setbacks, forced migration, and mental health impacts.** Conflicts affect housing, nutrition, education, and healthcare access, and trigger inflationary pressures through energy volatility. Rising oil prices and supply chain disruptions increase poverty, food insecurity, and overburden health systems. Immunisation programmes are sensitive to instability; cross-border tensions in Pakistan and Afghanistan have hampered polio eradication, threatening a global public good. Protracted conflict has displaced over 100 million people, straining health systems and altering disease epidemiology. Children exposed to conflict experience elevated anxiety and depression with intergenerational effects on human capital. **Global health security frameworks have traditionally emphasised emerging infectious diseases, but sustained geopolitical instability must be recognised as a primary driver of health insecurity**. Conflicts undermine disease surveillance, reduce community trust, and fragment cooperation."

COP 31 in Antalya, Turkey : general news & messaging

More or less chronologically. (*as mentioned, in a second subsection related to COP31, we focus on the **climate-health intersection***).

Guardian - Cop31: what is at stake at the UN climate summit and what can it achieve?

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

"Delegates from more than 190 countries are gathering in Turkey for climate talks, but the US will be absent." With some of the **main contention points**.

Guardian - Cop31 must deliver climate progress that people can see is real, host says

https://www.theguardian.com/environment/2026/nov/08/cop31-climate-summit-deliver-progress-real-host-says

"High-stakes talks involving 190 countries begin on Monday **as world grapples with El Niño supercharged by fossil fuels."**

"**The Cop31 summit must produce progress, "a tangible outcome ... that people can see is real", its host has said** …"

"… **Unusually, the talks will have dual hosts: they will take place in the Turkish city of Antalya but the formal negotiations will be presided over by Australia**, following a compromise reached last year over their competing bids. **Chris Bowen, Australia's climate and energy minister and president of negotiations for Cop31,** told the Guardian in an interview: "**We need a tangible outcome focused on implementation [of emissions cuts and finance] that people can see is real**. We need progress, it needs to be a step forward on previous Cops."…"

- And via Devex : **"While Turkey focuses on the action agenda [** which includes initiatives that don't require unanimity], **Australia will be shepherding talks that will shape how countries cut greenhouse gas emissions, adapt to a warming world, and pay for it."**

Nature News - COP31 kicks off as planet faces imminent overshoot of 1.5°C climate target

https://www.nature.com/articles/d41586-026-03631-w

"**Scientists say governments must commit to carbon dioxide removal** if world is to bring temperatures back down to safer limits."

"… **some scientists and climate advocates say the 12-day event must discuss how to deal with the overshoot**. Along with cutting emissions, this includes practical ways of removing massive volumes of carbon dioxide from the atmosphere….

PS: "**Some scientists say the failure to cut emissions fast enough to avoid overshoot is a sign that there need to be reforms to COP meetings.** "We need to first **recognize that global policy has failed**. This is a **moment of self-critique," says Johan Rockström**, a climate scientist at the Potsdam Institute for Climate Impact Research in Germany. **Rockström leads a group of scientists advising a**

coalition of around 60 countries working in parallel to the COP. The coalition wants the world to move faster to transition away from fossil fuels, and met for the first time in April in Santa Marta, Colombia. **Rockström, together with other prominent climate scientists and diplomats, has argued for some years that the COP process needs reform. Ahead of COP31, he told Nature that a top priority should be to allow for decisions to be made by majority votes among parties**. Currently, agreements must involve all countries coming to a consensus. In the past, this has meant that a small number of states can block decisions backed by the majority. "**Overshoot gives even more impetus for the need for reform.** It shows that we've not been able to make the progress that we need," says Rockström."

Guardian - 'A new age of climate extremes': Earth accumulating heat at accelerating rate

https://www.theguardian.com/environment/2026/nov/09/cop31-climate-extremes-earth-global-heating

"**Increased heat will supercharge extreme weather events, warns UN agency** as Cop31 climate summit begins."

"**Heat is accumulating in Earth's systems at an accelerating rate, the UN's weather agency has reported** as the Cop31 climate change summit begins in Turkey, with 2026 on track to be one of the four warmest years on record…. … **The imbalance between incoming energy from the sun and energy leaving Earth reached its highest level since monitoring began**, the **World Meteorological Organization (WMO)** said in its **State of the Global Climate update**."

"That **imbalance and the accumulation of heat will supercharge extreme weather events such as heatwaves, droughts and tropical cyclones**. … Around the world, the **average surface temperature for January to September 2026 was about 1.47C above the preindustrial average**, the agency said."

PS: Bill McGuire: "… He said: "**Of most concern is the growing imbalance between the incoming energy from the sun and that leaving the planet**. Increasing greenhouse gas concentrations in the atmosphere mean that while the heat coming in stays the same, that going out is steadily decreasing as our world hangs on to more and more of it. "**It is this growing imbalance – rather than just emissions – that most accurately tracks global heating and how quickly our planet will continue to heat up in the decades to come**. This is because **natural feedbacks are now coming into play that are driving up the temperature more rapidly than 20 years ago."**

Mc Guire: " **"The latest research suggests we will cross the 1.5C limit permanently in 2028, and with the planet now heating at an extraordinary rate of 0.4C a decade, we can expect to smash through 2C in the late 2030s. "The widely publicised idea that we are still on track for 2.6-2.8C by the end of the century now seems wildly optimistic, if not downright impossible**." "

Guardian - What's the point? Ten years after the Paris treaty, are climate talks getting anywhere?

https://www.theguardian.com/environment/ng-interactive/2026/nov/07/whats-the-point-ten-years-after-the-paris-treaty-are-climate-talks-getting-anywhere

"Its key temperature goal has been missed but **experts say the agreement is still proving a vital moral compass for progress."**

These experts include **J Rockström**.

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

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

Coverage of the **opening day**, Monday – also '**Health Day'**. On the latter, see the next section.

""**COP31 must help close the gap between commitment and delivery," said Australian climate minister Chris Bowen, who presides over the negotiations** under a power-sharing deal with Türkiye. He has made **finance, electrification and the ocean his priorities**, and advocates: "**We must turn climate ambition into real-world outcomes.""**

"So can the world deliver? "**The success of the next two weeks of talks will be judged by two things. The appetite to deliver on the promises we have made, and the ability to move beyond the culture of declarations that has sullied previous conferences**," said Mohamed Adow, director of the Nairobi-based think tank Power Shift Africa…."

Also re the **usual agenda discussions on day 1** (relatively short this time), **adaptation finance** (how on the agenda),…

HPW - John Kerry Tells COP31 the US Will Return to Climate Fight as Iran War Drives Surprise Dip in Fossil Fuel Emissions

https://healthpolicy-watch.news/john-kerry-cop31-us-will-return-climate-fight-iran-war-drives-down-emissions/

With some of the action of **Day 2.**

PS: **"Three years after nearly 200 countries agreed in Dubai to transition away from fossil fuels, the issue is not formally on the agenda in Antalya**. C**o-hosts Türkiye and Australia deliberately left it off after the fight over a fossil fuel roadmap torpedoed last year's talks in Belém, Brazi**l, instead staking the summit instead on **voluntary targets for electrification, waste and building efficiency**."

"On **Tuesday, Brazil's COP30 presidency tried to put the issue back before governments, presenting a voluntary roadmap for transitioning away from fossil fuels** that it drafted after Belém ended without one…."

- See also **Climate Change News – COP31 Bulletin Day 2: Momentum builds on electrification and fossil fuel transition**

"The **COP31 presidency whips up support for its 35×35 electrification goal**, while the UN chief calls on all countries to plan their shift away from fossil fuels."

HPW - Guterres Targets Fossil Fuel Lobby as Leaders at COP31 Divide Over Debt, Finance and War

https://healthpolicy-watch.news/guterres-targets-fossil-fuel-lobby-as-cop31-leaders-divide-over-debt-finance-and-war/

Re **Day 3**. "In his last climate summit address as UN secretary-general, **António Guterres accused fossil fuel interests of "making a killing while killing our planet", and warned that a world set to blow past 1.5°C of warming was on a "path to mutually assured destruction."** "**Fossil fuels must go the way of the dinosaurs,"** Guterres told the leaders. "But that won't happen on its own. The dinosaurs did not have a lobby. But fossil fuels do."…"

"**The nine largest oil companies made $95 billion in profit last quarter alone**, he noted, **while the fund launched at COP28 in Dubai in 2023 to pay for losses from climate disasters has received around $600 million,** roughly what those companies earn in 14 hours."

"… Speaking as more than 70 world leaders gathered in Antalya for two days of speeches, **Guterres appealed for unity at a time of deep divisions over war, debt and who should pay for the costs of a warming planet….."**

"… **Leaders of the three biggest emitters stay home:** … Despite the accelerating crisis, heads of state from many of the world's largest economies – and the **three top emitters in China, India and the US – are skipping the summit.** Leaders who stayed home included China's Xi Jinping and India's Narendra Modi, who lead the world's largest and third-largest emitters, as well as France's Emmanuel Macron and Germany's Friedrich Merz. The United States, the second-largest emitter, sent no official delegation for the second year running…."

"… "**Developing countries pay nearly $1 trillion in interest on public debt," said Ethiopian Prime Minister Abiy Ahmed, whose country hosts COP32 next year**. "[Early action] should begin here, with every pledge of finance answering three questions: how much, by when, on what terms."…"

"**The UN trade and development agency, UNCTAD, puts the 2025 bill for developing nation interest payments at $995 billion** and counts **3.7 billion people** living in countries that spend more on interest than on either health or education…."

PS: "The (**Turkey) presidency's flagship pledge, to raise electricity's share of global energy use to 35% by 2035, does not require that extra power to come from clean sources. …"**

"… **The 1992 UN climate convention puts the duty to provide climate finance on a list of wealthy nations known as Annex II**: the United States, Japan, Germany and 20 other countries that belonged to the OECD in 1992, plus the European Union. **Russia, China and the Gulf states were never on the Annex II list.** Despite decades of growth that have made China the world's second-largest economy and Qatar and the United Arab Emirates among the richest countries per person, **they insist they are not donors and will not become ones."**

"The Paris Agreement only encourages other countries to contribute voluntarily, which some do on their own terms: China says it has provided and mobilized more than 177 billion yuan, about $24.5 billion, for other developing countries since 2016, and the UAE launched a $30 billion climate investment fund when it hosted the 2023 summit in Dubai….."

Climate Change News -COP31 Bulletin Day 3: With the people stuck outside, world leaders jet in

https://www.climatechangenews.com/2026/11/11/cop31-bulletin-day-3-with-the-people-stuck-outside-world-leaders-jet-in/

(gated) "Around 40 leaders, including Lula, Erdoğan and Albanese, addressed the summit in Antalya, where the **UN chief proposed a "climate justice compact**"."

Carbon Brief - Q&A: What is the Belém-Antalya mechanism for a 'just transition'?

https://www.carbonbrief.org/qa-what-is-the-belem-antalya-mechanism-for-a-just-transition

"**One of the key expected outcomes** from the upcoming COP31 climate summit in Antalya, Turkey**, is the launch of a "just transition mechanism".** "

"This **follows years of calls from civil society to support a "just transition**" as countries shift towards low-emissions energy systems and away from fossil fuels. At the COP30 UN climate talks last year in the Brazilian city of Belém **parties agreed to establish a "mechanism" to support this goal, called the "Belém-Antalya mechanism" (BAM).** Groups that have championed the BAM **want it to act as a central hub on just transitions, providing support for workers and communities around the world.** However, the details of exactly what the much-touted BAM will consist of remain vague, with developed and developing countries disagreeing about its functions and purpose. **Disagreements continued at the UN climate talks in Bonn in June 2026, including on the crucial question of how the BAM will be financed. "**

"Here, **Carbon Brief looks at where the idea for the BAM came from, how it could support just transitions and what to expect from COP31."**

Guardian – Developing countries in limbo as rich nations delay new climate finance plans

https://www.theguardian.com/environment/2026/nov/11/developing-countries-climate-finance-delay

"**Many governments are yet to set targets, leaving recipient countries struggling to plan and attract private investment."**

"Developing countries have been left in limbo by the failure of some of the world's biggest economies to flesh out their plans for new climate finance. **Poor countries are supposed to receive $300bn a year from the governments of industrialised nations by 2035, along with about $1tn from other sources,** to help them cope with the effects of extreme weather and shift to a low-carbon future. **But many rich governments have not yet set out their targets and plans for**

providing climate finance beyond the end of this year or next. This gap is damaging because it means recipient countries cannot plan and makes it harder for them to attract private sector investment to supplement the public sector money. "

"**Analysis by the NRDC and E3G thinktanks seen by the Guardian shows that the developed world is broadly on track to meet the $300bn a year goal – known as the NCQG, or national collective quantitative goal –** set at the Cop29 conference two years ago. **By 2030 they should be providing about $229bn a year. The multilateral development banks should provide about $185bn of that…."**

"Joe Thwaites, international climate finance director at the National Resources Defence Council, co-wrote the original analysis along with the E3G thinktank and told the Guardian that **unless development banks and national governments made sharp cuts in the next round of financing, which is unlikely, the target would be almost met…."**

Carbon Brief - Analysis: Climate-finance pledges fall 70% as countries meet at COP31

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

Slightly different message… **"The amount of public funding pledged to help developing countries tackle climate change has dropped by more than 70% in 2026, according to Carbon Brief analysis."**

"**Developed countries are required under UN climate treaties to provide "climate finance" and have traditionally announced multi-year pledges to feed into their global commitments. Most of these pledges expired in 2025** and, since then, the US has withdrawn from international climate efforts and many European aid budgets have been cut. **A civil-society tracker shows that only five nations have announced new multi-year pledges, including just one major donor – the UK.** Germany, France and Japan are among the key contributors that have so far failed to set out plans for new climate finance, while none is expected from the US…."

"As a result, the **total amount of public climate finance pledged over the next few years amounts to just $11.7bn a year in spending, down from recent levels of around $40bn.** Experts tell Carbon Brief that **global conflict, fiscal constraints and the rise of the far right** are all making it harder for developed-country governments to pledge new funds…."

PS: "**International climate finance has been consistently dominated by five nations – Japan, Germany, France, the US and the UK…." "** These countries – together with the EU – have provided **around 90% of all the bilateral, public climate finance going to developing countries in recent years**."

