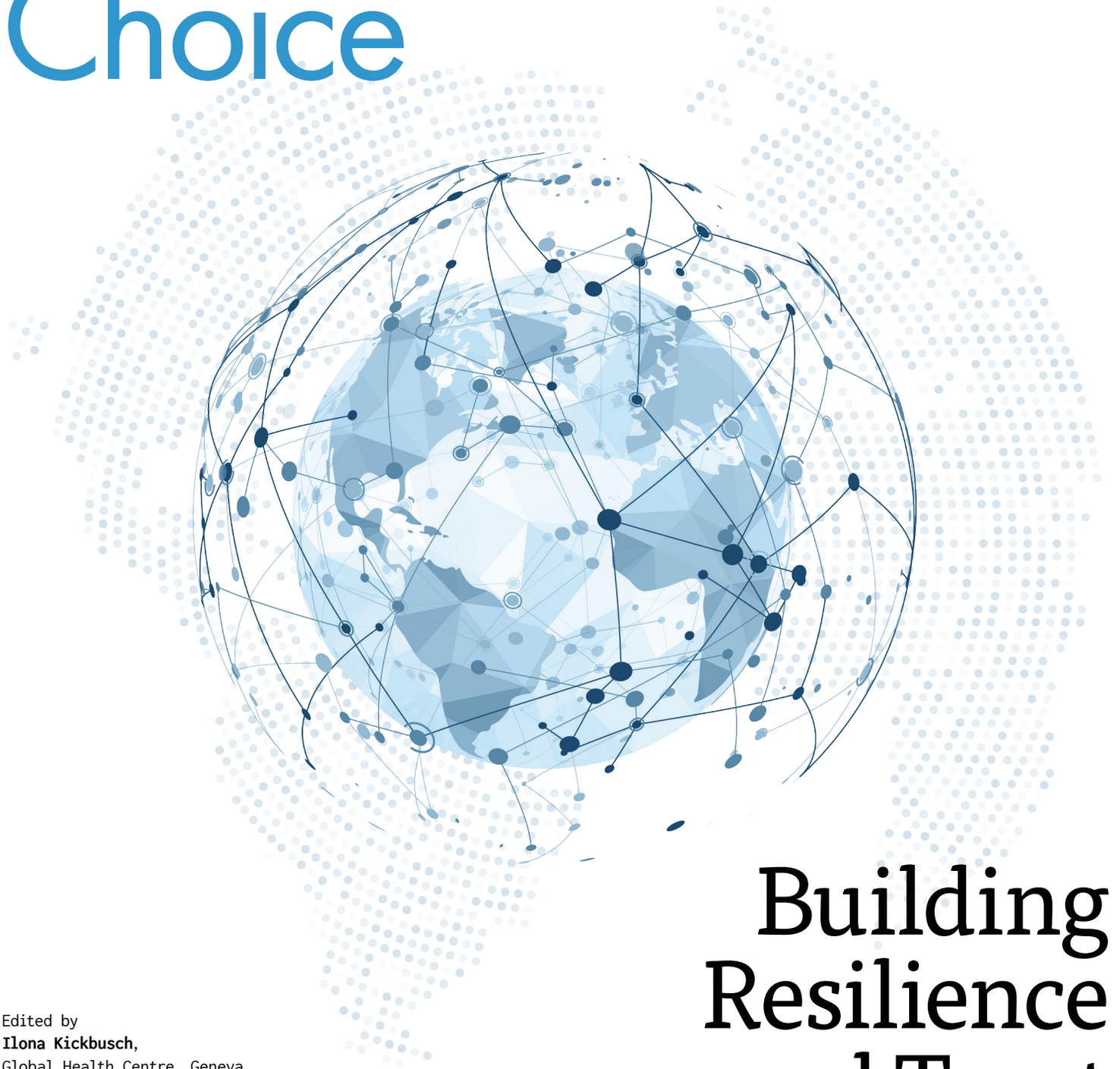
Health: A Political Choice



Building Resilience and Trust

Edited by
Ilona Kickbusch,
Global Health Centre, Geneva
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Global Governance Program, Toronto

2021

Hevolution, a global non-profit, launched to provide early-stage investments that **extend healthy years of life for everyone**.

August 2022

Hevolution's **$8.5M grant** kick-started the New Investigator Awards to support early-career researchers with the American Federation for Aging Research (AFAR).

May 2023

Hevolution's **$115M grant for the Geroscience Research Opportunities Program** funded international pre-clinical projects in aging biology.

November 2023

Hevolution's inaugural Global Healthspan Summit (GHS) united 2,000 global leaders, **unveiling nearly $100M in grants and partnerships** to drive breakthroughs in aging science.

HEVOLUTION

There's a wide gap between healthspan and lifespan.

Hevolution Foundation was founded to fill it.

March 2024

Hevolution's **first impact investment of $20M** advanced Aeovian's selective mTORC1 inhibitors, targeting a validated aging pathway.

June 2024

Hevolution reached a milestone of **$400M+ in funding, grants, and investments**, supporting research institutions to advance breakthroughs in aging science.

July 2024

Hevolution's $10M **Breakthrough Innovation Alliance** united leading entrepreneurs, investors, and partners to mentor and fund companies working on healthspan.

August 2024

Hevolution's **second impact investment of $7.9M** helped advance Vandria SA's mitophagy platform with potential for CNS conditions such as Alzheimer's.

Learn more about **Hevolution**'s upcoming **Global Healthspan Summit 2025** and the role you can play in advancing the future of healthspan. **Visit hevolution.com/ghs for details.**

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The Global Governance Project provides a vital function for private and public sector organisations in support of their governance responsibilities. As a project it publishes content on how we can all demonstrate better collective governance, via independent platforms, for the world's largest intergovernmental organisations, governments, NGOs, multilateral and bilateral summits, and the private sector's leadership.

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1 INTRODUCTIONS

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The economy of well-being

Health is at the very foundation of how our societies function. Being able to provide a secure, equitable system involves a truly comprehensive, multisectoral approach, covering everything from the air we breathe to the food we consume, and focusing on prevention and preparedness as much as access

Tedros Adhanom Ghebreyesus
director-general, World Health Organization

Since the turn of the century, global gross domestic product has more than tripled. This growth has delivered many benefits, including for health. But it has also come at a cost. Increased urbanisation, industrialisation and consumerism have produced more pollution, climate change, unhealthy diets, increasing rates of cancer, diabetes and heart disease, antimicrobial resistance, and more.

In addition, the benefits of growth have not been shared equally. At least half the world's population still lacks access to at least one or more essential health services, and two billion people face financial hardship from out-of-pocket health spending.

HEALTH IS THE FOUNDATION FOR GROWTH

The Covid-19 pandemic was a painful reminder that when health is at risk, everything is at risk. In addition to the death and disease it caused, the pandemic caused severe social, economic and even political disruption. One of the most important lessons of the pandemic is that health is not a cost, but an investment in more resilient, more productive and more stable societies.

Reflecting this realisation, World Health Organization member states at this year's World Health Assembly adopted a resolution on the Economics of Health for All, urging all countries to incorporate an 'economy of well-being' perspective into national policies. Such a shift would have benefits for both health and economies.

Building societies and economies that put health at the centre requires decisive action in three key dimensions: promoting, providing and protecting health.

First, promoting health means an emphasis on preventing disease and addressing its root causes. The Dutch philosopher Erasmus said that prevention is better than cure; some 500 years later, we are still learning how right he was. Health is not created primarily in hospitals or clinics, but in homes and communities, streets and markets, workplaces, and our environment – in the air people breathe, the food they eat, and the conditions in which they live and work.

Second, providing health means ensuring that when people do need care, they have equitable access to the essential health services they need, without facing financial hardship. This involves reorienting health systems towards primary health care, as the foundation of universal health coverage. In turn, that entails strengthening the health workforce, improving the quality and safety of health services, increasing access to essential medicines and vaccines, and reducing out-of-pocket health spending.

Third, protecting health means making populations safer from epidemics and pandemics by strengthening health emergency preparedness and response, nationally, regionally and globally. Much work has been done in this area since the Covid-19 pandemic to strengthen the many dimensions of health security: financing, surveillance, accountability, emergency workforce, equitable access to vaccines and other tools, and more. The new WHO Pandemic Agreement and the amended International Health Regulations are vital instruments of international law to ensure a more coordinated and equitable response to future pandemics.

TEDROS ADHANOM GHEBREYESUS

Tedros Adhanom Ghebreyesus was elected director-general of the World Health Organization in 2017 and re-elected in 2022. He was the first person from the WHO African Region to serve as WHO's chief technical and administrative officer. He served as Ethiopia's minister of foreign affairs from 2012 to 2016 and minister of health from 2005 to 2012. He was elected chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria Board in 2009, and previously chaired the Roll Back Malaria Partnership Board, and co-chaired the Partnership for Maternal, Newborn and Child Health Board.

𝕏 @DrTedros who.int

> **One of the most important lessons of the pandemic is that health is not a cost, but an investment in more resilient, more productive and more stable societies"**

A POLITICAL CHOICE

These three priorities are at the heart of the new four-year strategy for global health that WHO member states adopted at this year's World Health Assembly in the 14th General Programme of Work.

Achieving these priorities is fundamentally a political choice. At the national level, it is a choice that is made in policy decisions across many sectors: agriculture, commerce, education, energy, trade, transport, taxation and more. At the international level, it is a choice that is made in bilateral and multilateral forums to prioritise health as fundamental to development and security. In their declaration this year, G7 leaders once again expressed their strong support for global health and recognised the central role of the WHO. The WHO is also hosting the G20 Joint Finance and Health Task Force, to improve coordination between health and finance in addressing pandemic preparedness and response.

To support countries to promote, provide and protect health, the WHO is making a historic investment in our 153 country offices, strengthening our on-the-ground presence to provide more tailored support to deliver better health outcomes. To mobilise the predictable and sustainable funds we need to provide that support and implement our four-year strategy, we have also launched the first WHO Investment Round, a series of pledging events that will culminate at the G20 summit in November, chaired by President Lula da Silva of Brazil.

We estimate that if implemented, the 14th General Programme of Work could save at least 40 million lives. Ultimately, health is not a cost to be contained, but an investment to be nurtured in healthier populations, and in more equitable, more stable, and more secure societies and economies. ■

How to create trust in science: the responsibility of academic institutions

A painful tension has arisen in modern times: as medical advances continue apace, increasing distrust permeates society. Researchers and academic institutions have an important role to play in remedying this

Axel R Pries
president, World Health Summit

We are living in a paradoxical time for global health. On the one hand, we experience great developments in medical treatment and prevention strategies, such as ground-breaking treatments for formerly incurable diseases, gene therapies, and the rapid development of effective and safe vaccines. On the other hand, these success stories in medicine and global health are accompanied by a substantial loss of trust in health sciences, health systems and medical practice.

This mismatch became painfully evident during the Covid-19 pandemic. Lockdowns, mask mandates and the launch of novel mRNA vaccines saved millions of lives, yet also sparked waves of misinformation and mistrust. We had to learn that health research can no longer assume that its breakthroughs will be benevolently appraised and used by the broader public.

REASONS FOR THIS CAN BE CLEARLY IDENTIFIED

A preparedness paradox generates a bias against evidence-based preventive measures. While the negative corollaries of, say, contact restrictions are felt directly by all affected, the positive effects can only be estimated in theoretical models and, therefore, remain hypothetical.

Social media, in addition, plays a central role in driving waves of dangerously false claims, which can spread to a global audience in an instant. This inherent vulnerability in modern communication allowed certain actors to use the critical situation of the pandemic to erode global trust in science, politics and multilateral organisations.

Academic institutions bear significant responsibility for fostering trust in science-based approaches. In the past, trust in science and academic institutions was assumed, based on the concept that academic statements reflect universal laws of nature and are thus independent of cultural and political boundaries. However, medicine is not a simple enactment of natural laws. Especially in the health sector, scientific efforts must relate to questions of societal relevance, and research-based approaches must be adapted to local needs and conditions. Thus, the implementation of scientific approaches requires a constant interplay with all parts of society.

To fulfil this task, academic reward and promotion mechanisms must be coupled with sustained progress and tangible external benefits. Academic institutions must also intensify their efforts to improve global equity in health research and development.

Two maxims can guide them here: truth will generate trust, and science demands humanitarian responsibility.

TRUTH WILL GENERATE TRUST

There is no absolute and final truth. Even in science and knowledge, truth must evolve

through constant improvement and adjustment. The scientific community must acknowledge the 'truth' of this reality. The more clear academia is in addressing the fact that its statements reflect a temporary and always imperfect state of knowledge, the more trust it will generate, and the more science-based decisions will be accepted in the political and societal domain.

SCIENCE DEMANDS HUMANITARIAN RESPONSIBILITY

Researchers should always reflect on their responsibility to foster societal progress. The moral integrity of researchers and their academic institutions, as well as their efforts towards open and equitable approaches in science, is the basis for people's trust in their work.

It is especially difficult to fulfil and combine these two maxims in health sciences. Cause-and-effect relations underlying health and disease are extremely complex and therefore often hinder simple answers and solutions. The lack of simple solutions, in turn, gives disruptive actors the chance to endorse misinformation, even in areas where scientific evidence is available.

To generate trust in such a complex context, academic institutions need to interact more intensively and efficiently with the public and with political decision makers. In this process, academic institutions must respect the fundamental uncertainty of scientific knowledge but make it consistently clear that all decisions and measures should be based on the best available evidence-based information. This requires coordinated action by many researchers and academic institutions and thus a previously unfamiliar form of cooperation for many in the scientific domain, given that both individual scientists and academic institutions are used to worldwide competition as the basis for their success.

One step in this direction is to generate worldwide academic networks that establish internal trust, coordinate their communications strategies and establish themselves as a point of reference in times of crisis. Accordingly, the World Health Summit emphasises the importance of intersectoral exchange based on science and objective evidence. It fosters an eye-level interaction among all stakeholders from all regions of the world to reflect the complex challenges in global health. It provides academic institutions, politics, the private sector and civil society representatives with a platform to cooperate for better global health coverage and to regain trust in health science and health actions globally. ■

> **"There is no absolute and final truth. Even in science and knowledge, truth must evolve through constant improvement and adjustment. The scientific community must acknowledge the 'truth' of this reality"**

AXEL RADLACH PRIES

Axel Radlach Pries became president of the World Health Summit in 2021. He was the dean of Charité from 2015 to 2022, having been head of the Charité Institute for Physiology from 2001. He has chaired the Council for Basic Cardiovascular Science and the Congress Programme Committee basic section in the European Society of Cardiology, was president of the Biomedical Alliance in Europe and CEO of the Berlin Institute of Health. He has received the Malpighi Award, the Poiseuille Gold Medal and the Silver Medal of the European Society of Cardiology.

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Ensuring health policies transcend political cycles: a call for sustainable reform

By Michel Demaré,
chair of the board, AstraZeneca

Amid the global impact of the 'year of the election' and other political shifts, government leaders – many of whom are stepping into their roles for the first time – face a delicate and daunting task. The opportunity to strengthen the resilience of their health systems while boosting economic prosperity is within reach, but it comes with significant challenges

Global pressures and volatile political budgetary cycles can threaten even the most well-intentioned policy planning. New incumbents will find themselves navigating a landscape where numerous urgent causes compete for limited resources, especially given the austerity faced by many countries. However, these challenges coincide with a moment of unprecedented potential in health care: scientific breakthroughs are around the corner, promising to significantly improve public health. But this comes at a cost and it is imperative that we invest in sustainable financing solutions.

To fully realise this potential, our healthcare systems must be fit for purpose, capable of delivering these innovations to all patients. Lessons from Covid-19 taught us that short-sighted cost containment and a lack of investment in public health may be tempting but must be avoided. Investing in population health is essential for promoting social well-being, economic prosperity, health equity and a more sustainable environment. To build trust and fortify health systems, new leaders should adopt bold targets and a long-term vision, while humbly accepting that the full returns may only come once their political term has concluded.

HIGH REWARDS FOR INVESTING IN HEALTH

Viewing health as a strategic asset and investing in 'health care' rather than 'sick care' can yield enormous benefits for people, societies, economies and the planet. At a fundamental human level, helping more people to live well, for longer, is of immeasurable benefit to patients, families and communities.

We also know investing in health pays off in the medium and long term. The five most common non-communicable diseases are projected to cost the global economy $47 trillion between 2010 and 2030. These costs could be dramatically reduced through prevention and early intervention, with innovative medicines, digital solutions, technologies and data

playing a crucial role in saving, extending and improving lives, thereby increasing economic productivity and workforce participation. For every $1 invested in research and development, there is a $10 social return, and better health could add an estimated $12 trillion to global GDP (2020–2040), an 8% boost compared with the baseline scenario.

Furthermore, we know too well the cost of a poorly prepared health system. Covid-19 triggered the largest global economic crisis in nearly a century, worsening financial inequalities within and between countries and increasing global poverty for the first time in a generation. Strengthening health systems now will better equip them to withstand future crises.

Moreover, we must urgently address the nexus between human health and the climate emergency. Climate change is causing untold harm to population health globally. However, treating disease – particularly at later stages – is environmentally costly. The health sector contributes around 5% of global greenhouse gas emissions, and up to 8% in advanced economies. Leaders should support the transition to greener healthcare delivery, which is what the Sustainable Markets Initiative Health Systems Task Force is striving to deliver through focused collaboration to decarbonise health systems.

And to maximise strategic investments, and as a moral imperative, we must tackle health inequities so that all segments of society, including underserved populations, have access to quality and timely health care. Policies in every sector can impact health and its determinants. New leaders must champion 'health in all policies', as coordinated efforts from the technology, environment and education sectors – to name a few – are essential to driving meaningful change across economic, societal and environmental fronts.

MICHEL DEMARÉ

Michel Demaré has been a member of AstraZeneca's board since September 2019 and the chair since April 2023. During his career, he has held various leadership roles, working as the vice-chairman of UBS Group AG, chairman of Syngenta and chief financial officer of ABB. Demaré is also currently a non-executive director of Vodafone Group and Louis Dreyfus International Holdings BV, as well as chairman of IMD Business School. He holds an MBA from Katholieke Universiteit Leuven and a degree in applied economics from Université Catholique de Louvain.

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WHAT NEEDS TO HAPPEN?

Investment must be targeted to areas where it could have the most positive impact, such as disease prevention, early intervention, innovation, R&D and care pathway coordination. Meaningful change will require sustained commitment beyond political cycles and a joined-up, multisector approach across stakeholders to share learnings and expertise. This is especially true when it comes to identifying and implementing bold solutions to ensure we have sustainable financing frameworks for health systems.

We have a responsibility to aid these efforts by changing the misguided perception that health systems are unproductive or cause economic drains. Rather, health interventions can generate direct savings to health systems in addition to unlocking indirect benefits from catalysing cutting-edge scientific innovation to boosting economic productivity and decarbonising health care. Project OPERA, for example, is an innovative programme that started in Glasgow, UK, which demonstrated that by optimising the digital diagnostic pathway for heart failure in the community, we can significantly reduce echocardiogram wait times and enhance access to care. This is a prime example of how innovative healthcare approaches can drive early intervention, delivering substantial benefits for patients, society and the broader economy.

With such practical, country-level, evidence-based recommendations, we can work together to ensure strategic investments help achieve national economic objectives, maximise spending efficiencies and reinvest savings. By breaking down budget silos, accelerating the adoption of digital tools and partnering to ensure sustainable health financing, we can reinvest savings and maximise benefits to secure a healthier, more prosperous future.

The complexity and magnitude of the problems facing health systems demand collaboration. Partnership is crucial for sustainable transformation of health care at scale, as it is only through diverse perspectives that we can truly understand solutions to these challenges. Collaborations such as the Partnership for Health System Sustainability and Resilience, the Alliance for Health Policy and Systems Research and the European Observatory on Health Systems and Policies are already generating evidence and sharing policy recommendations across key areas. The recent PHSSR global report provides several long-term governance strategies, resource allocation and transparency recommendations based on country-level research. We must sustain and bolster this work, engage new, diverse partners and ensure it is made available to leaders and their communities.

This is a pivotal moment. New leaders have a unique opportunity to strengthen their health systems and build trust through strategic, long-term investments. But it's also a defining moment for those working in the health sector to advocate for sustained commitment to health spending, now and beyond political changes, and safeguard population health in the long term. The economic benefits are clear, but the value of better health for people, society and the planet is truly priceless. ■

AstraZeneca

Health and well-being: fairness for all generations

A malignant web of crisis and uncertainty is widening social, economic and political divides, pushing the 2030 Agenda's vision of a better world further out of focus. This includes the Covid-19 pandemic that has erased nearly a decade of gains in life expectancy. Violent conflicts and climate change are supercharging the resurgence of diseases and drug resistance and disrupting health services in the world's most vulnerable settings. Moreover, the escalating burden of debt repayments on many developing countries is diverting billions of dollars away from life-changing investments in health, education, poverty eradication and climate action. Half the world's population still cannot access the health services they need. Against this backdrop, trust in public institutions has dramatically eroded worldwide, and some two-thirds of people feel they have little influence over their governments' decisions.

Given that trust is the connective tissue between international solidarity, resilient health systems and beyond, our global community can now prioritise three areas of intervention to rebuild it.

Trust underlies societies and international solidarity. In the face of increasing health risks, rebuilding it is an imperative

Achim Steiner
administrator, United Nations Development Programme

THREE CRUCIAL INTERVENTIONS

Global public goods. As the United Nations Development Programme's 2023–24 Human Development Report highlights, we need a 21st-century architecture for international cooperation to deliver global public goods that benefit everyone, everywhere – including to boost pandemic preparedness and share vaccines, treatments and diagnostics. This must be complemented by investment in local innovation, systems, institutions and capacities. Approaches such as the World Health Organization's Biomanufacturing Workforce Training Initiative, which aims to boost local manufacturing of vital health technologies, are charting a new course. Crucially, realising the 'affordable dream' of universal health coverage could replenish trust and build countries' resilience to the shocks to come. That involves implementing the 2023 UN Political Declaration on UHC, which encompasses a deep-seated "shift from health systems designed around diseases to systems designed for people".

Technology for equity. Innovations in diagnostics, genomic sequencing and mRNA technology are revolutionising health care and pandemic responses. They include digital X-rays, artificial intelligence and telemedicine that could expedite the screening of infectious diseases such as tuberculosis. Yet such technology risks further eroding trust if it remains accessible only to a select few. Efforts to drive equity include an endeavour by UNDP and the International Telecommunication Union to support 100 countries in developing people-centred digital public infrastructure by the decade's end. This represents the 'roads and railway tracks' of our new digital era on which countries can 'transport' solutions such as e-health and social protection at scale to communities. New efforts are also needed to address technology's role in spreading divisive and health-harming mis- and disinformation.

Truly inclusive governance. Democratic backsliding, shrinking civic space, and growing feelings of loneliness and disconnection are weakening social

cohesion, increasing health risks and deepening vulnerability to polarisation. All people, including young people, women and marginalised communities, must be able to have their say in decisions that shape their lives including in the health realm. UNDP and our UN partners are investing in the leadership and capacity of people living with HIV and marginalised groups to challenge structural barriers impeding access to HIV services. We also work with national human rights institutions globally to monitor the impacts of climate change and environmental degradation on marginalised communities, including their health, and to support these communities in realising their rights.

LEADING FROM THE FRONT AND THE QUESTION OF FINANCE

The health sector must also pioneer new ways to prevent corruption, scale up climate-smart and resilient health systems, reach the last mile, and become more anticipatory to ensure that people continue to receive lifesaving services in a multiplying number of complex development contexts. The Global Fund to Fight AIDS, Tuberculosis and Malaria shows how smart, effective health investments can produce transformational results, having saved some 59 million lives since 2000. We also need more integrated planning and financing, including for communities, to enhance trust and resilience. Planetary Health and One Health approaches offer valuable frameworks.

Ultimately, a definitive exit from this era of polycrisis can only be achieved by investing fully in the Sustainable Development Goals, which are, in essence, the determinants of health and well-being for all. This is critical, as the limited progress on many health-related SDG targets portends potentially worse health challenges in future years. This requires long overdue reform of the international financial architecture. It must include new debt relief measures involving the consideration of debt-for-health swap arrangements as underlined by Brazil's 2024 G20 presidency.

A NEW LENS OF INTERGENERATIONAL FAIRNESS

Restoring confidence and trust in institutions and global governance represents the fundamental conditions by which our global community can improve the health and well-being of communities and our ailing planet. Reflecting on trust in institutions should also prompt wider consideration of our often-overlooked responsibility to uphold the inherent rights and interests of future generations. It is a recognition that not only 'we the peoples' of today but also those of tomorrow deserve a fair chance. Most starkly, a runaway climate emergency could strip future generations of their choices and agency.

As discussions at the Summit of the Future stressed, we cannot judge what our descendants will want or need. However, by addressing today's health and other challenges through a new lens of intergenerational fairness, we can leave the world in a better state and provide coming generations with the most profound legacy of all: choice and the freedom to shape their own futures. ■

> **"Ultimately, a definitive exit from this era of polycrisis can only be achieved by investing fully in the Sustainable Development Goals, which are, in essence, the determinants of health and well-being for all"**

ACHIM STEINER

Since 2017 Achim Steiner has been the administrator of the United Nations Development Programme. He also serves as the vice-chair of the UN Sustainable Development Group, which unites 40 entities of the UN system to support sustainable development. Prior to joining UNDP, he was director of the Oxford Martin School and Professorial Fellow of Balliol College, University of Oxford. Steiner also led the UN Environment Programme during 2006–2016 and was the director-general of the UN Office at Nairobi. He previously held other notable positions including director-general of the International Union for Conservation of Nature and secretary-general of the World Commission on Dams.

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Addressing health holistically requires promoting meaningful social connection

Social isolation and loneliness are pressing public health concerns, and employers and governments can and should foster meaningful social connections

By Karen DeSalvo, chief health officer, and Monica Bharel, clinical specialist, Google

The World Health Organization defines health holistically as a state of physical, mental and social well-being.[1] At Google, we define health using this same broad frame, as we work towards our mission to help everyone, everywhere live a longer, healthier life. Social well-being is an important dimension in our work, aligned with global efforts to address the non-medical or social determinants of health.

One of these key social drivers is social connection, defined as the feeling of meaningful closeness and connection to others. Loneliness and social isolation are closely related challenges that are not just feelings, but also pose significant physical health risks comparable to smoking and obesity, including premature mortality.[1] Social connection is vital for individual well-being and supports the overall health, resilience, civic engagement, safety and economic prosperity of entire communities.[2,3]

Globally, 51% of adults report loneliness.[4] Trends show that time spent with friends has been decreasing and social networks are becoming smaller and less diverse.[5] A recent poll by Gallup found that globally one in five employees experience daily loneliness, which is highest for fully remote workers.[6]

Addressing this public health crisis will require a multilevel approach at the individual, community and societal level to enhance social connection. Interventions at the individual level can increase awareness and access to opportunities of social connectedness. At the community level, interventions can occur at the workplace or community organisations. At the societal level, governments can take an active role in prioritising programmes and policies to advance social connectedness. Examples include the appointment of a minister of loneliness in the UK[7] or the adoption of a law to prevent loneliness and isolation in Japan.[8] Efforts like these not only help raise awareness, but also offer tools to increase social connectedness.

Importantly, the WHO has recognised loneliness as a global public health concern and established the Commission on Social Connection; Karen DeSalvo

proudly serves as a member lending her public health, technology and employee health expertise.[9] The goals of the commission include raising global awareness of loneliness and social isolation as important drivers of health outcomes, cataloguing global literature about the topic, including successful interventions, and driving action by individuals, organisations and governments to strengthen social connection and reduce the health burden.

GOOGLE'S EFFORTS TO PROMOTE SOCIAL CONNECTION

At Google, we recognise the importance of social connection and are committed to doing our part to facilitate support and action at individual, organisational and societal levels.

As a start, Google is working to cultivate a culture of connection for our employees. People spend a significant portion of their time at work, and Google recognises that employers can play a pivotal role in fostering social connectedness. For employers, the company policies and culture, physical spaces, and programmes are important in supporting social connection.

Google is working to enhance social connections and cultivate a sense of belonging among our employees. For example, our 'Find Your Crowd' programme helps build connections based on shared interests, offering Googlers the opportunity to meet people outside their teams. By investing in social connection for their workforce, employers can invest in the resilience and performance of their people.

Next, we recognise that technology can both hinder and help social connection. Irresponsible use can lead to isolation, while responsible use can facilitate connections.[2] Through digital responsibility initiatives, Google supports healthy technology use and provides tools to manage screen time, promoting in-person connections. Platforms like YouTube offer access to diverse communities and perspectives, fostering connection, learning and understanding. Google's AI-powered Search aims to connect users with relevant people and perspectives, while crisis resource panels provide easy access to support for mental health concerns.

Efforts to connect individuals with shared health experiences and support content creators in addressing mental health contribute to reducing stigma and fostering understanding and connection. Crucially, to harness technology's potential for positive impact, it's essential to encourage people to unplug and engage in offline activities that require in-person engagement, like sports or art.

Finally, Google is honoured to work closely with the WHO to raise awareness around the issue of social isolation and loneliness, emphasising that it is a pressing public health concern. As part of this work, Google and the WHO are co-hosting an event in Berlin at the 2024 World Health Summit showcasing examples of public and private sector action to reduce social isolation and loneliness. Google is also moderating a WHO Lived Experience Panel, which will create a space to hear the personal perspectives, challenges and needs of individuals and communities who have experienced social isolation.

Addressing the global epidemic of social isolation and loneliness will require concerted action from individuals, organisations (including employers) and governments. We must all recognise social isolation and loneliness as a public health priority and work collaboratively to implement strategies in practice and policies that can foster meaningful connection and bring better health to all. ■

KAREN DESALVO

Dr Karen DeSalvo is Google's chief health officer, leading the company's health strategy aimed at harnessing Google's technology, products and partnerships to help everyone, everywhere live a longer, healthier life. She is a physician executive and public health expert who served in the United States' federal and local governments.

MONICA BHAREL

Dr Monica Bharel is a physician executive and public health innovator with expertise in leveraging data and analytics to drive health equity. As the clinical lead for public health and public sector health at Google, she spearheads initiatives to improve health outcomes using technology. Dr Bharel has extensive experience leading public health agencies and a proven track record of developing data-driven solutions to address health inequities.

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Google Health

Health as a political choice: building resilience and trust

People are more likely to follow advice and access health when they have trust. Being able to build this is a political process, requiring funding and cooperation

Rose Gana Fomban Leke
2023 Virchow Prize laureate,
Favour Amarachi Nwogu
secretary, Multilateral Initiative on Malaria Society, and
Wilfred Mbacham
founder, Fobang Institutes for Innovations in Science and Technology

Health has become a critical political decision that requires constant commitment and smart action in our incredibly diverse and fast-changing world, particularly in Africa. Robust healthcare systems must be based on resilience and trust, which promote an atmosphere that puts residents' well-being first and strengthens the pillars of sustainable development. Particularly in the dynamic field of global health, Africa has seen several difficulties that have highlighted the complex interplay between political choices and health outcomes. In particular, the Covid-19 pandemic has served as a reminder that health is a complex issue intricately entwined with political decisions and their far-reaching effects. It is impossible to exaggerate the unbreakable connection between political decision-making and health. Governments that acknowledge health as a basic human right and a driver of socio-economic development are better prepared to handle the intricate issues that frequently obstruct fair access to high-quality healthcare services. Through the adoption of a comprehensive strategy that integrates prevention, treatment and rehabilitation, policymakers may foster an atmosphere that fosters trust and resilience in the face of growing health risks.