Carnegie – COP31 and the Future of Climate Clubs

T Zaritsky & **Stewart Patrick**; https://carnegieendowment.org/emissary/2026/11/cop31-climate-clubs-us-withdraw

"As the United States exits UN climate efforts, **these smaller and less formal groupings will take on greater significance in global climate governance."**

"As COP31 gets under way in Antalya, **the absence of the Trump administration may matter less than the spoiler role it has adopted toward mini-lateral climate clubs and coalitions**, where much of the real action occurs."

Guardian – World heading for 'irrevocable overshoot' of global temperature thresholds, analysis warns

https://www.theguardian.com/environment/2026/nov/12/world-heading-for-irrevocable-overshoot-of-global-temperature-thresholds-analysis-warns

"Failure to cut emissions will 'consign humanity to disasters they are unable to adapt to', report says."

"**Under current policies, the planet will heat up by 2.7C on average by the end of the century compared with preindustrial times, the report by Climate Action Tracker (CAT) found**. This is up slightly from a prediction of 2.6C in the group's analysis conducted last year…."

"…If countries did act decisively to slash emissions then the future temperature projections would become less daunting, the CAT report states. However, **in even the most optimistic scenario** – where all pledges, targets and other long-term promises made by countries were fulfilled – **the world would still heat up by 1.9C by the end of the century…."**

Devex – Methane pledge gets a reboot at COP31

https://www.devex.com/news/methane-pledge-gets-a-reboot-at-cop31-113872

"Backers of the Glasgow-era promise say solutions exist**, but a 30% cut in emissions by 2030 remains far out of reach."**

"It's a target that remains far out of reach**: Under the latest projections from CCAC, methane levels are projected to rise 5% by 2030, when emissions are expected to reach 369 metric tons per year."**

- Related**: HPW - France Seeks Near-Zero Methane Target for Oil and Gas in COP31 Deal**

"France is rallying countries to write near-zero methane targets for oil and gas into the COP31 climate deal, as leaders at a summit on Thursday said it **was time to move beyond the voluntary pledges on track to deliver little more than a third of the cuts promised under the 2021 Global Methane Pledge…."**

COP 31: climate & health

Also more or less chronologically, with first the '**climate & health agenda'** (as seen by a few key actors, **ahead of the COP)**, and then starting with '**Health Day'** on Monday.

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

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

"**First, climate change is already causing measurable harm to health, and its impacts fall unequally on regions and people**. An estimated 3.3 to 3.6 billion people live in contexts highly vulnerable to climate change, and the communities most at risk need specific consideration.

Second, health systems must become climate-resilient, low-carbon and sustainable. Antalya is the moment to **move from commitment to implementation of the Belém Health Action Plan, supported by the Alliance for Transformative Action on Climate and Health (ATACH) and the new Antalya Initiative for Health Resilience (AIR).**

Third, health is the strongest argument for climate action. Scaling up six prioritised climate-health actions could save 1.6 million lives a year and return around US$ 24 for every dollar invested. The case is clear: cut emissions, adapt with health in mind, finance what works and put health in the negotiated text.

For each message, **the briefing gives background evidence and presents specific asks of countries and partners.** It **shows where health fits across the COP31 thematic days**, and acts as a key resource for delegates, civil society and the wider climate and health community looking to take action for climate change and health at COP31."

And "**the Inclusion of** Dynamic and Resilient Health Systems **in the COP31 Presidency's ten priority themes signals growing recognition** that health is both a frontline impact of climate change and a foundation for effective climate response."

Global Climate & Health Alliance: Summary of Key issues at COP31

https://mailchi.mp/3e8b93f9a891/video-cop31-health-press-briefing-17361596?e=3289726e8a

Also from ahead of the COP.

"**Financing climate action**: Significant shortfalls in the quantity and quality of climate finance are hampering low-and-middle-income countries from delivering health-protecting climate action across sectors.

Setting out a clear national and regional roadmaps for fossil-fuel transition: To identify a path towards fossil-fuel phase out – with the COP30 Presidency Roadmap to Transition Away from Fossil Fuels now published.

Developing a task force for adaptation indicators: To ensure that progress on health-protecting adaptation across sectors can be tracked and inform future UNFCCC decisions.

Ensuring just transition delivers health for communities: Health is central to just transitions and must be included in the scope of new entities being established for just transitions.

Embedding health in the Paris Ambition Cycle: COP31 also marks the **start of the second Global Stocktake (the UNFCCC process to monitor the implementation of the Paris Agreement, taking place every five years).** It is a key moment to hold leaders accountable for ambitious climate action that protects and promotes human health.

Beyond the negotiations - galvanizing efforts to make health systems more resilient: Outside of the negotiations themselves, **COP31 will launch the 'Antalya Initiative for Health Resilience', on COP31's Health Day on November 9th, highlighting the importance of preparing health systems to be resilient in the context of the climate era. "**

WHO at COP31: Health Day opens two weeks of activities to deliver on climate change and health

https://www.who.int/news/item/06-11-2026-who-at-cop31--health-day-opens-two-weeks-of-activities-to-deliver-on-climate-change-and-health

Published just ahead of '**Health Day'**, but also with some info on **ATACH day** (10 Nov).

"**On Monday, 9 November, health takes centre stage as the thirty-first session of the Conference of the Parties (COP31) to the UN Framework Convention on Climate Change (UNFCCC) opens with a dedicated Health Day**. Developed jointly by the COP31 Presidency with the support from the World Health Organization, the programme brings together ministers, country delegations, technical experts and civil society representatives **to advance solutions at the intersection of environment, climate change, air pollution, energy and health, while setting the agenda for two weeks of discussions and action across the conference."**

"…**Our 2025 WHO Health and Climate Change Global Survey reports that while the knowledge on what works for climate and health is there, this isn't adequately met by implementation and financing.** To bridge this gap, **the Antalya Initiative for Health Resilience (AIR) also launches [today]** – a new initiative that aims to translate scientific evidence, international experience and good practices into concrete policies and measurable actions, promote the sharing of successful practices among countries, and strengthen the resilience of health systems to climate-related risks.

"… **On 10 November, ATACH Day at the COP31 Health Pavilion** brings together the **members of the Alliance for Transformative Action on Climate and Health (ATACH)** for a full day of events. Antalya is the **moment to implement the Belém Health Action Plan (BHAP) adopted at COP30, to join, renew and report commitments through ATACH…."**

"From knowledge to impact: **launching the Antalya Initiative for Health Resilience (AIR):** The COP31 Presidency today launches **the Antalya Initiative for Health Resilience (AIR), a voluntary, non-binding initiative for sharing knowledge and experience on health resilience**. Its purpose is to make the practical experiences that are already available around the world easier for others to use, by sharing case studies, documenting experience, peer exchange facilitated by ATACH, and the synthesis of cross-cutting lessons. **After COP31, the experience pool, peer learning and practical resources will be shared and cultivated through ATACH, carrying lessons forward across future COP cycles.** The AIR is a **critical tool for bridging the gap reported by countries in the 2025 global survey,** that the knowledge is there but implementing and financing what works continues to lag…."

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

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

Below the **main action of 'Health Day'** on Monday.

"… Türkiye opened COP31 with a Health Day, and health ministers and global health leaders from Geneva to the Pacific came to Antalya to argue that the **health consequences of climate change have reached catastrophic proportions.** "**No health system can be made resilient to an endlessly warming world,"** Simon Stiell, the UN's climate chief, told health ministers. "We must drive the transition away from fossil fuels fast and fairly." … At a separate press briefing on Monday, Stiell said **the climate crisis is now "a global health crisis of pandemic proportions."**

"… But as dire warnings of health threats echoed around the room, for a third consecutive COP, following Brazil and Baku, **governments did not announce any new investment or financing. "**Let me be direct," said **Brazil's Health Minister, Alexandre Padilha. "Financing for health adaptation is insufficient and is falling down."** International public commitments for health adaptation fell from about $3.2 billion in 2022 to $2.2 billion in 2024, just 5% of all international public adaptation finance, Padilha said…."

"… Dr Tedros Adhanom Ghebreyesus, at his last COP as WHO Director-General before his term ends next August, **traced health's climb up the climate agenda**, from pledges on climate-resilient health systems in Glasgow in 2021 to the first COP Health Day in Dubai and the Belém Health Action Plan last year. "Each of those steps was driven by health ministers, but declarations do not protect people," he said. "Implementation does."…"

"…In **a WHO survey last year, more than 90% of countries named insufficient finance as a top barrier to their health and climate plans, Tedros said**. Yet **health has no item of its own in the formal talks, where climate finance is negotiated.** Resilient health systems are one of 10 priorities on Türkiye's voluntary action agenda but, unlike electrification or waste, they have **no numerical targets for 2035….** "**Health is the human face of climate change," Tedros told ministers. "It belongs in the negotiated text**. It should be an explicit eligibility area for climate finance and its share should grow as adaptation finance grows."…."

"The **headline launch from Health Day** came with Türkiye and WHO's announcement of what is known as the **Antalya Initiative for Resilient Health Systems (AIR).** It is a voluntary **scheme** through which countries document what has worked in protecting health from climate shocks, what has not and what it cost, and share those lessons. In short, **a shared feedback platform**. But **no countries announced their participation in the initiative as of Monday night. …** … The initiative is **designed to complement WHO's Alliance for Transformative Action on Climate and Health (ATACH)**, a network of more than 100 countries that will hold their own summit on Tuesday at the COP31 health pavilion…. **No funding, staff or list of participating countries has been published**. Eighteen health organisations, led by Health Care Without Harm, have asked for the initiative to include a dedicated pillar for health workers."

"… Brazil, meanwhile, launched a financing framework for the Belém Health Action Plan, a voluntary list of about 60 non-binding measures now endorsed by 40 countries since it was launched

last year. **Drawn up with Wellcome and the Rockefeller Foundation**, it sets out for each measure which kinds of money could pay for it, from climate funds and development banks to philanthropy and national budgets, along with likely partners and examples of where it has worked…."

""I wish to make it very clear: this is not a new fund," Padilha said. "It's a map to help countries make better use of the mechanisms that already exist." Much of what the plan covers, such as disease surveillance, early warning systems and training health workers, generates little or no revenue, Padilha said, yet **countries are being asked to take on debt to pay for it. The framework is meant to steer those measures toward grants and public money instead**, with progress to be reported by COP33 in 2028."

PS: "**For the first time, WHO has classified El Niño's expected health impacts as a health emergency, according to WMO. …"**

Devex - Climate-health fund awards $225M in first year

https://www.devex.com/news/climate-health-fund-awards-225m-in-first-year-113830

"The **figure represents 75% of the $300 million initially pledged by the coalition**, which was established at COP30 in Brazil last year."

"**The Climate & Health Funders Coalition established at last year's United Nations Climate Change Conference, or COP30,** has awarded $225 million in its first year, representing 75% of the figure initially pledged. **The group, which focuses on awards to help mitigate and adapt to climate change**, has since gained an additional $150 million in commitments from new and existing funders, a statement from the coalition said…."

"**Among the new funders are Novo Nordisk Foundation, Laudes Foundation, and the Nand & Jeet Khemka Foundation,** who join **founding names including the Gates Foundation, the Rockefeller Foundation, Wellcome, and Bloomberg Philanthropies…."**

"The coalition gave the update on the opening day of COP31 in Antalya, Turkey…"

PS: "**The coalition plans to establish an independent secretariat and appoint an executive director to "further connect philanthropies, expertise and investment to accelerate action on climate change and health,"** the statement said. **Projects backed so far include the Clean Air Fund and the Global Heat Health Information Network**, which supports the implementation of heat-health plans via its regional hubs in South and Southeast Asia…."

Euronews - Health gets just a small fraction of climate finance as COP31 warns of growing crisis

https://www.euronews.com/2026/11/09/health-gets-just-a-small-fraction-of-climate-finance-as-cop31-warns-of-growing-crisis

""**Health financing is only a very, very minor part, with 1% of overall climate finance spending**," said Dennis Tänzler, executive director at **Adelphi Research**, an independent think tank specialising in environmental and development policy…."

COP 31: a few more updates, reports & extra snippets

Guardian – Ed Miliband: climate crisis puts national security of all countries at risk

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

"UK foreign secretary says sci-fi scenarios of destruction 'now regular occurrences', as he prepares to address Cop31."

"… Ed Miliband will tell the Cop31 UN climate summit on Wednesday that **security and defence objectives are the new "frontier" of climate action, because the rapid heating of the planet will lead to food shortages, widespread economic disruption, migration and conflict**…. … "We should be clear that **climate breakdown is one of the greatest national security threats we face**. Food security, threats to infrastructure, and population movements [are resulting from the climate crisis]," he said."

- And see also Devex : "U**.K. Prime Minister Andy Burnham said that when his country hosts the G20 in November 2027 in Manchester** (where he served as mayor), **it will put "climate resilience back on the agenda, with debt, development and insurance as key issues…"**

UN News - Climate crisis could push 141 million more women into extreme poverty

https://news.un.org/en/story/2026/11/1168770

"More than one in three women and girls worldwide – roughly 1.5 billion – live in so-called "climate hotspots", where high exposure to hazards such as cyclones and droughts combine with insecure jobs and deep gender inequality."

"That's according to **"Gender Equality in the Age of Climate Crisis"**, a **new fact sheet** issued by UN Women at the COP31 climate conference in Antalya, Türkiye, on Tuesday. …"

Global Solidarity Levies Task Force (GSLTF) 2026 Annual Flagship Report

https://regionalclimatefoundations.org/agenda-cop31/financing-resilience-and-a-just-transition-through-solidarity-levies-and-taxation/

"**Raising Revenue, Building Resilience: How Solidarity Levies Are Shaping the Future of Public Finance**" will be published later today (13 November).

"…highlighting progress, emerging policy innovations and next steps for advancing taxation and solidarity levies as practical tools for financing both climate action and sustainable development."

Global Health Reform

WHO Joint Task Force on GH reform

The **WHO Joint Task force on GH architecture reform** is no doubt diligently working towards its **interim report**, expected for early December.

In its latest newsletter, **HEAR CSO** has among others a **process update on the WHO-hosted Joint Task Force on Global Health Architecture Reform** (with slides from 30 October)

In the newsletter, you also find the **composition of the workstream working groups**, & **some new resources** (for one of these, see below): updates, including:

Health Financing for a Reformed Global Health Architecture: A Common Position By NCD Alliance, Global Fund Advocates Network (GFAN), and the Civil Society Engagement Mechanism for UHC2030 (CSEM)

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

One of the inputs.

Via LinkedIn: "What needs to change to make global health financing more equitable, predictable and sustainable, while giving countries greater ownership over how it's used?

This is the central question guiding **Workstream 3 (Financing) of the WHO Joint Task Force on Global Health Architecture Reform**. Together with the Global Fund Advocates Network (GFAN) and NCD Alliance, fellow partners in the HEAR CSO coalition, we're sharing a joint position paper to inform the consultation.

Drawing on lessons from aid transitions, **we call for:**
☑ **Stronger domestic health financing and phased transitions** that protect essential services.
☑ **More predictable and transparent international funding aligned with country-led plans**.
☑ A **meaningful role for civil society and communities** in setting priorities, deciding how funds are allocated and reviewing results."

Partnership for International Politics and Diplomacy for Health – updated slide deck on Global Health reform

https://www.linkedin.com/feed/

As of 11 Nov. "**Global health reform discussions are moving towards concrete recommendations**. **Has the time for implementation come**? "

"…The presentation takes stock of the reform agenda and what recent proposals could mean for country ownership and the future of health financing. It also considers **what to look out for in the coming months**. **The central question** is **whether this momentum will translate into a genuine redistribution of power, responsibility and resources**, and ultimately better health for people."

NCD Alliance (blog) - What health ministers keep telling us about NCDs, and why reform must listen

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

« We need to rethink how development aid can best support the prevention and control of NCDs. »

« During numerous missions **as Head of the Secretariat of the UN Inter-Agency Task Force on NCDs**, I heard governments, legislators and stakeholders **call for a global architecture that truly reflects people's health needs as a whole, rather than responding to specific diseases and priorities. Their demand is for integrated, people-centred health systems grounded in universal health coverage (UHC), spanning health promotion and prevention, diagnosis, treatment, rehabilitation, long-term care, palliative care and care at the end of life, with strong referral systems to specialist programmes.** The ongoing global health reforms must support this…. »

« no reformed global health architecture will be credible unless it enables countries to address NCDs as part of UHC…"

« … Health ministers will keep telling the World Health Assembly about the growing toll of NCDs and mental health conditions. **Global health institutions must be built around countries' priorities, not the other way round, and draw on the growing expertise that countries now have**. Governments, national institutions, civil society and people with lived experience in countries themselves must be the ones to lead reform of the global health and development architecture. »

PS: re « **Multisector involvement in global health reform** » :

"**Those designing the future global health and development architecture must also recognise that health cannot be left to the health sector alone**. Tobacco and alcohol use, unhealthy diets, air pollution, working conditions, poverty, migration, conflict and climate change are shaped by decisions far beyond ministries of health. **While WHO is rightly convening the reform process, others must be part of it. Within the UN system, agencies including UNDP, ILO, FAO, IOM, UNEP, UNHCR and UNICEF work with the parts of government whose decisions shape the social, economic, environmental and commercial determinants of health.** These agencies do not need to become health agencies. **Architectural reform provides a critical opportunity for them to recognise and act on the health consequences of their mandates, and to be accountable for doing so…."**

Lancet Regional Health Africa – Beyond repair: a radical reimagining of global health that is fit for Africa

T Doherty et al ; https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00174-4/fulltext

"**Calls to "change the global health architecture" are common**. These include proposals to decolonise global health, strengthen regional leadership, reform financing, and improve

coordination. **Yet most focus on technical streamlining, leaving intact the political economy** producing dependency, policy capture, and inequitable access to essential goods and resources. **Health is a collective right and public good**, not a consumer commodity or investment opportunity. Financialisation and philanthrocapitalism have shifted global health away from solidarity and public stewardship towards market-based models that reward high-return technologies, measurable outputs, and commercial partnerships. **A radical reimagining of global health requires redistributing power and financing and reclaiming health as a public good governed by democratic institutions accountable to communities….”**

Authors then zoom in on **Africa.**

And suggest**: “… Polycentric governance** offers one such model. Applying this to global health, a **Polycentric Health Commons**, where health resources and services are treated as shared goods that require collective stewardship, would create multiple centres of decision-making operating across community, national, regional and global levels. Regional organisations, including the African Union, Africa CDC and regional economic communities, could negotiate collectively on financing, manufacturing, technology transfer and treaty implementation, strengthening bargaining power while remaining accountable to the communities they serve….”

Future of international cooperation

Jonathan Glennie – An introduction to Global Public Value

On Substack;

“**What is global cooperation actually for?”**

“The purpose of international cooperation is to create global public value.” “… Reducing poverty creates global public value. Educating a child creates global public value, and so does helping poorer economies transform and converge. Saving lives during a humanitarian emergency creates global public value. Preventing a pandemic, ensuring a stable climate and advancing scientific knowledge all create global public value. Peace creates global public value….” “These things are obviously not identical. That’s the point. But **they can all be understood as different forms of value created or conserved through collective public action and investment**.

“… **Global public value gives us that wider language. It includes development. It includes humanitarian action. It includes global public goods, however we define them. But it isn’t limited to them.”**

“Who decides? … If public value is ultimately determined through public reasoning, then “**all decide” is part of how global public value itself is defined.** That doesn’t mean eight billion people voting on every project. Of course not; no political system works like that. But **it does mean building and evolving institutions in which the governments, communities and citizens affected by decisions have meaningful agency over common resources, common purposes and common priorities**.”

"… **The closest concept we have had is probably the global public good**. A lot of people talk about global public goods, and the idea has helped us escape the notion that international cooperation is simply a country-to-country effort. It showed why all countries have an interest in investing together in things such as climate stability. But **the idea still carries some baggage from the old economics**. Public goods are **associated with technical concepts such as non-rivalry and non-excludability. The wider argument remains closely tied to externalities, market failure and collective action problems.** Those ideas matter. **But they don't capture everything we might reasonably value. Global public value as a concept begins somewhere else. It doesn't start by asking what failure we are correcting. It asks what kind of world we value, and then what we should create, preserve or restore together in order to build that world."**

"That **shifts us from failure to purpose…. "**

PS: "… **what is global public finance for?** The answer becomes fairly straightforward. **It is there to invest in global public value."**

WHO DG race

HPW – Indonesian Civil Society Coalition Challenges Sadikin's Bid to Become WHO Director General

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

This "bombshell" came on Thursday morning.

"**A coalition of senior medical professors and anti-corruption watchdogs from Indonesia has formally petitioned the World Health Organization's Executive Board to reject Indonesian Health Minister Budi Gunadi Sadikin's candidacy for Director-General."**

"**As Health Minister since 2020, Sadikin has pursued "a pattern of actions that have marginalized or penalized physicians, academics and health professionals who expressed legitimate criticism of government health policies**," the group alleged in a 12-page dossier dated 4 November, and obtained by *Health Policy Watch*. The **seven point appeal**, also alleges that under Sadikin's governance, Indonesia has seen:

- "The weakening of the independence of scientific and professional medical bodies;"
- "Increasing centralization and commercialization of the health system;"
- "Erosion of meaningful stakeholder participation;"
- "Serious concerns regarding the governance, oversight, transparency and benefit-sharing arrangements surrounding collection and use of genomic data;" and
- "Policies that have contributed to widening health inequities."

The coalition concluded that "Sadikin is not an appropriate candidate to lead the World Health Organization," arguing his domestic governance record violates basic principles of scientific independence and administrative transparency. **The appeal, delivered to all WHO Executive Board members and Geneva diplomatic missions by the Coalition for Health Justice** (*Koalisi Keadilan*

Kesehatan), which includes a dozen civil society organizations and academic bodies, **marks the first grassroots challenge to an official nominee seeking to succeed Dr Tedros Adhanom Ghebreyesus**. "

PS: "Sadikin's campaign also declined to respond by Wednesday's publication deadline, saying that they would deliver a reply by Thursday – which *Health Policy Watch* will print in full, once it is made available…."

Lancet World Report – WHO's next Director-General

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02295-6/fulltext

"The seven candidates vying to lead WHO have been announced, **as the organisation faces challenges on several fronts.** Faith McLellan reports."

With also the respective profiles & focal areas of the campaigns.

Devex - WHO's who? Meet the seven candidates vying to lead WHO

https://www.devex.com/news/who-s-who-meet-the-seven-candidates-vying-to-lead-who-113801

Devex with the various profiles & program focuses of the 7 candidates.

Program Gevorg Tamayan

https://www.linkedin.com/feed/update/urn:li:activity:7526627051085316097/

Via LinkedIn: "Today, I am sharing "**Geography Must Not Decide Who Lives"** — my program as a candidate for World Health Organization Director-General…."

Geneva Health Files - Q&A With Hanan Balkhy, WHO DG Candidate

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

Second of a series of interviews by GHF. " a comprehensive interview with Hanan Balkhy, nominated by Saudi Arabia. Balkhy is a physician, WHO-insider with deep expertise among others, with stripes earned in conflict settings…"

Nature Health - WHO's early-career pathways in a leadership transition

S F Khan et al; Nature Health;

Hard-hitting Comment, certainly also the accompanying LinkedIn post. "Young people are under-represented in global health institutions, but the leadership transition at WHO provides an opportunity for reform."

With a number of **recommendations**.

More on Global Health Governance & Finance/Funding

HPW – Development Banks to Become 'Major Funding Source' as Aid Recedes, But Experts Warn of Risks

https://healthpolicy-watch.news/development-banks-global-health/

One of the must-read analyses of the week. Some excerpts below:

"**Multilateral development banks (MDBs) are moving to centre stage in global health financing, driven by collapsing bilateral aid and political momentum from initiatives like the Accra Reset. Experts view the shift as an opportunity** to deliver the predictable, large-scale investment needed to strengthen domestic health systems – **provided governments and lenders can ensure transparent terms that safeguard sovereign solvency."**

""Multilateral development banks will probably become the major external source of funding, just like in high-income countries where we go to banks," explained Peter Piot, professor of global health at the London School of Hygiene and Tropical Medicine, in an **interview with *Health Policy Watch* at the World Health Summit in Berlin…. ccording to the (Accra Reset HL) panel, integrating MDBs into national health budgets is inevitable as domestic tax revenues fall short of mounting post-pandemic healthcare demands**. Unlike short-term, disease-specific donor grants, **development bank loans offer multi-year, scalable capital designed to finance foundational health infrastructure, digital systems, and workforce expansion…."**

"**Recent preliminary data from the Institute for Health Metrics and Evaluation (IHME**), **published by Think Global Health**, underscores the volatility of this pivot. **Development assistance for health from regional development banks grew by an estimated 32% ($270 million) between 2025 and 2026 – alongside a 2% ($91 million) increase from the World Bank…."**

"…**To bridge this widening fiscal gap, traditional global health funds are turning to financial engineering, using grant dollars to stretch capital through blended finance**. In October, the Global Fund and the Islamic Development Bank (IsDB) signed a **partnership agreement** mirroring the new fiscal realities. This institutional framework blends Global Fund grant capital and technical expertise with IsDB's concessional lending portfolio and implementation scale to fund public health priorities, including integrated primary healthcare, supply chains, and health workforce development**. The partnership focuses on a major shared territory:** 43% of the Global Fund's country grants (roughly $4.5 billion) goes to nations that are also IsDB member states, enabling the two institutions to coordinate joint and blended financing streams…."

"While critical of the sparse published partnership details, **Mariska Meurs, global health expert at Dutch civil society advocacy organisation Wemos, sees potential in these new financing instruments. Co-investing through global health initiatives offers the advantage of directing MDB capital into public systems rather than commercial ventures. However, she stresses that it is essential to distinguish public bank borrowing from private-sector de-risking when evaluating health equity.** Public MDB concessional loans expand state budget capacity; by contrast, blended

models engineered to de-risk private commercial investment tend to channel funds toward profitable medical services rather than non-profit public healthcare for high-need populations….” “**Over-relying on MDB borrowing also risks distracting global health advocates from systemic fiscal solutions, including progressive national and international tax justice and sovereign debt cancellation.”**

“…**Financing experts warn of growing debt risks. “**While closer coordination between global health funds and multilateral development banks reduces donor fragmentation, **analysts warn that converting grant streams into debt risks locking vulnerable nations into an escalating debt spiral**. “A trend toward blended finance must be treated with caution, as it means more loans and thus more debt for the Global South,” warned **Bodo Ellmers**.”

“Debt swaps offer fiscal space alongside bank capital: To create the fiscal room needed to absorb development bank capital without triggering defaults, **Accra Reset leaders argue that new loans must be paired with debt relief mechanisms, such as debt-for-health swaps….”**

Global Financing Facility secures US$1 billion to help countries accelerate progress on maternal and child health

https://mailchi.mp/worldbank/global-financing-facility-secures-us1-billion-to-help-countries-accelerate-progress-on-maternal-and-child-health

“The Global Financing Facility for Women, Children and Adolescents (GFF) announced the close of its 2026 investment round, having successfully reached the US$1 billion target with commitments from governments, philanthropic and private sector partners to accelerate progress towards ending preventable maternal and child deaths.”

“New data shows **GFF partner countries are expanding essential health services and mobilizing resources faster than comparable countries**.”

Global Policy – From Ramaphosa to Mahama: Africa’s Political Champions in Global Health

By **Nelson Aghogho Evaborhene** ;
https://www.globalpolicyjournal.com/blog/10/11/2026/ramaphosa-mahama-africas-political-champions-global-health

Must-read as well.