THE INTERSECTION OF POLITICS AND HEALTH

A person's ability to realise their fundamental right to health depends on their government's political commitment and resolve. Political decisions have a particularly noticeable effect on health outcomes in Africa, where there are still significant differences in access to resources and services. Inadequate funding for healthcare facilities, a lack of resources and inefficient policymaking can prolong unhealthy patterns and impede the continent's capacity to fortify itself against new dangers. For instance, in Cameroon, several medical facilities, including the Mamfe District Hospital, have burned down and others have been converted into military barracks as a result of the socio-political unrest in the country's two English-speaking areas.

One of the most significant Sustainable Development Goals is the one on health and well-being – SDG 3. Achieving it will depend on governments' political decisions and commitment to investing in health care, preventing disease, improving maternal and child health, and addressing the socio-economic determinants of health.

However, proactive political choices that put health first can be transformative. A country can strengthen its resilience against health crises and cultivate trust within its population by investing in robust and fair healthcare systems, efficient disease surveillance measures and well-crafted public health policies.

BUILDING RESILIENCE THROUGH POLITICAL ACTION

In this context, resilience refers to a person's, community's or country's ability to endure and bounce back from unfavourable health occurrences, whether they be environmental risks, chronic illnesses or infectious diseases. Building resilience in Africa requires a multimodal strategy that takes into account the political, social and economic spheres.

Governments need to place a high political priority on health, since it is essential to national development. Important elements in building resilience include investing in strong public health infrastructure,

developing collaborations with international organisations and stakeholders, boosting healthcare worker capacity, and increasing health literacy.

Moreover, integrating traditional knowledge systems and interacting with local people might improve the acceptability and cultural relevance of health interventions, which will increase their effectiveness.

Building resilience and trust in Africa requires a diversified strategy because of the specific challenges posed by varied socio-cultural contexts and resource constraints. Resilience can be increased by the successful application of evidence-based policies and initiatives. Achieving equitable health outcomes requires addressing the social determinants of health, which include gender inequality, poverty, education, nutrition and sanitation.

Moreover, funding research and development can provide African countries with the information and resources they need to handle context-specific health issues. African countries can work together to develop customised solutions in line with local realities and coordinate responses to health emergencies by collaborating through joint efforts supported by organisations such as the World Health Organization, African Union and United Nations. These partnerships can also promote knowledge sharing, resource mobilisation, expertise and best practices.

BUILDING TRUST THROUGH TRANSPARENT GOVERNANCE

Conversely, trust is the cornerstone upon which successful health programmes are constructed and maintained. People are more inclined to adopt preventive measures, follow treatment plans and actively engage in public health programmes when they have faith in the honesty and skill of their healthcare systems. Building trust in the healthcare sector is essential to guaranteeing compliance with public health policies and encouraging health-seeking behaviour in Africa, where historical legacies of colonialism and socio-political upheavals have undermined faith in institutions.

Rebuilding trust can be greatly aided by transparent governance, which is defined by open communication, accountability and participatory decision-making. To prevent misinformation and promote a sense of shared responsibility, governments should place a high priority on communication that is both clear and consistent, especially during times of health crises.

Governments need to prioritise public awareness campaigns and offer potential remedies and preventive measures regarding potential rising health issues. They must encourage public participation in health policies and the battle against these health-related concerns. By utilising digital advancements and harnessing the power of technology, Africa has the potential to surpass conventional healthcare delivery paradigms and promote more effective, affordable and accessible healthcare solutions.

The gap between politicians and the public can be bridged through interacting with civil society organisations, community leaders and healthcare professionals. This would also ensure that initiatives are adapted to local contexts and in line with community needs. Investing in health literacy and public education can also enable people to hold authorities accountable and to make informed decisions about their health.

DECISIONS HAVE IMPACTS

Decisions about health are political and have significant impacts on the welfare of people, communities and countries. Addressing health issues in Africa requires a multifaceted strategy that acknowledges the close connection between political choices and health consequences. Politicians can create the conditions for a day when everyone, regardless of their socio-economic background or geography, has access to high-quality healthcare services, by emphasising health as a fundamental human right and a driver of sustainable development. Africa can realise its full potential and build a healthier, more prosperous future for all via cooperative efforts, evidence-based policymaking, inclusive government and a dedication to promoting resilience and trust. ■

ROSE GANA FOMBAN LEKE

Rose Leke, née Gana Fomban, is a renowned scientist with over 40 years of research experience. She earned degrees from institutions in the United States and Canada, becoming a Titular Professor at the University of Yaoundé I. Her work in malaria epidemiology and polio eradication has earned her international recognition. Professor Leke has authored over 178 scientific papers and served on numerous boards, including the World Health Organization's. She has also received multiple awards, including the African Union Kwame Nkrumah Scientific Award and the Virchow Prize for Global Health. In 2024, she won the l'Oréal-UNESCO Prize for outstanding women in science.

FAVOUR AMARACHI NWOGU

Favour Amarachi Nwogu, a journalist with over four years of experience, holds a bachelor's degree in journalism and mass communication from the University of Buea, Cameroon. Her expertise spans public speaking, institutional communication and broadcasting. A certified leadership coach and trainer, Amarachi has excelled in various roles, including pioneering ICT-U's radio and TV stations in Yaoundé. She has earned national recognition in two leading Cameroonian newspapers. Career highlights include roles as communications director at ICT University and journalist at HiTV and MediAfrique. She currently serves as secretary for the Multilateral Initiative on Malaria Society.

WILFRED MBACHAM

Wilfred Fon Mbacham is a Titular Professor of Public Health Biotechnology. His research focuses on host-pathogen genomics and disease interactions. He coordinates graduate programmes at the University of Yaoundé I and has supervised over 145 students. With 250+ publications, he is a fellow of multiple science academies and founded the Fobang Institutes for Innovations in Science and Technology in 2021. He chairs Cameroon's National Ethics Committee for Research Involving Humans as well as the Malaria Consortium UK. His work spans national and international leadership roles in health and science.

Mehmood Khan, CEO, Hevolution Foundation

Alleviating global health disparities among the older population through healthspan science

The future of health requires more than treating disease and living longer; it requires investment in ageing well

What was the impetus for the Hevolution Foundation and its critical investment in healthspan research?

The incredible scientific advances of the past centuries have increased life expectancy for people across the globe. These added years, however, are most often spent in poor health, and we must now focus on extending healthy lifespan, also known as healthspan.

Our global population aged 60 years or older is set to double to 2 billion in 2050.[1] Approximately 75%[2] of the ageing population worldwide suffers from at least one age-related chronic condition and, currently, more than two-thirds of the ageing population live in low- and middle-income countries with limited access to care. In the next few decades, a large subset of our world will be riddled with chronic disease, which will put a hefty strain on health systems and make the health disparities we see today all the more dire.

Recognising this, Saudi Arabia pledged a transformative investment of up to a billion dollars a year because this issue is too significant to ignore, and there is a clear need for catalytic action. Hevolution Foundation, a first-of-its-kind global non-profit, was created to fund research and entrepreneurship in the emerging field of healthspan science.

How does focusing on prevention help people live longer, healthier lives?

Today's health system structure follows the traditional "sick care" model for age-related diseases such as heart disease, diabetes and Alzheimer's. However, at Hevolution, we believe in doing things differently. Our prevention-based model focuses on addressing the complex biological causes of ageing, fostering scientific advancements in ageing and increasing accessibility to life-saving therapeutics. This model will ultimately help us get ahead of the burden that comes along with age-related diseases, relieve the strains on our current health system and allow people to live healthier, more productive lives.

This follows a similar approach that researchers implemented for cancer and HIV at their nascent stages – and, at first, people were sceptical. Once these scientific discoveries took off, prospects for researchers and scientific advancement accelerated.

As the majority of chronic diseases affecting the older population are age-related, Hevolution is specifically funding research that can address the ageing process, reducing risk of developing chronic disease and adding healthy years to life. Preventive measures that encourage healthy ageing can positively impact the economy, reduce healthcare costs, decrease stress on healthcare systems and lessen the burden on those who serve as caregivers for ageing family members.

What steps can we take to make advancements in ageing research?

We need to support and encourage scientific research by the world's brightest minds, encouraging scientists to care about ageing research and engaging the next generation to spark innovation and inspire transformation. However, to date, this field has been critically underfunded, with hindered research preventing us from seeing its full potential.

The first and most important step is agreed collaboration among all parties. The science world is a very competitive environment, but this is the time to put competitive tendencies aside and come together. Our sole and shared focus should be advancement in ageing research. Discoveries in this space will increase the number of preventive treatments on the market and ultimately increase accessibility to therapeutics. With that, the most vulnerable members of the ageing population who live in health deserts or

suffer from limited access to care will have a fighting chance at a healthy life.

Not only do we need the science community to come together, but we also need involvement from various industries and sectors across the world. This massive undertaking requires an abundance of stakeholders, from educational institutions to policymakers to non-governmental organisations. We need to unite, with hunger and humility, to bring life-changing discoveries to fruition. Hevolution is helping to alleviate this issue by making meaningful investments in large research institutions, universities and individual researchers. These investments set the foundation for further advancing the science behind ageing, unlocking vital discoveries and attracting emerging talent to enter the healthspan space. In two short years since operationalising, Hevolution has allocated over $400 million to advance healthspan science and geroscience.

What's next for the future of healthspan science?

We are tackling one of the greatest challenges of our time by supporting the healthspan field as it continues to grow and evolve. Some promising opportunities in healthspan that excite us include – but are not limited to – drug repurposing, cellular senescence, senolytics, genetic and epigenetic innovation, and artificial intelligence–powered target discovery.

Hevolution's 2025 Global Healthspan Summit from February 4–5 in Riyadh, Saudi Arabia, will be an important convening moment, bringing together top-tier researchers, entrepreneurs, investors, policymakers, international non-profit organisations and others across sectors and specialties to reshape the future of ageing. We look forward to building upon the momentum of our inaugural 2023 event, which highlighted insights from accomplished thought leaders[3] and hosted 2,000 attendees[4] – all with the common goal of extending healthspan and transforming the future of ageing.[5] This February, we will continue to facilitate action-based conversations to discuss the latest advancements in scientific research, facilitate meaningful investments and provide engaging networking opportunities among leading visionaries. ■

[1]Ageing and health (who.int) [2]Caring for an ageing population (who.int) [3]Global Healthspan Summit: Moments of Genius - YouTube [4]Shaping a future of healthy ageing: reflections from the Global Healthspan Summit - Economist Impact [5]Global Healthspan Summit 2023: closing the gap between healthspan and lifespan (hevolution.com)

MEHMOOD KHAN

Dr Mehmood Khan is the CEO of Hevolution Foundation. Previously, he was the vice chairman and chief scientific officer of global research and development at PepsiCo and president of global R&D at Takeda Pharmaceuticals.

HEVOLUTION

Building resilience and trust from the ground up

Ilona Kickbusch
Global Health Centre, Geneva

Trust is diminishing around the world, but a range of partnerships and programmes are looking to change that. The public's health depends on this

Advancing trust and resilience is an ongoing process. Both trust and resilience are relational and build on social ties within communities as well as on the reliability of public institutions. Much of trust and resilience is built from below; it is generated in the everyday life of people. The Ottawa Charter for Health Promotion stated it clearly: health is created in everyday life where people live, love, work and play. The same applies to trust and resilience. Well-functioning communities have high levels of trust and resilience, and they can rely on functioning institutions committed to the public good. This serves them well in periods of crisis but also makes it easier to deal with everyday life.

In many countries it has become harder to maintain this basic level of trust and resilience – many surveys show that people have lost trust in one another, in public (health) agencies and service providers, and in the ability of government to ensure access to health and well-being. The issues are many: a lack of social security, difficulties in accessing health services in time of need, inadequate school systems and reduced public safety. Indeed, key drivers of trust are equity and social justice and strong institutions and political processes that help to deliver them. Where those are absent, trust unravels. Too many have been left dislocated in the face of 21st-century challenges. This is the case not only in the 'old' Western democracies but also in rapidly developing countries, as the unrest among Generation Z in Kenya and Bangladesh shows.

Many public health programmes at the community level in developed and developing countries in recent decades have tried to build trust and resilience by bringing people together to jointly identify the key priorities that need to be addressed and to build communities of action. They have created partnerships for health and provided funding for community-driven initiatives. Health promotion programmes have often taken the lead, and women have played a central role. The goal has also been to listen and respond to voices that often do not get heard, given structural injustices based on race and gender.

But this local effort has been disrupted. One reason has been that many Covid-19 strategies did not build on these networks and make use of their experience. The virus rather than the people became the centre of attention. This provided a fertile environment for another reason for the unravelling of trust: the increasing ability to spread misinformation through social media, enhanced by technology that allows the creation of fake news and credible images created by artificial intelligence. A growing number of people worldwide express a general loss of trust in the media and in information provided by government sources, and turn to platforms on social media instead. This trend had significant impacts during the pandemic, when 20% of people surveyed considered the virus a hoax and believed that the vaccine would inject trackers to let the government control them.

Resilience to misinformation has been weak. Algorithms on social media allow a very small group of individuals and bots to steer conversations towards distrust and polarisation using hate speech and 'alternative' facts. Very little has been invested in increasing news literacy to

identify and counteract the onslaught of increasing amounts of disinformation – for instance, the deliberate spread of false information and 'institutional vandalism' in concerted attacks on public institutions, such as the US Centers for Disease Control and Prevention. Many individuals in turn have begun to trust these alternative sources more than any official sources of information. People's disregard for science has grown in the process.

In many countries, public health authorities had not reckoned with this development and their strategies to fight the Covid-19 pandemic did not factor them in. They did not go out of their way to communicate the measures they introduced, which so significantly affected people's everyday lives. They lacked transparency and the willingness to listen. They often showed little concern for equity and social justice. They had little support from heads of government. The fallout has been significant – nationally and globally. Health has moved from one of the few issues that brought people together to one that tears them apart. This happens not only at the level of political polarisation but also at the family and community level, where family members and neighbours no longer speak because of different views on Covid-19 measures.

In the process, the resilience of communities is reduced and the integrity of institutions destroyed. It also happens on the global level, where the hoarding of vaccines by the Global North and the greed of pharmaceutical companies have reinforced a lack of trust in multilateral processes at the World Health Organization, as witnessed in the difficult negotiations for a pandemic agreement that aims to establish equity as its driving concern.

The realisation of the issues at stake has led to trust and resilience dominating the global health debate in many ways. Public health depends on public cooperation and a willingness to commit to the public good, in ways large and small. At the global level, countries need to step up to strengthen the WHO politically and financially. The upcoming investment round for the WHO will be critical for its work in the face of polycrises and increasing health threats. At the national and local levels, we need to work hard on new ways to involve citizens and communities and to safeguard institutions that have been created to protect and promote health and well-being, especially regulatory agencies. We must address the destructive mis- and disinformation environment – it has become a determinant of health. Our health and that of others relies on trust – but we will only be successful if the political choice is for health and equity and the political response is decisive. ■

ILONA KICKBUSCH

Ilona Kickbusch is the founding director of the Global Health Centre at the Graduate Institute of International and Development Studies in Geneva. She is a member of the Global Preparedness Monitoring Board and the WHO Council on the Economics of Health For All, and co-chair of the World Health Summit Council. She has had a distinguished career with the World Health Organization and Yale University, and has published widely on global health governance and global health diplomacy. She directs the Digital Transformations for Health Lab. She and John Kirton are co-editors of, most recently, *Health: A Political Choice – Advancing Indigenous Peoples' Rights and Well-Being*.

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"Key drivers of trust are equity and social justice and strong institutions and political processes that help to deliver them. Where those are absent, trust unravels"

Building resilience and trust in global health governance

These two intertwined factors account heavily in how every health system functions. Global institutions have various critical contributions to make in establishing both

John Kirton
director, Global Governance Program

Resilience and trust are critical components of global health governance, especially amid the escalating crises of our times. Resilience means quickly recovering from shocks or setbacks and having recuperative power. Trust is a firm belief in the reliability or truth or strength of a statement, person or system, but also the obligation or responsibility of people for those entrusted to their care.

Resilience gives global health governance, systems and people the ability to continue functioning when disaster strikes and to adapt when new pandemics or diseases arise, to add to the burdens on those whose resources already struggle to meet existing needs. Trust allows people to follow the advice of their healthcare providers, the latest evidence of their scientists, and the guidance of their political leaders who are ultimately responsible to protect and promote the health and well-being of all. Governments and their taxpayers must trust that the new resources they provide to national, regional and global health institutions will be spent in the most effective, transparent and accountable ways, to deliver the best results for all. This is also true for all global governance institutions, given the many social, economic, ecological, digital and security determinants of health.

THE UNITED NATIONS GALAXY

At the centre stands the United Nations galaxy of international institutions. It starts with the 2030 Agenda's 17 Sustainable Development Goals, where SDG 3 on health is the furthest from being met, and where the Summit of the Future in September 2024 could provide a major boost. It embraces the UN General Assembly's high-level meetings on health, the World Health Organization and World Health Assembly as the core dedicated organisations, and the World Bank, International Monetary Fund, International Telecommunication Union, African Union and African Development Bank. It extends to the newer institutions and instruments, led by UNAIDS, the Global Fund, the Pandemic Fund, the prospective Pandemic Agreement and the revised International Health Regulations. Their creation and continuation show the ongoing need to build trust and resilience, and for others to contribute to the task.

THE G7

Building resilience and trust ultimately requires a whole-of-governance approach and thus leadership from heads of state and government at their plurilateral summit institutions. Those leaders have the authority to make ambitious agreements directly and quickly, raise the needed resources, and ensure that their governments comply with the commitments they make there. A major responsibility thus lies with the G7 major democratic powers, formed in 1975 and acting directly on health since 1979. At their annual summits, G7 leaders have now made 1,002 collective, precise, future-oriented, politically binding health commitments. Most recently, in June in Apulia, Italy, they produced 24 health commitments, slightly below their per summit average of 28 and well below the peak of 85 they made in Japan in 2016. Their governments have complied with their leaders' health

JOHN KIRTON

John Kirton is the director of the Global Governance Program, which includes the Global Health Diplomacy Program, the G20 Research Group, the G7 Research Group and the BRICS Research Group, all based at Trinity College in the University of Toronto, where he is a professor emeritus of political science. He is co-author, most recently, of Reconfiguring the Global Governance of Climate Change, and co-editor of a series of G7 and G20 summit publications including *G7 Italy: The 2024 Apulia Summit* and *G20 India: The 2023 New Delhi Summit*. He and Ilona Kickbusch are also co-editors of, most recently, *Health: A Political Choice – Advancing Indigenous Peoples' Rights and Well-Being*.

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commitments within a year at an average of 78%, leaving a gap of 22%.

G7 leaders can – and should – do much more. Together their countries possess a predominance of the global capabilities required for global health, notably in finance, scientific capacity, and the intellectual property and supply chains for vaccines and pharmaceuticals. They have previously made major contributions, notably by joining with the UN in 2000–2001 to launch the Global Fund to Fight AIDS, Tuberculosis and Malaria and leading a major advance on maternal, newborn and child health in 2010.

Yet the G7 has done little on mental health, dementia and the other afflictions of ageing people, on digital and artificial intelligence–assisted health, and on protecting health in the face of today's many deadly conflicts and catastrophic climate change. As leaders of often inward-looking democracies, G7 governors are constrained by what their voting publics want at home, and will trust them to do abroad, to protect all in an intensely interconnected world.

THE G20

The bigger, broader G20, made up of systemically significant states, with members equally from developed and developing countries, can also do more. They contain more than 80% of the world economy and two-thirds of its people. The G20's mission is making globalisation work for all.

Since 2014, in response to the deadly Ebola outbreak in Africa, G20 summits have produced 166 health commitments, which secured compliance at an average of 70%.

In September 2023, the G20's New Delhi Summit produced 25 health commitments, second only to the closely related 47 commitments on development. India's follow-up G20 summit in November usefully focused on accountability for delivering them. Brazilian president Luiz Inácio Lula da Silva's priorities for his November 2024 Rio Summit start with equality, with health as a key component. Still, except on universal health coverage and antimicrobial resistance, the G20 largely remains a responsive rather than a proactive, preventive body, subject to the all-too-familiar deadly cycle of panic then neglect.

Many key political choices are thus needed now to ensure that global health governance, at all levels, is sufficiently effective, resilient and trustworthy to meet today's soaring needs.

Many suggestions about how to do so are contained in the following pages, where visionary leaders and experts from around the world identify actions to advance in eight key ways:

- strengthen pathways to equitable multilateralism;
- promote health and ecological well-being;
- build resilient health ecosystems;
- promote the social and emotional resilience of communities;
- establish safe digital infrastructure and trustworthy AI;
- expand sustainable investments in community resilience;
- ensure transparency, accountability and voice; and
- strengthen health diplomacy in the face of conflict and insecurity. ■

By John-Arne Røttingen
chief executive officer, Wellcome Trust

Science can help us achieve healthier futures for everyone

Without science, where would we be? To continue making advances, we must enact supportive policy, actively engage with communities to foster trust and invest in research. The Wellcome Trust, as an independent charity, is in a unique position to help realise these ambitions

It is hard to overstate the potential of science. It is one of the most powerful tools we have to change and improve lives around the world.

Think of the rollout of the R21 malaria vaccine, adding to our global ability to protect and save tens of thousands of lives. Think of the large clinical trial for the tuberculosis vaccine candidate M72, which, if successful, could be the first new vaccine for this global killer in 100 years. Think of the digital solutions with potential for transforming mental health treatment, or the genomic advances and rapid acceleration of generative artificial intelligence bringing benefits across health care.

These are just a handful of the critical advances for health that science is delivering this year.

Health has improved in so many ways, for so many people, thanks to science. Yet we still face huge challenges to protecting and enhancing health globally, challenges compounded by vast inequities.

At Wellcome, which I joined as chief executive officer at the start of this year, we have committed £16 billion over a decade to support science, investing in research to bring long-term impacts on health for everyone.

This means supporting foundational, open-ended discovery as well as backing research to achieve solutions for the greatest health challenges facing us all – infectious disease, mental health and the health impacts of the climate crisis.

For Wellcome, supporting science also means engaging diverse perspectives and partnerships – across borders, research disciplines, expertise, cultures and industries. It means both investing in research and working with others to influence changes to ensure solutions have an impact where they are needed most and to ensure that research informs policy and practice.

WHERE SCIENCE HAPPENS, NOT JUST WHEN OR HOW, IS CRITICAL

For science to achieve its potential, ensuring research is done in the places most affected by health challenges and by people who are part of the communities affected is key to building trust and relevance.

Science can only achieve its potential with society's trust. That means science and all who support science have an ongoing responsibility to strengthen and negotiate this trust.

The Wellcome Global Monitor (2018 and 2020) is a global survey of people's attitudes towards science. It found that trust in science is affected by whether people feel science 'benefits people like me'. People in the Global South were much less likely to feel that science benefitted them than those in Global North countries.

Active engagement with communities, to identify priorities and get communities on board with research strategies, builds trust in science.

One way Wellcome approaches this is by supporting locally driven programmes in Africa and Asia. These support networks of multidisciplinary researchers across each region, who are best placed to react to issues such as escalating infectious disease threats in hospitals and communities, or implementing research-informed change within health systems.

PANDEMIC LESSONS

In the Covid-19 pandemic, science delivered as never before. We saw what can be achieved through global collaboration.

As a global community we delivered vaccines within a year against a previously unknown pathogen. We failed, however, to expedite global sharing and equitable access to these vaccines.

Covid-19 sadly also showed how rapidly trust between governments can break down if scientific gains are not shared in fair, timely or accessible ways – if the communities most affected are not at the centre of international health dialogues and decision-making, or left behind by the international community when pressures on national health security come to the fore.

> **Improved child survival, life expectancy, the good health of all society today and for generations to come, the good health that is the foundation of opportunity for growth and for society and economies to thrive – all start with science"**

Navigating the challenges of ensuring equitable access and correcting market failures are as important as exploring the potential of science to change lives. The international health and science communities share a responsibility to balance incentives for innovation with commitments to equity.

SCIENCE, LIKE HEALTH, IS POLITICAL

Scientific advance alone is never enough to deliver health advances. Impact requires both translation to regulated health markets and translation of research evidence to policy and practice. Evidence generated through rigorous scientific research is fundamental to progress.

And the scale of the challenges we face requires partnership and collaboration across sectors to achieve change.

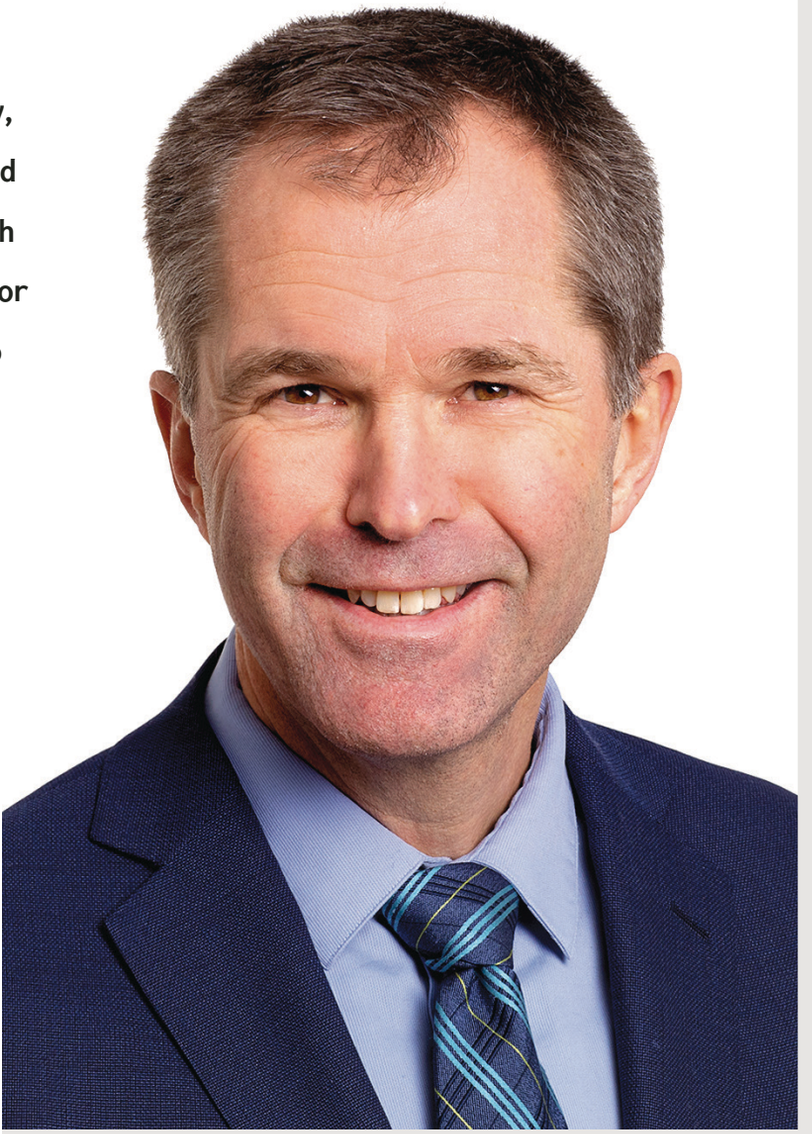
Since Covid-19 we have seen it with the global health community coming together to bring high-level action on antimicrobial resistance, to address the mpox health emergency and on bringing a global focus to the health impacts of the climate crisis.

PHILANTHROPY CAN ACT WHERE OTHERS CANNOT

Without discovery, new insights and new solutions, we will not tackle the urgent international health challenges we all face. Without science that looks to address the vast inequities in health globally and research informing policy and practice, we will not achieve resilient health systems.

Working together, foundations, governments, industry and civil society have a responsibility to support science, pulling together on the health challenges affecting all our communities and complementing country and regionally led priorities.

Wellcome, an independent charitable foundation, is in a unique position to work with the private sector, government, academia and civil society.



JOHN-ARNE RØTTINGEN

John-Arne Røttingen joined the Wellcome Trust as chief executive officer in January 2024. He previously served as ambassador for global health for Norway's Ministry of Foreign Affairs. He was founding CEO of the Coalition for Epidemic Preparedness Innovations and chief executive of the Research Council of Norway, and executive director at the Norwegian Institute of Public Health. Trained in medicine and science, Dr Røttingen has also held academic positions at the Harvard T.H. Chan School of Public Health and the University of Oslo.

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We are committed to science to improve society and to work towards health equity, diversity and inclusion in research.

Improved child survival, life expectancy, the good health of all of society today and for generations to come, the good health that is the foundation of opportunity for growth and for society and economies to thrive – all start with science.

Through innovation, collaboration and commitment to health equity, science can help us achieve healthier futures for everyone. ■

Divided world, divided health outcomes

Historically and recently, health issues have been used as geopolitical fodder. As we approach new and pressing global challenges, we can risk this kind of harm no longer

By David P Fidler,
senior fellow for global health, Council on Foreign Relations

Competition among states over power and ideology dominates world politics. The return and intensification of geopolitics have changed how countries make foreign policy and cooperate. Those changes have hurt collective action on global health.

With the balance of power on a knife's edge, health cooperation lacks strategic purpose because it does not help policymakers mitigate the military, economic and ideological dangers that adversaries pose. Rival states, however, will weaponise health issues tactically in grasping for geopolitical advantage.

That geopolitical context marginalises – and those foreign policy choices manipulate – health diplomacy rather than build trust and resilience among countries. The hunt for ways to address health problems in a divided world often gravitates towards sovereignty, likeminded coalitions and regionalism rather than multilateralism. Those options are also

vulnerable to geopolitics, but such approaches will shape whether and how trust and resilience in global health develop.

THE GHOST OF GEOPOLITICS PAST

From the late 19th century through the Cold War, health cooperation happened in international systems marked by geopolitical competition. States concluded treaties, integrated scientific advances into policies, created international health organisations and expanded ambitions for health cooperation. Geopolitics did not eliminate all space for collective action on health.

However, across that period, health cooperation provided no traction in geopolitical competition and depended on a stable balance of power. Such dependence meant that foreign policymakers did not consider health a priority as they did military power, economic growth and ideological influence. President Jimmy Carter tried to elevate health in US foreign policy in the late 1970s, but Soviet aggression in Afghanistan and ambitions in the developing world forced the United States to double-down on countering Soviet military, economic and ideological threats.

Furthermore, the more unstable the balance of power, the more rival states turned health issues into geopolitical fodder. For example, tensions between the superpowers increased in the early 1980s. In those years, the US opposed the World Health Organization's Health For All initiative on ideological grounds. The Soviets spread disinformation blaming the US for the spread of AIDS in Africa. Such weaponisation of health, however, had no effect on how the Cold War ended.

GLOBAL HEALTH WITHOUT GEOPOLITICS

In contrast, health cooperation in the post–Cold War world's early decades unfolded without geopolitical constraints. The US faced no rivals, and democracy was globally ascendant. The growing community of democracies elevated health in foreign policy. Global health received unprecedented political interest, diplomatic attention and financial resources that supported historic levels of traditional and innovative collective action through bilateral, coalition, regional, multilateral, public-private and non-governmental efforts.

That progress obscured the fact that a unipolar, ideologically homogenising international system was historically abnormal. That system created more political interest in and spaces for global health activities, but those activities depended on a particular distribution of power and ideas and would be at risk should that distribution change. And it changed.

WORSE THAN THE COLD WAR?

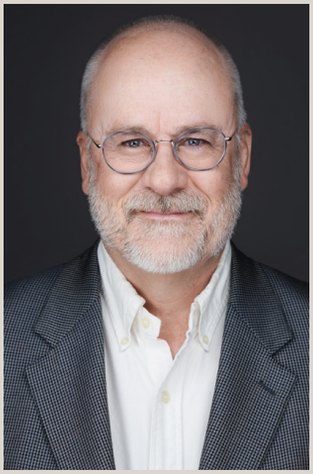
In the 2010s, geopolitics returned. China and Russia challenged US primacy and contributed to democracy's global decline. Those states sought strategic gains through military, economic and ideological actions. Despite decades of global health leadership, the US and other democracies faced balance-of-power threats that such leadership neither prevented nor mitigated. American, Chinese and Russian responses to Covid-19 showed how geopolitical competition damages global health.

Geopolitics corrode trust and resilience in global health. The democratic 'free world' confronts the authoritarian 'axis of resistance', with both blocs courting 'nonaligned' countries in the Global South. Hostility, distrust and cynicism permeate foreign policy thinking, making it hard to develop the trust needed to build resilient health capabilities. Collective action still occurs, but agreements are more transactional than transformative and are vulnerable to shifting geopolitical machinations.

The current multipolar distribution of power also creates incentives for states to rethink global health against core national interests and to prefer bilateral, regional and coalition mechanisms over multilateralism. The Covid-19 disaster prompted countries at all income levels to focus on strengthening national health sovereignty, autonomy and security. The new US global health security strategy favours bilateralism. Countries with a history of regional cooperation are looking more to regional organisations to address health challenges. In a divided world, using likeminded coalitions of states to pursue health goals is also attractive.

Today's landscape echoes aspects of health cooperation from the Cold War and post–Cold War periods. As in the Cold War, global health engagement provides no strategic leverage in geopolitical competition. Thus, health gets marginalised in foreign policy but weaponised when rival states perceive tactical opportunities to increase their influence. The options for collective action mirror the post–Cold War proliferation of channels for health diplomacy, offering diverse ways to address health problems in a fragmented world.

What is not clear is whether such disparate channels provide enough policy bandwidth to sustain collective action on pressing global health challenges. The severity of geopolitical threats and global health dangers, especially climate change, promise to grow over the next decade – a future in which tensions between realpolitik expediency and global health resiliency could get exponentially worse. ■



DAVID P FIDLER

David P Fidler is a senior fellow for global health at the Council on Foreign Relations. He is author of *A New US Foreign Policy for Global Health: COVID-19 and Climate Change Demand a Different Approach* (CFR Special Report, June 2023). In addition to this, Fidler serves on the US National Academies of Science, Engineering and Medicine's Committee on Planetary Protection, which advises NASA on policy issues concerning planetary protection.

Addressing the antibiotic emergency

A world without antibiotics would mean millions upon millions of avoidable deaths. Urgent global collaboration is required, with stakeholders from all sectors taking part

By Claire Oxlade, private secretary, and Professor Dame Sally Davies, UK special envoy on antimicrobial resistance

The world is facing an antibiotic emergency. As things stand, the greatest discovery of the last century is fast becoming the greatest loss of the 21st century.

Today, antibiotics are the essential infrastructure that support our modern health, food and economic systems. We need them to treat pneumonia, HIV and tuberculosis, to enable safe childbirth and cancer care, and to treat the animals that feed us and underpin the livelihoods of over 1 billion people across the world.

Micro-organisms' resistance to anti-infectives is called antimicrobial resistance. AMR is a pandemic of pandemics. It is the third-leading underlying cause of death globally and contributes to the deaths of over 4.7 million people each year. AMR thrives on inequality and inequity, with the burden falling on the most vulnerable, including children, those living in sub-Saharan Africa, and wherever access to safe, effective and affordable antimicrobials and diagnostics is inadequate. Tragically, AMR is exacerbated by climate change, conflict and displacement.

AMR affects families across the world. The god-daughter of one of us died from a drug-resistant infection, leaving behind a son and family.

This inter-generational issue risks the health and well-being of our children and grandchildren unless we work together on global, ambitious and collaborative action. In tackling AMR, we strengthen our health and food systems, thus preventing and responding to other priority health issues too.

In September at the second High-Level Meeting on AMR at the United Nations General Assembly in New York, world leaders from governments, UN organisations, the private sector and civil society committed to bold and urgent action to mitigate AMR. UN members signed a political declaration that lays the foundations to accelerate evidence-based action against AMR. It showed the strength of multilateralism and global solidarity to reduce AMR-related deaths. It gives us all hope.

COLLECTIVE ACTION

Countries agreed to re-convene in 2029. Without action, 39 million people could be dead as a result of AMR between 2025 and 2050. This is why the hard work to implement the political declaration starts now. This year's World Health Summit is an important opportunity to consider how we can collectively deliver on our words. Future milestones, including the

Saudi Arabia High-Level Ministerial Meeting in November and the World Economic Forum in January 2025, will enable all sectors to move forward together too.

There are six priorities where the world must move quickly and decisively:

1. ***Establish the independent One Health Science Panel on Evidence for Action on AMR, because addressing global inequities means making both evidence and action more inclusive and accessible.*** The Quadripartite organisations will lead a consultation on the design of a truly independent panel with real ownership by low- and middle-income countries. We all need analysis and synthesis of the current evidence for AMR to provide the best guidance to inform national actions. The panel may have an advisory role in helping member states to agree on multisectoral global targets for AMR. We would like strong participation from the Global South and for the panel to be set up in 2025.

2. ***Improve sustainable access to effective and affordable essential antibiotic treatments to practically address global inequities.*** The UK government has committed up to £50 million as seed funding for an alliance to address inequitable access to antibiotics. We hope others will join.

3. ***Use the World Health Organization's AWaRe system (Access/Watch/Reserve) as a clear framework for developing national assessments of antibiotic use as well as manufacturing, procurement and supply chains.*** Everyone, everywhere, has a right to sustainable access to affordable and effective essential medicines. To do this, the next step is for countries to determine the appropriate levels of antibiotics for effective treatment of their population. This may involve increasing access to essential Access antibiotics, or developing strategies to manage overuse, particularly of broad spectrum Watch antibiotics.

4. ***Build laboratory capacity and capability to generate, share and use data to inform national and global decision-making.*** The UK's Fleming Fund, a major international aid investment dedicated to AMR, is supporting countries across Africa and Southeast Asia to strengthen surveillance. This means investing in infrastructure for laboratory equipment and whole genome sequencing, and in training. With more data, patient care can be improved in local communities and governments can act on the best available evidence.

5. ***Make it easier for countries to access international financing to tackle AMR by mapping out and leveraging existing funding from international organisations, multilateral and regional development banks, and the private sector.*** With multiple replenishments coming up across global health and development institutions, we need to work together to champion investments in AMR to mobilise funding. We hope that countries will use the World Bank's Framework for Action on AMR to design interventions that the global community can mobilise funding for, with international financing streams clearly articulating what funding could be available.

6. ***Ensure that awareness matches the scale of the threat from AMR, with sustained public and political engagement.*** Last month saw a sell-out run of a musical theatre production about AMR on Broadway in New York. Lifeline cast professional actors alongside a chorus of volunteer healthcare workers performing songs about the global race to save antibiotics. We are seeking support to take this musical to other locations across the world. We also have new films and documentaries on AMR, including one with Brian Cox playing AMR as 'the villain'. It is up to all of us to share these initiatives and many more tailored to national and local contexts to bring more people along with us and inspire public champions for AMR action. We need leadership at every level, and we would like to see an AMR ambassador or envoy for every country.

To build this resilience the health community must work hand in hand with our colleagues from agriculture, environment, finance, development and diplomacy. Working together effectively is built on trust.

We do not want to imagine a world without antibiotics, but if we think, act and deliver together, then we can avert millions of deaths and protect antibiotic treatments for all now and in the future. ■

CLAIRE OXLADE

Claire Oxlade is private secretary to Dame Sally Davies, the UK's special envoy on antimicrobial resistance. She oversees the strategy and engagement of Dame Davies to advocate for international action on AMR, working across the UK government departments and with international stakeholders to push for action on AMR. Oxlade is excited to have worked with Charades Theatre Company, the UK's Science and Innovation Network and global partners to bring the Lifeline musical theatre show to Broadway to raise public awareness of AMR. She was previously a policy adviser in HM Treasury and has a master's degree in early modern history.

PROFESSOR DAME SALLY DAVIES

Dame Sally Davies was appointed the UK's special envoy on antimicrobial resistance in 2019. She is also the 40th Master of Trinity College, Cambridge University. She was the chief medical officer for England and senior medical adviser to the UK government from 2011 to 2019. She was a member of the World Health Organization's Executive Board from 2014 to 2016, and co-convener of the United Nations Inter-Agency Coordination Group on Antimicrobial Resistance, reporting in 2019. In 2020, Dame Davies was announced as a member of the new UN Global Leaders Group on AMR.

𝕏 @UKAMREnvoy

To tackle AMR, the world needs sustainable access to antibiotics

Antimicrobial resistance is a serious issue that needs urgent attention, but withholding access is not the answer – it simply harms people living in low- and middle-income countries

For decades the restricted use of antibiotics has been widely encouraged as a way of slowing down drug resistance. The rationale is that this is necessary to protect the lives of people in the future, because limiting exposure to these drugs will delay the time it takes for bacteria to develop resistance to antibiotics, thereby prolonging their effectiveness. However, while good antibiotic stewardship continues to remain critical, it has overshadowed the importance of people getting access to the antibiotics they need today, particularly in low- and middle-income countries where the disease burden is the greatest, with more people now dying from a lack of access to antibiotics than from drug-resistant infections.

That is why, in the run-up to the United Nations High-Level Meeting on Antimicrobial Resistance, there were growing calls for sustainable access to antibiotics to become the top priority. This may seem like a radical departure from years of restricted use, because increasing access may lead to a global net increase in the use of antibiotics. However, although in theory this could accelerate the rise and spread of drug-resistant infections and put future generations in jeopardy, in fact sustainable access should avoid such a trade-off, and is necessary to stop the rise and spread of AMR. If we want to stop drug-resistant infections in their tracks and save lives, then people in all countries must have access to the most effective available antibiotics, both old and new. Currently that is not the case.

By Manica Balasegaram, executive director, Global Antibiotic Research and Development Partnership

ADDRESSING UNEQUAL ACCESS

In stark contrast to wealthy countries, millions of people in LMICs die every year because they do not have access to the most basic antibiotics needed to treat common and highly treatable infections. And despite those countries having the heaviest burden of AMR, their access to the latest antibiotics that are effective against multidrug-

resistant infections is even poorer. The use of these drugs in some African countries is 20 times lower than in European countries and 100 times lower than in the United States. There are many historical reasons for such stark disparities, including market failures, lack of the right type of market incentives and perceived lack of demand for such products. This latter reason has become a self-fulfilling prophesy in LMICs – with new antibiotics so far out of their reach, many governments have come to believe they do not need them. Instead, many have to settle for what they can get, which is usually older and cheaper antibiotics that are often less effective. Poor quality, sub-standard and fake antibiotics are a growing problem there.

In the face of such challenges, many governments may now see their best option as investing their often-limited resources in measures that prevent bacterial infections to begin with. Interventions such as infection prevention and control, water, sanitation and hygiene (WASH), and vaccination play a critical role in saving lives and tackling AMR. But, as is evident in wealthier countries, it is impossible to prevent all infections. That is why all countries also need innovation coupled with access to good quality and effective antibiotics.

Despite the obstacles that have prevented this in the past, things are now changing. Not-for-profit organisations like the Global Antibiotic Research and Development Partnership are working with industry and global stakeholders to create a new antibiotic development ecosystem where public health need is the main driving force. This makes it possible to factor sustainable access into the entire antibiotic development process, from scientific discovery and research and development, right through to the manufacturing, registration and last-mile delivery of antibiotics. Doing so enables us to produce affordable antibiotic treatments that are effective against multidrug-resistant pathogens that pose the greatest public health threat and that are clinically suitable for all populations. At the same time, by supporting LMICs to enhance capacity and implement their AMR national action plans, the global community can help to identify disease burdens and determine the antibiotic needs of countries. Regional solutions such as pooled procurement can also help remove the barriers to last-mile access, while helping to address market failures by creating predictable demand.

NEW TOOLS, NEW MINDSET

Just a few years ago this would not have been feasible, but we now have the tools to ensure that the most-needed antibiotics are produced for and reach the people who need them.

So what we need now is not only new tools but also a new mindset. With HIV, the focus was always about ensuring that people got access to the best available and most appropriate treatments. With antibiotics it should be no different. Both the UN High-Level Meeting on AMR and the World Health Summit represent opportunities to bring about that change, by bringing governments and the global health community together on a common vision for sustainable access to both old and new antibiotics. Good antibiotic stewardship is not about the volume of antibiotics consumed but rather whether antibiotics are used appropriately. And without sustainable access that simply is not possible. ■

MANICA BALASEGARAM

Manica Balasegaram is the executive director of the Global Antibiotic Research and Development Partnership. With over 20 years' experience working in global health, he is a global health leader and medical professional specialising in infectious diseases and clinical development. He has worked as a doctor and researcher in countries across sub-Saharan Africa and Southern Asia, focusing on humanitarian emergencies with Médecins Sans Frontières. His career includes significant contributions to clinical trials and drug development, particularly in developing therapeutics for bacterial and parasitic infections.

𝕏 manica_amr gardp.org

Taking a broad view of health

The World Bank is looking to support health in more diverse ways, broadening the types of support it offers, focusing on more remote regions and removing financial barriers. Only bold action will bring us closer to reaching the SDGs

By Juan Pablo Uribe, director, Global Financing Facility for Women, Children and Adolescents, Monique Vledder, head, Health, Nutrition and Population Department, and Clémentine Murer, analyst, Health, Nutrition and Population Department, World Bank

A combination of fiscal, disease and demographic challenges pose new threats to health systems around the world, with the greatest impact in low- and middle-income countries. The Covid-19 pandemic eliminated a decade of progress in life expectancy and exposed or exacerbated chronic health system constraints. More people in low-income countries now live in extreme poverty than before the pandemic.

The world is ageing rapidly, with the population over 60 years old expected to nearly double between 2015 and 2050, especially in low- and middle-income countries. This shift will increase non-communicable diseases, morbidity and demand for long-term care, posing economic risks. Fiscal pressures and debt distress have reduced health spending in many poor countries. Without action, the number of those without access to essential health services could rise to 5 billion by 2030.

There is a deliberate choice to be made: do we learn from the lessons of Covid-19 and make resilience the core of our efforts, or do we allow business as usual to continue? At the World Bank, we understand resilience as the ability of health systems to respond swiftly to sudden crises, while continuing to deliver essential health services, adapt and recover. Only bold reforms and a radical transformation of health systems can bring within reach the 2030 goals of universal health coverage and Sustainable Development Goal 3 on health.

HOW THE WORLD BANK IS HELPING

We are raising our ambition. Over the next five years, the World Bank will help countries reach 1.5 billion people with more and better health services. It is a massive and long-term goal. In response to today's realities, we are broadening our focus from reproductive, maternal and child health to include coverage throughout a person's lifetime, including non-communicable diseases and mental health. We are expanding operations to hard-to-reach areas, including remote villages, cities and countries. We are reducing financial barriers to health care so families do not have to choose between lifesaving care and putting food on the table. All these efforts must be made with concerted efforts on pandemic preparedness and response. It is only a matter of time before the next pandemic hits us.

This means ensuring the integration of health emergency preparedness and response capabilities into the core health infrastructure, ensuring that health facilities, workforce and supply chains are robust, agile and adaptable. But driving all these efforts are the communities, and progress will only be measured there. Building trust in services and the institutions behind them among the communities served is a fundamental element for building stronger, sustainable health systems.

Accessible, affordable and quality access – that is our vision.

SUPPORTING CARE AND RESILIENCE

Our current global health portfolio reaches $32 billion across 100 countries. The World Bank takes a systems approach with a sustainable financing aspect, across sectors, focusing on equity and following governments' leadership.

The World Bank is supporting India's government to advance reforms to strengthen public health and pandemic preparedness, and to improve the quality of care, governance, and accountability in the health sector. These central-level engagements are further supported by several state-level health system strengthening projects that are helping realise improvements in both effective service coverage and financial risk protection.

In Indonesia, the World Bank's analytics and financing support the Ministry of Health's transformation agenda, focusing on nutrition, early years, primary healthcare quality, digital health, financial protection, strategic purchasing, local financial management and public health infrastructure. These efforts aim to build a resilient health sector that can effectively respond to crises.

In Rwanda, the World Bank supported a multisectoral approach to tackle child stunting and malnutrition. Social protection and health projects targeted poor women with young children, promoting health and nutrition services. The impressive declines in child stunting have made Rwanda the only country to achieve the SDG target on child wasting.

The World Bank is supporting Morocco in an ambitious effort to expand quality-care coverage to underserved communities, strengthen the health workforce and improve governance of the health system. It also contributes to making the system more resilient to climate change with an explicit focus on gender equity.

> "There is a deliberate choice to be made: do we learn from the lessons of Covid-19 and make resilience the core of our efforts, or do we allow business as usual to continue?"

FACILITATING PARTNERSHIPS

Delivering at scale with strong partnerships – that is the path. First, we are utilising all World Bank financing instruments, such as the International Development Association and the International Bank for Reconstruction and Development, to encourage countries to boost health investments, while also engaging with the International Financing Corporation for private sector involvement. Additionally, we will leverage two World Bank–hosted partnerships – the Global Financing Facility for Women, Children and Adolescents, and the Pandemic Fund – to attract more financing aimed at ending preventable deaths and ensuring better pandemic preparedness. Both partnerships implement a health systems approach: the GFF model emphasises country leadership and national investment prioritisation, and the Pandemic Fund focuses on critical system dimensions such as trained human resources, stronger laboratory capacity and enhanced surveillance, all contributing to building resilience.

Second, we are engaging ministries of finance, health and other sectors through knowledge, learning and strengthening data for decision-making to guide policy reform and achieve more efficient and effective spending for health. A recently announced universal health coverage hub, supported jointly with the World Health Organization and the government of Japan, will launch in the coming months to provide a platform to bring health and finance ministers together to strengthen their capacity to achieve universal health coverage.

Third, there is a huge opportunity to do better and an impetus for more effective collaboration across countries and international organisations. The World Bank is supporting the Lusaka Agenda by increasing co-financing opportunities and strengthening collaboration with global health partners including the WHO, the Global Fund and Gavi, the Vaccine Alliance to ensure alignment of strategies, avoid duplication of efforts and maximise impact.

Achieving this vision requires strong political and technical leadership at all levels – from national to regional and local levels – supported by growing institutional capacity and effective management. These critical elements must lead the way to more resilient health systems, ensuring a healthier future for all. ■

JUAN PABLO URIBE

Dr Juan Pablo Uribe is the World Bank's global director for health and the director of the Global Financing Facility for Women, Children and Adolescents. Previously, he served as Colombia's minister of health and social protection (2018–19) and as the World Bank's East Asia and Pacific health sector manager (2009–11). With a background in medicine, public health and administration, he has made substantial contributions to health policy and systems.

MONIQUE VLEDDER

Dr Monique Vledder is the head of the Health, Nutrition and Population Department at the World Bank, leading the team responsible for technical assistance, analytical work, partnerships and learning on key global health issues including service delivery, climate and health, and pandemic preparedness. Until recently she was the head of the secretariat for the Global Financing Facility for Women, Children and Adolescents, a multistakeholder global partnership housed at the World Bank.

CLÉMENTINE MURER

Clémentine Murer is an analyst in the Health, Nutrition and Population Department at the World Bank. Her work has focused on health systems and policies in collaboration with global health partners. Previously, she has worked with Gavi, the Vaccine Alliance, the French Ministry of Health and the World Health Organization.

𝕏 @TheGFF 🌐 www.globalfinancingfacility.org

The evolution of multilateral development banks is just getting started

MDBs are essential for supporting global issues, but there have long been difficulties with their lending models. In the face of so many competing challenges, it's time for them to level up to give countries the support they need to thrive

Multilateral development banks such as the Inter-American Development Bank are part of the international financial architecture that supports government progress towards the Sustainable Development Goals and universal health coverage. But they are also evolving to address growing global challenges such as climate and pandemic risks as well as antimicrobial resistance.

As cooperatives that use the paid-in and callable capital contributions of their highly rated shareholders to raise funds in global markets, MDBs can pass on low-cost lending for middle-income countries and highly concessional lending and grants for the lowest-income countries, with allocations depending on each government's fiscal needs and sectoral priorities. Spending under lending operations goes mostly via the public budget and is subject to the same checks and balances that help with transparency and accountability for national budgets. MDBs also have private sector arms that provide low-cost financing to firms whose work is likely to have a development impact.

By Amanda Glassman, executive adviser to the president, Inter-American Development Bank

SUPPORTING GLOBAL ISSUES

MDBs have long been demand-led organisations. MDB lending in the health sector or on health-related issues has depended on an interested government that is willing and able to dedicate a share of its scarce public budget to this use amid multiple competing priorities. This feature of MDBs is known as the 'country model'. The model has the strength of being driven by each government's own priorities in development, represented by ministers of finance and planning,

AMANDA GLASSMAN

Amanda Glassman is the executive adviser to the president of the Inter-American Development Bank. Previously, she was executive vice president and senior fellow of the Center for Global Development, as well as chief executive officer of CGD Europe in London. Prior to CGD, Glassman was principal technical lead on social protection and health in the IDB's Social Sector, where she led policy dialogue and operations with member countries. From 2006 to 2008, while on leave from the IDB, she was a fellow and deputy director for the Global Health Financing Initiative at the Brookings Institution.
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> **"The MDB evolution process is just getting started. In the end, the world must be able to walk and chew gum at the same time – honouring country development priorities while assuring effective investment to reduce the impact of pandemic and disaster risks"**

and assures that MDB teams respond to their clients.

However, the model has struggled with multi-country shocks or interventions that require coordinated financing across countries or regions, as with the response to HIV/AIDS in the early 1990s or in the response to Covid-19 in 2020. During 2021–2022, however, MDBs began to innovate in response to the emergency – the IDB was the first to develop liability guarantees for the introduction of vaccines not registered by the national regulatory authorities in member countries and adapted its disaster financing lending to include health emergencies, also enabling procurement via the global funds.

The country model has also had difficulty generating country demand for investment when cross-border externalities are high, such as with tax reforms and infrastructure that reduces carbon emissions. More serious and larger-scale natural disasters and public health emergencies, related to climate change, are not yet factored into MDB capital adequacy calculations, limiting the ability of MDBs to respond adequately to these crises.

In response to these challenges and the Covid-19 experience, the IDB and other MDBs are evolving to embrace global challenges as a central mission, to develop new sources of finance to meet the expanded mandate, and to generate financial and other incentives to fuel country demand and commitment to preparedness. The IDB approved a new institutional strategy in March 2024 that set out its ambitions in this regard. Likewise, both the World Bank and the IDB have built new catalogues of disaster preparedness and response tools, from debt service suspension during hurricanes to contingent credit facilities to policy-based lending that incentivises preparedness reforms while disbursing when disaster hits.

COLLABORATING AND INNOVATING

This evolution is accompanied by a new appetite to combine vertical grant funds with low-cost lending, as in the Green Climate Fund grant co-investments with MDB lending to governments. In combining grant funding with MDB lending, the vertical climate funds have surpassed the health funds. The Green Climate Fund, the Global Environment Facility and others routinely allocate their grants alongside MDB lending for governments to execute, partially compensating for externalities and assuring that key public spending runs on budget. Global health funds could revisit their own modalities, shifting from straight grants to new blended approaches with MDBs.

Another innovation is the joint work between MDBs and the International Monetary Fund on the design and implementation of lending operations of the Resilience and Sustainability Trust. The trust, administered by the IMF, will provide budget support and balance-of-payments support conditional on countries enacting policy reforms that speed climate mitigation and adaptation. While the RST has thus far focused only on climate, its mandate includes pandemic preparedness and a set of pilot operations in cooperation with the IDB, and a selection of regional member countries is foreseen for 2025. The Pandemic Fund could consider coming alongside these efforts with grant funding, and of course other MDBs should join the effort.

The MDB evolution process is just getting started. In the end, the world must be able to walk and chew gum at the same time – honouring country development priorities while assuring effective investment to reduce the impact of pandemic and disaster risks. The agenda will also require a new generation of leaders and creativity in funding for health, focused not only on the volume of money but also on the incentives it creates for countries' own preparedness and effectiveness against exacerbating threats of disease and disaster in the future. ■

Finding opportunities among the challenges

As Azerbaijan prepares to host COP29, the country seeks to advance an inclusive and holistic approach to health, the challenges of which are intricately linked to climate change

By Teymur Musayev, minister of health, Azerbaijan

The world stands at a pivotal moment. The effects of climate change are increasingly evident, manifesting themselves in extreme weather events, rising temperatures, frequent heatwaves and shifting ecological patterns. These changes pose significant challenges to human health, exacerbating existing vulnerabilities and threatening the very foundation of well-being for communities around the globe. From the spread of infectious diseases to the exacerbation of chronic conditions, from food insecurity to displacement and migration, the implications of a changing climate are far-reaching and multifaceted.

Yet, amid these challenges lie opportunities to innovate, to adapt and to build resilience. By using the power of collaboration, science and policy, we can chart a course towards a healthier, more sustainable future for all.

That is why Azerbaijan is committed to making health an integral part of the climate agenda at the meeting of the 29th Conference of the Parties to the United Nations Framework Convention on Climate Change in Baku in November 2024. Building on previous commitments, we will seek to enhance ambition and enable action in all aspects of climate efforts, including those related to health.

THE FIVE PILLARS OF HARMONY

Hosting COP29 is a significant milestone for Azerbaijan. We are dedicated to further promoting global solidarity and unity in addressing the many challenges of climate change, including its impacts on health.

Learning from past efforts to build a more sustainable world, Azerbaijan's COP29 presidency has introduced 'Five Pillars of Harmony', reflected in the COP29 Action Agenda Presidency Initiatives. These are:

- harmony between climate agenda items – climate finance, mitigation and adaptation;
- harmony between climate ambitions and climate actions;
- harmony between core dimensions of the Sustainable Development Goals – economic, environmental and social objectives;
- harmony between global initiatives, regional green partnerships and national climate action; and
- harmony between humanity (including human development, gender, youth and children) and nature.

We will also work to advance harmony between climate action and sustainable development. This focus on harmony guides our approach to making health an integral part of the climate agenda. The COP29 presidency is committed to building on the decisions and commitments made, and milestones achieved, regarding health at previous COPs. Our goal is to expand this focus through new inclusive platforms and a holistic approach, emphasising that human health must be treated alongside other issues in a multidisciplinary way. Just as Azerbaijan intends to build bridges between parties, we aim to find synergies between initiatives to support the urgent action needed to meet our climate goals.

A COALITION FOR CLIMATE AND HEALTH

The climate crisis is inherently a health crisis – one that requires a whole-of-society approach and collective action at the global level. To help move from commitment to action, the COP29 presidency will convene the multistakeholder and inclusive Baku COP Presidencies Continuity Coalition for Climate and Health.

This coalition will be initiated by the past, present and future COP presidencies that have prioritised health on the climate agenda in cooperation with the World Health Organization. It will welcome partnership with other state and non-state actors, including the relevant United Nations agencies, international institutions, multilateral development banks, international civil society organisations, non-governmental organisations, philanthropists and academia. It aims to maintain the relevance and dynamism of the health dialogue within COPs by convening high-level meetings to discuss the nexus of climate and health.

The Baku COP Presidencies Continuity Coalition for Climate and Health will build on past work by serving as an umbrella platform to find synergies among existing initiatives working towards mitigating the health impacts of climate change. To this end, participating stakeholders will develop and align strategies and programmes to implement global commitments for building climate-resilient health systems and showcase best practices to generate practical recommendations in the field. The coalition will also seek to help mobilise climate and health finance to scale up action.

To meet our climate objectives, we need climate finance to be available, affordable and accessible. To this end, in addition to introducing new initiatives, the COP29 presidency is eager to encourage enabling existing financial pledges and investment platforms. In this line, I would also like to highlight the importance of the Health Impact Investment Platform, which can play an important role in improving health outcomes in low and low-middle income countries via concessional finance.

TEYMUR MUSAYEV

Teymur Musayev, MD, PhD, has been Azerbaijan's minister of health since 2022, having been first deputy minister in 2021. He previously managed healthcare policy as the head of the ministry's Department of Medical Services. He has extensive experience in clinical urology and hospital management. An alumnus of the Azerbaijan Medical University with a specialisation in urology, he completed his post-graduate education in the University of Strasbourg, RISEBA University and Riga Stradins University.

sehiyye.gov.az/en

AN INCLUSIVE AND HOLISTIC APPROACH

The COP29 presidency is committed to advancing a whole-of-society approach to health and climate change. The Baku COP Presidencies Continuity Coalition for Climate and Health will engage all relevant parties and constituencies to ensure that every voice is heard and no concern is overlooked. We believe that real progress can only be achieved through an inclusive COP, a holistic approach and a special focus on the needs and voices of the most vulnerable populations.

The COP29 presidency–led initiative on the 'Baku Initiative on Human Development for Climate Resilience' will tackle intersectoral synergies between education, human health and green jobs/just transition issues with its key elements: education, human health, green jobs and just transition, and youth and children. The concrete and measurable potential of climate commitments to protect the lives, health and well-being of the global population can be a powerful benchmark of progress and would motivate further actions. We also wish to help mobilise support for integrating One Health principles into global climate and health initiatives and national policies in order to mitigate the health impacts of climate change. The One Health approach extends beyond merely preventing health crises. It is intricately linked to a holistic vision of health and well-being, emphasising the connections among human health, environmental quality, climate, food security and biodiversity. We believe such inclusive and holistic approaches can be an effective remedy to the rising health impacts of the global climate crises.

Past COPs have made important progress on the issue of health. We must build on this momentum to ensure that health becomes an integral part of the climate diplomacy process and find ways to enable action on our shared climate goals. ■

Fighting short-termism for a just future

When we fail to consider the externalities of actions that lead to resource depletion and pollution, we are leaving future generations with an unconscionable burden

By Herbert Girardet, co-founder, World Future Council

Opinion surveys clearly indicate that cultures across the world have shared value priorities: we all want a good life for our children and grandchildren, good educational and economic opportunities, a life free from violence and, of course, good health and well-being.

But now uncertainty prevails. What used to be called climate change is now morphing into a multifaceted, global environmental and social emergency, including the global spread of zoonotic diseases. Stable food supplies are compromised as healthy soils are eroded and polluted, and pristine rainforest ecosystems are sacrificed to meet global demands for meat and minerals. Good health and wellness for those who come after us are ever more difficult to envisage.

In the early days of the Anthropocene, environmental challenges to health were primarily local – with the spread of disease vectors in contaminated water, and lung damage from soot and sulphur dioxide discharged by factory chimneys. In many places these problems persist, with urban traffic pollution a major additional health problem. But now, given the global picture, it is the combination of carbon dioxide pollution and ecosystem damage that is critically undermining people's health and well-being.

We need to look further and understand how our interference with the planet's water, carbon and nutrient cycles is damaging global stability. Rainforests, wetlands, savannahs and coral reefs are connected in a vast web of life, powered by the sun. Nature's 'ecosystem services' are vital to all our lives. Their monetary value, estimated at some $145 trillion per year, exceeds the value of the entire global economy. But these such figures are nowhere to be seen in the accounts of governments or companies.

With human impacts now manifested across space and time, we are affecting the well-being of future generations on an unprecedented scale.

THE UNITED NATIONS AND BEYOND

In recent years, relations between humans and nature faced with a proliferation of global crises have risen on the global agenda. United Nations secretary-general António Guterres called on world leaders to end a "senseless and suicidal war against nature ... [and appealed] to leaders in all sectors: Lead us out of this mess".

Pope Francis went even further: "We are faced not with two separate crises, one environmental and the other social ... Strategies for a solution demand an integrated approach to combating poverty, restoring dignity to the excluded, and at the same time protecting nature."

There is growing high-level awareness that in our war against nature we will find ourselves on the losing side. But what are the global responses to this crisis?

In one way or another, all the recent UN conferences have addressed the deeply problematic relationship between present and future generations. Yet, so far, even minimal systemic changes seem to exceed the maximal capacity for political implementation.