“**Nelson Evaborhene examines the African Union’s model of political champions in global health governance, tracing its evolution from crisis response during COVID-19 to efforts to reshape global health governance amid geopolitical fragmentation**. He argues that political leadership can strengthen African bargaining power and sustain collective action, but **its lasting impact depends on institutionalising commitments beyond individual leaders.”**

“…**The African Union’s (AU) model of political champions** offers one mechanism for bridging this gap. **Typically sitting heads of state designated to advance specific continental mandates, political champions use their executive authority and diplomatic access to build consensus and mobilise**

support for shared priorities. From Cyril Ramaphosa's leadership during the COVID-19 crisis to John Mahama's convening of the Accra Reset amid growing geopolitical fragmentation, political championship has evolved from mobilising collective responses to emergencies towards confronting the deeper political challenges of reforming global health governance. This evolution is critical because Africa's ability to shape global rules, negotiate equitable partnerships and sustain collective action depends on more than institutional capacity; it requires political leadership capable of translating continental ambitions into negotiated commitments and lasting institutional change. **Comparing these two cases shows how executive leadership can advance African agency, while exposing the challenge of sustaining its gains beyond individual leaders and crises…."**

Africa CDC welcomes the appointment of Mark Dybul as executive director of the Global Fund and calls for a new era of African ownership and health sovereignty

Africa CDC;

"Following a **telephone conversation with Dr Dybul on 7 November**, Africa CDC Director General H.E. Dr **Jean Kaseya congratulated him on his appointment and shared Africa's expectations for the next phase of cooperation with the Global Fund, particularly on African ownership, sustainable financing and health sovereignty**. … The **Africa Health Security and Sovereignty Agenda (AHSS)** sets a clear direction for the future of global health cooperation. …"

PS: "… **Africa CDC also sees significant potential to accelerate African manufacturing of essential health products**. The Global Fund's purchasing power can help create predictable demand for quality-assured medicines, diagnostics and other health technologies produced on the continent. Africa CDC looks forward to working with the Global Fund to advance concrete procurement commitments, technology transfer, investment in local production and closer cooperation through the African Pooled Procurement Mechanism (APPM)…."

Devex Check-up – Devex CheckUp: GiveWell and the Global Fund have a deal. Who calls the shots?

https://www.devex.com/news/devex-checkup-givewell-and-the-global-fund-have-a-deal-who-calls-the-shots-113855

"… **The Global Fund's board has approved the Malaria Impact Accelerator, or MIA, a new mechanism developed in partnership with GiveWell**, the philanthropic funder known for backing programs it considers highly cost-effective. **MIA is designed to channel additional funding to malaria programs during the Global Fund's current and next grant cycles, covering 2026 to 2031. But there's a catch: The mechanism needs to secure more than $1 billion in private philanthropic commitments by the end of March 2027.** And just how much of that will come from GiveWell? That's still anyone's guess. Julie Faller, GiveWell's program director for grantmaking, tells Jenny the **organization is still assessing countries' needs and updating its research before deciding how much to commit…."**

"**In fact, GiveWell has warned that it might contribute little or nothing at all. Its decision will depend on several factors**, including the Global Fund's ability to implement the mechanism, the demand from countries for highly cost-effective interventions, and whether the funding risks displacing government spending or undermining health systems…."

"But the money isn't the only interesting part of this arrangement. **There's also the question of who gets to call the shots.** According to insiders, **this will be the first time the Global Fund operates a major funding mechanism established for a single major donor — if GiveWell ultimately comes through.** And GiveWell won't just be writing checks**. It will also have a say in which grants get funded. Countries will submit requests based on their national priorities, and the Global Fund's technical review panel will assess their soundness. But GiveWell will evaluate their cost-effectiveness too, before grants can proceed to final board approval.** "GiveWell and the Global Fund Secretariat will each need to agree to fund grants, and the Global Fund's board would need to approve," Faller explains. "We think of it as needing **three yeses: the countries', the Global Fund's, and GiveWell's." "**

PS: **re Dybul's term: "Dybul, 63, said he is aware that he has a short window to get things done, since he is confined by a four-year term limit with no option to renew.** That is why he is choosing to concentrate on things such as the country-focused recommendations that have emerged from the Accra Reset process….."

Nina Schwalbe - Effective Altruism: Clearing the Bar

On Substack;

"Notes from a global health practitioner on the new wave of philanthropy."

Quote: "**The funding bar is the minimum impact a funder expects for each dollar it spends.** The question behind it is whether that dollar could do more good somewhere else. **This question pulls in two directions. In the near term, it favors the cheapest wins. In the long term, it favors speculative catastrophes…."**

PS: "There has been **one recent sign of a potential shift. In September, Coefficient Giving announced a $165 million Health Aid Transition Fund to help governments adapt as aid declines**. While it is a small slice of Coefficient Giving's overall spending and of EA philanthropy as a whole, the **new fund focuses on how countries finance and organize the services that deliver care to people…."**

HPW – The Health Financing Crisis Demands Innovation: Lessons From Pooled Sputum Testing for TB

N Appolonie et al ; https://healthpolicy-watch.news/the-health-financing-crisis-demands-innovation-lessons-from-pooled-sputum-testing-for-tb/

"At a laboratory in Cameroon, technicians receive sputum samples from people suspected of having tuberculosis (TB). Until recently, each person's sample required a separate test cartridge to detect the bacteria that causes TB. But when cartridges become scarce, **the country's National TB Program found a way to make existing resources go further: testing samples from several people together, using a single cartridge. The approach, known as pooled testing,** is helping laboratories process more samples with fewer cartridges, reducing costs and allowing more people to access TB diagnostics…."

Devex Pro - Resilience is not recovery: NTD programs adapt following USAID cuts

https://www.devex.com/news/resilience-is-not-recovery-ntd-programs-adapt-following-usaid-cuts-113865

(gated) "Nearly every global health program supported by the United States suffered funding cuts after the Trump administration took office in early 2025. But **neglected tropical diseases, or NTDs, may have fared the worst. The NTD program operated by the U.S. Agency for International Development was completely wiped out when that agency was dismantled. With a budget of $114 million per year, USAID was one of the largest and most important NTD funders globally**. Its funding supported services in more than two dozen countries…. "

"**Will new U.S. funding help restore what was lost?"**

"The U.S. State Department is now making up to $162 million available for NTD elimination through an addendum to its annual program statement, my colleague Andrew Green writes. It's a relatively minor boost after a huge blow, which is why organizations such as Helen Keller Intl and institutions such as the World Health Organization rallied to plug the gap. The overarching goal is also to get governments to take ownership of eliminating the NTD scourge. But "I don't think we should take that adaptation or resilience and mistake that for recovery," Simon Bush of Sightsavers says…."

The Collective (blog) - Scarcity Is Political

by **Zahra Zeinali** ;
The Collective
"Who decides who is left behind when global health funding collapses? **Collective Member Zahra Zeinali reflects on why an intersectionality-informed approach should guide not only the allocation of resources, but also the processes by which health priorities are defined."**

Habib Benzian – Donald Duck's Theory of Global Health

https://habibbenzian.substack.com/p/donald-ducks-theory-of-global-health?r=ap2lyamp;utm_campaign=postamp;utm_medium=webamp;showWelcomeOnShare=true

"**What flipism reveals about Buffett, Gates and the moral bonds of philanthropy**."

"… The **familiar critique of billionaire philanthropy** concerns excessive power, weak accountability and private influence over public priorities**. Flipism reveals something less visible: how the original act of personal judgement disappears."**

"**In a 1953 comic by Carl Barks, *Flip Decision*, Donald Duck wanders into a lecture by Professor Batty, a charlatan promoting a philosophy called flipism**. Its doctrine is simple: whenever a decision presents itself, toss a coin. Heads or tails will tell you what to do…."

A few chunks:

"Buffett delegates to Gates. The foundation selects problems, technologies and partners. Universities, NGOs and international organisations adapt to available funding. Governments learn

which priorities attract support. Models, investment cases and technical panels optimise the agenda already chosen. Private preference enters at the top and emerges as evidence-based allocation. …The choices are not random. They reflect convictions, interests and relationships. **Buffett and Gates are not the flipists. We are.** They exercise judgement; global health institutions and professionals organise themselves around its consequences. **Through research, investment cases and technical advice, we give privately determined priorities the appearance of objective necessity. We question the evidence behind interventions more readily than we question who decided which interventions deserved consideration."**

"… **flipism** - it describes how judgement is delegated until responsibility becomes difficult to locate…"

Public Humanities - From Responsive to Deep Solidarity: Reframing Global Health Governance in an Interdependent World

C Atuire et al; Public Humanities;

"**Negotiations over the recently-adopted Pandemic Agreement revealed two key contrasting notions of solidarity: as redistributive and enforceable, grounded in demands for equity and historical redress; or voluntary, emphasising intellectual property protections and national discretion**. We offer an **account of solidarity that can function as a framework for integrating these rival views**. Specifically, **we theorise two understandings of solidarity that we have termed Deep and Responsive solidarity.** While Deep solidarity refers to a normative principle of solidarity that is grounded on a profound understanding of being as fundamentally and intrinsically relational, Responsive solidarity is motivated as a response to crises. **Our central intervention in this paper, drawing from the two accounts of solidarity, is to reorient solidarity from a crisis language towards a more foundational account of global health governance that can sustain justice both in ordinary times and in moments of rupture."**

"… **The paper's central contribution is to argue that Responsive solidarity cannot be effective unless it is supported by Deep solidarity**. Crisis-driven appeals to solidarity are too fragile when they are not embedded in durable norms, institutions, and practices that recognize interdependence before emergencies occur. **In global health, this means** moving beyond the logic of temporary aid, exceptional generosity, or narrow national interests. It requires designing governance arrangements that treat states, institutions, and communities as partners in a shared health project. It also requires rethinking the donor-recipient framework, which obscures mutual dependence and reproduces hierarchical relations, and reconfiguring the epistemic economy of global health so that knowledge, health tools, and benefit-sharing are governed more equitably."

CGDev - Governance and Coordination of the Financing of Supply Chains

C Cashin, P Baker et al; https://www.cgdev.org/publication/governance-and-coordination-financing-supply-chains

"While countries have made progress strengthening supply chain operations, persistent challenges such as fragmented funding flows, opaque procurement processes, and weak accountability continue to undermine system performance and create access barriers. **Authority over supply chain financing functions is typically split across ministries of health and finance, procurement agencies, insurance schemes, and donors with little formal coordination or accountability for results. These**

challenges are not technical or logistical but are inherently governance problems…. … This paper draws on **experience from six countries—Canada, Chile, Ethiopia, Ghana, Indonesia, and Thailand**—spanning a range of income levels and health system structures, **to identify five elements of effective supply chain financing governance: aligned legal, regulatory and policy frameworks; effective formal coordination mechanisms; mechanisms to ensure transparency; performance-based accountability; and adaptive learning and evidence-informed decision-making**. Together, these elements help align financing, procurement, and service delivery to achieve better outcomes."

PS: "… **The overall finding is that every country, regardless of where it starts, can take practical steps to improve governance and better align supply chain financing**. The **country experiences suggest a progress pathway that may inform the sequencing of these steps.** However, sustained gains in affordability, availability, and equitable access to medicines, will also require investments in public financial management, expanded and equitable coverage, and well-designed incentives for providers and patients."

IDS – ICTD Policy Brief 24 - The Missing Fiscal Link? Social Insurance, Tax Capacity, and Health Financing in Lower-Income Countries

M Gallien; https://www.ids.ac.uk/publications/the-missing-fiscal-link-social-insurance-tax-capacity-and-health-financing-in-lower-income-countries/

"**Social insurance systems have played a major role in the development of modern fiscal states**. In high-income countries they have both been a large source of public revenue, and have supported wider tax and state capacity – by strengthening fiscal reciprocity, encouraging formalisation, expanding administrative systems, and supporting finance systems. Today, comparable systems remain limited in many lower-income countries. **This policy brief suggests that this has created specific challenges for their tax administration. More importantly, it argues that building sustainable social insurance systems and expanding tax capacity should be understood as complementary development projects.** This does not imply that lower-income countries should necessarily replicate the social insurance systems or historical trajectories of high-income countries. Still, **tax and social insurance policy need to be more closely integrated in lower-income contexts –** recognising their shared administrative infrastructure, potential to reinforce formalisation and reciprocity, and the role that progressively subsidised social insurance can play in expanding both social protection and revenue mobilisation capacity in lower-income countries over time."

Quote: ""**The world's strongest fiscal states were built not merely through expanding tax capacity in the narrow sense, but through the creation of large-scale contributory social insurance systems**."

Trump 2.0, US Global Health strategy, bilateral health agreements & impact mid-terms

NYT - The U.S. Has Lost Its Measles-Elimination Status, Data Suggests

https://www.nytimes.com/2026/11/10/health/measles-united-states-elimination-rfk.html?unlocked_article_code=1.PVE.5Fvc.agaokgtXxao1&smid=url-share

"**An international panel of scientific experts will convene on Tuesday to evaluate the status, but genetic data already shows the virus is once again entrenched in the United States**."

"… To officially lose elimination status, a **committee of the Pan American Health Organization, a branch of the World Health Organization, must determine that the country has had uninterrupted transmission of measles for more than 12 months**. Publicly available data shows that several chains of transmission have continued for more than a year in the United States, according to scientists who analyzed the data at the request of The New York Times…."

KFF Tracker: America First MOU Bilateral Global Health Agreements

https://www.kff.org/global-health-policy/kff-tracker-america-first-mou-bilateral-global-health-agreements/

(as of 6 November) "In addition to data on funding amounts, co-financing shares, and program areas, we now have **analysis of the publicly available MOU documents with much more detail**."

NYT - U.S. Global Health Strategy Jeopardizes Prevention of Pandemics, Experts Warn

https://www.nytimes.com/2026/11/06/us/politics/pandemic-prevention-african-countries.html?smid=nytcore-ios-share

"The Trump administration has been negotiating agreements with dozens of individual countries. Public health experts say a global agreement would be far more effective."