Much useful work has already been done, but institutional blockages have been delaying appropriate action. Decision-making focuses mostly on immediate concerns: politicians have their eyes on the next election, and business

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leaders are fixated on quarterly balance sheets. This kind of short-termism invariably leads to compromised values and ethics.

Another reason why many crucial issues affecting the long-term prospects of humanity have not so far been adequately addressed is the fact that those benefiting most from the status quo are also best able to escape any negative consequences.

Meanwhile, it is no longer only low-income countries that experience the worst effects of climate change. Flash floods, forest fires and powerful storms now cause havoc in an ever-wider range of places.

What is the state of play in global discussions and negotiations? In preparation for the UN Summit of the Future, a 60-member UN commission published the Maastricht Principles on the Human Rights of Future Generations'. The 21-page text summarises existing binding legal obligations of states and other actors: "The foundations for international law to address the rights of future generations are established in international instruments in an array of subject areas spanning nearly a century; ... in the laws, traditions, and cosmologies of Indigenous Peoples from every continent; and in the doctrine of major faith traditions representing the majority of the world's people."

ALLEVIATING THE BURDEN FOR FUTURE GENERATIONS

In one way or another all the recent UN conferences have addressed concern about the well-being of future generations. The world's many non-governmental organisations must surely play a key role in advancing this agenda.

But the primary issue is undoubtedly the fact that, by and large, global resource depletion and pollution are not accounted for in the economic balance sheets of companies and governments, and environmental externalities barely feature in the price of products available on the market. In a downward spiral of entropy, we are burdening future generations with ever larger unpaid bills that we are not willing to pay.

Humanity now has many powerful tools to harness and, indeed, to destroy nature, but ethical considerations regarding the consequences of our actions are barely brought in even as an afterthought.

Decisions taken today have more longer-term impacts than ever before, yet blinkered short-termism prevails. What can we still do to build a comprehensive framework for a 'futureproof' world, assuring a firm ecological base for humanity, as well as fairness in the conduct of world affairs?

I am haunted by the whispered voices of future generations: what have you done? Surely, in the light of a new global awareness, we need to find it in ourselves to make a just and comprehensive peace with the future. ■

> **"By and large, global resource depletion and pollution are not accounted for in the economic balance sheets of companies and governments, and environmental externalities barely feature in the price of products available on the market"**

Can we build our resilience by rebuilding trust in nature?

By Grethel Aguilar, director general, International Union for Conservation of Nature

The degradation of our natural environment is often directly linked to today's most pressing societal issues. We must invest in nature as a prevention measure

In today's world, our resilience – whether national, societal or individual – is constantly tested by an array of challenges, from climate crises to disease outbreaks and natural disasters. A closer look at these shocks often reveals a common thread: the degradation of our natural environment and the loss of biodiversity. Yet numerous studies demonstrate that the opposite is also true – healthy, thriving ecosystems can be powerful allies in reducing risks and enhancing resilience. Whether through supporting adaptation to climate change or helping to prevent disease outbreaks, nature is a critical player in building our resilience.

During the Covid-19 pandemic, when social interactions were limited, many people turned to nature for solace and well-being. Parks, forests and green spaces became essential refuges for physical activity, mental health and reconnecting with ourselves. This shift highlighted nature's significant role in our lives. But when modern society is put to the test, can we afford to continue treating nature as merely a fallback plan? Or is it time to rebuild trust in nature's direct benefits to human health and invest in conservation as a preventive measure?

THE INTERSECTION OF HEALTH AND NATURE

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This comprehensive definition underscores the need for robust healthcare systems and access to services. However, it also highlights the importance of preventive measures – where stronger partnerships between the public health sector and the conservation community can play a pivotal role.

While the links between biodiversity, climate change and human health have been well documented, integrating these findings into mainstream policy and practice remains a challenge. Public authorities, as signatories to various international conventions on biodiversity and environmental protection, must take the lead in fostering cross-sectoral collaboration. This means uniting stakeholders from biodiversity conservation, climate change adaptation and public health to create a holistic approach that addresses the root causes of health risks and promotes a 'prevention is better than the cure' philosophy.

NATURE-BASED SOLUTIONS FOR A HEALTHIER FUTURE

The International Union for Conservation of Nature's work across the globe provides compelling evidence of how conserving nature can directly contribute to human health and well-being. For instance, in Africa, our research shows that soil erosion can lead to a staggering 4,000-fold increase in the cost of water treatment, placing immense pressure on communities reliant on these water sources. The ripple effects of environmental degradation are profound, exacerbating health issues and limiting access to clean water. Similarly, soil erosion in East Africa has resulted in significant sedimentation in water bodies, disrupting aquatic ecosystems and posing severe health risks.

Moreover, IUCN's work in regions such as Southeast and Central Asia emphasises the interconnectedness of human, animal and environmental health. Through improved management of protected areas, enhanced disease reporting mechanisms and strengthened commitments to One Health

approaches, we are addressing health threats that arise from livestock, wildlife and ecosystem degradation.

In urban spaces, particularly in Europe, our initiatives have consistently demonstrated how biodiversity contributes to the mental and physical well-being of city dwellers. Green spaces, urban parks and natural landscapes are not just aesthetic features; they are vital to the health and happiness of people living in cities.

A CALL TO ACTION: INVESTING IN OUR COLLECTIVE FUTURE

Since its founding in 1948, IUCN has been a pioneering force in biodiversity conservation, working across sectors to promote sustainable development. Our Nature 2030 Programme reflects the growing recognition of the intrinsic link between biodiversity and health, driving efforts to integrate conservation strategies into public health planning. This includes mitigating the risk factors for zoonotic diseases, which, as Covid-19 has shown, have the potential to cause global pandemics.

Nature-based solutions offer a promising pathway to preventing future health risks associated with environmental decline. These solutions address multiple crises – such as climate change, biodiversity loss, and food and water insecurity – by working with nature to enhance resilience. Protecting intact ecosystems not only is more cost-effective than restoring degraded areas but also safeguards the health and livelihoods of local communities.

The demand for IUCN's engagement in the health sector has steadily increased, prompting the launch of the Health Initiative for the Union. It aims to leverage partnerships both within and outside IUCN to drive policy convergence between nature conservation and health both nationally and globally. By catalysing joint action on the ground and mobilising financing, IUCN seeks to create synergies between biodiversity and health actors, fostering a common agenda that prioritises nature as a foundation for health.

As a science-driven, intergovernmental and membership-based organisation operating in over 150 countries, IUCN is ready to accelerate and scale up a common agenda on biodiversity and human health. We call on leaders and stakeholders from the health sector to partner with us in this critical endeavour. By investing in nature, we invest in our collective future. It is time to take action to safeguard the health and well-being of present and future generations.

The challenges we face today are complex and multifaceted, but by rebuilding trust in nature, we can build a more resilient future. Our work at IUCN demonstrates that nature is not just a passive backdrop but an active participant in addressing the world's most pressing issues. As we look to the future, let us remember that by investing in nature, we are investing in our own well-being. Together, we can create a healthier, more resilient world for all. ■

GRETHEL AGUILAR

Grethel Aguilar, born in Costa Rica, is director general of the International Union for Conservation of Nature. She brings 30 years of experience in conservation and sustainable development, having worked extensively on developing and applying environmental law and policy in collaboration with governments and civil society. Through her work in field projects, Dr Aguilar has helped communities access clean water, advocated environmental justice, assisted Indigenous peoples in obtaining rights to natural resources and championed gender equality in environmental governance.

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Building health care resilience across Africa

The World Health Organization African Region bears a high burden of public health emergencies arising from epidemic-prone diseases, extreme weather events, humanitarian crises and other acute causes.

Health systems in the region remain ill equipped to respond effectively to health threats, which usually result in significant disruptions to the delivery of essential health services. Immunisation disruption due to the Covid-19 pandemic resulted in over 300,000 more measles cases in 2023 compared to 2019.

To respond to health threats adequately, countries of the WHO African region adopted the Framework for Sustaining Resilient Health Systems to Achieve Universal Health Coverage and Promote Health Security, 2023–2030. It entails stronger investment in primary health care, essential public health functions and multisectoral governance structures.

In the face of a high disease burden, extreme weather and humanitarian crises, the World Health Organization is working closely with member states across the continent so they have the tools and knowledge to protect their populations

By Matshidiso Moeti, regional director, World Health Organization African Region

The WHO has developed a suite of tools and guidelines that countries are using to bolster the resilience of their health systems. These resources include guidance for building health systems resilience to tackle public health challenges, a set of metrics for monitoring health systems resilience, a toolkit for health systems resilience offering a collection of technical materials and assessment tools for evaluating health systems resilience.

REORIENTING HEALTH SYSTEMS TO A PRIMARY HEALTHCARE APPROACH

The WHO is supporting member states to align their health sector plans towards an operational framework for primary health care with integrated service delivery models. The WHO has supported 16 countries to develop and implement context-specific essential healthcare packages over the last five years.

It supports countries to invest and achieve the committed, multidisciplinary

health workforce targets required to attain universal health coverage. Through WHO-supported health labour market analysis, 22 countries have implemented evidence-based policy improvements, increased investments and have the basis for negotiating co-investments with countries benefiting from health worker migration.

The WHO also supports countries in creating an enabling environment for community and stakeholder engagement and the empowerment of individuals and families as co-owners and co-producers of health.

INVESTING IN ESSENTIAL PUBLIC HEALTH FUNCTIONS AT ALL LEVELS

Joint external evaluations conducted by the WHO in countries assess their capacities to prevent, detect and rapidly respond to public health risks. Between 2016 and 2023, evaluations were conducted in 46 out of 47 countries in the African region.

During health emergencies, the WHO assists countries in evaluating their preparedness to sustain essential services and tackle emerging challenges. Several such assessments were carried out during the Covid-19 pandemic, including in Congo, Ghana, Mali, Namibia, Senegal, the Seychelles and Zambia. Subsequently, the WHO has assisted countries in evaluating the operational capacity of their health systems at the district level, and leveraging this data to develop resilient health systems capable of withstanding shocks. By July 2024, 18 countries had completed evaluations.

The WHO supports countries to mobilise domestic and international resources to invest in a critical set of essential public health functions at all levels of the health system. The capacity of countries to adopt evidence-based health financing strategies, improve public financial management practices, track health expenditures, and strengthen transparency and resource efficiency is being improved. Furthermore, the WHO's assistance in costing national health strategic plans helps assess fiscal space and mobilise resources. The WHO has worked closely with the Africa Centres for Disease Control and Prevention and other partners to support countries to mobilise international funding for essential public health functions, including from the Pandemic Fund.

To ensure adequate access to vaccines, therapeutics and diagnostics, the WHO supports national capacities for local production, pooled procurement and regulatory capacity.

MULTISECTORAL GOVERNANCE AND COORDINATION MECHANISMS

The WHO supports member states in identifying and implementing multisectoral platforms as opportunities for policy dialogue in support of building resilient health systems. The Central African Republic, Sierra Leone, Tanzania and Congo were supported in conducting universal health preparedness reviews integrated with simulation exercises. These comprehensive reviews of national health and preparedness capacities will enable the development of national roadmaps for accelerated progress towards health emergency preparedness, universal health coverage and health promotion.

34%

of Africa's population spends more than 20% of their income on healthcare access

REMAINING TASKS AND CHALLENGES

While there have been achievements, continued enhancements in various aspects of health systems are essential. Investment needs to increase and be less fragmented. A significant number of African countries continue to face a critical shortage of healthcare workers. Access to good quality medicines remains a challenge, with substandard or falsified products constituting about 10% of the medicines and medical products in the region. Out-of-pocket spending remains high, with 34% of Africa's population spending more than 20% of their income on healthcare access.

The outstanding tasks and challenges in enhancing health systems resilience in the African region include bolstering emergency preparedness, addressing healthcare workforce shortages, improving access to essential health services, strengthening health information systems, enhancing financial sustainability and enabling community engagement. Addressing these challenges necessitates significant financial investments in health systems and close collaboration with national authorities and key partners. ■

MATSHIDISO MOETI

Dr Matshidiso Rebecca Moeti has been the World Health Organization regional director for Africa since 2015. She has championed a transformation of the WHO in the secretariat in the African region widely acknowledged to have improved the WHO's performance, accountability and results focus. She previously held several senior positions in global health. A medical doctor and public health expert, Dr Moeti is a champion for women in leadership in global health.

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Trust and resilience: two sides of the same coin

By Karl Lauterbach, health minister, Germany

These two interdependent aspects are critical for health systems to rise to meet any challenges they face – how are they being integrated into German health policy?

During the Covid-19 pandemic, the world focused on various metrics to monitor the spread of the virus and health system capacities, such as the daily number of new confirmed cases, hospitalisation rates or the availability of beds in intensive care units. There are more aspects that are not so easy to measure, but are nevertheless crucial for a well-functioning health system.

One of these is trust. In times of crisis, trust in the health system reduces panic and the spread of misinformation. People are more likely to follow medical advice and adhere to treatment plans when they trust their healthcare providers and the system as a whole. Trust encourages people to take health issues seriously and seek medical help at an early stage, facilitating early diagnosis and effective treatment. Moreover, trust is essential for the success of public health campaigns, such as routine vaccinations or disease prevention programmes.

RESILIENCE AND RELIABILITY

What applies to trust also applies to resilience. Resilience, or the ability to adapt to challenges, is crucial for health systems. It allows health systems to adapt to crises such as pandemics or natural disasters, and also to challenges including demographic shifts or new technologies. Resilient health systems are sustainable in the long term due to efficient resource management. This is particularly important because even in times of scarce resources, resilient health systems are able to maintain service delivery and quality.

Trust and resilience are clearly interdependent aspects that support the effective functioning and sustainability of health systems. A resilient health system builds public trust by demonstrating reliability and effectiveness even in times of crises, and high levels of trust contribute to the resilience of the system, for example through cooperation and community support.

The German health system – as many other health systems – is currently facing major challenges. The increasing number of adults who are 65 years and older leads to a higher demand for medical services, chronic disease

management and long-term care. In addition to the rising costs, we also face a shortage of doctors, nurses and other healthcare professionals, particularly in rural areas. And we need to catch up with other countries in the field of digital technologies.

One thing is clear: We cannot leave everything as it is. What we need is a general overhaul of the German healthcare system based on fact-based and clear political choices. Superficial cosmetic repairs are no longer sufficient. We need to delve deeper into the structures, which are inefficient as they are now. The departure of baby boomers from the labour market and their arrival in the waiting rooms of doctors' surgeries and on the waiting lists of care facilities are forcing us to take action. Doctors' surgeries are drowning in bureaucracy, hospital beds are empty, and more inpatient treatment is being provided for conditions that have long been a good outpatient service elsewhere.

STRUCTURAL REFORMS

Several laws were passed recently in Germany with the aim of making our health system more sustainable, more efficient and more resilient against crises. What these major structural reforms all have in common is that they all have financially effective components in the medium and long term. They improve the quality of care, safeguard it and make it more efficient. In this way, unnecessary expenditure can be avoided.

For example, we are currently working very intensively on hospital reform to overcome the disadvantages of the expensive system of a flat rate per case. Volume incentives are to be reduced, unnecessary treatments prevented and, as a result, costs reduced in the medium to long term. With the already adopted Hospital Transparency Act as the first pillar of the reform, we want to significantly improve the quality and efficiency of the system. The act creates the foundation for the publication of the Federal Clinic Atlas with the aim of providing the public with a permanent, comprehensible and barrier-free overview of which hospital offers which services and of what quality.

Moreover, we have already started our race to catch up in the field of digitalisation. On account of its size, Germany has accumulated vast amounts of health data. But it is stored in separate silos, in individual cancer registries, hospitals, health insurance funds or genome databases. The first law, the Digital Act adopted in 2023, provides the basis to quickly tap into the potential of electronic patient records to support medical care and improve the quality of treatment. It is intended to make the benefits of digital innovation more tangible in routine clinical care. It also enables us to ensure that electronic patient records provide health data in a high-quality, structured form for data-driven patient care and for secondary health data use. Through the second law, the Act on Health Data Use, also adopted in 2023, we will facilitate data use, take initial steps in linking data holders – cancer registries and claims data – and enable user-friendly access to secondary health data for research and development. This is a real turning point in research, especially for developing artificial intelligence systems.

In all these measures we pursue the following goal: to ensure the best possible medical care for patients and further strengthen their trust in our health system. No single groundbreaking innovation will help us achieve this goal. Rather, we are dealing with complex structures that have grown over time and involve many stakeholders. That is what resilience is all about: the ability to adapt, recover and grow stronger. ■

KARL LAUTERBACH

Karl Lauterbach was appointed Germany's federal minister of health in 2021. He studied medicine in Aachen, Düsseldorf and San Antonio (Texas). He holds a PhD in medicine, and a master of public health, a master of science in health policy and management, and a doctor of science in health policy and management from Harvard University. His parliamentary career began in 2005 when he became a member of the German Bundestag. From 2013 to 2019 he served as deputy parliamentary party leader of the SPD.

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Catalysing the shift from lifespan to healthspan: transforming public health on a global scale

By Mehmood Khan, CEO, Hevolution Foundation

Hevolution Foundation is dedicated to extending healthspan – the years lived in good health – by advancing ageing biology research. Hevolution supports innovative, preventive therapies aimed at improving global health for the benefit of all

One in ten people is aged 65 or older in our world today. By 2050, this age group will account for one in six people worldwide[1] – 80% of whom will live in developing countries.[2] While our longer lifespans are a testament to incredible progress in public health, medicine and society,

these gains come with a price: on average, we lose a decade of our lives to age-related diseases such as Alzheimer's, heart disease, kidney failure and osteoporosis. The tools that have been so effective at helping us live longer must evolve to help us live more vibrantly and free of chronic disease.

As an endocrinologist, I spent many years in academic and medical settings, where I became all too familiar with the increasing prevalence and impact of rising chronic diseases. There have been too many intermediary 'solutions' over the years and not enough actions focused on the root causes. Currently, countries spend $47 trillion treating the symptoms of heart disease, cancer and dementia, which predominantly impact those 65 years and older.[3]

A NEW OBJECTIVE: HEALTHSPAN SCIENCE

However, the United States' National Institutes of Health spends less than 1% of its $45 billion research budget on ageing research.[4] Yet, we have an incredible opportunity to transform health on a global scale. A slowdown in ageing that increases life expectancy by one year is worth almost $40 trillion per year in healthcare costs and productivity increases. Those savings are crucial, as the majority of health professionals (63%) surveyed by Hevolution Foundation believe health systems will not be financially viable by 2030 without a breakthrough in healthy longevity science.[5] Just as we seek to address chronic disease with preventive measures, we must apply preventive measures to avoid a health system collapse.

Saudi Arabia, Singapore, South Korea, the United Kingdom and other countries across the world have declared healthspan science a priority. To see all the savings come to fruition – from individual lives to livelihoods to economies – requires the convening and collaboration of bright minds and able organisations. It requires putting attention and funding in the right place. This is where significant breakthroughs will occur.

Critically, we must take steps to invest in geroscience to understand the root causes of ageing biology. In 2023, 2,000 global leaders convened for the inaugural Global Healthspan Summit, unveiling nearly $100 million in grants and partnerships to drive breakthroughs in ageing research.

A NEW APPROACH TO HEALTH

This year, we accelerated our impact investments in early stage biotech start-ups, including Aeovian, Vandria and Rubedo, to help advance research for safe, effective therapeutics and treatments to address age-related diseases, totalling over $29 million. Hevolution also funded over $400 million in grants and investments supporting research institutions in this emerging field. We did this in Saudi Arabia by investing $2.7 million to create the first cohort of ageing researchers – these 11 grantees included the next generation of scientists from the King Faisal Specialist Hospital and Research Centre, King Abdullah International Medical Research Center, King Abdullah University of Science and Technology, and other leading institutions to explore areas such as the microbiome, ageing biomarkers and senescence.

In the US, we gave $20 million of funding to the Albert Einstein College of Medicine for research on senescence and ageing led by Dr Ana Maria Cuervo of the National Academy of Sciences. We also invested $32.4 million in Northwestern University, supporting research focused on defining a healthy proteostasis and maintaining proteostasis in a robust, resilient state. And our $21 million novel, multiyear partnership with the Buck Institute is working to accelerate discoveries towards therapeutic interventions specifically targeting ageing.

However, we must collectively do more on a global scale. A healthier lifespan for all is achievable, so long as we point our efforts and resources at the root issue. Let's catalyse the shift from lifespan to healthspan – you can play a role by joining the world's brightest minds, forward-thinking entrepreneurs and influential stakeholders at the Global Healthspan Summit 2025, taking place this February 4–5 in Riyadh. ■

MEHMOOD KHAN

Dr Mehmood Khan is the CEO of Hevolution Foundation. Previously, he was the vice chairman and chief scientific officer of global research and development at PepsiCo and president of Global R&D at Takeda Pharmaceuticals.

[1] United Nations World Social Report 2023 [2] Ageing and health (who.int) [3] The Burden of Chronic Disease - PMC (nih.gov) [4] Fiscal Year 2021 Budget | National Institute on Aging (nih.gov) [5] Global Healthspan Report (hevolution.com)

HEVOLUTION

Health systems: the real drivers of economic growth and social well-being

The Covid-19 pandemic laid bare vulnerabilities and inequalities the world over. It also taught us many valuable lessons, by showing us that when health systems are robust and resilient, they can better support societies and drive economic growth.

During the pandemic, policymakers allocated unprecedented public resources to health. In the average country in the World Health Organization European Region, domestic government expenditure on health care as a share of government budgets increased from 12.9% to 13.9% between 2019 and 2021. As a share of gross domestic product, health spending increased nearly a full percentage point, to 5.9%.

These investments paid off, improving and saving lives.

As countries transition into the post–Covid-19 era, they face new political and economic challenges, from the spillover effects of war in Ukraine and the Middle East, to the cost-of-living crisis, to the economic concerns linked to rapidly ageing populations.

Yet health budget fatigue is now starting to set in, and many policymakers, burdened by the pandemic-era financial toll, are leaning towards austerity.

As we have seen time and again, restrictions on health spending are both short-sighted and dangerous. Health systems are not mere cost centres: they are the backbone of our societies.

It is time to reframe the narrative.

As countries lean towards austerity, health budgets are falling victim to reductions – this isn't just short-sighted, it's dangerous. Health care systems keep people healthy and productive, and also support equity, and are therefore essential for thriving economies

By Hans Henri P Kluge, director, and Natasha Azzopardi Muscat, director, country health policies and systems, World Health Organization Regional Office for Europe

HOW HEALTH SYSTEMS DRIVE GROWTH

An industry in its own right, health systems are essentially economic engines. They are major employers, providing stable jobs that are

resilient to market fluctuations. In many countries, healthcare workers represent a substantial segment of the labour force, simultaneously ensuring economic stability and health care for the population.

Health systems are also drivers of human capital, keeping people healthy and productive, and allowing ageing populations to remain in the workforce longer. Poor health remains a leading cause of premature retirement, placing an additional strain on public finances through lost productivity and increased dependency on social security.

Moreover, investing in health systems generates cross-sector benefits.

Recent research has shown that investments in health are also instrumental for gender equality and climate change mitigation.

When people are healthy, they are better equipped to engage in educational and economic activities, fostering gender equality and empowering communities.

And sustainable health systems can drive progress on climate change by promoting green practices and technologies in healthcare delivery.

Perhaps most crucially, health systems underpinned by universal health coverage help reduce poverty and financial hardship.

Curbing out-of-pocket spending on health is a crucial step towards social equity, as enshrined in key international agreements and frameworks, including the Sustainable Development Goals and the WHO European Region's Tallinn Charter.

The WHO Regional Office for Europe has developed state-of-the-art indicators to monitor progress towards universal health coverage based on the risk of financial hardship due to out-of-pocket spending.

A regional report produced by the WHO Barcelona Office on Health Systems Financing this past year found that among 40 of the 53 member states in the European region, catastrophic health spending worsened in the years leading up to the pandemic compared with when measurement began.

RESHAPING OUR APPROACH

The evidence is clear: policymakers must commit to health systems that spend more effectively and sustainably.

HANS HENRI P KLUGE

Since 2020 Dr Hans Henri P Kluge has been the regional director for Europe for the World Health Organization. He is also head of the European Programme of Work 2020–2025. With over 25 years' experience in medical practice and public health, he began his career as a family doctor in his native Belgium. He joined the WHO in 1999 and moved to the Regional Office for Europe in 2009, where he was appointed the following year as director of the Division of Health Systems and Public Health.

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NATASHA AZZOPARDI MUSCAT

Dr Natasha Azzopardi Muscat is the director of the Division of Country Health Policies and Systems at the WHO's Regional Office for Europe. She is both a medical doctor by training and a specialist in public health, and has worked in various areas in Malta's health sector, including maternal and child health, mental health, and primary care. Between 2001 and 2013, she occupied various senior positions in Malta's Ministry of Health, including as chief medical officer. She served as president of the European Public Health Association from 2016 to 2020.

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In the average country in the World Health Organization European Region, domestic government expenditure on health care as a share of government budgets increased to

13.9%

from 12.9% between 2019 and 2021

There are two key ways to do this.

First, we need to eliminate low-value care and reduce unnecessarily high prices for health services. Many health systems are still spending far too much on high-cost interventions with very little benefit, diverting resources from more impactful areas. We must make the shift towards high-value care for maximum health benefit.

Second, we urgently need fair wages for all health workers. Competitive salaries and supportive working conditions are vital for maintaining a motivated, capable workforce, essential for delivering high-quality care. As our societies age and labour markets shrink, more working-age people will need to enter the healthcare workforce: we must make it lucrative enough for them to do so.

Covid-19 showed us that without health, societies crumble.

Now, the post–Covid-19 era presents a unique opportunity to reshape our approach to health systems.

We must recognise them as vital investments in our economic and social well-being.

It is time to turbocharge health budgets and ensure resources are effectively used.

It is time to turn our attention to supporting not only healthier populations but also more resilient and equitable societies.

Ultimately, sound health investments leading to healthier populations also contribute to political stability – all the more vital at this time of permacrisis, in the WHO European Region and beyond.

The defining fact remains: investing in health systems is a strategic economic – and political – choice that promises substantial returns for everyone, everywhere. ■

Measuring trust: a precursor to resilient health systems

Trust, a starting point for everything from adherence to public health measures to vaccine uptake, is dwindling for governments and public institutions. To instil better trust and design better policies, first we must find better ways of measuring it

By Francesca Colombo, head, OECD Health Division

Public trust helps societies and economies function well. Trust builds institutional legitimacy for government policies and leads to greater compliance with regulations and responses to crises, as well as with health policies.

The Covid-19 pandemic clearly demonstrated this. Trust affected adherence to recommended public health measures and was a key determinant of health system resilience. Trust in institutions was associated with improved pandemic outcomes, including compliance with containment and mitigation measures, contact tracing and perceptions about governments' preparedness for the next health crisis. People's willingness to be vaccinated, too, is correlated with trust in the ability of scientific and public institutions to guarantee the safety and efficacy of vaccines, and to implement vaccination programmes equitably and effectively.

TAKING TANGIBLE STEPS

Despite its centrality, many countries observed declining levels of trust in government, and in health system capacity to handle the crisis and implement coherent policies during the Covid-19 pandemic. So, what can be done?

The first priority is to measure trust better, particularly trust in health systems. Although there are various broad measures of trust in government, robust measurement of trust in health systems is not systematic. As part of its 'Living, Working and Covid-19' e-survey, Eurofound collects data on people's trust in the healthcare system in Europe. The OECD Trust Survey 2023 also provides insights into public perceptions of government institutions' capacity to protect people's lives, including in the face of a large-scale emergency.

Importantly, measurement has focused on trust in health systems' ability to deliver services or protect against risks, but falls short of assessing health systems' capacity to meet people's needs and expectations. To date, measurement of health system performance has considered primarily what providers do, rather than what people need, and failed to incorporate patients' voices, outcomes and experiences in a systematic way. A more granular assessment of trust beyond aggregate 'trust in health system' is

therefore needed that includes patients' reported measurement of outcomes and experiences of health systems, as well as their assessment of trust in care providers.

The results of the forthcoming Patient Reported Outcomes Surveys, spanning over 100,000 patients in 19 countries, is capturing data on people's trust in both health systems and their current care provider. With this data, it will be possible to connect levels of trust with patients' outcomes, experiences and capabilities, as well as the characteristics of their healthcare provider, to provide insights on how policies can be designed to enhance trust and its related benefits.

FRANCESCA COLOMBO

Francesca Colombo leads the Organisation for Economic Co-operation and Development's work on health, which aims to provide internationally comparable data on health systems and apply economic analysis to health policies, advising policymakers, stakeholders and citizens on how to respond to demands for more and better health care and make health systems more resilient and people centred.

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WHAT COMES NEXT

Measurement of trust is a starting point, but policy action should not stop there. Trust is a multifaceted concept. Building and sustaining trust requires multipronged policy approaches and clear political focus. This is critical in a world where trust is dwindling. The OECD Trust Survey shows that in 2023, around four in 10 people had high or moderately high trust in their government, while a higher share (44%) had no or low trust. So, what can be done?

First, trust in health systems is interlinked with broader trust in governments, and cannot be built in isolation from wider efforts to strengthen trust in governments. Such trust is critical for the effective functioning of institutions and the acceptance of public policy, both during crises and in normal times.

Second, trust requires action based on the core principles that populations expect should guide public policy. One is fairness. The extent to which health systems deliver equitable health outcomes for populations at large, and apply consistent treatment for all, is key in order to maintain public confidence in health services. Another principle is integrity: the extent to which health systems use resources ethically, follow ethical standards in medical education and practice, and apply integrity standards to procurement of medical goods and products. An additional principle is openness, namely the effectiveness in fostering public engagement and maintaining public confidence, including through transparent communications as unexpected events or crises arise, and through trust in science.

According to the OECD Trust Survey, in 2023 around

40%

of people had high or moderately high trust in their government and 44% had no or low trust

Third, building trust requires rethinking health system financing, technology adoption and service organisation, to be better centred on what people need. This is not happening yet. Only a few countries involve patients systematically or institutionalise people's involvement in key health policy decisions. To build trust, governments need to deliver to citizens the services they need, at the standard they expect. People need to receive high personal attention, be treated with respect, and be consulted about and engaged in their care.

These actions cannot be an afterthought to crises. Without focused measurement and decisive policies to build trust, resilient health systems will remain out of reach. And, in the longer term, trust is also vital to nurture political and citizen participation, strengthen social cohesion and tackle long-term societal challenges linked to health systems performance – be it climate change, ageing populations, the use of digital technology, pandemic preparedness and more. ■

> **"Without focused measurement and decisive policies to build trust, resilient health systems will remain out of reach"**

A woman gives a blood sample to a health worker in Lagos, Nigeria, during a medical outreach organised by a government official

Health is a right, and a basis for growth

Interview with Muhammad Ali Pate, coordinating minister of health and social welfare, Nigeria

With its comprehensive reform package and focus on training youth, Nigeria is looking to strengthen its healthcare system while paying attention to how regional collaboration can play a part in boosting knowledge and trade

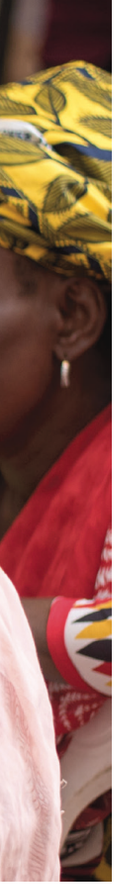
What role can health systems and health system reform play in establishing trust?

Trust is earned, not given. When we have the trust of the people, whether on the infectious diseases that cross boundaries or non-communicable diseases, you want them to trust our messaging. Saying we have the evidence and rigorous scientific methods ignores the fact that people have agency. Building health systems by achieving universal health coverage between crises is vital to gaining and maintaining trust. Primary health centres, with their frontline workers, are closer to communities, and can deliver vaccines, antimalarials, antibiotics and more – so in a crisis they're already a trusted part of the community. However, since only barely half the world's population has access to basic health services, we have unfinished business in terms of universal health coverage, and a trust deficit that means we have to work harder when we have a crisis.

President Bola Tinubu is very intentional in thinking that prosperity will only occur if you focus on people's health and well-being. Health is a right and also a basis for human capital. So the political choice is at the highest level in Nigeria.

Our reform agenda has four pillars. First is governance. Nigeria has a complex, fiscally decentralised federal system. My role as coordinating minister is to make sure we're all going in the same direction and that our development partners also shift, so we serve the needs of our citizens. It requires being more transparent and accountable and also having our regulators function better.

Second is population health outcomes. Where is basic health delivered? We've got 34,000 facilities, including 24,000 primary healthcare centres. We set a target to make 17,000 functional as retail outlets.



They need frontline health workers, commodities and financing. We are retraining 120,000 frontline health workers to be the 'shopkeepers'. On the demand side, we are expanding our Vulnerable Group Fund to provide affordability for the poorest and vulnerable while expanding social health insurance.

We are also revitalising infrastructure, upgrading hospitals and training health workers at the state level, and investing in cancer equipment. Nigerians can see this extension of government services through the health system, which helps credibility in a crisis.

Third is the healthcare value chain. Our large country depends on imports for many things we need – pharmaceuticals, biologicals, medical devices. How can health also be part of the economic sector? We're unlocking the value chain through an executive order to provide regulatory reforms and fiscal incentives, and shape the market by encouraging local production and reducing reliance on expensive imports. Although our procurement laws prioritise locally produced goods, limitations in domestic production still force dependence on imports, driving up costs.

Fourth is health security. The One Health steering committee, which I chair, includes the ministers for agriculture, water, environment and health and the Nigerian Centre for Disease Control. It coordinates efforts on prevention, preparedness, the International Health Regulations and contingent financing. We've learned from simulation exercises and outbreaks of diphtheria, meningitis, and now cholera and mpox. We keep an eye on what could be present at the federal and sub-national levels – which is key, given the impacts of climate change.

The global system could be challenging if our partners don't talk to each other. They are trying to help us without listening to how we want to help ourselves. So we're taking a sector-wide approach that articulates our own consensus on what we want and then identifies how they can work with us. Then they can defragment their resources, whether it's technical assistance, or pooled or parallel financing. With coherence we can hold each other accountable. Half of Nigeria's public spending on health is from official development assistance, much spent on planning, administration and technical issues. There are efficiency gains if you also strengthen national systems and institutions that are sustainable, whether on the knowledge side of research, science and governance or on service delivery or the value chain or health security. So we reduce dependency.

How is the country's large youth population part of your planning?

We have doubled the quotas for medical, nursing and pharmacy schools to increase our frontline health workforce, particularly in the north where the health burden is high, and women want to be seen by women. We need our girls to go to school and go into medical fields. That hits multiple objectives: health, gender and economic empowerment.

Second, how do we train more of our youth and also have agreements with recipient countries to invest in pre-service training? Currently, 67% of our health workers go to the United Kingdom, 10% to Canada, 2% to the United States, and some to the Middle East and Europe. We can have constructive agreements so if they go for a short term and return, we provide incentives to have a track for career fulfilment and other benefits.

Third, in addition to our 350,000 health workers, we also need non-core health workers – the manufacturers, regulators, scientists, logistics and supply chain and service providers. We work with the Mastercard Foundation to create 150,000 jobs for our youth to become economists, engineers, computer scientists, whatever.

If we embed health in multiple facets of society, trust grows. We face rising costs, but with the measures we have been able to take, people don't see us as partisan. President Tinubu has elevated health so it is a basis for healing and unification, because everyone can work together on malaria or HIV or immunisation.

How does Nigeria's strategy fit into the African context?

We see ourselves as integrally linked within a wider vision of the continent, in a cooperative manner. Africa should contribute to the global solution. Without a national regulator to regulate properly, you undercut your ability to industrialise. Without the workforce and talent you create, you also have challenges. On pooled procurement mechanisms, there is much work to do on laws and regulations to allow purchases – but you have to start somewhere. We can connect through free trade arrangements and produce for Europe, the US and other places. Imagine the jobs, the innovation and all that will come! If you have clinical trial centres, in our three teaching hospitals, we add to the diversity in the world and create a cohort of people versatile in scientific methods who can contribute new knowledge. Industries all over the world can benefit. ■

MUHAMMAD ALI PATE

Dr Muhammad Ali Pate, Nigeria's coordinating minister of health and social welfare, is a medical doctor with advanced qualifications in health systems management and global leadership. He is leading the Nigeria Health Sector Renewal Investment Initiative. His previous roles include global director at the World Bank, where he managed the $18 billion Covid-19 response across 100+ countries. In Nigeria, he was instrumental in eradicating Type 3 wild poliovirus, introducing life-saving vaccines and launching the Saving One Million Lives initiative. His contributions have earned him the Commander of the Order of the Niger and other recognition, including his recent conferment as the 'First Mai'Nasaran of Bauchi'.

𝕏 @muhammadpate

Holistic heart health care

Cardiovascular disease is the leading cause of death worldwide.[1] To address this global health challenge, secured and continuous scientific innovation and multidisciplinary collaboration as well as better prevention and lifestyle changes are needed

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Cardiovascular disease (CVD) is a major global health challenge. CVD includes widespread conditions of the heart and blood vessels such as heart attack and stroke, causing 17.9 million deaths annually.[2] In Europe, more than 10,000 lives are lost every day,[3] with 60 million people affected in 2020.[4] The economic impact is significant, costing Europe €282 billion annually.[5]

The burden of CVD varies considerably across different regions – 80% of global CVD deaths occur in low- and middle-income countries, where access to preventive health care, timely diagnosis and effective treatment is often limited.[6]

In addition to the regional differences in CVD care, there are also gender inequalities. Although women generally have lower CVD rates, studies show that they have worse outcomes after an acute cardiovascular event.[7] Moreover, women are often underrepresented in cardiovascular clinical trials.[8]

Regarding research, recent medical progress in CVD care has lagged other areas of medicine.[9] It is concerning that insufficient public investment and lack of commitment could reverse the progress that has been achieved in reducing mortality from CVD.[10] We at Daiichi Sankyo

Europe believe that to achieve progress in CV care and treatment optimisation, we need a holistic approach: adopting a new mindset in healthcare policies, enhancing prevention strategies, encouraging lifestyle changes, promoting collaboration and fostering medical innovation. This approach should emphasise cross-disciplinary collaboration, involving clinicians, other health professionals, patient organisations, payor bodies and industry associations, because combating CVD effectively demands a multifaceted, multistakeholder strategy.

Furthermore, no country should be without a national heart health plan.[11] The new World Health Organization signature initiative, started in 2022, sets the direction.[12] It promotes better heart health through a healthier diet and enhancing hypertension control, a major risk factor. In Europe, the European Alliance for Cardiovascular Health has been formed to advocate an EU plan for Cardiovascular Health.[13]

At Daiichi Sankyo Europe, we are supporting the work of the European Nutrition for Health Alliance and their Optimal Nutritional Care for All campaign. We believe that health care can only be improved by bringing together likeminded, caring groups and individuals, who share our passion and commitment to improving health outcomes for people facing CVD. We collaborate with patient organisations and develop public disease awareness campaign frameworks across Europe, focusing on our areas of expertise: atrial fibrillation and LDL-cholesterol. We aim to increase health literacy and promote prevention in a holistic, human-centric way. Our new website, www.wecareforeveryheartbeat.com, is the central hub for these efforts.

OLIVER APPELHANS

Oliver Appelhans is head of the European Specialty Business Unit. He is a chemist by education and joined Daiichi Sankyo in 2007 after a successful career at AstraZeneca. At Daiichi Sankyo, he has had numerous roles at both the German and the European organisation, including European launch lead, managing director of the German organisation and most recently he was head of commercial operations Europe and partner management.

Since 2002, Daiichi Sankyo has been driving medical progress in the field of CVD through the successful development of innovative therapies and has helped to treat millions of patients across Europe. We have invested in multi-centred, double-blinded clinical trials, as well as studies in routine clinical practice, to bring scientific information to the medical community, helping to better understand CVD and improve patient care.

For example, in early 2024, we convened a first-of-its-kind think-tank roundtable dedicated to formulating a holistic approach to heart health and care. It brought together 11 renowned representatives from nutrition science, psychology, sports science, nurses, patient representatives, journalists and cardiologists across Europe to discuss how to effectively implement holistic CVD management. The expert session combined the different perspectives into a set of clear calls to action.

Our vision for the future is one where cardiovascular health is not just a matter of individual concern but a collective priority that shapes policies, health systems and societal norms. By fostering collaboration and embracing a holistic mindset, we can help drive change in the prevention, diagnosis and treatment of CVD, ultimately saving lives. ■

www.linkedin.com/company/daiichi-sankyo-europe-gmbh

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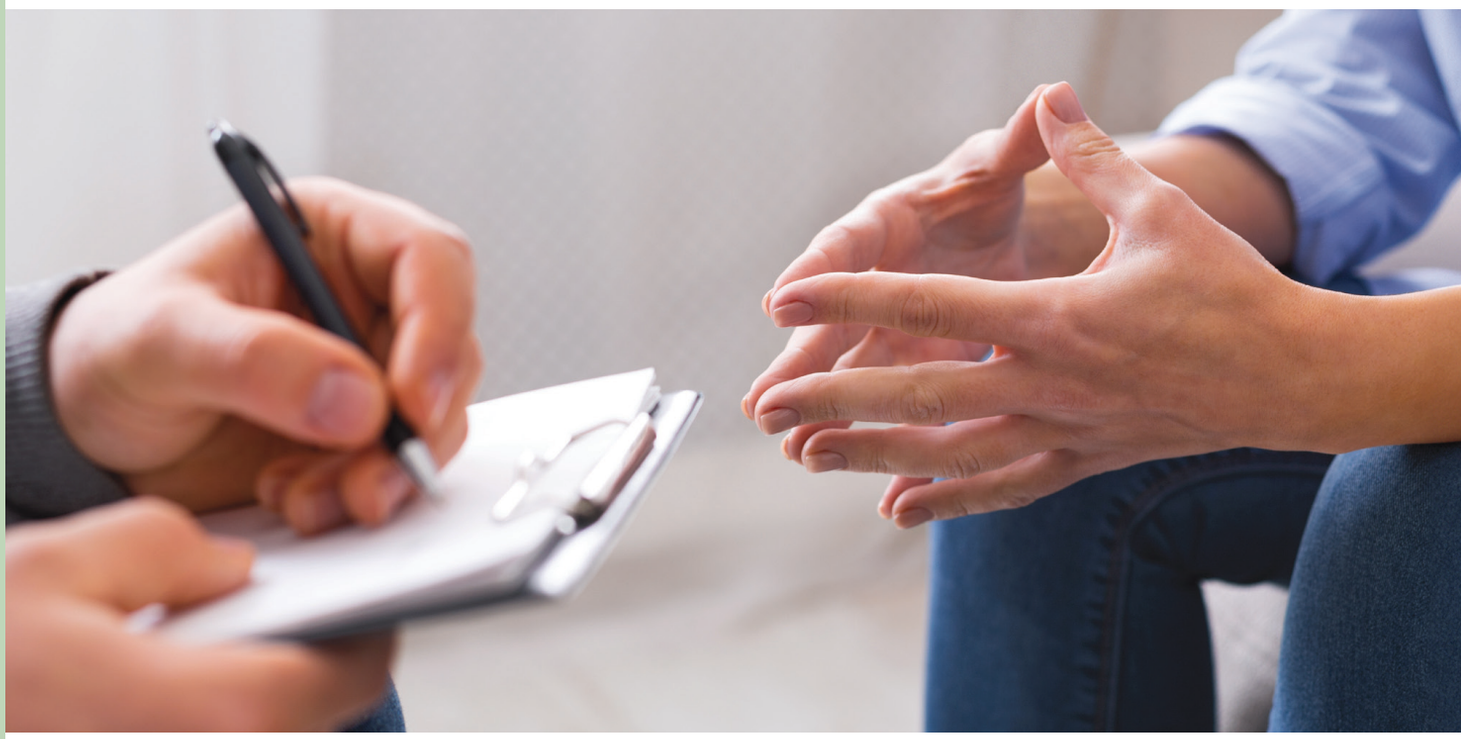


Setting a new standard for mental health care in Spain

When it comes to improving mental health, we must tackle the social determinants – from insecure housing to gender-based violence – alongside providing better access to treatment. With this in mind, Spain is taking a comprehensive approach to improve its citizens' well-being

By Mónica García Gómez, minister of health, Spain

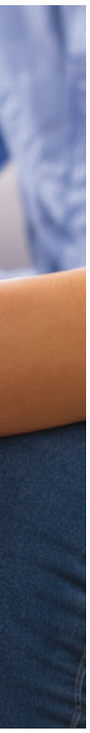
The Covid-19 pandemic has highlighted the importance of mental health, placing it at the centre of global health priorities. In Spain, the Ministry of Health has taken decisive measures to address this issue, recognising its fundamental role in the population's well-being. As the world moves towards post-pandemic recovery, the need for a comprehensive approach to mental health has become more urgent.

Covid-19 has not only exacerbated pre-existing mental health vulnerabilities but also revealed the necessity for health systems to address these issues directly and sustainably. Mental health is not merely an individual matter; it is intrinsically linked to social, economic and political factors. In a context where labour pressures, housing insecurity, gender violence and other social stressors increasingly affect individuals, the Spanish government has recognised that the mental well-being of its citizens is a public health issue.

PARADIGM SHIFT

To this end, the Ministry of Health has taken a significant step by establishing a commissioner for mental health. This pioneering initiative in Europe reflects Spain's commitment to addressing mental health through cross-cutting public policies. The commissioner is tasked with ensuring that mental health policies are integrated across various domains such as employment, education and gender equality, acknowledging the multifaceted nature of mental well-being.

Spain adopts a comprehensive approach to mental health, recognising the influence of underlying social factors such as precarious employment, gender inequality and the erosion of community support networks. In response, the



Ministry of Health is committed to a paradigm shift, promoting a holistic approach that combines clinical support with policies addressing these social factors.

The government is updating its mental health strategy through to 2026. This strategy, based on the successes of the 2021 Action Plan, aims to further integrate mental health within the broader framework of the social determinants of health. A key component is the depathologisation of everyday mental distress, acknowledging that not all psychological suffering requires diagnosis or medical treatment. Instead, the focus is on strengthening social support systems, balancing work and personal life, and viewing mental health as a shared responsibility.

One of the main challenges is the overwhelming demand on the mental healthcare network. Waiting lists and a lack of resources have led to precarious working conditions for professionals. In response, the number of training positions in clinical psychology and psychiatry has been increased, and the specialty of child and adolescent psychiatry has been created. However, it is crucial to improve working conditions to prevent the loss of professionals and ensure dignified care. The Ministry of Health is also collaborating with the World Health Organization's European regional office on a survey of mental distress among healthcare workers.

Another important aspect is the medicalisation of social problems. There is often a reliance on psychotropic medications, instead of addressing the underlying issues affecting mental health, which contributes to system overload and renders social problems invisible. We are implementing a comprehensive plan for the deprescription of psychotropic medications and promoting social prescribing as an alternative. This approach aims to connect people with community resources, such as support groups and social activities, rather than relying solely on pharmacological treatments.

A COMPREHENSIVE VIEW

The integration of mental health into broader health and social policies reflects a growing recognition of its importance. By aligning mental health initiatives with other areas such as housing, employment and education, Spain is working to create a more cohesive and supportive environment. This alignment is essential for addressing the complex interplay of factors that contribute to mental health issues and for fostering a society where individuals can thrive both mentally and emotionally.

Protecting patients' fundamental rights is a priority. We must eliminate practices such as mechanical restraints and non-consensual pharmacological treatments, to foster a culture of care that respects patient autonomy and rights. The mental health commissioner is working on an ambitious project to expand and ensure these rights, including regulatory changes, professional training and collaboration with autonomous communities to adapt the service portfolio to a rights-based perspective.

Moreover, suicide is a major concern for the Spanish government. Each case represents extreme suffering that we must prevent. We are developing a specific plan for suicide prevention and enhancing existing projects, such as the 024 assistance line, with recommendations for health services available to users.

In conclusion, Spain's commitment to mental health in a post–Covid-19 world is comprehensive and recognises that mental health is key to overall well-being. We need to integrate mental health into all policies because those policies determine rights, quality of life, access to recovery and protection for everyone. By addressing both immediate needs and underlying social determinants, Spain is setting a new standard for mental health governance. Through its ongoing commitment and innovative policies, the Ministry of Health aims to build a more resilient and mentally healthy society. ■

> **"In a context where labour pressures, housing insecurity, gender violence and other social stressors increasingly affect individuals, the Spanish government has recognised that the mental well-being of its citizens is a public health issue"**

MÓNICA GARCÍA GÓMEZ

Mónica García Gómez was appointed Spain's minister of health in November 2023. She holds a medical degree from the Complutense University of Madrid, with a specialty in anaesthesiology and resuscitation, and a master's in clinical management from the National School of Health. She has represented the Más Madrid party in the Madrid Assembly since 2015, and ran in the 2021 and 2023 regional elections for the Madrid presidency. During the Covid-19 pandemic, she combined her work at the 12 de Octubre Hospital with her work as an elected official.

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To ensure global health security, include everyone

In a globalised world, we are all neighbours, which means our health concerns are intertwined. To keep us all safe, address global inequities and prepare for future crises, we must coordinate concerted multilateral action – on diverse factors ranging from debt to education

Mpox, like Covid-19, has reminded the world again of the fragility of public health, that an outbreak anywhere means danger for people everywhere. Thanks to huge advances in medical technology and in the understanding of what works in pandemic preparedness and response, however, this fragility need not be a fact of life. Global health security is not a distant dream. It is an opportunity that leaders can choose to realise. We even know how: include everyone.

By Winnie Byanyima, UNAIDS executive director and United Nations Under-secretary-general

The achievements made in the HIV response, which I lead for the United Nations, illustrate what success requires. Health security depends on protecting global public goods, not monopoly profits; on multilateral action to ensure all countries can resource public health; and on respect for all human rights for all people, preventing the repression of any community, so that all people can access the services they need to keep themselves and others safe. By applying these lessons, world leaders can deliver on their commitments to defeat the pandemics we face now and the pandemics we will face in the future.

PROTECT GLOBAL PUBLIC GOODS

Advances in medical technology are funded by huge public investment and huge public procurement, and are enabled by widescale voluntary community participation in research. They are not the fruit of any company's solo effort.

However great any technology is, it will never reach all who need it if the decision about how much to produce, who to sell it to and how much to sell it for is made by one company alone. In the late 1990s and early 2000s, 12 million lives were lost because of delays in making antiretrovirals available in Global South countries. This was due to production being monopolised by a handful of companies in the North. More recently with Covid-19, over 1.3 million lives were lost due to a lack of technology sharing.

Today, it is thanks to the massively increased availability of HIV medicines as a result of generic production that over three-quarters of people living with HIV are on antiretroviral treatment. Now we have the opportunity of a game-changing new technology, an HIV prevention medication that only needs two injections a year. But it will only reach people who need it most – including young women in favelas in Brazil, or gay men in Mexico, if it is produced by generic manufacturers for people in all low- and middle-income countries in every region of the world, and the price per person per year is dramatically reduced.

WINNIE BYANYIMA

Winnie Byanyima is the executive director of UNAIDS and an under-secretary-general of the United Nations. A passionate and longstanding champion of social justice and gender equality, she leads the UN's efforts to end the AIDS epidemic by 2030. She believes that health care is a human right and was an early champion of a people's vaccine against the coronavirus that should be available and free of charge to everyone, everywhere.

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The mpox vaccine, too, needs to be opened up to generic producers, as it should have been years ago. And the Pandemic Accord currently being negotiated by world leaders needs to include binding commitments to ensure that medical technologies are produced and distributed widely. Doing so will help protect people worldwide, because pandemics know no borders.

ENSURE ALL COUNTRIES CAN RESOURCE PUBLIC HEALTH

Every advance in global health has depended on multilateral cooperation on resourcing. The HIV response would not have achieved the successes it has without transformational coordinated debt cancellation and aid.

Today, the fraying of global solidarity is undermining health systems and weakening the capacity of the world to prevent and manage crises. When half the countries in sub-Saharan Africa are spending three times more on debt servicing than on health, it should be obvious to leaders that the damage from these fiscal constraints endangers health security worldwide.

Coordinated significant debt restructuring and relief by leading creditor countries, and by the investment firms based in those countries, are possible. Fiscal modelling demonstrates that the costs of action would be much lower than the costs of inaction.

Multilateral action is needed also to strengthen aid and concessional financing for low and low-middle income countries, and to facilitate progressive taxation. That the concrete actions so far taken on all these challenges have been piecemeal demonstrates also that there is an urgent need to redress the inequalities in voice between countries in international financial decision-making.

PROTECT ALL HUMAN RIGHTS OF ALL PEOPLE

Human rights are crucial for health security. Adolescent girls and young women in sub-Saharan Africa are three times more likely to acquire HIV than their male peers. Driving this inequality is the denial of girls' and women's human rights. In Africa 51 million girls are still locked out of school and millions more are denied access to the knowledge, services and support they need to keep themselves safe. Public health depends on prioritising the rights of girls to an education, including comprehensive sexuality education, and to safety from violence.

People can only access prevention, testing and treatment options if they feel safe to do so. Yet 64 countries still criminalise LGBTQ people through laws that were mostly left over by colonisers. Punitive laws leave people afraid to access health services, exacerbating their vulnerability. Laws and practices that exclude and discriminate against any of us endangerx all of us. To protect everyone's health, we need to protect everyone's rights.

THE CHOICE

Leaders can choose to ensure health security. But only if that security is for every person, everywhere.

That 'I am because you are' is not only a moral obligation – it is a public health fact. Pandemics have taught us again and again that when our neighbour is endangered, so are we. And in today's globalised world, we are all each other's neighbour.

Including everyone is how we will all stay safe. ■

It is time to amplify Indigenous voices

Given their stewardship over much of the world's land and biodiversity, Indigenous peoples' lack of self-determination has implications for tackling climate change and other vital issues. We must urgently take steps to advance their rights and well-being

By Catherine Chamberlain, head, Indigenous Health Equity Unit, Melbourne School of Population and Global Health

Indigenous peoples have unique cultural knowledge and heritage and can play a vital role in positively influencing a sustainable world. Over 500 million Indigenous peoples live in approximately 90 countries across the globe. We care for about 20% of the Earth's land and an even higher proportion of biodiversity. Our knowledge systems and well-being are entwined with our intimate relationship with the land developed over millennia.

Globalisation has had a devastating impact on the health and well-being of Indigenous peoples. The introduction of diseases, loss of access to lands and resources, massacres and human rights abuses, harmful policies and restricted access to essential social determinants of health have all contributed to catastrophic outcomes for Indigenous peoples, frequently reported as the worst in the world on just about every health indicator that can be measured. Addressing these worsening health inequities is essential to our survival.

RECENTRING INDIGENOUS VOICES

Despite the value and the urgent need, our voices have been frequently excluded from important health and global governance discussions. The United Nations Declaration on the Rights of Indigenous Peoples was belatedly developed in 2007, and its implementation has been slow and piecemeal. We are also seeing the erosion and increasing risks to these rights with increasing populist politics and autocratic governments. In May 2023 the 76th World Health Assembly approved a resolution aimed at addressing health challenges faced by Indigenous peoples worldwide, and we are waiting on outcomes from this.

There is an urgent need for more progress. In 2024 Indigenous voices were given a prominent role in the World Health Summit Regional Meeting in Melbourne. Indigenous voices were spread across the programme, and shared in a publication, *Health: A political choice – Advancing Indigenous peoples' rights and well-being*, launched at the meeting. The meeting included

two special sessions on climate change and artificial intelligence, and their respective impacts on Indigenous peoples. A key theme emerging from the session on climate change and the health of Indigenous peoples was the importance of creating space for Indigenous knowledge, and decolonising health and development. The lack of self-determination of Indigenous peoples has implications for addressing climate and planetary challenges. Building genuine relationships, working in collaboration and empowering locally led sustainable interventions with Indigenous peoples are crucial for working together on climate change and health.

The next full session, on 'New and old knowledges: First Peoples' health and artificial intelligence', highlighted a real-life example of the positives of this intersection between health and technology, such as Kyle Turner's app Pearlii, which has been able to increase access to health care where coverage may be inadequate. It also recognised the well-documented dangers of AI and our collective tension with its emerging use in all fields, including health. AI is already used to generate assumptions about the health of Indigenous and First Peoples, but due to its own limitations, it cannot be relied on to accurately represent or draw correct conclusions because the people who are encoding it are not representative and embed their own assumptions and biases into these programs. The consensus of the panel, in line with the international consensus, was that we urgently need to design effective regulatory and governance frameworks for AI. With respect to Indigenous health, we need to incorporate old ways and values systems and change our relationship with data, building our own data system to protect data from capitalist mining and create our own language models to minimise the biases being encoded into generative AI today.

In a plenary session, Marcia Langton outlined the importance of addressing the social and cultural determinants of health, and the impact on health outcomes. She shared insights into the health impacts of the failed 2023 Australian referendum to recognise Aboriginal and Torres Strait Islander people in the Australian constitution and spoke of the importance of building genuine relationships with Indigenous peoples and empowering communities to address health challenges.

James Ward, in a 'big issues' session on health and human rights, highlighted that there is a need to reinvigorate health as a human right because health outcomes have not improved for the most marginalised in our world. He reiterated that the failure of the referendum exemplifies many of the human rights issues affecting Aboriginal and Torres Strait Islander peoples. He talked about the risks to Indigenous peoples from restriction and destruction of lands, marginalisation and poor living standards, intergenerational trauma and structural racism – all of which have implications for human rights.

FOR THE PEOPLE AND THE PLANET

There are important key steps to be taken now to advance Indigenous rights and well-being. These include ensuring strong Indigenous voices at all future meetings, including the UN-hosted Summit of the Future in September 2024. Indigenous voices need to be part of all discussions regarding achieving the Sustainable Development Goals. The action plan from the 76th World Health Assembly resolution needs to be developed and implemented in full. It is time for hearing our voices and for realising the aspirations of the United Nations Declaration on the Rights of Indigenous Peoples, to ensure our rights, dignity and survival, for our well-being and for the well-being of the planet. ■

> **"Building genuine relationships, working in collaboration and empowering locally led sustainable interventions with Indigenous peoples are crucial for working together on climate change and health"**

CATHERINE CHAMBERLAIN

Catherine Chamberlain is a Palawa Trawlwoolway woman (Tasmania) and director of Onemda Aboriginal and Torres Strait Islander Health and Wellbeing at the Melbourne School of Population and Global Health at the University of Melbourne. She is a registered midwife and public health researcher whose research aims to identify perinatal opportunities to improve health equity across the life course. She is inaugural editor-in-chief of *First Nations Health and Wellbeing Lowitja Journal.*

www.worldhealthsummit.org/regional-meeting/2024-australia.html

Taking a public health approach to emergencies: building on trusted relationships with the community

As seen with Canada's responses to mpox and devastating wildfires, strong community ties built on trust can make all the difference in averting crisis situations

By Theresa Tam, Canada's chief public health officer

Emergencies are increasingly becoming part of our daily lives – and the health impacts, in addition to socio-economic impacts, can continue long after the immediate crisis has passed. Public health professionals are increasingly being called on to respond to complex and compounding crises, from climate-related emergencies such as wildfires and extreme heat to infectious disease outbreaks like mpox and the Covid-19 pandemic. What we must remember is that the exposure, vulnerability and capacity to respond to emergencies are not the same for everyone.

Around the world, we are experiencing wildfires with increased severity and frequency, and the physical and mental health impacts are vast, particularly for those in closer proximity to the wildfires, evacuees and those who have pre-existing health conditions. The Canadian wildfire season in 2023 was the most destructive and widespread on record. Nearly 250,000 people across 12 of Canada's 13 provinces and territories were forced to evacuate. Indigenous communities in Northern and remote regions in Canada are disproportionately affected by emergency events, facing more than 1,300 emergencies that have resulted in over 580 evacuations in the past 13 years. These events damage not only property, but also homes, livelihoods and shared community spaces that support resilience.

WORKING WITH COMMUNITIES

Understanding affected communities, including both their assets and challenges, is critically important. It requires us to cultivate trusted partnerships between sectors and communities to remove structural barriers, advance community-led priorities and build supportive environments. Integrating an equity-informed and community-centred approach throughout the emergency management cycle – from prevention and mitigation, through to preparedness, response and recovery – is key.

In Canada's province of Newfoundland and Labrador, in an effort to reach populations facing vulnerabilities during the Covid-19 pandemic, an intersectoral task group was struck that built on pre-established relationships between the province's Department of Health and Community Services and approximately 60 representatives of community organisations. Successful actions

included striking provincial helplines for food security, opioid treatment and domestic violence.

Public health can contribute to efforts to build healthier, more resilient communities that are better equipped to prevent, withstand and recover from emergencies. In the summer of 2021, during the pandemic, the province of British Columbia experienced a deadly heat dome, with temperatures at 20°C above normal that led to 619 confirmed deaths from heat-related causes. Many of those who died were older adults, or had chronic mental and physical health conditions. More than half of those who died lived alone. And deaths that occurred at home were concentrated in neighbourhoods of lower socio-economic status that lacked green space and air conditioning.

Following the heat dome, in response to requests from community partners, the regional health authority of Vancouver Coastal Health developed the Heat Check-in Supports Project to increase community wellness checks on people most at risk for heat-related emergencies and provided evidence-based resources and training. The resources were developed in close partnership with community organisations to ensure they were addressing local needs.

City building by-laws were changed to require all new multi-unit residential buildings to have mechanical cooling capable of maintaining an indoor temperature of 26°C or less by 2025.

ESTABLISHING TRUSTED RELATIONSHIPS BEFORE EMERGENCIES

In 2022, several cities in Canada experienced an outbreak of mpox that disproportionately affected men who are gay, bisexual or have sex with men. However, by the fall, the number of cases had declined significantly, largely due to behaviour change and supported by vaccination efforts. The success of the response was due to strong community-led responses and the efforts of trusted leaders. Collaborative and trusted relationships between public health and community organisations, built over more than 30 years to respond to HIV, provided a solid foundation for this work.

For example, the Gay Men's Sexual Health Alliance co-created a community-informed mpox prevention campaign in partnership with the provincial Ministry of Health in Ontario, infectious disease experts and front-line community agencies. GMSH launched a social media-based public health campaign about reducing risk and accessing vaccination and created education materials for clinical care settings. GMSH's existing relationships and credibility with the community were invaluable in implementing timely and tailored outreach efforts, allowing front-line community agencies and local public health units to concentrate on other critical work, such as vaccine distribution.

> **"The inequitable impacts of the Covid-19 pandemic showed us we must do better. We achieved more when we worked across sectors to bring our collective expertise and tools to the table"**

THERESA TAM

Dr Theresa Tam was named Canada's chief public health officer in 2017. She is a paediatric infectious disease specialist with expertise in immunisation, emergency preparedness and global health security. Dr Tam has provided technical expertise and leadership to improve the surveillance of communicable diseases and opioid harms, enhance immunisation programmes, strengthen health emergency management, and augment laboratory biosafety and biosecurity. She has played an instrumental role in helping to lead Canada's response to the Covid-19 pandemic and other health emergencies including SARS, pandemic Influenza H1N1, Ebola and mpox.