A few chunks:

"… **The agreements, structured to benefit the United States, are undermining efforts to prepare the world for the next pandemic, putting even Americans at risk, public health experts warn. In one striking example, under an agreement signed in February that was never made public, the United States is set to stop funding health care workers in the Democratic Republic of Congo by the end of the year.** Congo has been struggling to contain an Ebola outbreak that has topped 10,000 cases and has spread to two other regions of Africa. The plan, a copy of which was obtained by The New York Times, provides Congo with $900 million over the next five years, and was signed before the Ebola outbreak was detected…." "Still, **several public health experts said it was an example of the Trump administration's focus on near-term benefits for the United States over the long-term partnerships needed to weather international crises."**

"… The **administration has signed 36 such agreements so far, but has not released them publicly.** Some agreements, including most recently for Botswana, Cameroon, Eswatini, Ethiopia, Congo and Lesotho, were **obtained by Public Citizen** through a freedom of information request and made available to The Times. … … **The State Department has said it intends to eventually sign agreements with about 70 countries across the developing world."**

Re (impact on) PABS: … "The **United States just seems really determined to increase our vulnerabilities by sitting out of the most important conversations," said Jennifer Nuzzo, a** co-

developer of the Global Health Security Index, which assesses pandemic preparedness in countries. … … **At least 11 of the new agreements, including the one with Congo, include requirements to share information from outbreaks in exchange for foreign aid.** They **require countries to share specimens and related data from an outbreak within five days of receiving a request from the United States**. Under the terms, the United States then can share that information with other entities — pharmaceutical companies, for example — that can develop tests and medical countermeasures. **But the agreements do not guarantee early or equitable access to the new tests, treatments or other tools that might result**. Many give the United States direct access to national health databases, but without privacy protections or oversight from civil society organizations…. … **The agreements instead say the United States would "prioritize" providing the country with medical tools "behind the U.S. government's domestic need" and at costs "equal to or below those paid by" the United States."**

"By **contrast, the global agreement, once finalized, would provide affordable medical tools to all low-income nations, not just the one that provides information. Some experts worried that by setting up a parallel process, the American agreements would undermine the already contentious global negotiations.** "The bilateral approach will weaken the effort we are doing to bring the continent together," said **Dr. Jean Kaseya**, director general of the Africa Centers for Disease Control and Prevention. **Dr. Kaseya said he advised African ministers to agree to the bilateral deals only if they were satisfied with the terms, and helped some countries like South Sudan negotiate more "respectful" language.** But ultimately, he said, "we need to respect sovereignty of our countries."

"… **many countries that rely on aid from the United States are not in a position to fight back and forgo aid, Mr. Maybarduk (Public Citizen) noted.**
"This is the take-it-or-leave-it deal that the United States has put in front of them in order to restart some of the health funding that was taken away," he said. "These are the offers you can't refuse.".."

PS: "**Yet some public health experts saw reasons for optimism**. **Some money for logistics, including transport and testing of patient samples, has come from the Pandemic Fund**, set up in 2022 to move money quickly in outbreak situations. The fund now has a portfolio of $11.5 billion of investment across 128 countries, according to Priya Basu, its director. **She added that new sources, including private companies and countries that have not traditionally been large donors, now seem poised to invest in the fund.** Other experts noted that **low- and middle-income countries were learning to collaborate —** pooling their resources, expertise and purchasing power — **rather than rely on richer nations…."**

Devex – State Dept awards partners $1.7B in global health funds before year end

https://www.devex.com/news/state-dept-awards-partners-1-7b-in-global-health-funds-before-year-end-113821

(gated) **"U.S. officials continued to channel money to implementing partners, despite an emphasis on direct government financing, even as the State Dept. moved to consolidate oversight over those awards."**

"**In the weeks leading up to the end of the 2026 fiscal year, the State Department issued more than $1.7 billion in noncompetitive global health awards to 75 recipients, primarily established international and domestic organizations and companies**, according to **new analysis from the**

Health Security Policy Academy. Though the awards are new, they appear to fund the continuation of existing efforts to run crucial global health programs, including services for HIV, malaria, tuberculosis, polio, and maternal and child health. Many of these programs were transferred to the U.S. State Department after the Trump administration shuttered the U.S. Agency for International Development last year. The flurry of awards, which began in late August and ran through the end of September, **calls into question the State Department's focus on shifting to direct government financing."**

And an example: " Jhpiego, a Baltimore-based international aid group, is an example of that approach. The organization **was previously one of USAID's largest implementing partners**, writes Andrew Green for Devex — receiving $56 million for one program and $31 million for another in 2024. The following year, the **State Department gave those initiatives even more funding, boosting the grants to $101 million and $154 million, respectively. "And with a last-minute award at the end of the 2026 fiscal year, Jhpiego remains among the biggest U.S. global health funding recipients," Andrew writes. "The organization received $135.8 million over more than two years**.""

"That doesn't mean that the State Department is giving out more global health money than USAID — it's not. But it **raises questions about how it's giving out funding** — and to whom…."

- For more detail, see the **Health Security Policy Academy** - The U.S. Global Health Implementing Partner Network Has Been Radically Transformed "What happened as billions were pushed out the door at the end of fiscal year 2026."

And via Devex Check-up :

"According to Andrew Green's congressional sources, **Congress has so far received notifications of G2G financing plans for just three countries — Kenya, Malawi, and Uganda** — a fraction of the dozens of countries that have signed bilateral health agreements with Washington."

Emily Bass - The Democratic Accountability Agenda Should Separate USAID and the America First Global Health Strategy

Emily Bass;

"… here's what I'm shouting: please, for the love of the future of foreign assistance for global health, **separate Congressional oversight and accountability of the dissolution of USAID as a semi-autonomous government entity from oversight and accountability of the America First Global Health Strategy that is the most fully elaborated expression of the Trumpian approach that has taken its place.** Please do both. Please do not try to do them at the same time….

"… I **implore Congress to separate its oversight of the deaths and suffering that *already* happened, from equally rigorous attention to the deaths and suffering that *could still* happen** if the America First Global Health Strategy continues to operate without transparency and accountability…."

"… This Substack offers ten pieces of verified information to support the 120th Congress in developing effective oversight and accountability approaches that do, indeed, result in a safer, stronger and more prosperous global community—with America as an active member…." See **Briefing Points on the Need for Dedicated Oversight of the America First Global Health Strategy.**

Devex - Special edition: Democrats won big. What could it change for foreign aid?

https://www.devex.com/news/special-edition-democrats-won-big-what-could-it-change-for-foreign-aid-113822

"**From new leadership to committee shake-ups, here's what to know as Democrats prepare to take control of the U.S. Congress."**

"… what can Democrats realistically accomplish? Two priorities are likely to dominate: **oversight and the power of the purse**. **On oversight, expect much closer scrutiny of the administration's foreign assistance decisions, including the dismantling of USAID**. But one person I spoke with urged lawmakers not to get too caught up in investigating what happened over the past two years. **The focus, they argue, should be "about how to save lives now**, **these next two years**." That could mean asking questions about the ongoing work on the global health agreements and implementation plans. **Then there's the money. Democrats could try to put more guardrails on spending**, making it harder for the administration to withhold or redirect money Congress has approved…."

PS: "**And there's a longer game to consider**. Democrats may introduce legislation laying out how they'd like to rebuild or restructure U.S. foreign assistance, even knowing Trump would probably veto it. Those bills might not become law in the next two years, but they could offer **an early look at what a future Democratic administration might do** if the party wins back the White House in 2028…."

KFF – What Does Democratic Control of Congress Mean for Global Health?

https://www.kff.org/global-health-policy/what-does-democratic-control-of-congress-mean-for-global-health/

(10 Nov) Re oversight, appropriations, authorizing & shaping the future, …

HPW - US Midterm Elections: Democrats Pledge to Lower Health Costs and Revive Research Funding

https://healthpolicy-watch.news/us-midterm-elections-democrats-pledge-to-lower-health-costs-and-revive-research-funding/

*"**November's US midterm elections swept Democrats into power in both the House and Senate, marking a shift in congressional leadership on key health policies**. This comes as a former Trump administration official and a founder of the "Make America Healthy Again" (MAHA) movement accused the administration of catering to industry interests over the health of Americans. "*

*"…*A **health policy agenda circulated prior to the elections by House minority leader Hakeem Jeffries (D-NY) outlined immediate, ambitious action in the first 100 hours and 100 days of the legislative session.** The plan includes a **repeal of the steep 2025 Medicaid coverage cuts** in the "Big Beautiful Bill" (HR1), **restoring supplemental nutrition assistance program (SNAP) coverage, and reinstating healthcare tax credits for the Affordable Care Act**. The expired tax credits left millions of Americans facing higher health insurance costs. The plan **also aims to release National Institutes of Health (NIH) funding withheld** by the Trump administration…"

"…**According to analysis from KFF, health care affordability was a leading issue for voters, with six in 10 voters saying they were "very concerned" about the costs.** Their polling also **revealed broad discontent with two pillars of Republican health policies: government health program fraud crackdowns and making America healthy again.** A majority of voters said the administration made both worse. "Most midterm voters appear to reject the idea that the Trump administration's policies have made America healthier," KFF analysts said in their report of election sentiment data…."

CGD (blog) - The Quickest Path Back to US Development Leadership Is to Go Big on the Multilaterals

C Landers et al; https://www.cgdev.org/blog/quickest-path-back-us-development-leadership-go-big-multilaterals

"… Given vastly weakened US institutional capacity and limited appetite from the current administration for development assistance, **this is not the time to begin a major renegotiation of bilateral assistance architecture**. Even supporters of bilateral funding concede USAID is unlikely to return during the next Congress. The **fastest way for a new Congress to rebuild an ambitious US development footprint is to double down on the multilateral institutions the United States already leads, including the World Bank, the regional development banks, and the IMF.** This would get money to those who most need it quickly and effectively, and would signal renewed US support for multilateralism and international cooperation. **The international financial institutions (IFIs) offer advantages that bilateral US programs currently cannot: scale, speed, and leverage. In addition, the Trump administration remains actively engaged in the IFIs. "**

"… we **still see potential for bipartisan cooperation…."**

"…**US resources should back the institutions most focused on the poorest countries, stretch the US taxpayer dollar the furthest, and have a demonstrated track record of impact**. **Start with the World Bank's subsidized loan arm, IDA.;.."**

And they conclude: "… **Rebuilding US bilateral development architecture is a project for the next decade. Leading through the multilaterals is something the next Congress can do in its first year, with bipartisan support, leverage, and impact**, signaling that the US is ready to recommit to its role as leader in development assistance and lifesaving aid."

UHC

Devex - The realities shaping the universal health coverage agenda

https://www.devex.com/news/the-realities-shaping-the-universal-health-coverage-agenda-113829

"Nearly a year out from the U.N. high-level meeting on universal health coverage, the race to secure financing is on." (there's not much in this article, though)

Secured but not Covered: Why Health Security moves faster than Universal Health Coverage

Ertila Druga; https://www.linkedin.com/pulse/secured-covered-why-health-security-moves-faster-than-druga-phd-f0z7e/

Very cool analysis.

"… **This situation points to a puzzle. Almost everyone agrees that health security and UHC depend on each other.** The 2026 declaration itself names universal health coverage and a primary health care approach among the foundations of pandemic readiness (**Health Policy Watch 2026**). COVID-19 showed that outbreaks spread fastest where everyday health systems are weak (**Lal et al. 2021**). **Yet in practice, the two agendas are financed, measured and reviewed in separate places. Health security gets new funds, binding rules and new institutions. UHC gets declarations."**

"Why does health security move faster than UHC, even though both sides say that security rests on coverage? Is it because security threats are more urgent? Is it because donors fund what protects them? Or is it because each crisis adds a new institution beside the health system, instead of strengthening the system itself? And what would change if the 2027 UN High-Level Meeting on UHC treated preparedness as part of coverage, not as a separate agenda? **To answer these questions, one must look at how the two agendas are governed, not only at what their declarations say.**

In this essay, I argue that people in many countries are secured but not covered: protected, on paper, by a growing global architecture against the next pandemic, but not protected by the everyday health services that architecture depends on. I trace this through **three mechanisms**, each answering one of the questions above: *a travelling threat logic* that directs international money towards risks that can cross borders; *an emergency cycle* that turns each outbreak into a new institution while chronic gaps in coverage produce no such moment; and *a parallel architecture* that layers security bodies, funds and indicators beside the health system rather than inside it. **I then draw implications for the 2027 High-Level Meeting and beyond…."**

Lancet (Comment) - Beyond poverty eradication: what China's health and poverty alleviation experience means for global health

W Mao & D Watkins; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02049-0/abstract

(from end of October, in case you missed this). "**The Lancet Commission on the Health and Poverty Alleviation Initiative in China arrives at an important moment for global health. Progress towards universal health coverage (UHC) has slowed in many countries**, with catastrophic health expenditure continuing to push households into poverty. Geopolitical conflict, faltering multilateralism, and economic factors such as inflation have made it more challenging to address global poverty eradication and health goals. **The relationship between health and poverty has long been recognised, yet policy responses often remain fragmented. China's experience provides an example of how coordinated action can address both challenges simultaneously."**

"China's experience and the Commission's recommendations carry broader relevance beyond the Chinese context. The Commission emphasises institutionalising health poverty alleviation efforts,

strengthening primary health care, improving data systems, maintaining financial protection, and embedding health considerations across sectors, among other recommendations. The broader implications discussed below build on these recommendations while considering their relevance for other countries." **Authors list 5 lessons**.

Politico – Bernie Sanders launches Medicare for All push

https://www.politico.com/live-updates/2026/11/05/congress/bernie-sanders-launches-medicare-for-all-push-01151604

"The **progressive senator has been a longtime advocate for Medicare for All**, which would dramatically change the country's health system."

""**Progressive stalwart Sen. Bernie Sanders (I-Vt.) called for Democrats to embrace "Medicare for All" in a video released (last week on) Thursday**. "Health care must be considered as **a human right, not a privilege,"** he said. "**That means passing Medicare for All legislation now supported by 66% of the American people."** Sanders **will likely be the next chair of the Senate Health Committee and will have a major platform to push for a Medicare for All health agenda next yea**r when Democrats take the majority…."

- Related: Stat – Democrats begin asking: How far can we go on health care?

"**Trump's veto, and political realities, limit the scope of health care change."**

Global Tax Justice

CESR (blog) - Beyond the ballot: California's billionaire wealth tax as a human rights issue

https://www.cesr.org/beyond-the-ballot-californias-billionaire-wealth-tax-as-a-human-rights-issue/

"**Michelle Fauber**, School for Moral Ambition Tax Justice Fellow currently working with CESR, explores the significance of California's 'billionaire tax' which, despite having been narrowly defeated at the polls, **represents a critical milestone in burgeoning demands for more effective taxation of the mega-rich."**

"Looking beyond the election results**, this post looks at how putting human rights at the center of tax debates can help shape future reform efforts, and why international cooperation is critical to making fairer taxation possible."**

PS: "…. A potential countermeasure to the so-called billionaires' exodus has been put forward by the economist Gabriel Zucman, who proposes strengthening exit taxes and applying trailing tax liabilities to prevent billionaires from relocating to tax havens to dodge his proposed 2% minimum global wealth tax. **By taxing unrealized capital gains upon departure and continuing to collect taxes**

on former residents for a set period — backed by automatic exchange of bank information — countries can unilaterally enforce wealth taxes even without universal global adoption….”

Global Policy – Competing Forums in Global Tax Governance: OECD, UN and the Prospects of Multilateral Cooperation

Tomáš Boukal et al; https://onlinelibrary.wiley.com/doi/10.1111/1758-5899.70255

Also with some policy implications.

AI & health

CESR - The AI race: Who pays the price, and who reaps the rewards?

M R Balsera; https://www.cesr.org/the-ai-race-who-pays-the-price-and-who-reaps-the-rewards/

« Artificial intelligence is being heralded as the next engine of economic growth, with governments urged to invest or risk being left behind. But **behind the promises of innovation lies a familiar political economy**: extraction of resources and knowledge, public assumption of risk, concentration of private wealth and profits, and mounting costs for people and the planet. **We need a different approach: one grounded in economic justice, international cooperation and human rights. »**

Including among others: **Tax justice must be part of the AI debate**

“**The negotiations for the United Nations Framework Convention on International Tax Cooperation offer a particularly important opportunity**. The **Protocol on the Taxation of Cross-Border Services (Protocol 1)** must address the challenges posed by the digital economy and emerging AI business models, including how taxing rights are allocated when services, data and value cross borders without a conventional physical presence. **Fairer taxation of AI-related profits should be part of a broader effort to ensure that the wealth generated by technological innovation contributes to financing public services, social protection, education, climate action and the infrastructure needed for a genuinely inclusive transition. “**

“**Promising proposals on how to approach the taxation of AI already exist**. These include enabling countries to tax AI-generated profits even where companies have no physical presence, recognising user data and algorithm training as sources of taxable economic value, and reforming approaches to profit allocation so as to reflect AI's fragmented global value chains….”

Project Syndicate – A Minimum Basic Income Is Not Enough

Kaushik Basu; Project Syndicate;

“The rise of AI is concentrating wealth and political power in fewer and fewer hands, making extreme inequality a threat to democracy itself. **A universal basic share that gives ordinary people a portion of global profits** could help narrow the growing gap between billionaires and everyone else.”

NEJM – Mass Surveillance with Artificial Intelligence — A New Determinant of Health?

N Peoples et al; https://www.nejm.org/doi/full/10.1056/NEJMp2611224

"AI is changing the fundamental nature of surveillance in ways that strain existing privacy law and put public health at risk. Medicine has a responsibility to confront these developments."

First Africa Data Health Forum (Nairobi, 10-12 Nov)

WHO Afro - New WHO report reveals critical gaps in Africa's health information systems

https://www.afro.who.int/news/new-who-report-reveals-critical-gaps-africas-health-information-systems?s=09

"**Gaps in recording deaths, tracking health needs and using reliable health information could delay lifesaving interventions, leave preventable health risks undetected and make it harder for communities to access essential healthcare, according to a new World Health Organization (WHO) report.** Based on an **assessment of 40 countries in the WHO African Region**, the report reveals major weaknesses in the systems governments rely on to understand why people are dying, identify emerging health threats and direct health services and resources where they are most urgently needed."

"**One of the most concerning findings relates to the recording of deaths and their causes**. Only 19 of the 40 countries assessed reported notifying authorities of at least 80% of deaths, while 21 reported recording the cause of death for at least 80% of registered deaths. When deaths are not properly documented and investigated, health authorities may fail to identify recurring causes of preventable mortality, delaying action to address gaps in care and leaving more people exposed to risks that could otherwise be prevented."

"The report**, The Maturity and Functionality of Health Information System in the WHO African Region**, also reveals an important **gap between collecting health information and ensuring that it is reliable and used effectively. …"**

"… The report was **launched today at the opening of the First Africa Health Data Forum, taking place from 10 to 12 November 2026 in Nairobi, Kenya**. Bringing together Ministers of Health, senior government officials, WHO and development partners, the forum provides an opportunity to examine the findings, share country experiences and identify practical solutions and investment priorities. … … Conducted in 2024 across 40 of the Region's 47 Member States, the **assessment found that health information systems achieved an overall maturity score of 59 out of 100, indicating that many countries are still at an early stage in developing the systems and capacities needed to produce and use reliable health information**. Country scores ranged from 26 to 93, reflecting considerable differences in progress and the need for approaches tailored to national circumstances."

“Financing and governance remain major challenges. Only 18% of countries assessed reported having a dedicated budget line for health information systems, while 35% had an up-to-date national policy to guide their development…”

World Pneumonia Day (12 Nov)

Lancet GH (Comment) - Childhood pneumonia: a stress test for health systems

Amy Sarah Ginsburg et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00274-3/fulltext

“The **2025 global deadline to end preventable child pneumonia deaths** has now passed. Yet, by **Nov 12, 2026, the first World Pneumonia Day since the deadline**, the ambitious **target of reducing pneumonia mortality to fewer than three deaths per 1000 livebirths in every country remains unmet.** Despite almost all pneumonia deaths being preventable, **pneumonia claims the lives of approximately 660 000 children younger than 5 years annually, including approximately 250 000 neonates, and remains the leading infectious cause of childhood mortality worldwide**.
The agenda to reduce preventable child pneumonia deaths needs a reboot. **World Pneumonia Day 2026 should mark a change in how we measure progress**: **childhood pneumonia should be repositioned not only as a target of global health programmes but also as an indicator of health-system performance….”**

- Related: **Lancet Respiratory Medicine - Ending the global neglect of pneumonia: from awareness to accountability**

“…This persistent high mortality reflects not a failure of science, but **a failure of implementation, investment, and accountability**, despite remarkable advances in pneumonia prevention, diagnosis, and treatment. …”

More on Planetary Health & environmental determinants of health

TGH – WHO Director General Should Convene Emergency Committee on El Niño

Colin J Carlson et al ; https://www.thinkglobalhealth.org/article/who-director-general-should-convene-emergency-committee-on-el-nino

“A coordinated international response could substantially reduce El Niño's negative effects on public health.”

“By **recognizing El Niño as a public health emergency of international concern (PHEIC),** WHO can answer calls to escalate its response to climate change, without redefining what constitutes an "emergency" under international law….”

Nature (Comment) - The super El Niño is more than a climate shock – it's a health one, too

E McLaughlin et al; https://www.nature.com/articles/d41586-026-03628-5

"Food shortages and disease outbreaks are to be expected and need to be addressed together."

Geneva Graduate Institute (Global Health Centre) (Policy brief) – The Global Framework on chemicals: a public health agenda for action

https://ghplatform.org/media/2026/11/Policy-Brief-2.pdf

5-pager.

Access to Medicines, Vaccines & other health technologies

Devex – After 20 years, how much has Big Pharma changed on access?

https://www.devex.com/news/after-20-years-how-much-has-big-pharma-changed-on-access-113846

"**After almost two decades of ranking 20 leading companies' approach to access, the Access to Medicine Index finds more are embedding access into their corporate strategy and introducing CEO targets and board-level accountability."**

"The first edition of the Access to Medicine Index was published in 2008. The latest, released today, reveals that **over those two decades "there has been some quite transformative changes**," **Jayasree Iyer, the foundation's CEO,** told Devex. Among the most significant, she identified an **increasing number of companies embedding access into their corporate strategy and introducing CEO targets and board-level accountability for improved access. And planning is starting earlier**, Iyer said, **often at the outset of the research and development process**. As a result, **nearly 70% of medicines or other products that are in the late stage of development now have an access pla**n. That is more than triple the rate in 2018…."

"… The Swiss pharmaceutical company Novartis ranked first in this year's index after also being named the top company in the last edition in 2024. **GSK ranked second this year."**

"The **companies were measured on three technical areas**: how they integrated access strategies into their strategies, whether they are developing products in line with the needs of people in LMICs, and whether they have taken the steps that are necessary to ensure the people who need these products can actually access them."

"… Among the steps companies have taken since the launch, **this year's index flags efforts to make a range of products available in LMICs at different, lower costs than in higher-income countries**…."

PS: "**The index identified some common shortcomings, including access plans for noncommunicable diseases that are much more limited than the ones for communicable diseases**. This is despite the fact that nearly three-quarters of all deaths related to NCDs occur in low- and middle-income countries. **The index highlights concerns around diabetes interventions, as an example.** The industry is focused on researching GLP-1 medicines, but they are not yet readily available in the global south. In fact, even regular access to insulin is not guaranteed. There are access plans for 10 of the 19 late-stage diabetes-related research and development projects the researchers identified, but most are focused predominantly on emerging markets with rising incomes, while overlooking underserved communities…."

"Iyer pointed to **some other challenges, including the lack of research and development to address antimicrobial development that could render existing medicines ineffective**. And she also highlighted the **withdrawal of multinational companies from Africa over the past several years**."

The full report: https://2026index.accesstomedicinefoundation.org/

- For more coverage, see also the Guardian – P**harma firms' focus on weight-loss drugs could put insulin supply at risk,** experts warn

"GLP-1 products such as Ozempic and Mounjaro spread but many in poorer countries struggle to get basic diabetes treatment."

PS: "**There is a risk that any of the three – Sanofi, [Eli] Lilly or Novo [Nordisk]– could leave the insulin market**, and that will be disastrous for supply to insulin especially for people living with type 1 diabetes and insulin-dependent type 2 diabetes."…"

Lancet World Report - Access to medicines: innovations not reaching those in need

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)02296-8/fulltext

Analysis of the abovementioned report. **"Drug companies are increasingly making plans to improve access, but they are largely failing to benefit many patients**. Udani Samarasekera reports."

With a number of reactions by experts (including **Ellen 't Hoen, Suerie Moon, Tido von Schoen-Angerer,** …).

- Check out also **Melissa Barber's critical 5-point assessment** of the Index's track record after 20 years, via LinkedIn – "**Five reflections** in my personal capacity, or **my case for an access to medicines index, not an access to access planning index. …."**

WHO and African Medicines Agency advance regulatory cooperation at inaugural Agency Week in Kigali

https://www.who.int/news/item/10-11-2026-who-and-african-medicines-agency-advance-regulatory-cooperation-at-inaugural-agency-week-in-kigali

"Launch of technical committees and new regulatory initiatives marks an important step towards stronger, more harmonized regulatory systems across Africa."

"**The World Health Organization (WHO) reaffirmed its commitment to strengthening Africa's regulatory systems during the inaugural African Medicines Agency (AMA) Week and the 11th African Medicines Regulators Conference (AMRC), held from 25 to 30 October 2026 in Kigali, Rwanda**. Bringing together African regulators, policy-makers, industry and international partners, the event marked an important milestone in translating continental regulatory ambitions into coordinated action to improve access to safe, effective and quality-assured medical products.

NVI, Africa CDC mobilise African manufacturers for pooled procurement November 10-11

https://www.citinewsroom.com/2026/11/nvi-africa-cdc-mobilise-african-manufacturers-for-pooled-procurement-november-10-11/

"**The National Vaccine Institute (NVI) and the Africa Centres for Disease Control and Prevention (Africa CDC) [will] convene a two-day regional meeting in Accra on November 10th and 11th 2026,** bringing together manufacturers, regulators, health and procurement officials, and regional bodies **to move the African Pooled Procurement Mechanism (APPM) towards the continental market."**

"In a **press statement**, the institute explained that **the meeting will focus on the practical arrangements needed to operationalise the APPM…."**

Ghana woos investors for US 100 million dollar vaccine manufacturing project

https://gna.org.gh/2026/10/ghana-woos-investors-for-us100m-vaccine-manufacturing-project/

(30 Oct) "… to develop local manufacturing capacity as **part of a new policy targeting 60 % domestic medicine production within five years."**

Nature (News) - RSV vaccines slash infections: data show jabs' staggering success against dangerous virus

https://www.nature.com/articles/d41586-026-03573-3

"**Vaccines and monoclonal antibody injections are cutting hospitalizations for the respiratory virus."**

PS: "… **The most pressing issue is protecting those in LMICs — something that GAVI, the Vaccine Alliance, is pushing** for. Caballero (Argentinian paediatrician) says that he is confident that **RSV vaccines will be rolled out there in the coming years, providing two things happen: prices must come down, and awareness of RSV and its harms must grow**. Because of greater RSV mortality in lower-income countries, he says that the impact of immunization should be even greater than in higher-income ones."

Some more reports

Forbes – TB Killed A Million People In 2025, Even As Aid Cuts Threaten Progress

M Pai; https://www.forbes.com/sites/madhukarpai/2026/11/12/tb-killed-a-million-people-in-2025-even-as-aid-cuts-threaten-progress/

Nice summary of the new WHO Global TB report.

"The WHO released its Global Tuberculosis Report 2026, estimating 10.6 million new TB cases and 1.13 million deaths in 2025. The report shows TB incidence and mortality are declining, with mortality down by 4% in 2025. However, international donor funding fell by 14% to US$ 0.94 billion in 2025**. While high-burden economies spent more domestic funds, low-income countries struggled with aid cuts.** Sustained funding and high level political commitment is essential for ending TB, and Global South countries with high rates of TB have a major role to play**."**

- Related: **WHO - Amid challenges, countries increase domestic investment to protect progress against tuberculosis**

"…. progress comes as **domestic funding for TB increased by 14% to US$ 5.6 billion between 2024 and 2025, in part offsetting a decline in international financing** of a similar scale. "

"… **The global TB burden remains heavily concentrated in 30 countries,** which account for 88% of people who developed TB in 2025. …"

- And via HPW - Global Tuberculosis Burden Declining, but Five Years Behind Schedule

"**After the setback due to COVID, the global burden of tuberculosis (TB) is declining once again, but five years behind the original target**, according to the 2026 World TB report released by the World Health Organization (WHO) on Thursday. Globally in 2025, the TB incidence rate was 129 new cases per 100,000 people. This was a 1.6% decline compared with 131 cases per 100,000 people in 2024. **In the decade between 2015 and 2025, TB incidence fell by 14%. While that is progress, it is far from the 50% target set by the End TB Strategy for the year 2025, and an 80% decline by the year 2030…."**

PS: "**The top eight countries in terms of TB cases (about two-thirds of the worldwide total**) include India (about a quarter), Indonesia (10%), the Philippines (6.8%), China (6.5%), Pakistan (6.4%), Nigeria (4.9%), the Democratic Republic of the Congo (3.9%) and Bangladesh (3.7%)…."