𝕏 @CPHO_Canada 🌐 www.canada.ca/en/public-health.html

A PATH FORWARD: REORIENTING EMERGENCY MANAGEMENT

The inequitable impacts of the Covid-19 pandemic showed us we must do better. We achieved more when we worked across sectors to bring our collective expertise and tools to the table and supported trusted community organisations to reach diverse populations. Now is the time to apply these lessons to emergency management more broadly.

Public health must be included at multisectoral emergency management tables to ensure evidence-informed health promotion approaches are incorporated into planning and prioritisation efforts. Public health can also add value by championing support for research that reflects the unique perspectives and needs of specific communities, including multidisciplinary research with an equity lens and promoting Indigenous science.

Principles of health promotion provide ways to work with communities and partners to advance health equity, strengthen social supports, and build trusted relationships that can foster social cohesion before any emergencies occur. From climate-related emergencies to disease outbreaks – we must shift the narrative to build a stronger and more equitable society that prioritises health and well-being before, during and after emergencies. ■

Breaking the cycle of eroded trust

Too many promises have been broken and too many inequities ignored in the Global South. To move past this, we need to work together, remove bureaucratic hurdles and ensure we are amplifying the voices of those who need it the most

By Elhadj As Sy, co-chair, World Health Summit Council

Leadership and active citizenship are critical elements of every political agenda.

Health is no exception and rests on three pillars: science, politics and activism.

Leadership means many things to many people, but at the end of the day it is only meaningful if it finds solutions to people's problems, exercises good governance, keeps its promises and shows accountability.

Indeed, citizens hold leaders accountable and monitor promises made.

Unfortunately, too many promises are made and too many promises are broken. This leads to the erosion of trust. Some of those big promises are still very familiar: Health For All by the year 2000, the Alma Ata Declaration on primary health care back in 1978, the World Health Organization's 3 by 5 Initiative to provide antiretroviral treatment in low- and middle-income countries, and universal health coverage.

Plus there are the slogans – most recently, coming out of the Covid-19 pandemic, 'None of us is safe until all of us are safe'. They communicate equity and solidarity that often fail to materialise in reality.

DISILLUSIONMENT AND INEQUITY

Health has come to reveal inequities that exacerbate mistrust, particularly among people in civil society from the Global South. Recent shocks such as Covid-19 have caused disillusionment with global solidarity.

As a result, many questions are raised by civil society actors. Why are neglected diseases tropical ones? Why are there not enough cholera vaccines? Why does it take so long to develop an efficacious malaria vaccine? Why are resources mobilised and deployed at scale globally only when a health issue becomes a threat to rich countries?

Sovereignty, decolonisation and localisation are now leitmotifs, and no actor – neither national nor international – is off the hook from the point of view of civil society or activists.

Activists and civil society organisations demand that they participate meaningfully in designing, implementing and evaluating health programmes, while they keep their independence so they can challenge national and international health systems.

There is now a perspective that having a problem has itself become the source of one's legitimacy and, to a

certain degree, power. It can translate into how to access affected communities, how to carry out contact tracing, and how to share data and share the benefits derived from that data. Hosting a virus in our own body is a form of expertise that also gives legitimacy.

AMPLIFYING VOICES

The human faces of epidemics – the faces of the people living in the communities that are affected – have become increasingly important. Thanks to the activism of people living with HIV, community members today are claiming a seat at the table, leading to membership in United Nations and multilateral agencies, and serving on the boards of organisations such as UNAIDS, the Global Fund and Roll Back Malaria. With community perspectives and voices amplified through social media, different forms of organisations are emerging to become critical actors and partners in responding to global health challenges. They are contributing to greater and more equitable access to health commodities. They put human rights and the protection of people living and affected by diseases at the centre, and they call for fighting stigma and discrimination as the best way to create an enabling environment to respond to health challenges.

There are still some barriers: fighting for a seat at the table at the national level depends on political systems; rigid UN rules and procedures always put member states first; and there are other bureaucratic hurdles. But the gains that have been made are so important that we now operate from a different baseline. Some of these would not be possible if renegotiated in today's polarised world. Language referring to men having sex with men, injecting drug users, sex workers and their clients may not make it easily into UN and other multilateral political declarations.

But the reality of today is that we have to realise there is a new normal. The new normal is change, which is happening, and happening extremely fast, and it is accelerated by social media and digitalisation. That leads to impatience, particularly among civil society actors. Governance is exercised outside the board room, so we need to take into account everything that is happening in both informal and formal settings. We need to break the vicious cycle of panic and neglect. We have early alert systems now: an early alert means we need to act early, engage with communities and build their resilience so they are able to cope with health shocks and hazards.

The way forward is through partnership – between men and women, rich and poor, urban and rural, this generation and the next one – to bring health and politics where they belong: finding solutions, saving lives and alleviating human suffering. ■

> **"Why are neglected diseases tropical ones? Why are there not enough cholera vaccines? Why does it take so long to develop an efficacious malaria vaccine? Why are resources mobilised and deployed at scale globally only when a health issue becomes a threat to rich countries?"**

ELHADJ AS SY

Elhadj As Sy is co-chair of the World Health Summit Council and chair of the Kofi Annan Foundation Board, and former co-chair of the Global Pandemic Preparedness Monitoring Board. He is also chair of the Africa Child Policy Forum, a governor of the Wellcome Trust and a member of the governing board of Interpeace. He previously served as the secretary general of the International Federation of Red Cross and Red Crescent Societies, and at a senior level with UNICEF, UNAIDS, the Global Fund, the United Nations Development Programme and other agencies.

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Putting people at the centre of care

By Lucy Gilson,
2024 Virchow Prize laureate

Nurturing community-based, localised health care is important for fostering resilience, given the need to adapt to particular contexts. Strengthening governance, supporting the workforce and addressing global power imbalances are needed to further the cause

Why does achieving the Sustainable Development Goals require people-centred health systems focused on equity and human rights?

The SDGs seek to address poverty through an integrated approach that includes concern for health and well-being and health care. Similarly, the 1978 Alma Ata Declaration on Primary Health Care saw health and well-being as influenced by economic and political factors, demanding a focus on socio-economic rights and a different approach to organising and delivering health care. The idea of people-centred health systems carries forward the Alma Ata vision, with new emphases. It recognises health systems as having four features.

First, they are social institutions comprising people and chains of relationships, situated within and influenced by their particular context. They are profoundly local by nature, and trust and power dynamics are ever-present.

Second, values shape people, relationships and practices in such systems: values such as respect, dignity, transparency, equity and the pursuit of social justice. The fairness of the processes by which decisions are made matters, not only distributional outcomes.

Third, people's voice and needs are put first, so there is a focus on collective agency and social empowerment, and on health and well-being as people and communities define them. In some contexts, rights may be framed as claims to strengthening collective agency; for example, in Southern and Eastern Africa, ubuntu is a value that highlights reciprocity and collective interests.

Fourth, people-centred service delivery emphasises the primary care principles of prevention, promotion, closeness to community and continuity of care. In addition, intersectoral action to address the social determinants of health is needed.

Overall, the idea of people-centred health systems help us consider the actions necessary to promote public health. They put public interest and the public at their heart. They work to build collective power to promote the public's health, and confront the exercise of dominant power, hierarchies and exclusionary practices.

The features of such systems also allow us to think about what resilience means as we confront multiple challenges and polycrises. They direct our focus to locally constituted complex relationships, seeing resilience as a phenomenon of people and relationships within systems. Strengthening health system resilience itself requires inclusive decision-making for collective agency.

How well are countries pursuing this approach?

There is substantial experience within many countries of people-centred approaches founded on local-level and community-led action to address health and well-being needs. Such experiences informed the development of the Alma Ata Declaration. Community-led action also played a key role in responding to Covid-19. Experience demonstrates that such approaches can foster capabilities, equity and inclusion, strengthen and forge new relationships, and draw on new technology. They can also hold the state to account. They are enabled by decentralising public sector authority to local governance structures.

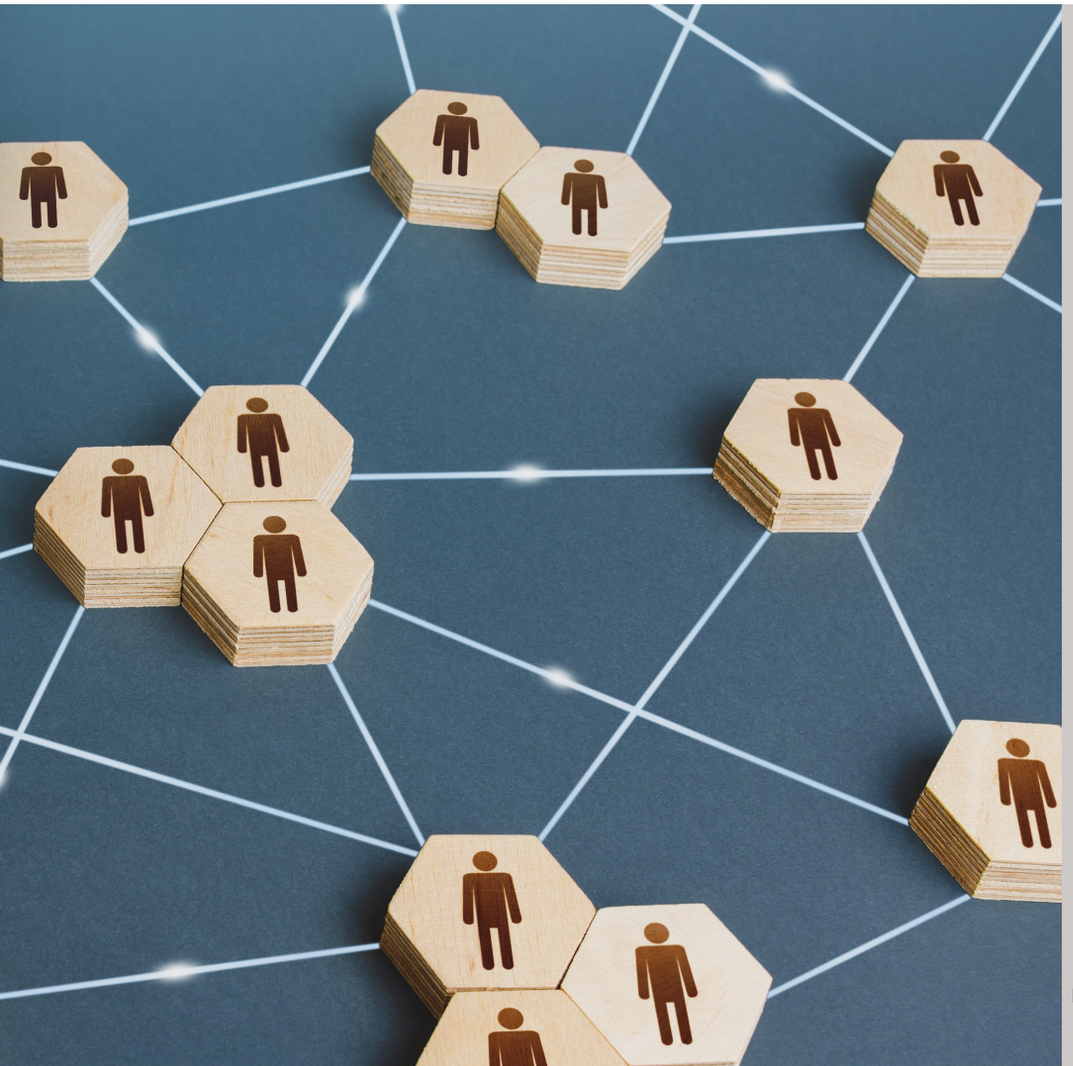
But we don't have very good ways of sharing these context-specific and local-level experiences. Instead, in global health there is a tendency to look for specific transferable prescriptions and to assume that the Global North will inform the Global South of 'best practices'. But the Global South has a lot to offer from its own experiences!

Constraints in pursuing people-centred approaches are also similar globally. Health care is commonly still rooted in biomedical paradigms that prioritise hospital-centred care rather than integrated primary health care. There's often a command-and-control organisational practice, with power at the apex and the 'less powerful', including patients, at the bottom. There is a tendency to see health care as a machine rather than a complex system rooted in people, relationships and context. Local communities everywhere also face health challenges generated by economic and global commercial forces. It's important to keep refocusing and galvanising action to promote the public's health and well-being.

LUCY GILSON

Lucy Gilson is the joint 2024 Virchow Prize laureate. As a professor of health policy and systems, she holds a joint appointment between the University of Cape Town and the London School of Hygiene and Tropical Medicine. Her research focuses on understanding health systems as complex, human systems, how to nurture their resilience and how to strengthen them to promote health equity. More specific interests include the trust and power dynamics of health systems, and health system leadership. Her research is multidisciplinary and often based on action-learning approaches.

𝕏 @Lucy_Gilson



What key political choices must be made and by whom?

Personal choices are always political – as Robert Chambers wrote, "social change flows from individual actions". Whatever position we hold, each of us is a part of a local health system, a national health system and the global health system. As a researcher in the South African health system I can make choices in line with a people-centred health system approach by choosing methodologies that respect people, context and relationships. Working with networks that mobilise and share local-level experience is also important. Knowledge is power, so we need to think about how we mobilise that knowledge to frame key political choices. That's true for me, as well as for – from his very different position – South Africa's President Cyril Ramaphosa.

Considering the public's health and well-being, five other political choices stand out. One is to strengthen local-level public governance structures that coordinate primary and secondary healthcare providers, public and private actors, and lead respectful engagement with other sectors and with social actors, including community organisations. I also emphasise strengthening leadership across an entire system, to embed the principles of people-centred health systems. Investing more and better is another key choice – in primary health care, intersectoral action and community engagement. Public funding is critical and out-of-pocket payments have no place in a people-centred health system.

Another political choice relates to the health workforce. New skills are needed to protect and promote public health. We also need to care for the workforce so that the workforce can care for others.

Global forces surround us, even in a relatively wealthy country like South Africa. In less well-resourced countries, those forces are more immediate. Those working in global health funding agencies can support people-centred health systems in such settings by instituting more flexible approaches to channelling resources, and by embracing local knowledge and experience.

Finally, global action is needed to address the economic forces that drive the commercialisation of health care and the commercial determinants of health. Ensuring fair global rules and rebalancing power to benefit less resourced countries is critical. ■

By Jean Kaseya, Jean-Philbert Nsengimana, Cyril Seck, Patrick Kasiama, Edem Adzogenu, Nebiyu Dereje, Alain Ngashi Ngongo and Nicaise Ndembi, Africa Centres for Disease Control and Prevention

Transforming health care with Africa CDC's digital strategy

Digital technologies are central to any resilient healthcare system, but could prove especially impactful across Africa

Africa, a continent severely affected by emerging and re-emerging public health emergencies, requires robust digital technologies to ensure a safer, healthier and prosperous future. Digital technologies for rapid reporting, contact tracing, public health surveillance data management, analysis and visualisation are critical to ensure global health security. Timely, valid and complete public health surveillance data are central to effective and evidence-based planning, priority setting, decision-making and response.

The Africa Centres for Disease Control and Prevention has embarked on a journey to leverage digital technology to strengthen Africa's health security in a rapidly advancing digital world.

COLLABORATING AND CO-CREATING

Africa CDC has adopted a co-creation approach, designing its strategy and developing 17 projects with over 75 partner organisations and member states. This collaborative effort integrates and coordinates scattered existing efforts, steering all stakeholders towards defined projects with clear scopes, deliverables, methods and financial plans. This approach, aimed at accelerating and scaling up impact, builds on established foundations and fulfils a need for enhanced coordination across the board. In collaboration with the World Health Organization, we are developing the Africa Digital Health Index, to assess the maturity of member states' digital health systems and align investment priorities. The Africa Health Tech Summit is a key initiative within the Africa CDC Digital Transformation Strategy to promote the digital health agenda across the continent. It fosters dialogue, collaboration and innovation by convening leaders, stakeholders and innovators.

More than 50% of Africans lack adequate health services, due to gaps in infrastructure and workforce. The World Bank and African Development Bank report 650 million mobile users in Africa, more than in the United States or Europe, with more access to mobile phones than to clean water, bank accounts or electricity in some countries. Digitising primary care is the cornerstone of our strategy, aiming to connect remote and underserved areas with mobile health tools. Achieving a fully digital primary healthcare system could boost efficiency by up to 15% in total healthcare expenditures by 2030, while strengthening our pandemic prevention, preparedness and response capacity. Our HealthConnekt Africa initiative aims to power and connect 100,000 health facilities and equip two million community health workers with smart devices. The project, currently implemented in five countries, starts with mapping electricity and connectivity at primary healthcare centres, then empowers local governments, aligns fragmented efforts and scales up turnkey solutions.

The promotion of HealthTech innovation is crucial to Africa CDC's digitalisation strategy. We recognise the potential of our talented youth and the private sector, and aim to harness their contributions to improving health on the continent. Initiatives such as the HealthTech Hub Africa, a pan-African accelerator fostering health technologies and integrating them into public health systems, will be strengthened. So far, this hub has supported 68 startups from 17 African countries, reaching over 2.35 million beneficiaries and creating over 800 jobs. Africa CDC is working to provide an enabling environment for those innovations to flourish and scale across borders while ensuring strong data governance policies and regulations to protect citizens' data privacy and security, leveraging data to generate evidence for policy and spur innovation.

ENHANCING DOCTORS' WORK

There is one doctor in Africa for every 5,000 people, while the global average is one for every 600. Developing the Digital Health Workforce Capacity ensures that the healthcare workers, from doctors to community health workers, can use digital tools effectively. In order to upskill senior government leaders from ministries of health, who will drive digital health initiatives within their countries, we will soon launch Africa's first Public Health Informatics Fellowship. We are also working with the WHO to train our technical communities in adopting and using SMART Health Guidelines – which are standards-based, machine readable, adaptive, requirements-based and testable – to ensure that technology platforms deployed by member states adhere to global standards of interoperability, security, scalability and sustainability.

Digitalising Africa CDC's programmes and operations is an ongoing process that aims to enhance efficiency, transparency and evidence-based decision-making. We have launched the Event-Based Surveillance System to detect and stop disease outbreaks early. Our Regional Integrated Surveillance and Laboratory Network supports public health asset mapping, workforce development and laboratory system strengthening. Our Public Health Emergency Operation Centre is equipped with advanced hardware and software. These digital tools that empower our decision-making processes and operational responsiveness are crucial as Africa CDC continues to expand and accelerate its growth.

Reflecting on our journey, key learnings emphasise the necessity of adaptability and proactive engagement. A significant insight has been the importance of fostering robust partnerships not just at the outset, but continuously, while maintaining flexibility in our project scopes to address immediate needs and lay the groundwork for future scalability. By working with governments, international organisations and the private sector and by harnessing local solutions, we can effectively leverage technology to address healthcare challenges. ■

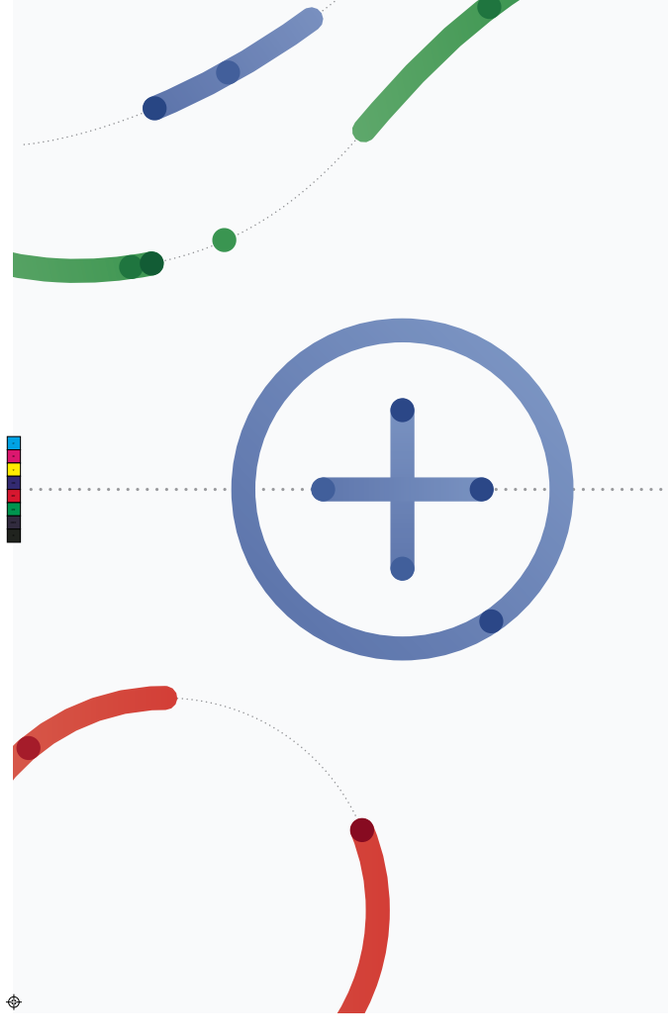
JEAN KASEYA

Jean Kaseya is the first director-general of the Africa Centres for Disease Control and Prevention. A Congolese medical doctor with degrees in epidemiology and community health, he has over 25 years of experience in public health. Prior roles include nine years with UNICEF, two years with Gavi, the Vaccine Alliance, as well as work with the World Health Organization leading the development of the Meningitis A investment case and being a senior adviser for emergency response. He has also been senior adviser to the president of the Democratic Republic of Congo, head of routine immunisation with the National Expanded Programme on Immunization and chief medical officer.

𝕏 @AfricaCDC africacdc.org

"Our HealthConnekt Africa initiative aims to power and connect 100,000 health facilities and equip two million community health workers with smart devices"

How AI helps YouTube Health transform the reach and scale of high-quality health information



AI is transforming how information is produced and consumed at scale. Here are three ways YouTube uses AI to transform and scale high-quality health content for everyone

Garth Graham, global head, YouTube Health

Across a wide range of countries, there is a growing trend that large proportions of the general public search for online health information before seeking the formal advice of healthcare professionals. Invariably, much of this traffic converges upon YouTube, which hosted more than 200 billion views of health content globally in 2023 alone. In light of this responsibility, at YouTube Health we strive to make high-quality, diverse and relevant health information accessible to everyone. In order to achieve this, we have launched specific products, such as our health information and personal stories content shelves, which have made it easier for people to find and identify high-quality health content.

Through the recent exciting paradigm shifts seen in the generative artificial intelligence era, we are now presented with even greater technical capabilities to further expand the reach and impact of high-quality health content on our platform. We strongly believe that these technical breakthroughs will transform the manner in which high-quality health content is both consumed and produced.

Over the coming years, we will undoubtedly enter an era in which viewers are able to engage with content in a richer and more precise fashion through the responsible use of generative AI. State-of-the-art AI tools offer the ability to help viewers bridge language gaps that may have once precluded them from effectively engaging with the health content that they encounter. For creators, the multimodal capabilities of AI models democratises routes to increase the production value and engagingness of their content, whether it is through high-quality visual assets or accurate translation tools.

Over the past year, YouTube Health has been exploring a number of AI-powered experiences, either in closed testing or through general availability releases, as a means of expanding the impact of AI in the health information ecosystem globally. Here are three ways in which we are bringing the best of AI technology to the health community.

OVERCOMING LANGUAGE BARRIERS THROUGH AI

As a global platform, we need to make sure that health information meets the language needs of people around the world. YouTube Health has been collaborating with select health content creators to test an AI-powered tool that makes the dubbing process easier, faster and at no additional cost to content creators. Dubbing is typically a costly and time-consuming process, but with this tool AI can help unlock crucial health information that may otherwise be contained in a single

GARTH GRAHAM, MD, MPH

A cardiologist, researcher and public health expert, Garth Graham joined Google in 2020 as the global head of YouTube Health. He previously served in two United States administrations as deputy assistant secretary for health. Dr Graham also served as the president of the Aetna Foundation and vice president and chief community health officer at CVS Health.

𝕏 @YouTube 🌐 health.youtube

language. As part of this effort, YouTube Health works alongside clinicians to review translations, while ensuring that creators have ultimate control over their dubbed videos.

EMPOWERING CREATION THROUGH RESPONSIBLE AI TOOLS

Health creators must carefully balance how they convey evolving scientific information and the demand to make the content accessible and engaging. Currently, health creators spend hours undertaking research, peer-reviewing information and generating scripts related to specific medical topics. In order to meet the audience's need for accessible high-quality health content, we're exploring AI tools to support the ideation, outlining and scripting processes of content creation.

ELEVATING AUTHORITATIVE CONTENT

AI has long powered YouTube's search results and Watch Next panels, sifting through billions of videos to organise and recommend the most relevant content for viewers. When it comes to health information, it's even more critical that our systems elevate content from authoritative sources. We have worked closely with organisations, such as the World Health Organization, the National Academy of Medicine and the National Health Service, to implement principles for raising credible sources of health information. These principles are incorporated into products so that people see locally relevant authoritative sources of health information more prominently in search results and can see video labels to know if content is from a licensed health professional or accredited institution. In select countries, medical professionals can apply for a health label so their content is eligible to be part of our authoritative health features.

AN EVOLVING PROCESS

The immediate and near-term potential of AI tools is undeniable, however, we are, above all, committed to the responsible implementation of these technologies. As we embark upon this evolving process, we are excited to continue working alongside health content creators and organisations to continue building a future that helps more people than ever before access reliable, credible health information. ■

YouTube Health

Maximising AI's transformative potential while minimising its risks

Every country implementing AI faces similar kinds of risks, but there are additional hurdles specific to emerging economies. Addressing these issues requires a multifaceted, evidence-based and sustainable approach

By Balvir S Tomar, founder and chancellor, NIMS University

Healthcare systems in developing and developed countries face significant challenges in improving populations' health, enhancing patient outcomes and delivering care at affordable cost. Communicable and non-communicable diseases, malnutrition, and ageing populations add to the rising costs. The Covid-19 pandemic has highlighted the shortages in the healthcare workforce and infrastructure and inequities in access to affordable care. In addition, the digital revolution that artificial intelligence is now catalysing has multidimensional impacts, including on health. However, the global lack of trust and responsible frameworks for AI influences how it can transform healthcare outcomes. What are the different possibilities or opportunities AI offers to improve various systems for health care? How can we maximise the benefits of AI while minimising its risks and avoiding its drawbacks?

Prioritising AI for health is crucial, considering its potential to fundamentally transform the practice of medicine and the delivery of health care and address global health challenges, including achieving the Sustainable Development Goals. As the technology is outpacing the regulatory and legal frameworks to govern AI for health, different actors and sectors need significant resources and participation to set the right processes and procedures for the responsible use of AI in health care.

REACTIVE TO PROACTIVE

In India, the focus on digitalisation and AI has changed the trajectory from a reactive to a more proactive future in various domains, including health, as envisioned by the NITI Ayog in its 2018 National Strategy of Artificial Intelligence. It provided a roadmap for building digital health infrastructure and adopting AI in health and wellness centres and creating health repositories such as 'Digital Pathology' and the 'Imaging Biobank for Cancer', electronic health record standards and the 'Healthlocker' as a single source of national health data. It also recommended appointing the National eHealth Authority to strategise the adoption of eHealth, and an Integrated Health Information Platform to ensure interoperability.

The government of India has launched several initiatives, including the Ayushman Bharat Digital Mission, Unified Health Interface, U-WIN, eSanjeevani, Aarogya Setu, Cowin and India Stack, to accelerate the digital healthcare transformation. With the help of

digital technology and AI, the National Telemedicine Service of India has provided services to over 273 million patients. AI and machine learning have been used to detect fraudulent practices within the national health insurance scheme. Health system resilience is benefiting from the use of AI in assistive technology in cancer treatment, early detection of NCDs, chatbots for mental health and well-being, and enhanced value, sales and market differentiation for pharmaceutical companies. Hospitals are also integrating AI technologies to increase the efficiency of their functioning and management, such as in decision support systems, patient flow and scheduling, allocating equipment and personalised care. AI-powered radiology tools have also enhanced and analysed X-rays, MRIs and CT scans. These developments, anchored by government, industry, start-ups and academia, in the digital public infrastructure, have also positioned India as a key player in health diplomacy by sharing its open APIs and e-governance tools with other developing countries.

Other emerging countries have also incorporated digital health and AI strategies. Brazil's Meu Sistema Único de Saúde digital platform facilitates health information, vaccinations, test results, medications and menstruation products. South Africa has emphasised digitalisation to provide quality health care with its MomConnect programme for antenatal and postnatal care and Stock Visibility System for electronic stock management clinics and hospitals. In the Philippines, AI-powered mobile clinics enhance the early detection of tuberculosis and other respiratory diseases. With multistakeholder involvement, the digital revolution in India and other emerging countries is bridging the gaps in healthcare access, improving patient outcomes, reducing costs and making health services more resilient to crises.

Still in its nascent stage, the adoption of AI in health sectors has immense potential for strengthening diagnostics and treatment with increased accuracy and early detection, autonomation of administrative tasks resulting in reduced operational costs, personalised care and treatment, improved healthcare management, remote access to quality health care, and predictive models for outbreak detection, drug discovery and development. These applications create opportunities for improved patient outcomes, accelerate new avenues of treatment, and provide scalable solutions to support global health initiatives, multisectoral collaborations, and accountable and efficient partnerships.

ACHIEVING BALANCE

Despite its potential, the integration of AI in health care poses significant risks and threats, relating to data privacy, accessibility, reliability, misinformation, interoperability, regulatory challenges, cyber security and ethical issues. Emerging countries have specific hurdles, including a lack of technological infrastructure, such as electricity and access to computers, smartphones and the internet, in addition to a limited health workforce trained to use AI tools and financial constraints that can hinder the scalable use of AI-driven health technologies. From a geopolitical and geo-economic point of view, the race for AI among countries pushing the development, deployment and maintenance of AI technologies can leave emerging countries behind due to resource limitations.

> **“From a geopolitical and geo-economic point of view, the race for AI among countries pushing the development, deployment and maintenance of AI technologies can leave emerging countries behind due to resource limitations”**

Addressing the challenges of AI acceleration requires a multifaceted, balanced approach to creating a resilient healthcare system. Adopting evidence-based AI for health that ensures trust, collaboration and ethical practices must be enabled by formulating governance frameworks, facilitating investments and implementing the deployment of AI in a sustainable manner. According to the International Monetary Fund's AI Preparedness Index there is global inequity between developed and developing countries regarding infrastructure, human capital and labour market policies, innovation and economic integration, and regulation. To address this difference in preparedness, scaling programmes for AI adoption becomes essential to promote partnerships, technology transfer, capacity building and infrastructure development. Thus, by harnessing the powers of digital transformation through AI, emerging countries can create a resilient, trusted healthcare system that is sustainable and equitable. ■

BALVIR S TOMAR

Balvir S Tomar is the founder and chancellor of NIMS University in Rajasthan. He is a paediatrician who specialised in paediatric liver disease and pioneered the treatment of Indian childhood cirrhosis. Having trained at Harvard University and King's College London, he has received widespread recognition for his work in paediatrics and philanthropy. He founded NIMS University in 2008 in Jaipur, and is also chair of NIMS Global Group.

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Reinforcing preparedness in a post-pandemic world

In the wake of Covid-19, it has become clear what we need to do to prepare for future emergencies. Investing in workforces, infrastructure, advanced data capabilities and community outreach will prove essential

By Pamela Rendi-Wagner, director, European Centre for Disease Prevention and Control

During the Covid-19 emergency, healthcare and public health systems worldwide faced unprecedented challenges. Healthcare personnel worked under extreme pressure; supplies of personal protective equipment, drugs, laboratory tests and medical equipment were limited; and healthcare facilities were inundated with patients. This strain on the healthcare system was paralleled by enormous pressure on public health systems. There was a need to collect data rapidly to inform policies for conducting large-scale contact tracing operations, and to interact with multiple sectors. As evidence continued to evolve, the many uncertainties surrounding Covid-19 needed to be communicated to policymakers and communities.