Global health events

HPW - 'No Evidence' It Will Make You Live Longer: Inside Abu Dhabi's Rush to Sell the Science of Ageing

https://healthpolicy-watch.news/inside-abu-dhabis-gold-rush-to-sell-the-science-of-ageing/

"A painkiller designed by artificial intelligence that beat morphine in animal tests; a "biological age" score on a government app. Smart-ring makers fighting each other in court while signing deals with the same health department. At its ***Future Health Summit, Abu Dhabi*** *showed how hard it is to bet on the business of ageing, and* ***its own longevity doctor was the first to admit that the evidence has not caught up."***

*"…*On the summit's exhibition floor, a longevity stand carried its promise in large letters: **"Longevity for all".** Between that slogan and that admission lies one of the boldest bets in health today. Over three days in October, **the emirate courted wearable makers, AI drug developers and longevity clinicians, all chasing the same prize: to measure how fast our bodies are ageing, and to sell ways of slowing it down. "**

PS: "The wider science counsels humility. **Survival to 100 this century "is unlikely to exceed 15% for females and 5% for males," S. Jay Olshansky and colleagues concluded in *Nature Aging* in 2024. The realistic prize is fewer years lived in sickness:** worldwide, the gap between lifespan and healthy lifespan reached 9.6 years in 2019, according to a study in JAMA Network Open…." (and even that is anything but guaranteed).

"…**Abu Dhabi has the money, the genomes, the connected records and the political will to turn the science of ageing into regulated medicine, something no country has yet done**. …"

And also: " **Longevity for whom?** That leaves the question that matters most beyond the Gulf. Nearly 90% of the people living in the UAE are not citizens, and many of them are low-paid workers. …"

Global health governance & Governance of Health

Devex - UN agencies fear freeze-out as EU readies to 'Buy European'

https://www.devex.com/news/un-agencies-fear-freeze-out-as-eu-readies-to-buy-european-113825

"U**.N. Secretary-General António Guterres has raised the European Commission's plan to favor EU institutions over U.N. agencies for its development programs** with top European leaders."

- Related: Passblue (Opinion) - The EU's Budget Talks Raise Serious Questions for the UN (Opinion by Niels Keijzer and Ronny Patz)

"The authors express ***concern over current European Union negotiations on its seven-year budget starting in 2028 and the possible cuts to the UN system."***

Pakistan Journal of Medical Sciences - Beyond the Corridor: Toward a China-Pakistan Health Economy Cooperation Model for the Global South.

M Xiao et al;
https://openurl.ebsco.com/EPDB%3Agcd%3A2%3A41103218/detailv2?sid=ebsco%3Aplink%3Acrawler-gcd&id=ebsco%3Agcd%3A198244231&crl=c&jrnl=1682024X&link_origin=scholar.google.com

« Against the backdrop of the accelerating restructuring of global health governance, the continuous growth of health needs in countries of the Global South, and the high-quality development of the Belt and Road Initiative, **health cooperation between China and Pakistan is gradually shifting from traditional public health assistance to health economic cooperation. This article analyzes the pathways for cooperation from six dimensions:…"**

« … … **Based on this analysis, this manuscript proposes policy recommendations in three areas**: for China, **promoting the coordinated development of the Health Silk Road and the China-Pakistan Economic Corridor; for Pakistan, strengthening its domestic healthcare industry and health financing capabilities; and for countries in the Global South, establishing a regional health economy cooperation platform."**

Global Policy - China's Graduation Is Not a Single Event

F Brender; https://www.globalpolicyjournal.com/blog/11/11/2026/chinas-graduation-not-single-event

"Debate over China's developing-country status often treats classification, finance and burden-sharing as one question. They are not. **China is already relinquishing some recipient functions and assuming greater responsibilities, but through separate institutional rules rather than a common graduation process."**

Menafem -Who Holds the IMF Accountable?

https://menafemmovement.org/who-holds-the-imf-accountable/

Good question.

Global health financing

Global Social Policy - Moving beyond fragmented knowledge: Towards a research agenda for Health public–private partnership

J Gideon et al; https://journals.sagepub.com/doi/10.1177/14680181261500600

"**Public–private partnerships are frequently advocated by policy makers as a means of financing the expansion of universal health coverage, particularly across the Global South. In this article we argue that despite this preference for public–private partnerships and the proliferation of accompanying research, much of our understanding of the impact of Health public–private partnerships is based on evidence from the Global North, and we only have fragmented scholarship on their effects**. Little attention has been given to the (gendered) inequality impacts of Health public–private partnerships and the systemic nature of their impacts. By deploying a macro-meso-micro analytical framework, we identify some of the most significant knowledge gaps and call for a more systemic approach to craft a renewed research agenda. **We argue that it is key to deepening our understanding of the systemic impacts of Health public–private partnerships and building a more comprehensive body of evidence to better inform policy choices**."

CGD (Policy paper) - Policy Opportunities to Rectify Data Fragmentation in Health Care Supply Chain Financing

T Smith, K Chalkidou, P Baker et al; https://www.cgdev.org/publication/policy-opportunities-rectify-data-fragmentation-health-care-supply-chain-financing

"**One in four people worldwide lack reliable access to essential medicines. This underperformance is not just the result of scarce resources; it also reflects fundamental weaknesses in how public health supply chains (SC) are designed, operated, monitored, and governed**. In LMICs, complex ecosystems require strong coordination to function, yet information asymmetries and fragmentation of health, finance, and SC data leaves stakeholders out of sync. **Data fragmentation drives cascading failures in health supply chain financing (HSCF) – a critical and underappreciated bottleneck**. Our **research into 311 unique digital systems across 47 LMICs** quantifies the extent of this fragmentation."

"… Applying a use case-driven approach to HSCF can better align information system investments with health sector goals; **we outline four** that best represent country experience and feasible improvements. Further, **we present six policy opportunities to strengthen governance, information infrastructure, and systems intelligenc**e. These include specific actions to institutionalise and incentivise data exchange, finance sustainable architecture, and expand access to market intelligence."

UHC & PHC

BMJ Feature - What Brazil's leftist win means for the world's biggest universal health system

https://www.bmj.com/content/395/bmj-2026-101419

"Brazil's incumbent president has defeated a strong challenge by a far right candidate, with increased privatisation of healthcare high on the agenda**. But Lula's win does not solve the problems that healthcare faces**, Luke Taylor reports."

Frontiers in Public Health – Unlocking efficient, resilient resources across private and public sectors for primary healthcare delivery

R Fryatt et al; https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1919814/full

« Drawing on published peer-review literature and unpublished case studies, **this perspectives paper aims to develop policy recommendations for unlocking and aligning private sector incentives with public health goals**. The paper illustrates the different types of private investment in healthcare and the incentives they create. **It presents case studies of public–private partnerships in LMICs, including proposed blended finance policies in Kenya and four initiatives in Nigeria, India, East Africa and a multi-country initiative, spanning corporate philanthropy, patient capital, private credit, and catalytic philanthropic and multilateral financing**…"

Check out the findings.

Pandemic preparedness & response/ Global Health Security

The Diplomat - The Politics of Pandemic Preparedness: Why South and Southeast Asia Need a Stronger Voice

A Gupta; https://thediplomat.com/2026/11/the-politics-of-pandemic-preparedness-why-south-and-southeast-asia-need-a-stronger-voice/

"The Pathogen Access and Benefit-Sharing annex, currently under negotiation, has **profound implications for dependency and health sovereignty in South and Southeast Asia."** Focus on (the role & divisions within) this region in the negotiations so far.

BMJ (Feature) - Lab leak disease outbreaks: the long, murky history

https://www.bmj.com/content/395/bmj-2026-101295

"Panic over a potential death from plague in Russia has reignited fears over **laboratory leaks. History shows that they are not uncommon, but are we doing enough to prevent them? Chris Baraniuk** reports."

Science Insider – To deter bioterrorism, U.S. imposes new rules on ordering synthetic DNA

https://www.science.org/content/article/deter-bioterrorism-u-s-imposes-new-rules-ordering-synthetic-dna

"New policy draws tempered praise from biosecurity experts."

Planetary health

Devex Pro - The economist making the case for climate as AI fortunes grow

https://www.devex.com/news/the-economist-making-the-case-for-climate-as-ai-fortunes-grow-113832

(gated) "**Dan Stein founded Giving Green to bring GiveWell's focus on evidence and cost-effectiveness to climate**. That took him from vetting carbon offsets to backing riskier bets on policy and technology. Now **he's wondering whether people who made their money in AI will see climate as a place where their donations can do the most good."**

PIK - Why land – a scarce resource – is so important for climate protection

https://www.pik-potsdam.de/en/news/latest-news/why-land-is-so-important-for-climate-protection

"A new study quantifies, for the first time, the interrelationships and competing objectives of two major areas of action for reducing greenhouse gas emissions: the phase-out of fossil fuels and measures taken on natural land, such as farmland, forests and wetlands. It demonstrates how a well-balanced policy mix can keep costs low for both people and nature**. The study, conducted at the Potsdam Institute for Climate Impact Research (PIK), was published today in Nature Sustainability."**

Infectious diseases & NTDs

Lancet GH (Health Policy) - Prioritising malaria interventions to maximise health: the role of economic evaluation

David Bath et al; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00242-1/fulltext

"…. **The current WHO-supported subnational tailoring process improves on uniform national planning by targeting interventions to local contexts based on determinants of malaria risk. However, the WHO guidance does not provide a transparent, systematic framework for weighing the health benefits of malaria interventions against the resources required, within budget constraints**. **Health economic evaluation, the science of maximising health with finite resources, should be central to malaria decision making**, thereby informing decision makers about health-maximising choices even when other considerations take precedence. **We propose improvements, including a revised prioritisation approach explicitly informed by economic evaluation principles**. We also discuss how research activities can better support health maximisation and how all stakeholders can contribute to improving malaria priority setting."

UN News - Ending cholera by 2030 'within reach'

https://news.un.org/en/story/2026/11/1168782

"**Ending cholera as a public health threat by 2030 is within reach, as every cholera death can be prevented with tools that already exist, the World Health Organization (WHO) said on Tuesday."**

"**Last year was the deadliest for cholera since 1999, with almost 7,900 deaths**, Dr. Lorenzo Pezzoli, WHO lead for epidemic-prone bacterial diseases, told journalists in Geneva. … **Most of the deaths happened on a community level, before patients could access healthcare…"** And: **"Nearly 90 per cent of deaths in Africa."**

BMJ GH – The economic impact of deaths averted in PEPFAR countries

W Crown et al; https://gh.bmj.com/content/11/11/e022885

"…**This study builds on prior estimates of PEPFAR's effect on reducing all-cause mortality (ACM),** translates these reductions in premature deaths to **estimate the total number of deaths averted**, then analyses the associated impact on gross domestic product (GDP) in PEPFAR countries."

Some findings: "… **The analysis shows that the PEPFAR programme** is associated with an average ACM reduction of 3.50 per 1000 people, which translates to **roughly 84.58 million deaths averted between 2004 and 2022.** This **estimate is significantly higher than the estimated 26 million lives saved, typically attributed to PEPFAR,** when **looking at reductions in HIV-related deaths alone**."

"The present analysis estimates each one-point decrease in ACM to be associated with an annual 1.4% GDP increase in PEPFAR countries—for a **total economic benefit of US$836 billion across countries from 2004 to 2022.**"

Plos Med - Beyond the child: Integrating caregiver mental health into paediatric HIV and tuberculosis care in Africa

A K A Afrane et al ;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005287

"Paediatric HIV and tuberculosis care in Africa pays little attention to **children's caregivers**, although their mental health matters for child outcomes and family wellbeing. **We argue that new continental and Ghanaian policy commitments offer a rare chance to make the family the unit of care**."

NCDs

Guardian - BMI alternative for identifying obesity 'could prevent misdiagnosis in millions'

https://www.theguardian.com/society/2026/nov/11/bmi-alternative-obesity-diagnosis-body-mass-index

"**Combining body mass index with other measurements and tests** would lead to better care and outcomes, experts say."

"…**The new approach, which combines BMI with other body measurements and organ function tests**, suggests BMI alone misses obesity in 5-9% of adults, while wrongly diagnosing the condition in as many as 3%...."

"…Writing in **Nature**, the scientists describe how some people with a high BMI were not obese under the new definition and actually had a lower mortality risk than others considered healthy. Reassuringly, 80% to 90% of people with pre-clinical obesity did not progress to clinical obesity, or active disease, in the next 10 years…."

- See also Nature News – Move over BMI: new obesity definition is better for predicting your health

"A fresh approach **considers waist circumference, rather than just weight and height**, providing a more accurate classification."

Lancet Review – Reframing disease elimination: an update from the *Lancet* Commission on chronic obstructive pulmonary disease

D Stolz et al; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(26)01947-1/fulltext

"**Chronic obstructive pulmonary disease (COPD)** remains a leading cause of morbidity and mortality worldwide, with increasing global burden driven by population growth and ageing, persistent harmful exposures, and substantial health inequities. **The Lancet Commission on COPD articulated an ambitious vision for disease elimination with prevention, early detection, and intervention. This Review revisits that vision, assesses progress since 2022, and calls for a broader commitment to lifelong lung health as an update of the Commission**. Across seven sections, this Review advances a unified framework integrating the biology of lung development and ageing, precision medicine, patient-centred outcomes, and regulatory reform. **COPD is not a single, uniform disease; rather, a biologically complex condition shaped by genetic, developmental, environmental, infectious, and behavioural factors across the entire life course**. Effective prevention and care should therefore move beyond the detection and treatment of late physiological impairment toward earlier disease recognition, biological stratification, and interventions to preserve lung health, reduce symptoms, and prevent morbidity and premature mortality. **The Review charts a path from reactive, late-stage management toward proactive, equitable, precision-based prevention and care. The central premise is unequivocal: the global burden of COPD can be substantially reduced…"**

Lancet Regional Health Africa – Strategies to reduce the burden of prostate cancer and their acceptability in Africa: a scoping review

https://www.thelancet.com/journals/lanafr/article/PIIS3050-5011(26)00165-3/fulltext

By Xolelwa Ntlongweni et al.

Lancet GH – Interventions to reduce paediatric cancer treatment abandonment in low-income and middle-income countries: a systematic review and meta-analysis

S R Gillipelli et al ; https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00236-6/fulltext

- Related Lancet GH Comment - Paediatric cancer treatment abandonment: multifaceted solutions required

Social & commercial determinants of health

BMJ - How academic medicine can confront commercial determinants of health

https://www.bmj.com/content/395/bmj-2026-101243

"Academic medicine has a crucial role in exposing and minimising the harms created by businesses that prioritise profit over health, **though teaching and training, research, and advocacy**, argue **Jennifer Lacy-Nichols and colleagues."**

Key messages: "… Commercial determinants influence priorities of biomedical research and the training of medical professionals; Declining public research funding and conflicts of interest in scientific research are challenges to reducing health harms from commercial influence; Academic medicine can help to reduce harms through embedding commercial determinants of health into professional teaching and training and establishing strict standards for research funding and reporting; Professional advocacy to counter commercial interests can change public health policy."

BMJ Opinion - We should be wary of campaigns by pharmaceutical companies to destigmatise obesity

https://www.bmj.com/content/395/bmj-2026-101360

"Companies manufacturing weight loss drugs have a vested interest in a clinical first approach to obesity, writes **Michael Viggars**, **Brendan Collins** and **Matthew Philpott**

"**Eli Lilly's UK "Obesity is a Disease" campaign is easy to applaud and easier to underestimate**. Adverts across the UK explain that obesity is a complex disease rather than a failure of willpower, that the body can resist weight loss, and that people who have struggled for years deserve compassion, not blame. **The advert invites people to check their body mass index (BMI), answer a few questions, and prepare for a conversation with a doctor, nurse, or pharmacist. Drugs are not mentioned though the campaign is by a pharmaceutical company whose drug tirzepatide is now a principal treatment for obesity**. Almost everything it says about stigma is true: weight stigma is harmful, shame does not produce sustainable weight loss, and the claim that obesity is a disease is accurate. In 2025 a Lancet Commission proposed formal diagnostic criteria for "clinical obesity," endorsed by dozens of medical bodies. The framing is at once scientifically defensible and commercially useful, and that convergence is exactly what makes it harder to criticise. **The campaign offers a route by which years of frustration, hunger, and failed diets can be reinterpreted as the symptoms of a treatable disease. The implied remedy is personal and clinical. … The risk is not mainly that more people will be prescribed weight loss drugs; for eligible patients that is a clear benefit. The risk is that it endorses a clinical first approach to obesity that narrows the field of action. If obesity is understood primarily as a disease awaiting clinical intervention, responsibility and resources may drift away from its upstream causes including poor urban planning, the food environment, deprivation, and marketing.** Obesity treatment and prevention may be quietly recast as only a personal, medical matter rather than a collective responsibility…."

Health Promotion (Editorial) - The Ottawa Charter at 40

Fiona Robards et al; https://onlinelibrary.wiley.com/doi/10.1002/hpja.70277

"In this commentary, we reflect on the influence of the Ottawa Charter and the challenges that remain**, drawing on examples from Australian health promotion policy and practice…."**

IJHPM - International Comparison of Alcohol Taxes: A Step in the Right Direction; Comment on "Investigating Indicators to Assess and Support Alcohol Taxation Policy:Results From the International Alcohol Control (IAC) Study"

https://www.ijhpm.com/article_4963.html

By Aveek Bhattacharya.

Mental health & psycho-social wellbeing

Nature Mental Health Earth–Brain–Health Commission

G Schumann et al; https://www.nature.com/articles/s44220-026-00737-y

From mid-October.

"**The Earth–Brain–Health Commission (EBHC)** concludes that the principal obstacles to action are organizational and financial: cohorts, Earth-observation systems, federated analytics and governance instruments already exist but are rarely connected. **Its eight recommendations** pursue anticipatory life-course prevention, environments designed for mental health and fairer distribution of exposure, voice and progress, enabled by trustworthy artificial intelligence, data governance and international research funding. **The Commission recommends that within a decade no major environmental, climate or urban intervention be planned or evaluated without brain and mental health as outcomes**, a change within reach of existing policy.."

Plos Med (Policy Forum) - Rethinking psychosocial rehabilitation in mental health

Eleonora Prina et al;
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1005285

« **Psychosocial rehabilitation is central to recovery-oriented mental health care, yet its uptake remains uneven because of persistent conceptual, methodological, organisational, and implementation barriers.** Greater conceptual clarity is needed through stakeholder dialogue to establish a common set of core principles that can be adapted across diverse cultural and health system contexts."

"**Meaningful co-creation with people with lived experience and their families should be embedded throughout the research and implementation cycle**, from priority setting and intervention design to evaluation, scale-up, and dissemination. Evidence synthesis should adopt component-based and mechanism-informed approaches to identify the active components of psychosocial rehabilitation interventions and the mechanisms through which they produce change. **Psychosocial rehabilitation**

should be recognised as a core component of mental healthcare, integrated from first contact and delivered across the continuum of care."

International Journal of Social Determinants of Health and Health Services - Afrocentric Definitions and Conceptions of Mental Health: Insights From A Scoping Review

Desmond Ofori Oklikah et al; https://journals.sagepub.com/doi/full/10.1177/27551938261497514

"Although Black mental health research is gaining attention, there is limited knowledge on how the growing literature conceptualizes and applies the term **Afrocentric**, particularly across different Afro-diasporas and continental African settings. As a result, **this scoping review synthesizes findings from primary research and interventions examining Black mental health**. Specifically, it maps the literature to examine the characteristics of Afrocentric definitions, conceptualizations, and outcomes of Black mental health research and interventions…."

Adolescent health

Plos GPH – Gendered pathways to adolescent mental health: An empirical assessment of a new conceptual framework

https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0006728

By Anita Alaze et al.

Access to medicines & health technology

MPP, SwiftPharma and CSIR sign technology transfer agreement to advance STI prevention and strengthen manufacturing capacity in Africa

MPP;

"The **Medicines Patent Pool (MPP), Belgian biotechnology company SwiftPharma and South Africa's Council for Scientific and Industrial Research (CSIR)** signed a binding agreement to transfer innovative plant-based manufacturing technology to South Africa…."

Global Health Action - India–Africa pharmaceutical cooperation and the future of global health

Dan Banik et al; https://www.tandfonline.com/doi/full/10.1080/16549716.2026.2759419#abstract

"As many Western donors retreat from the aid world and the multilateral health system fragments, the supply of essential medicines to the African continent increasingly depends on a production chain linking Chinese active ingredients, Indian medicines, and African distribution. **We argue that**

the resilience and expansion of this South–South pharmaceutical arrangement, rather than the reconstruction of the old global health and aid architecture, will shape much of the African continent's access to medicines in a multipolar and fragmented world order. In this scenario, we **propose three recommendations for strengthening India–Africa pharmaceutical cooperation**…."

FT – Moderna chasing 'holy grail' of cancer prevention

https://www.ft.com/content/30b27a58-35bf-4156-ab1a-0a8812b68f4e?syn-25a6b1a6=1

(gated) "Chief executive Stéphane Bancel says cancer vaccine could be bigger than best-selling oncology drug."

Human resources for health

Lancet GH - Community health worker-led home blood pressure monitoring in rural sub-Saharan Africa: a diagnostic accuracy study

https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(26)00263-9/fulltext

By Ruth K Lucinde et al.

WB (blog) - From "brain drain" to "brain gain": The case for global skill partnerships in healthcare

Limon Bade Rodriguez et al ; https://blogs.worldbank.org/en/developmenttalk/from--brain-drain--to--brain-gain---the-case-for-global-skill-pa

"… Building on an earlier blog introducing GSPs (Global Skills Partnerships) **this post draws on a review of existing programs, labor mobility schemes in Asia and the Pacific, and frameworks including the World Health Organization (WHO) Global Code of Practice and the Association of Southeast Asian Nations' (ASEAN) mutual recognition agreements**. It assesses what the evidence says about GSPs' effectiveness in delivering quality jobs at home and abroad, and what policymakers should consider before adopting the model in the health sector…."

Decolonize Global Health

Third World Quarterly - Who defines chemsex? Pharmacosexual ecologies, epistemic coloniality and global health governance

Jaime Alonso Caravaca-Morera et al;
https://www.tandfonline.com/doi/abs/10.1080/01436597.2026.2753051

« **Chemsex has become a prominent category through which global health addresses sexuality, drug use, human immunodeficiency virus prevention, harm reduction and queer sexual health. Yet its dominant definitions emerged from Euro-North American sexual, pharmacological, digital and**

clinical ecologies, particularly in the United Kingdom, where chemsex became linked to crystal methamphetamine, gamma-hydroxybutyrate/gamma-butyrolactone and mephedrone. This article argues that the global circulation of this framework reveals asymmetries in the geopolitics of health knowledge. When applied uncritically to Latin America and other Global South contexts, chemsex may reproduce epistemic coloniality by obscuring local substances, vocabularies, markets, inequalities, healthcare precarities and community practices of care. **Drawing on decolonial theory, epistemologies of the South and critiques of epistemic injustice, the article advances pharmacosexual ecologies as a situated alternative to universalising definitions.** »

Decolonizing global health scholarship must itself be decolonized—and reformed for impact.

L E Bai; https://www.linkedin.com/pulse/decolonizing-global-health-scholarship-must-itself-engelbert-bain-4wn3f/

"**Decolonizing global health scholarship must itself be decolonized—and reformed for impact**. Too often, the movement risks being weakened by superficial, reactive or performative scholarship, including assumptions that identity alone determines who is entitled to speak, lead or define the agenda. Representation matters, but it cannot substitute for intellectual depth, methodological rigour, historical awareness and accountability for outcomes."

Plos GPH - Brain sustain partnerships: Equity-orientation and decolonization theory to promote Global North-Global South collaborations in health professions education

Robin K. Enns et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007630

"….**We introduce the concept of "brain sustain**" to reframe health workforce development as a collective, relational, and contextually grounded endeavour. …"

AI & health

Nature News – Anthropic bought a one-person, AI-powered biotech: is this drug discovery's future?

https://www.nature.com/articles/d41586-026-03640-9?utm_source=bluesky&utm_medium=social&utm_campaign=nature&linkId=64386228

"A promising biotechnology company developed a new approach that might treat a rare disease — but its sole employee didn't do all the work."

Papers & reports

Lancet Global Health – November issue

https://www.thelancet.com/issue/S2214-109X(26)X2009-5

- Editorial: Is global health dead?

Most articles were already published online before.

Lancet Regional Health Africa – November issue

https://www.thelancet.com/issue/S3050-5011(26)X2009-0

- Editorial: Collective action and accountability for a safer Africa

Re **preventable injuries**. "… These challenges within the field were highlighted at **the 16th World Conference on Injury Prevention and Safety Promotion in September 2026**, which drew on the African concept of *Ubuntu* (I am because we are) to help chart a course forward. An outcome of the conference was **the 'Ubuntu Cape Town Declaration for a Safer World'**, building on the premise that "the safety and dignity of every person are bound to the safety and dignity of others." Given the high burden of injuries in Africa, the commitments of this declaration are especially relevant for the region…"

Check out the rest of the issue.

SSM Health Systems - Climate change, gender inequality and the governance of resilient health systems

Jennifer S. Martin et al ; https://www.sciencedirect.com/science/article/pii/S2949856226001716

« **Climate change is testing the resilience of health systems worldwide, but it is also exposing a deeper governance failure: the persistent inability of political, economic and health institutions to address gender inequality**. Despite decades of commitments under the Beijing Declaration and Platform for Action, women and girls continue to experience disproportionate health, social and economic impacts from climate change, while growing political backlash against gender equality and sexual and reproductive health and rights (SRHR) threatens to reverse hard-won gains. **This commentary argues that gender inequality is not simply a consequence of climate change but a structural determinant of health system resilience. "**

"… **A feminist, rights-based and intersectional approach to planetary health is essential** for building health systems that are resilient, equitable and sustainable in a changing climate…."

Plos GPH - Trade, food security and climate risk: Connecting global policy to local realities

Helen Walls , M McKee et al;
https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0007528

"**This paper adopts a systems perspective to examine how the global trade architecture** – shaped by multilateral institutions, regional agreements, and corporate interests – **is often disconnected from the realities of ordinary people, in terms of their food access and nutritional outcomes**. Using **Malawi as a case study**, we show how trade policies, climate shocks, and poverty interact to undermine food security, even when national supplies appear adequate. **We argue that trade policy must be evaluated by its impact on household affordability and access, rather than by aggregate supply indicator**s, and call for trade approaches that centre on real-world impacts on the ground, where ordinary people experience its effects."

Blogs & op-eds

Results for Development – Beyond design: building the implementation capacity health reforms need

M Sabignoso et al; https://r4d.org/blog/beyond-design-building-the-implementation-capacity-health-reforms-need/

« This is the **sixth blog in R4D's series on realistic health system design and planning**. The series began by identifying seven factors that enable more realistic and implementable health system reforms, then explored how these principles are playing out in practice through experiences in Argentina, Ghana and Indonesia, as well as insights from a global convening. **This blog draws on experiences from Türkiye, Spain, Argentina and Brazil to explore how countries can build and sustain the institutional capacity needed to turn health reform plans into practice. "**

Tweets (via X & Bluesky)

Africa CDC

« The next outbreak will not wait for us to be ready. **In Guangzhou, Africa and China launched a network to prepare together. At the Africa–China Public Health Forum, co-hosted by Africa CDC and @china_cdc, we launched the Belt and Road Public Health Cooperation Network**. It **links Chinese and African public health institutions** to share expertise, strengthen laboratories and respond faster. #AfricaReady. »