WHAT HAVE WE LEARNED?

During and after the Covid-19 emergency, the European Centre for Disease Prevention and Control systematically reflected on the lessons learned and identified several strategic areas requiring organisational and political commitment and investment.

Resilient public health systems need a strong public health workforce. Contrary to the current trend of reducing public health budgets, it is essential to hire and train public health experts – especially younger experts, because the current public health workforce is ageing. It is also crucial to have surge capacity plans in place to expand the workforce rapidly during emergencies.

We must build a public health infrastructure that is resilient, adaptive and ready to face the challenges of tomorrow. Enhanced global preparedness for potential upcoming health crises, together with international partners, is key to increasing resilience.

Together with other European Union bodies, ECDC has started systematically assessing the public health emergency preparedness of all members in the European Union and the European Economic Area. In addition, ECDC has established the EU Health Task Force to support countries in Europe and around the globe by providing operational outbreak response and crisis preparedness for communicable diseases.

Robust and flexible surveillance systems that make it easier to gather and analyse data are necessary to inform policy decisions in times of crisis and to adapt measures quickly to contain disease outbreaks. ECDC is committed to improving the surveillance of communicable diseases at the EU level, taking advantage of the possibilities offered by the digitalisation of health data. Surveillance of communicable diseases has changed significantly. Paper-based notifications have been almost completely replaced by electronic data flows in most European countries, supported by new healthcare provider information systems for storing and transmitting patients' clinical data. Digitisation of health records and surveillance processes, as well as the use of new tools such as artificial intelligence, will take the surveillance of infectious diseases to a whole new level, for the benefit of all.

Zoonotic spillover events and a broad range of environmental infectious disease drivers pose risks to human health that need to be approached from a One Health perspective. The new ECDC One Health Framework emphasises the interconnectedness of the public health, veterinary and environmental sectors, increasing collaboration across mandates and borders.

> **"We must build a public health infrastructure that is resilient, adaptive and ready to face the challenges of tomorrow. Enhanced global preparedness for potential upcoming health crises, together with international partners, is key to increasing resilience"**

PAMELA RENDI-WAGNER

Dr Pamela Rendi-Wagner took up her post as director of the European Centre for Disease Prevention and Control on 17 June 2024. In 2021 she was appointed director general for public health and chief medical officer at Austria's Ministry of Health. In 2017, she was appointed minister of health and women's affairs, and was the first woman to chair the Austrian Social Democratic Party from 2018 to 2023. She is a former member of the ECDC Management Board and the Standing Committee, a subcommittee of the World Health Organization's Regional Committee for Europe.

𝕏 @ECDC_EU
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TRUSTED PARTNERS

Communicating risks and engaging with communities are crucial for a successful public health emergency response, and the Covid-19 pandemic highlighted the need for public health professionals to improve their skills in this area. Although public health organisations issued many recommendations based on sound epidemiological and virological data, their uptake was often suboptimal. Community engagement and trust are essential to securing and optimising adherence to public health recommendations.

The Covid-19 pandemic was accompanied by unprecedented amounts of misinformation, disinformation and conspiracy theories. This 'infodemic' caused confusion and mistrust among individuals, which has lasted well beyond the pandemic. The Covid-19 pandemic greatly amplified existing mis- and disinformation concerning infectious disease outbreaks. In response, ECDC is expanding the use of social and behavioural sciences to prevent and control infectious diseases as part of its new Framework for Prevention. It aims to improve understanding, influence behaviour, and refine policies, programmes and communication to strengthen adherence to public health measures.

Communicable diseases spread across borders and continents, and the pandemic has highlighted how close collaboration and trust among global partners working in public health are critical to strengthen resilience. This trust needs to be established before a crisis. ECDC has already set up a network of major centres for disease control worldwide and is supporting the EU's global health strategy through close technical collaboration with experts at the Africa Centres for Disease Prevention and Control.

As the world continues to navigate various public health crises, we must work closely together and improve our preparedness to create the foundation for a robust protection against future health threats. ■

From infrastructure to impact: why foundations matter in digital health

By Alain Labrique, director, Derrick Muneen, unit head, Garrett Mehl, unit head, Digital Health and Innovation; and Jeremy Farrar, chief scientist, World Health Organization

Since the Covid-19 pandemic, the need for resilient and trustworthy health systems has become increasingly clear. The pandemic and subsequent global health polycrises have highlighted the weaknesses of existing infrastructure, equity and preparedness, underscoring the pivotal role that digital health technologies play in building systems that are robust, responsive and efficient and that also foster trust.

During the pandemic, countries with well-established digital health systems were better equipped to respond swiftly and effectively. Digital health technologies proved indispensable, from tracking infection rates to facilitating remote consultations. These systems enabled the rapid dissemination of information, ensured continuity of care and supported the vaccination programmes. However, these technologies also fell short of their expected or anticipated impacts in many instances – as social networks were abused to spread or amplify harmful disinformation or as disconnected, non-interoperable systems failed to optimise care continuity.

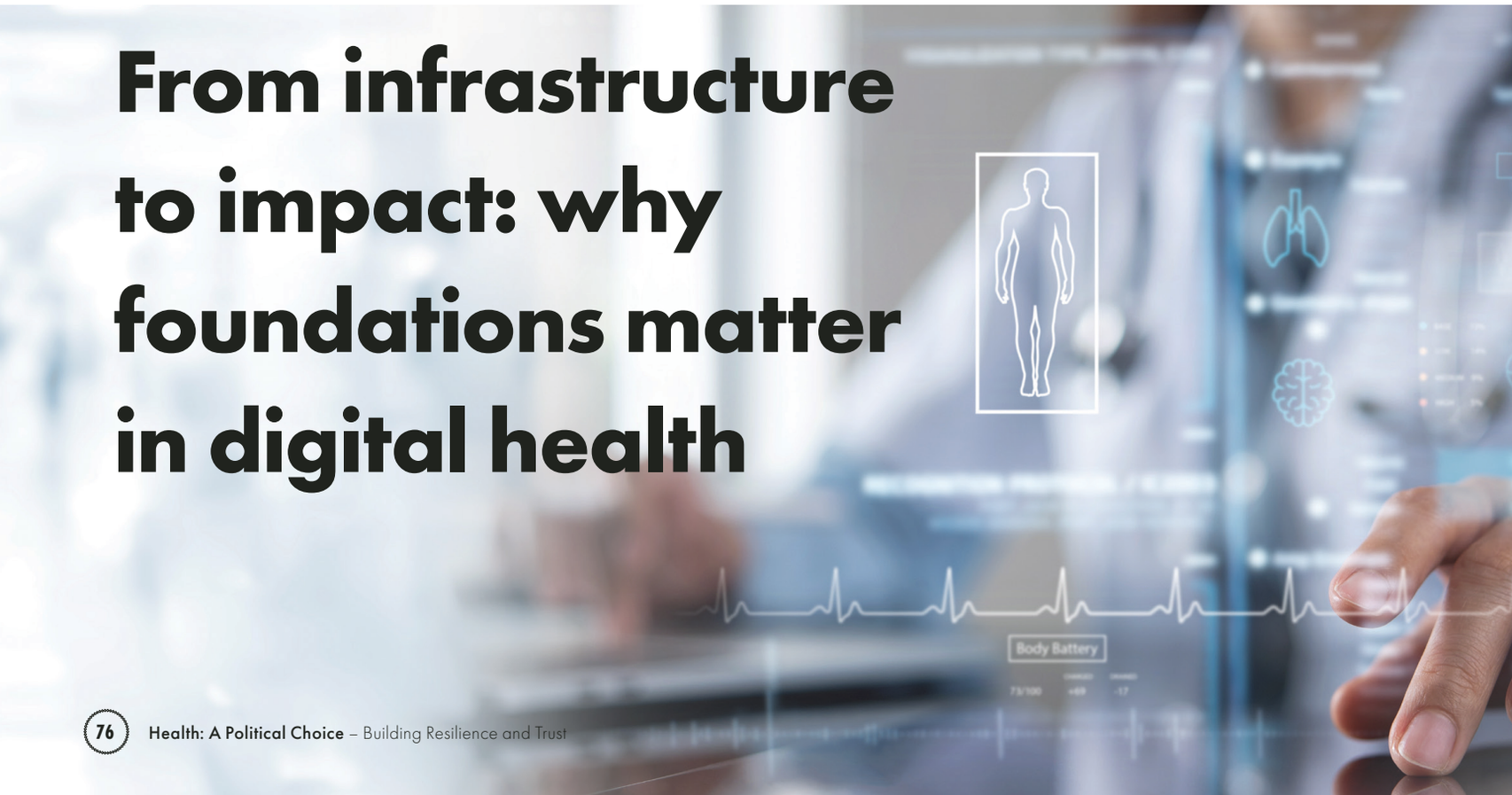
> Digital systems were an often crucial factor in how well countries were able to respond to the pandemic. Now, as the global community faces competing crises, it's time to lay the foundations so that countries can adequately respond, creating a healthier, safer and more equitable world

DIGITAL HEALTH TRANSFORMATION

The World Health Organization has long been at the forefront of exploring and promoting digital health to enhance global health systems – working to distil the evidence and best practices, define the necessary enabling ecosystems and help countries articulate clear strategies to guide systems investments. Over 120 countries can boast having achieved this first step on their digital transformation. In 2023, the WHO launched the Global Initiative on Digital Health, a platform to bring stakeholders together to move from strategies to implementation – mobilising political, economic and technical support for the digital transformation, grounded in Digital Public Infrastructure. GIDH aims to address the necessary political support to enable transformation, which has been slow to materialise in many countries. Clear governance, dedicated financing and robust foundations are often-neglected, requisite ingredients to shift to today's digital reality.

A strategy without the accompanying policies and legal mandate provided to a named custodian in government rings hollow. The necessary fiscal space to implement those provisions must be protected, with clear deliverables to create (and enforce) a national 'backbone' framework of standards, interoperability, ethics and data governance. In 2021, as the culmination of a process begun in 2018, followed by the National Digital Health Blueprint a year later, India launched the Ayushman Bharat Digital Mission, tasked with custodianship of the national digital health transformation. Setting national standards for interoperability, data security, digital identification and financial transactions, it helps maintain and enforce a national digital ecosystem.

In 2023, Kenya passed the Digital Health Bill, which unambiguously defined these necessary precursors for success, including the Digital Health Agency, with personnel, funding and goals – spanning digital health standards and



interoperability, data governance and digitally enhanced health services.

These governments exercised leadership to shift from digital experimentation to the transformation of the health system. Many lament the state of donor-driven agendas and highly vertical investments in digital solutions to specific sectoral bottlenecks. Having government in the 'driver's seat' is the initial treatment for this condition – setting a clear vision, and enabling the policy structures to shepherd resources towards prioritising national foundations alongside specific investments in HIV, tuberculosis, or maternal and child health programmes. This core leadership capacity also supports the integration of non-state and private sector health systems by creating incentives that allow interoperable systems to access national health insurance funding. More importantly, interoperability across systems provides people with the flexibility to choose their providers.

REINVENTING AND INVESTING

This 'ecosystem play' also enables the fundamental concept of transformation – different from the mere digitisation of analogue systems. When national-scale investments are made in Digital Public Infrastructure, and specifically the Digital Public Infrastructure for Health, health system processes can be reimagined or reinvented. Otherwise, we often are merely converting systems designed in an analog, paper-dominated era into a digital equivalent, porting over those inefficiencies. We miss the opportunity to share critical information instantly, monitor and respond in real time, and link data from previously disparate systems to benefit patient outcomes as well as satisfaction. In Saudi Arabia, the SEHA virtual hospital has successfully scaled a virtual-first consultation at the patient's convenience to address critical emergencies, with appropriate triage to a brick-and-mortar facility when needed. Remote, rural facilities have teleconsultations with highly specialised clinicians on demand, with remote patient monitoring to help improve critical outcomes. The confluence of the post-pandemic public frustrations with traditional healthcare services and the continued digital transformation of other sectors will spur demand for more innovative, person-centred health systems – not only for those who can afford them, but for all.

As the WHO joins the World Bank, the International Telecommunication Union, the United Nations Development Programme, UNICEF and others to call for systematic investments in DPI, we send a common message: "sustainable, impactful digital transformation requires robust foundations". From strengthening local production and entrepreneurship to the pursuit of person-centredness, to fiscal accountability for health sector expenditures – critical for finance ministry and development bank support – investment in foundations has been missing in the digital health value chain.

CONTINUING THE POSITIVE MOMENTUM

This is changing. Rwanda, over a decade ago, chose to invest in information and communications technology as a cross-cutting enabler for development. A forerunner for digital transformation across the public sector, Rwanda launched a ministry dedicated to innovation and ICT, supported by chief digital officers tasked with coordinating digital transformation efforts across multiple ministries. Today Rwanda is recognised as a unique test-bed for health sector innovations, including a drone-delivery system for emergency medical supplies, now scaling to Kenya, Ghana, Nigeria and Cote d'Ivoire, and a regulatory environment that is enabling the careful testing of artificial intelligence solutions with clear national oversight.

However, financial pipelines commensurate with the anticipated scale of change are in short supply. The World Bank has invested almost $4 billion in digital health over the past decade – but much more is needed. Innovative partnerships with the private sector and cross-sectoral investments in DPI may be key to unlocking this capacity. Transform Health calculated an investment of $12.5 billion being required over the next five years to support 78 low- and lower-middle-income countries, averaging around $2.5 billion per year. Over two-thirds of this investment would be earmarked for health-sector specific DPI, but does not include the necessary investment in the enabling digital environment, including electrification, connectivity and measures to ensure access among lower socio-economic subgroups who benefit the most.

Health system transformations do not happen with the wave of a magic wand; these are deliberate, non-partisan commitments that require persistent support that goes beyond usual political cycles. Digital foundational investments, infrastructure and architecture require long-game decisions that lead to a healthier, safer and more equitable world for everyone, everywhere. ■

ALAIN LABRIQUE

Alain Labrique is the director of the Department of Digital Health and Innovation at the World Health Organization. An epidemiologist, he is the founding director of the Johns Hopkins University Global mHealth Initiative, and was associate chair for research in the Department of International Health at the university's Bloomberg School of Public Health.

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DERRICK MUNEENE

Derrick Muneene is unit head of capacity building and collaboration of the WHO's Digital Health and Innovation Department. He was the regional mHealth and eHealth adviser for the WHO regional office for Africa. Previously, he served with the US Centers for Disease Control and Prevention as acting branch chief for health informatics.

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Garrett Mehl is a scientist and unit head of the Public Health Technologies Unit of the WHO's Digital Health and Innovations Department. He also co-leads the Health Data Collaborative Working Group on Digital Health and Interoperability.

🌐 www.who.int/teams/digital-health-and-innovation

JEREMY FARRAR

Jeremy Farrar has been the WHO's chief scientist since May 2023. A clinician scientist who was director of the Wellcome Trust from 2013 to 2023, he was previously director of the Clinical Research Unit Hospital for Tropical Diseases in Vietnam.

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Why use artificial intelligence?

Like any tool, AI's potential to be transformative is met by its capacity to be harmful. However, by co-creating a global ecosystem that promotes responsible AI in health care, we can realise this technology's full potential, equitably and safely

By Ricardo Baptista Leite, CEO, HealthAI – The Global Agency for Responsible AI in Health

Health care has become a particularly fertile ground for developing artificial intelligence-driven solutions for everything from administrative tasks to population management, clinical decision support tools, virtual assistants and scribes, diagnostics, personalised and precision medicine, surgical and assistive robotics, accelerated drug development, and a growing array of new applications.

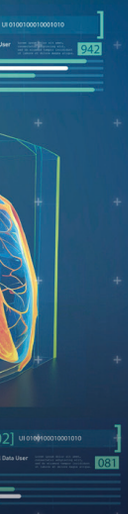
A significant share of these technologies has led to measurable improvements in health outcomes. There is even growing evidence of cases where patients have considered 'machines' to demonstrate more empathy than their human counterparts. Additionally, AI-driven technologies are becoming increasingly less expensive. Thus, AI has the potential for demonstrable cost savings in health systems where budgets are constantly constrained by growing expenditures and demand.

However, despite its promise, we have yet to see a widespread adoption of AI technologies capable of delivering measurable improvements in health and well-being across societies. This slow improvement is due to the low quality of most health data sets, lack of digital literacy, digital divides, and infrastructural limitations across health systems and communities. But a more fundamental barrier holds humanity back.

FOCUSING ON OUTCOMES

Most AI tools have been implemented by hospitals and clinics with the goal of solving some pressing issues faced by current health systems. And that's the problem. We continue to see technologies being developed to retrofit AI into current health system architectures. But current models of care are 'broken'.

The contemporary industrialised healthcare system focuses on processes, not health outcomes. This has led to



an increasing burden of disease in communities and ever-growing costs. Current systems limit themselves to reacting to diseases instead of proactively preventing them and promoting health and well-being. This leads to a vicious cycle of the poorest people and those living in the most vulnerable conditions being systematically left behind, and growing as a share of the total population. Continuing to implement AI to feed these disease-reactive systems will inevitably lead to an acceleration of inequalities, a higher burden of disease and unsustainable costs.

So yes, AI has the potential to become the greatest divider or the greatest equaliser of our time. The outcome depends on us.

To embrace AI's full and positive potential in health care, we need decision makers at different levels of government and management to know exactly what they want to achieve through the application of these technologies. We need leaders to stop seeing AI as a new shiny object, but to ensure that these solutions contribute effectively to a clear vision and purpose.

Why use AI? Will it improve health outcomes and lower the burden of disease? Will it contribute to the sustainability of the health system? These are the questions everyone in power should ask before investing in any AI-driven technology. If the answers are unclear, they should reconsider the proposed investment altogether.

Transitioning to a proactive approach signifies a fundamental shift from hospital-based, disease-centric models to person-centred care. There should be incentives for everyone in the value chain of care to ensure that every action contributes to continuously improved health outcomes that reach all citizens within each community. Such a revolution in healthcare delivery depends on our capacity to perform big data analytics, now made possible by the power of AI. This transformation is essential to lower the burden of disease and foster more sustainable health systems. Such a proactive provision of care prioritises prevention, health promotion and early interventions. By focusing on individual health needs and conditions, care is tailored to the person rather than the disease. Such a shift not only improves health outcomes but also enhances the quality of life for individuals, and promotes equity and accessibility in healthcare services. Moreover, it leads to a more productive and growing economy while fostering a culture of societal and individual well-being. Health as an investment will be perceived by, and benefit, all citizens.

For low- and middle-income countries, AI presents a unique opportunity to leapfrog traditional healthcare development stages and rapidly advance to high-quality, personalised care. These countries can implement cutting-edge AI technologies without the burden and costs of legacy systems, allowing communities in low-resource settings to build efficient tech-driven health infrastructure from the ground up. They can address healthcare disparities, improve access to medical services (including in rural areas) and enhance the overall quality of care, thus contributing to making universal health coverage a reality.

ADOPTING AI SAFELY

However, AI's success as a social equaliser will only be possible if the principles of 'responsible AI' are followed from the beginning, including in the development of these technologies and their deployment in society. These principles aim to ensure that AI is used in ways that can be considered ethical, equitable, fair, accountable, transparent and sustainable.

To ensure that AI is used responsibly across health systems systematically, we need a governance model with regulatory agencies as gatekeepers, ensuring that these technologies meet rigorous safety, quality and efficacy standards before they gain access to markets. Post-market surveillance mechanisms are equally necessary to monitor the ongoing performance and impact of AI tools, identifying any unintended consequences and ensuring continuous improvement. A global early warning system can help detect and mitigate potential risks associated with AI deployment, build trust among stakeholders, safeguard public health and, ultimately, accelerate the adoption of these technologies.

For such a governance model to be possible, all stakeholders need to benefit from it, and therefore there must be clear incentives for both the public and private sectors. Health technology assessment and reimbursement models should be updated to reward the value provided by AI-driven solutions. These models must consider the long-term benefits and cost savings associated with the value generated by improved health outcomes and reduced disease burden. Providing financial incentives and support for innovation will stimulate the development and implementation of AI technologies, ensuring that they are accessible and beneficial to all segments of the population.

HealthAI – The Global Agency for Responsible AI in Health is dedicated to accelerating equitable access to AI-driven technologies that improve health outcomes and well-being for all. This mission hinges on building trust among all stakeholders and establishing the right incentives to align efforts to achieve these common goals. Full-scale adoption of AI in health care requires the active participation of governments, healthcare providers, technology developers, academia, patients and citizens-at-large. By joining the HealthAI Community of Practice, you too can play an active role in this transformation. Together, by co-creating a global ecosystem that promotes the responsible use of AI, we can ensure that these technologies contribute to better health for everyone, everywhere. The path forward is clear, and it is time to take decisive action. Let's get started. ■

RICARDO BAPTISTA LEITE

Ricardo Baptista Leite is a Portuguese-Canadian physician trained in infectious diseases with experience in global health, health systems and science-based policymaking. Prior to his current role as CEO of HealthAI – The Global Agency for Responsible AI in Health, he served four terms in Portugal's parliament on both the health and foreign affairs committees. Baptista Leite is a city councillor in Sintra and was deputy mayor of Cascais. He is the founder and president of the UNITE Parliamentarians Network for Global Health and chairs the Harvard-Charité Global Health Policy Lab in Berlin and the Center for Global Health at Nova University in Lisbon.

By Sarah Neggazi, chair, public health, International Pharmaceuticals Students Federation

Putting young people at the centre of digital health strategies

Young people are already digitally literate and open to using technologies for a range of health habits and concerns. So let's put their knowledge to good use and add them into the conversation

With the rapid digital revolution and the rise of artificial intelligence, young people are bound to leverage digital health benefits while mitigating the potential threats, ensuring that digital advances contribute positively to their physical and mental well-being as well as the health and the resilience of their communities.

When you are born into this world of screens and smartphones, it becomes natural that the first language you will master is the digital language. As such, the life you will live will likely not look anything like your parents' – and neither will your health choices.

As digital natives, young people navigate a world that is being reshaped by digital health technologies. They use smartwatches, smartphones and well-being apps daily to adopt healthy habits and lifestyles ranging from good nutrition to physical activity to staying hydrated, which aim at preventing a future decline in

health status and promoting healthy ageing communities.

Other digital platforms allow young people to open up about sensitive topics such as mental health and sexual and reproductive health, share their experiences, and seek support discreetly or even anonymously. They can benefit from personalised health support that preserves users' privacy via feedback chatbots, peer support, calls with healthcare professionals and health resources' gamification. These platforms proved to be helpful to young people during the Covid-19 pandemic and continue to be widely utilised.

HEY AI – CAN I TRUST YOU?

Because digital health tools are not considered medical devices, they do not have to comply with international regulations that ensure the evidence-based nature of the information and recommendations shared with users. Misinformation and false sources can thus easily spread among young people.

Misleading messages included in digital health platforms may also pose a serious threat. For instance, young people can be victims of tobacco industries that convince them that e-cigarettes are less harmful than traditional cigarettes and can therefore be safely consumed.

According to the World Economic Forum's Global Risks Report, misinformation and disinformation are the most serious threats that the world will face in the coming two years. Therefore, equipping young people with the skills required to distinguish fake from credible information is critical for unlocking the full potential of digital health solutions. One effective way to achieve this is to introduce digital literacy courses in schools worldwide.

Some health data governance frameworks allow the collection of personal data as a way of tailoring health recommendations that could put users' privacy and safety at risk, as these technologies are often not regulated by a health authority. Fitness and wellness apps may share sensitive data with third parties without the user's permission or knowledge.

Despite the benefits of innovative technologies for youth health, that tech remains a double-edge sword.

SARAH NEGGAZI

Dr Sarah Neggazi is a pharmacy resident at the University of Algiers. She is currently serving as the International Pharmaceutical Students Federation's chair of public health and a focal point for the World Health Organization, the United Nations Framework Convention on Climate Change and the United Nations Environment Programme. She is passionate about advocating for better use of digital health to improve patient outcomes. She also advocates for meaningful youth engagement in health governance and serves as the IPSF focal point for the WHO Youth Council.

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Robust data protection policies must be implemented, and best practices should be shared between countries to improve the overall management of AI tools and leave no one behind.

HEY AI – AS YOU HELP ME, I CAN HELP YOU TOO

Despite the digital divide, existing inequalities and challenges in access to the internet in low- and middle-income countries, young people have proven to be more comfortable in adopting digital health tools than older generations regardless of where they live. They demonstrate awareness not only of their responsibility in maintaining their own well-being but also in leveraging technology to address pressing public health issues through digital health promotion. In light of this growing interest, numerous international initiatives led by United Nations agencies and civil society organisations have focused on bringing young people into the discussion about digital health solutions to accelerate progress towards achieving the Sustainable Development Goals – one example is the World Health Organization's 2020 Youth-Centred Digital Health Interventions, which is aimed at supporting and guiding the development and implementation of digital health solutions for young people worldwide. Youth networks across the globe, such as Young Experts Tech for Health and the Lancet Youth Network, are also leading meaningful youth engagement in digital health design, capacity building in digital skills, and wider access to health education and services. At the International Pharmaceuticals Students Federation, many member organisations organise annual initiatives such as 'digital week' to promote the use of AI and health technology in their local communities and improve digital health literacy among older generations. The collective voices of these members have also helped shape the IPSF Global Policy Declaration on Digital Health adopted by 113 countries in August 2024 to represent the stances of over half a million young pharmacists and pharmacy students across the globe.

As digital technologies continue to bring tremendous progress in health promotion and disease management, a bottom-up approach that places healthy individuals at the centre and empowers youth to contribute to increasing digital health literacy and creating innovative digital tools is vital.

Trust is a two-way street and young people are key to achieving a healthy future. Let us develop and implement policies that keep youth at the heart of digital health, ensure digital safety, build trust and create more resilient health systems. ■

All for health, health for all

To do its work properly, in the face of myriad, unprecedented threats, the WHO needs more sustainable and predictable funding – which it hopes to achieve with its new investment round for new and existing donors.

By Catharina Boehme, assistant director-general, external relations, and Melanie Bertram, unit head, Delivery for Impact, World Health Organization

Health is facing an unprecedented threat, with severe inequities worsened by Covid-19. Over half of the global population lacks essential health services, and 2 billion people face financial hardship due to out-of-pocket health spending. The number of children who have not received a single vaccine dose is climbing for the first time in modern history, non-communicable diseases are now the leading cause of early death, mental health issues are more prevalent,

> **Investment in the WHO brings a health return”**

antimicrobial resistance is rising, and climate change threatens the habitability of our planet, on which all life depends. Conflict, insecurity and displacement abound, while the disturbing trend of attacks on healthcare workers and facilities has escalated alarmingly.

The 14th General Programme of Work was created with member states of the World Health Organization to address these challenges.

However, the WHO's funding constraints hinder the GPW14's implementation. Dues paid by member states cover only a quarter of the WHO's budget, with the rest from voluntary contributions, mostly from a few donors, with the top 10 donors accounting for 70% of the total funding. These contributions are often short term and earmarked, leading to an unstable workforce and inefficient use of time writing more than 3,000 donor reports each year. To achieve the health-related Sustainable Development Goals, the WHO needs sustainable financing – flexible, predictable and resilient funding.

A NEW FUNDING OPPORTUNITY

In 2024, the WHO therefore launched its first investment round to mobilise resources for its core work, outlined in the investment case titled 'All for Health, Health for All'. Investment in the WHO brings a health return, with $35 returned for every $1 spent in our core areas of work – the development of guidance, data collection and monitoring, technical support and capacity building.

The investment round is an opportunity for existing and new donors to engage in a process that will culminate in multiple pledging opportunities in the second half of 2024, spearheaded by two head-of-state level events. The first is championed by Chancellor Olaf Scholz of Germany, President Emmanuel Macron of France and Prime Minister Jonas Gahr Støre of Norway at this year's World Health Summit in Berlin. The second comes at the G20 summit in November hosted by President Lula da Silva of Brazil in Rio de Janeiro.

Sustainable financing of the WHO is a political choice that will enable decisive steps to be taken to tackle emergencies and outbreaks that threaten lives and jeopardise global health security, to reduce disease and to continue working to improve well-being for everyone, especially for the most vulnerable – ultimately saving 40 million lives, and delivering All for Health, Health for All. ■

CATHARINA BOEHME

Catharina Boehme is the assistant director-general of external relations for the World Health Organization, overseeing governing bodies, communications, partnerships and fundraising. From 2021 to 2023, she served as the director-general's chef de cabinet. Previously, she was chief executive officer of the Foundation for Innovative New Diagnostics and co-convener of the Access to COVID-19 Tools Accelerator to drive equitable access to Covid-19 testing. As a medical doctor, Dr Boehme worked in Tanzania, Ghana and Germany with a focus on tuberculosis, and participated in two Lancet commissions. She has served on several global advisory bodies, and is currently representing WHO on the Global Fund board.

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MELANIE BERTRAM

Dr Melanie Bertram leads the Delivery for Impact team at the World Health Organization, where she focuses on the analysis and use of data to inform the prioritisation and acceleration of health impact. She previously worked as a health economist at the WHO, supporting member states to develop health service packages and establish mechanisms for evidence-informed decision-making. Prior to this she worked in Australia, Thailand and South Africa supporting government decision-making processes.

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Building a stronger health ecosystem in Malawi

In the face of budget constraints and competing health priorities, Malawi faces tough decisions in its pursuit of improving health care for its people. However, the country is investing in multiple initiatives and has developed a new financing strategy to drive much-needed change

By the Honourable Khumbize Kandodo Chiponda, minister of health, Malawi

Like many low- and middle-income countries, Malawi is undergoing an epidemiological and demographic transition. Non-communicable diseases now constitute 33.4% of the disease burden, up from 22.1% in 2010, and communicable diseases comprise 43.4% of the disease burden, down from 57.8% in 2010. In addition, maternal and neonatal conditions rank first as a single cause of the burden of disease, at 13.8%. Malawi's total health expenditure per capita is estimated at $39.90, where it has stagnated for two decades. This is mostly owing to its rapidly growing population, which is expanding by 2.6% per annum. The population is largely youthful, with 80% of its people aged below 35 years and a median age of 17. Although the youthful population presents a huge opportunity for the country, there is also the problem of a high teenage pregnancy rate, which stands at 29%.

INVESTING IN CHANGE

Malawi has invested in a primary healthcare system as a cost-effective platform for tackling the multipronged burden of disease. The primary healthcare system consists of nearly 500 health centres and 90 health posts, and about 15,000 health surveillance assistants who anchor the community health system and provide community promotion and preventive health services across the country. The Ministry of Health introduced the Integrated Community Health Information System to support integrated and timely reporting of community health data and to support disease surveillance. The ministry aims to construct 900 health posts in hard-to-reach areas and increase the number of health surveillance assistants to meet a 1:1,000 HSA to population ratio and increase the number of community midwife

KHUMBIZE KANDODO CHIPONDA

The Honourable Khumbize Kandodo Chiponda has been minister of health in Malawi since 2020 and is currently serving a second term as a member of parliament. She has worked as a biochemist in the Ministry of Health, as well as a pharmacist manager for Malawi Pharmacies. She also served on the Pharmacy Medicine and Poisons Board and on the board of Member City Pharmacies, and is currently a member of the board of the Kamuzu International Academy and organising secretary for the Malawi Congress Party. She is also an ardent farmer.

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assistants and community nurses. It is also the government's priority to provide the necessary equipment, supplies and supportive supervision for the HSAs. Malawi's primary healthcare system also provides a platform for multisectoral action on population management, nutrition, and maternal and child health.

Given the multipronged disease burden, the Malawi Health Sector Strategic Plan III (2023–2030) has proposed the integration of health service delivery and a client-centred approach. The Ministry of Health is therefore piloting the integration of outreach clinics to communities and pathways at the health centre level. The design of the integration implementation has involved health workers and communities in order to build ownership and trust. The ministry has also commenced a holistic review of health worker cadres in order to respond to the multifaceted disease burden and to prepare a workforce at the primary level that will be capable of managing non-communicable diseases and pandemics.

REPAIRING AND REBUILDING

The Covid-19 pandemic and recurring adverse weather events have caused so much loss to Malawi. Lives have been lost, health has been diminished, livelihoods have been deprived and the provision of health has been disrupted. The government has thus embarked on efforts to strengthen pandemic preparedness through enhanced disease surveillance, implementation of a One Health system, the establishment of infectious disease treatment centres at tertiary hospitals and isolation centres in districts, and the building of a response team that is ready to deploy immediately when a pandemic or climate-related emergency arises.

Malawi faces many difficult political choices, given the prevailing health sector situation. Chief among these is what should be financed from the national budget, given the low level of health financing, broadly, and domestic financing, particularly. With an increasing population, a multifaceted disease burden, and a stagnant total health expenditure per capita, explicit choices must be made about what package of services will be delivered using the government budget and how services outside that benefit package will be paid for. The Ministry of Health has developed a national health financing strategy that has proposed many reforms to attempt to address the situation. The strategy will explore earmarked taxes for health, and strengthen equitable financing mechanisms in order to capture individuals who do not contribute according to their capacity to pay. The ministry is also engaging the private sector to strengthen public-private collaboration in delivering and financing health care. The decision on how much to invest at the primary level versus the higher levels is also a critical one. On the one hand, the country could invest in more highly skilled health workers at the primary level to strengthen gatekeeping to the higher levels, but that may be costly. On the other hand, the country could maintain the status quo and risk poorer outcomes or congested secondary and tertiary health facilities. ■

“Malawi faces many difficult political choices, given the prevailing health sector situation. Chief among these is what should be financed from the national budget, given the low level of health financing, broadly, and domestic financing, particularly”

The Pandemic Fund is building reserves for the next inevitable pandemic, taking an important step to building resilience and global security through a multisectoral, One Health approach

Why the world needs a well-resourced Pandemic Fund

The Covid-19 pandemic highlighted the disruptive nature of disease outbreaks when we are unprepared. Millions of lives and trillions of dollars in global gross domestic product were lost because we were not able to contain the virus. But this was not the first time that the world was faced with a pandemic. Previous outbreaks – including avian influenza, SARS and Ebola – have also had far-reaching social and economic consequences.

Weaknesses in prevention and preparedness for disease outbreaks and pandemics, particularly in low- and middle-income countries, have been a longstanding concern. The urgency to address this is underscored by the increased threat of outbreaks, exacerbated by climate change, migration and antimicrobial resistance. Experts predict there is more than a 50% likelihood that another Covid-like pandemic will hit us in the next 20 to 25 years.

Relatively modest investments can help avert the much larger costs that the world will incur if we are unprepared for the next global health crisis. Yet adequate, sustained funding has not followed. The international community has a key role to play, both in bringing additional financing and in incentivising countries to do more.

By Priya Basu, executive head, Pandemic Fund

THE PANDEMIC FUND

In September 2022, the world took a significant step towards augmenting the global health security architecture by establishing the Pandemic Fund – the first of its kind. It is a multilateral financing platform dedicated to investing in pandemic prevention, preparedness and response capacities in low- and middle-income countries.

The speed at which the fund came together, through a collaborative alliance between its 27 founding donors, the World Bank, the World Health Organization, civil society and other partners, is a testament to the possibility of global cooperation.

The Pandemic Fund supports capacity building and implementation of pandemic PPR under the International Health Regulations, and any amendments or enhancements thereof, as well as other internationally endorsed legal frameworks, consistent with a One Health approach. Its mandate is aligned with potential

activities under the Pandemic Agreement, which is currently being negotiated.

Five features of the Pandemic Fund's governance and business model – which enable it to drive change, with a focus on equity, inclusivity, transparency and accountability – are worth highlighting.

- First, its governance features equal representation from contributor countries, which include countries from the Global North and South, and co-investor countries from the Global South. In addition, it includes the participation of civil society organisations. In deploying grants, the fund focuses on initiatives that demonstrate country or regional ownership, and a commitment to gender and health equity and community engagement.
- Second, the fund has the flexibility to work through a variety of institutions, complementing their efforts. In essence, it serves as an enabler, deploying grants to support and encourage international institutions, such as multilateral development banks, United Nations organisations and global health initiatives to maintain a focus on pandemic PPR – amid competing priorities.
- Third, it has a catalytic financing structure. Grants are awarded to projects that draw in co-financing from international partners, including the fund's 13 implementing entities, bilateral agencies and the private sector, as well as co-investments from countries themselves – incentivising countries to prioritise this agenda and increase their own efforts.
- Fourth, the fund promotes collaboration and coordination across sectors within countries, between countries, among international agencies, and between national, regional and international actors. It helps countries and regions assess and meet pandemic PPR financing needs and gaps, supports access to various funding mechanisms, and brings coherence in funding streams.
- Fifth, it fosters competition and innovation, promoting public-private partnerships.

The Pandemic Fund raised $2 billion in its first year and moved quickly to deliver financing to where it is most needed – in the areas of early warning, surveillance, laboratories and the health workforce, which are considered vital to preventing, detecting and rapidly responding to infectious disease outbreaks. The first round of grants was awarded in July 2023 to projects that strengthen capacity, both within and across borders, with each dollar catalysing an additional $6. The second round will be awarded later this year.

Projects supported are already demonstrating the Pandemic Fund's added value to the global health architecture through filling critical gaps, mobilising additive financing, and galvanising partner coordination and collaboration through multisectoral, One Health approaches anchored in national and regional priorities, and engaging communities. The projects embody whole-of-government, whole-of-society approaches that are essential to building trust and safeguarding vulnerable populations.

SUPPORTING FURTHER ACTION

The two funding rounds have generated tremendous demand. Some 142 countries have requested over $7 billion against the $850 million offered. To meet this demand and maintain the momentum, the Pandemic Fund urgently requires more resources. That is why the fund is working to raise at least $2 billion in new funding for the next two years – to support implementation of the medium-term strategic plan focused on helping countries and regions build pandemic resilience.

As the Pandemic Fund works on the near-term fundraising effort that will culminate in a pledging event on 31 October 2024, it is calling upon existing as well as new donors to contribute, noting that a well-resourced Pandemic Fund is vital to protecting people everywhere from the next disease outbreak, and to creating a safer and healthier future for all.

In parallel, the Pandemic Fund is charting a path towards long-term sustainable financing. And the fund remains committed to amplifying voice and inclusion, including through enhancing its governance, bolstering transparency and accountability, building on its robust structure, and drawing on lessons learned. ■

PRIYA BASU

Priya Basu is the inaugural executive head of the Pandemic Fund at the Word Bank, having led the Multilateral Leaders Task Force on Covid-19 to address vaccine access and delivery, as well as engagement on pandemic prevention, preparedness and response with the G20 and G7. Previously she led the World Bank's Women Entrepreneurs Finance Initiative, and managed multilateral financing mechanisms and trust funds to address epidemics and pandemics, climate change and refugee crises. She has also worked as an economist at the International Monetary Fund, the Asian Development Bank and the International Labour Organization.

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Tackling the rising disease burden through health system resilience

Acting early on non-communicable diseases benefits us all. We must advocate for targeted investment and policies to meet the challenges these diseases pose, and partner on efficient, long-term solutions to improve global health

By Iskra Reic, executive vice president, vaccines and immune therapies, AstraZeneca, Partnership for Health System Sustainability and Resilience Steering Committee member

Every two seconds, someone dies prematurely from an NCD. By my estimation, that's around 90 lives lost by the time you finish reading this article. Driven by varied, complex factors, NCDs cause 74% of deaths globally – 41 million people every year – and this number is rising. Together, cardiovascular and chronic respiratory diseases, cancer, diabetes and mental health conditions could cost the global economy $47 trillion between 2010 and 2030 – almost twice the current GDP of the United States. We're in an unprecedented health crisis, which is set to increase in severity as the global population ages and more people live with multiple health conditions.

Approximately 80% of NCDs are preventable, and evidence suggests this disease burden could be significantly reduced. But progress has been inconsistent, and few countries are set to achieve Sustainable Development Goal target 3.4, which aims to reduce premature mortality from NCDs by one-third by 2030.

There is a significant United Nations High-Level Meeting on NCDs in 2025, which is a critical opportunity for concerted action on this agenda. Stakeholders must address the issue head on, and as health sector leaders we must advocate for early action, evidence-based policies and investment in long-term solutions to safeguard population health.

WE MUST ACT NOW TO REAP THE BENEFITS

Time is of the essence. Acting early on NCDs through prevention and early detection will improve health outcomes for patients, reduce pressures on health systems, and benefit societies by boosting economic activity and workforce participation. Everyone, no matter who they are or where they live, must have access to timely, quality care, including regular health checks and screenings for conditions such as cancer and chronic kidney disease. For instance, lung cancer screening through advanced techniques such as low-dose CT scans, X-rays enhanced by artificial intelligence and other early detection methods can significantly reduce the disease burden.

In addition to acting with urgency, we must prioritise equity. NCDs primarily affect people of lower socio-economic status – including those with barriers to accessing education, living in poverty, who are unemployed, or are marginalised due to their ethnicity or sex. Addressing the social determinants of disease could improve health equity, alleviate poverty and enhance

ISKRA REIC

Iskra Reic has held a variety of leadership roles in her 23 years at AstraZeneca. As the executive vice president of the vaccines and immune therapies unit, she oversees the global vaccines and immune therapies pipeline and portfolio. She has a PhD in strategy and leadership and an international executive MBA in business and leadership from the IEDC-Bled School of Management.

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social cohesion. We must ensure health systems serve all and make a concerted effort to close care gaps.

Another critical component is delivering concerted action on the nexus between climate and health. Ironically, the health sector is contributing to the climate crisis, which is, in turn, exacerbating the rise in chronic diseases. That's because making, moving and delivering medicines and care is energy intensive; currently, around 5% of global emissions stem from health care. Keeping people well and out of the hospital through early detection and optimal treatment is key to reducing this environmental footprint. Equally important is the decarbonisation of health care. This is a huge undertaking, and sector-wide partnerships focused on collective action, such as the Sustainable Markets Initiative Health Systems Task Force, chaired by AstraZeneca's CEO, Pascal Soriot, are crucial to transitioning to net-zero health systems.

INNOVATIVE, LONG-TERM SOLUTIONS

Health leaders must urgently advocate for a shift from 'sick care' to 'health care', and multisector collaboration is critical. The Partnership for Health System Sustainability and Resilience is a non-profit, global collaboration founded by AstraZeneca, the London School of Economics and the World Economic Forum, which now includes the WHO Foundation, KPMG, Philips and the Center for Asia-Pacific Resilience and Innovation. PHSSR has a unified goal of strengthening health systems, and tackling the NCD crisis is a key focus. It is active in over 30 countries, and several, including Italy, Greece and Vietnam, are already making strides to improve care and screening programmes by adopting PHSSR recommendations.

Embracing innovation is key to ensuring population-wide, timely access to new medicines and technologies, which has been highlighted through PHSSR research. Digital technologies can support improved prevention, diagnosis and treatment of disease, and in turn can alleviate workforce shortages, streamline service delivery and enable swift, personalised care for patients. To maximise the benefits, these solutions must be seamlessly integrated into care pathways.

To foster innovation, we must not underestimate the power of country-specific evidence. Resulting from PHSSR recommendations on electronic health record infrastructure, Japan has prioritised developing a digital platform for collecting and sharing medical information in its latest honebuto, a paper that sets out economic and fiscal policy guidelines for the government. Long term, this will support clinical decision-making and facilitate earlier diagnoses.

WORKING TOGETHER TO ENHANCE HEALTH FOR ALL

Health services must coordinate early detection and treatment pathways, integrate primary and specialist care, harness innovation and incentivise guideline-based care. The latter benefits patients and health systems alike, enhancing health outcomes and ensuring efficiency, consistency and standardisation. Guidelines must be underpinned by clinical and real-world research reflecting our diverse society, including people of lower socio-economic status, addressing gaps in screening, diagnosis, referral or access to care.

Chronic diseases do not affect everyone equally, so it is imperative that policymakers use data to identify at-risk groups in their countries and allocate resources efficiently. They must work in partnership with communities to build trust with these groups, influence policy and deploy end-to-end interventions. AstraZeneca's Healthy Heart Africa programme is an example, helping nine countries address the growing burden of heart and kidney diseases. Partnering with governments, healthcare providers and local communities, HHA is tackling NCDs holistically through awareness, education, screening and evidence-based care, prioritising those at greatest risk and ensuring access to affordable, sustainable and innovative solutions. To date, HHA has identified 10 million people with elevated blood pressure and trained over 11,300 healthcare workers across sub-Saharan Africa.

Meeting SDG target 3.4 on NCDs will not be easy, but we have the resources and know-how to achieve it. PHSSR is already making a difference through its collaborative efforts, and NCDs are the subject of its next research chapter – the Policy Roadmaps – which will be published early next year and provide policymakers with clear, country-specific, evidence-informed action to enhance health system capabilities. Focused action like this demonstrates that by acting now, we can tackle the NCD burden and enhance health system resilience – for the health of people, societies and the planet. ■

AstraZeneca

Transforming healthcare systems in Asia and the Pacific

The Asian Development Bank is working with myriad stakeholders across the region to build a modern, resilient and trustworthy healthcare ecosystem. Here are the strategies it is adopting to reach this goal

Through vaccination, antibiotics and many other advances, modern health care has undoubtedly benefited humanity. It has contributed to the dramatic increase in life expectancy, and improved the quality of life, including for people living with chronic illnesses or previously terminal conditions such as cancer. The Covid-19 pandemic showed how modern health care responded with diagnostics, vaccines and therapeutics to overcome what would surely have been a much worse global catastrophe.

And yet the pandemic was also a testament to the negative side of modern health care. People's trust in health care and authority decreased while vaccine hesitancy increased.

By Eduardo P Banzon, director, Health Practice Team, Human and Social Development Sectors Office, Asian Development Bank

Some people deliberately chose not to avail themselves of Covid-19 vaccines and therapeutics. Many did not have the opportunity to choose due to vast inequities and disparities in care, as well as the breakdown in care in certain moments that exposed our lack of resilience.

TURNING TO THE FUTURE

To fully realise the promise of modern health care that is resilient and trusted by people and communities, we need to learn from past mistakes and create a vision for the future. To build resilience and trust, we need to transform healthcare systems in Asia and the Pacific.

At the Asian Development Bank, we work with governments, the private sector, academia, experts and civil society groups who are at the forefront of diagnosing their countries' health

EDUARDO P BANZON

Dr Eduardo P Banzon is director of the Health Practice Team in the Asian Development Bank's Human and Social Development Sectors Office. Previously he was president and CEO of the Philippine Health Insurance Corporation, World Health Organization regional adviser for health financing for the Eastern Mediterranean region, WHO health economist in Bangladesh, and World Bank senior health specialist for the East Asia and Pacific region. He was also a faculty member of the University of the Philippines' College of Medicine and Ateneo Graduate School of Business and an honorary visiting associate professor at the National University of Singapore Saw Swee Hock School of Public Health.

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Leveraging this experience and engagement, and recognising our role as a catalyst, solutions provider and financing institution, we work on initiatives that can help transform healthcare systems"

problems, addressing these problems and implementing ways forward. Leveraging this experience and engagement, and recognising our role as a catalyst, solutions provider and financing institution, we work on initiatives that can help transform healthcare systems.

First, we need to invest in inclusive, sustainable and resilient health facilities. People need places – whether it is a village health centre or a tertiary hospital – to turn to for their health needs, places where they feel welcome regardless of their background. But these places need to withstand various threats – from future pandemics to natural disasters – while also not contributing to greenhouse gas emissions and climate change. We are therefore embarking on an initiative to Facilitate Inclusive, Resilient, Sustainable and Transformed (FIRST) health facilities in ADB's developing member countries.

Second, we need to invest in human resources for health. The heart of health care remains people: healthcare facilities are only as good as the people who run them. We need to recognise the role of various healthcare workers – from community health workers to allied health professionals. We need to look at different aspects of their careers, and their physical and mental health needs. As Covid-19 showed, the resilience of the healthcare system necessarily involves being able to protect healthcare workers during times of crisis. Besides interventions supporting the production and appropriate deployment of professional healthcare workers, ADB is working to Expand and Nurture Resilient and Inclusive Community Health workers (ENRICH) in its developing member countries.

Third, we need climate action in the health sector. We have known for a long time that health and the environment are inseparable, but we have all been slow to act. Last year, ADB started the Climate and Health Initiative to accelerate climate actions in health. Among the planned CHI interventions is support for innovations and increased investments to fight persistent infectious diseases such as tuberculosis, malaria, dengue and others before they are exacerbated by climate change, through the Ending Climate-vulnerable Infectious and Tropical Diseases (ExCITD) platform. We will continue to strengthen health systems and refrain from promoting vertical disease control programmes, and we believe that it is imperative to proactively address these persistent 'silent' epidemics. In parallel, we will continue to help our developing country members manage climate change–related nutrition, non-communicable diseases and mental health concerns.

Fourth, we will continue to help ensure vaccine security and confidence, as they remain central to health resilience and trust. We will thus continue to support strengthening the regulation of vaccines, diagnostics and therapeutics and their timely and rapid deployment during epidemics and outbreaks. This includes getting key stakeholders, particularly developing member countries, to communicate and collaborate with each other. We will soon convene the Asia Diagnostics and Vaccines and therapeutics Network to Counter Epidemics and other disease outbreaks (ADVaNCE) to accelerate regional cooperation and integration on regulating and deploying needed resources.

TRANSFORMING HEALTH

All these initiatives build on each other. All of them require political commitments, innovation, working with the private sector, widespread use of digital tools, interdisciplinary thinking, collaboration with other sectors, inclusive participation and, above all, significant investment, not just of economic but also political and social capital. If through these initiatives, developing member countries further gain people's trust and enhanced health system resilience, then we will have moved closer to transforming healthcare systems and building an enabling environment for inclusive, sustained, prosperous and resilient health systems and universal health coverage in Asia and the Pacific. ■

A call to prioritise investment in universal health coverage to strengthen resilience

Universal health coverage is one of the SDGs that governments committed to reach by 2030, yet most are off track. UHC2030 is working with international partners to further this cause, which could prove transformational in supporting economies and as a foundation for further growth

By Magda Robalo and Pamela Cipriano, co-chairs, UHC2030

There are many lessons learned from the recent Covid-19 pandemic. One of the most significant is that to withstand and recover from shocks, we need resilient populations, resilient communities, resilient health systems and resilient economies. To achieve this level of resilience, we need governments to make the political choice to make investment in health a top priority.

When governments agreed to the Sustainable Development Goals, they prioritised achieving universal health coverage by 2030. Their commitment was that all people have access to the full range of the quality health services they need, when and where they need them, without financial hardship. Importantly, it included the promise that people should not face any financial barriers in accessing needed health care or risk catastrophic out-of-pocket health spending.

Yet, midway to the 2030 target of the SDGs, progress towards achieving universal health coverage is off track. According to the latest data, at least 4.5 billion people – more than half of the world's population – are not fully covered by essential health services. Financial protection is also deteriorating, with 2 billion people experiencing financial hardship due to health expenditures borne directly by patients.

Those of us working in health see rising numbers of people delaying or foregoing treatment or going broke due to out-of-pocket health expenses. It is impossible to forge resilient communities with this rising health-related poverty. As the inequalities gap widens, trust between government and communities is eroded, further

MAGDA ROBALO

Dr Magda Robalo, appointed co-chair of UHC2030 in April 2024, is president and co-founder of The Institute for Global Health and Development. She is an infectious disease physician and public health expert, who has served as minister of public health and presidential high commissioner for the Covid-19 response in Guinea-Bissau, as a World Health Organization representative and the WHO's director of communicable diseases, and as the global managing director of Women in Global Health.

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PAMELA CIPRIANO

Dr Pamela Cipriano, appointed co-chair of UHC2030 in April 2024, is the 29th president of the International Council of Nurses and a professor at the University of Virginia's School of Nursing and Batten School of Leadership and Public Policy in Charlottesville. She previously served as dean of the UVA School of Nursing, ICN's first vice president and two terms as the president of the American Nurses Association.

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aggravated and compounded by growing debt, poor accountability and lack of transparency in public financial systems and democratic mechanisms of governance.

We know finance ministers face pressure with competing requests for funding. However, insufficient investment in health is not just catastrophic for individuals; it becomes catastrophic for governments as well. Poor health outcomes affect long-term economic growth by reducing worker participation and productivity rates, exacerbate inequities and, in lower socio-economic strata, have a disproportionate effect on household spending. Therefore, choosing to spend wisely in health is both an investment and insurance, saving money in the long run and making universal health coverage and the SDGs more achievable.

UHC2030 is a global, multi-stakeholder platform with members from countries, civil society, the private sector, philanthropic foundations, United Nations agencies and other international organisations. We are putting forward just some of our members' recommendations here, including from the UHC Movement Action Agenda.

We believe that finance ministers, parliamentarians, and other policy and decision makers will find helpful ideas among those listed below that are compatible and applicable to their work, even though every country, just like every patient, has its own context. Our suggestions include:

- Increase and stabilise public spending on health and adopt nationally appropriate spending targets to ensure everyone, everywhere can access the health services they need while minimising out-of-pocket payments throughout their life course.
- Build or strengthen equitable and resilient health systems based on a primary healthcare approach that incentivises universal access, prevention, preparedness and health promotion, and leverages innovations. The majority of essential health interventions can be delivered through primary health care, which is the most inclusive, equitable, cost-effective and efficient approach.
- Establish national public health insurance schemes financed through progressive taxation and consider public subsidies to ensure that no one is impoverished because of out-of-pocket payments for essential health care. Start with the most vulnerable or left behind and progressively strengthen the system.
- Fund the treatment of patients in a way that places them at the centre of care and aligns their needs with access to appropriate services and products.
- Request integration and coherence across the political and policy architecture to ensure programmes and policies affecting health outcomes are mutually reinforcing.

Implementing and operationalising these recommendations requires urgent political and policy action, but the gains can be immense. A recent BMJ paper predicts that the economic benefits from health improvements will add $12 trillion (8% of global gross domestic product) in 2040 because of fewer early deaths and workers being physically and cognitively healthier. Furthermore, each year of life expectancy gained raises GDP by approximately 4%.

It would be useful for finance and health ministers to work together with experts to use existing data to assess their country's health and related policies and budget expenditure, looking at projected costs and future gains. In particular, it is important to disaggregate data to look at the burden of disease within populations and regions, including disaggregating for gender.

Building the resilience of individuals and communities will require short-, medium- and long-term investment. And this investment creates protections that will pay off in terms of avoided disease and premature deaths, shorter hospital stays, less absenteeism at work and higher productivity.

Make the investment now, in advance of 2030, and there is the option of a secondary benefit: building a healthier, safer, fairer and more prosperous world with universal health coverage. The investment into building and strengthening trust within and between communities and government, by including them in decision-making on matters that affect their health and well-being, is priceless. ■

Putting immunisation at the heart of resilience

As a global community, we still lack a framework for supporting countries that are experiencing conflict and humanitarian crises with vaccine preparedness. In doing so, we not only avert immediate suffering, but also lay the groundwork for stronger responses in future

By Sania Nishtar, chief executive officer, Gavi, the Vaccine Alliance

Reading the news these days is not for the faint hearted. Against a backdrop of dire warnings about the climate crisis is what can seem like a regular drum beat of newly emerging conflicts and crises.

In December 2023 the United Nations projected that 339 million people would require humanitarian assistance in 2024 – a more than 100% increase compared with 2018.

But now, more than halfway through 2024 it seems likely, and tragic, that this projection was an underestimate. The horrors of conflict and displacement continue to unfold from Ukraine and Gaza to Sudan and the east of the Democratic Republic of Congo.

And as night follows day, sporadic outbreaks of vaccine-preventable diseases such as cholera and typhoid inevitably follow in the wake of the droughts, famines, conflicts and forced displacement of populations that were on an upward curve even before the disruption and devastation of the Covid-19 pandemic.

NEW THREATS

Meanwhile, the danger of emerging epidemic and pandemic threats is ever present. At the same time as I sat down to write this essay the outbreak of clade Ib mpox in the DRC and surrounding countries was declared a regional and international health emergency by the Africa Centres for Disease Control and Prevention and the World Health Organization.

Back in June 2024, when it assessed the mpox threat, the WHO described the development of the clade Ib mpox outbreak as concerning, due in part to the "resource constraints to respond over such a wide geographic area, limited public awareness of mpox, the insufficient availability of treatment kits and lack of vaccines to date, multiple competing public health priorities, and insecurity". This was an almost identical set of challenges, in fact, to those that beset the response to the 2018–2020 outbreak of the Ebola virus disease in several eastern provinces of the DRC.

The fact that, six years on from that Ebola outbreak, we are dealing with a second Public Health Emergency of International Concern with its genesis in the same part of the DRC underlines a fact that is impossible to ignore: we still do not have, as a global community, an effective and sustainable model of response to health emergencies in contexts of fragility, conflict and vulnerability.

The large investments in the 2018–2020 response have not left a durable legacy of resilience. And from this fact flows several questions. Where do we go from here? How do we build the resilience of fragile health systems, and of marginalised and often traumatised communities, even as we

respond to acute and protracted health crises?

The answers will not be new to anyone working in global health: we must move away from short-term, Band-Aid solutions and focus on building resilient health systems that can weather even the most difficult storms.

This is easier said than done. However, one of the first steps in creating the kind of robust health system that can minimise the suffering caused by public health emergencies is to strengthen the routine immunisation programmes that are the foundation of primary health care.

As Covid-19 showed us, immunisation occupies a unique position at the intersection of primary health care and health security. All but one of the seven PHEICs that have been declared, including the 2022 declaration of the clade II outbreak of mpox, have ultimately been resolved with support from vaccines.

Strengthening the ability of countries to administer routine vaccines therefore not only has the immediate payoff of preventing illness and death caused by known preventable diseases, but also lays the groundwork and the pathways for any future response.

Moreover, the capacities at the centre of effective routine and emergency immunisation are also central to the delivery and resilience of high-quality primary health care. Digital record keeping and stock management; cold chain infrastructure; a well-trained and equipped health workforce; and effective community outreach are universal prerequisites for strong, effective and resilient health systems.

SETTING UP STRONGER SYSTEMS

The good news is that new digital technologies combined with lessons learned over previous decades mean we can put these core elements in place more effectively than ever before. As part of my 180-day plan, Gavi will develop a digital investment roadmap as well as an innovation scale-up fund to ensure these new technologies can make maximum impact on our efforts to ensure that when it comes to immunisation, no child is left behind.

By increasing our investments in health systems and immunisation, and by forging new partnerships in countries affected by fragility, conflicts and vulnerability, we can strengthen global health security and the world's resilience to outbreaks and pandemics.

However, this takes political will and investment. This year Gavi is raising funds for 2026–2030 – during which time we aim to vaccinate more children against more diseases faster than ever before.

If successful this will include investing in health systems and facilitating over 1.4 billion individual contacts between families and health services, enabling more integrated primary health care and universal health coverage. By putting immunisation at the heart of how we build resilience to health emergencies, we can ensure a healthier and safer future for all. ■

SANIA NISHTAR

Dr Sania Nishtar is the chief executive officer of Gavi, the Vaccine Alliance. A medical doctor and former senator in Pakistan, she served between 2018 and 2022 as special assistant to the prime minister in the national government. During this time, she founded a social protection programme and chaired the Council on Poverty Alleviation and the Benazir Income Support Program. In 2013, during Pakistan's caretaker government, she served as a federal minister with responsibility for re-establishing the country's Ministry of Health among other roles, winning acclaim for transparency and accountability during her time in office.

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Knowledge as a foundation to effect change

By the Right Honourable Helen Clark, chair, Alliance for Health Policy and Systems Research

We know the way forward, but it will require more adaptive and responsive strategies and focusing on areas with the biggest impact, as well as recognising the intrinsically political nature of knowledge

While I am generally an optimist, one cannot ignore the dangerous moment our world is facing. Hard-won gains and progress on improving health and well-being for all are under threat. Progress towards universal health coverage is stagnating. Global childhood vaccination rates have still not recovered to pre–Covid-19 levels. Global life expectancy declined for the first time in 30 years because of the pandemic. Only 16% of the Sustainable Development Goal targets are on track to be achieved by 2030. Those missed targets can have cascading impacts, making them more severe. Progress is hard, but backsliding is tragically easy.

Some of the reasons for stagnation and regression in health and human development are clear. We have been experiencing a series of crises concurrently, sometimes described as a polycrisis. But aside from the waning of the most acute impacts of the Covid-19 pandemic, the other crises of climate, conflict, inequality, geopolitical instability and economic hardship are not going away. Terms like 'retrenchment' and 'fiscal consolidation' are crossing the lips of policymakers in rich and poor countries alike. Meanwhile, public debt is at an all-time

high, with UNCTAD estimating that 3.3 billion people now live in countries that spend more to service interest payments on debt than on either education or health.

There is also a crisis of cooperation or, more accurately, the lack of it. Agreement on a pandemic accord has been elusive, leaving the world by and large as vulnerable as ever to the next pandemic threat. Twentieth-century models of global governance seem ever more outdated. And as more countries experience conflict, and others also increase spending on defence, we are missing opportunities to invest in and work towards shared health goals that keep everyone safe.

A NEW APPROACH

If that is the prognosis, what is the prescription? Perhaps the answer lies in an unrelenting focus on the politics and priorities of global health. After all, as German physician Rudolf Virchow once said, "medicine is a social science, and politics is nothing but medicine on a large scale".

What would such a focus look like in practice?

First, it means recognising that different strategies are needed for different challenges. Shifting and shaping the policy agenda requires different approaches from those used to fill policy implementation gaps. In both cases, building coalitions and generating knowledge can help, but the type of coalition and the type of knowledge needed are not the same. The Alliance for Health Policy and Systems Research, which I chair, has recognised this well. It has supported policy analysis studies on how best to frame and implement health taxes across 16 countries. But it also has a long history of supporting practical embedded implementation research studies, often engaging decision makers as leaders in the research process.

Second, in a constrained fiscal space, it means focusing on areas that can have the biggest impact. Global health discussions can too easily descend into a form of 'whataboutism', where, if we care about one health issue or concern, we must prioritise all of them. It is a noble value, but it is not pragmatic. This is especially true when those outside the health sector often characterise it as a financial black hole or bottomless pit. It might make us uncomfortable to admit the need for trade-offs within the health sector, or between health and other sectors, but these are the choices policymakers face daily. Instead, reframing the debate away from specific health issues to cross-cutting approaches can still have broad-based impact. The digital revolution may be here, for example, but it remains unequally distributed. Understanding how to introduce, integrate and maintain digital health solutions to strengthen health systems – so that bottlenecks to service delivery are overcome – is critical. So is keeping equity at the forefront of these efforts to avoid inadvertently exacerbating inequalities in service delivery. Investments in tackling the wider social determinants of health can improve access to health services and foster well-being.

> **"Some of the reasons for stagnation and regression in health and human development are clear. We have been experiencing a series of crises concurrently, sometimes described as a polycrisis"**

HELEN CLARK

The Right Honourable Helen Clark, chair of the Alliance for Health Policy and Systems Research, was prime minister of New Zealand from 1999 to 2008 and a member of parliament for 27 years. She served two terms as administrator of the United Nations Development Programme and as chair of the United Nations Development Group from 2009 to 2017. In 2020, she was appointed by the director-general of the World Health Organization to co-chair the Independent Panel for Pandemic Preparedness and Response. She chairs the boards of the Extractive Industries Transparency Initiative, the Partnership for Maternal, Newborn and Child Health, and other public good organisations and initiatives.

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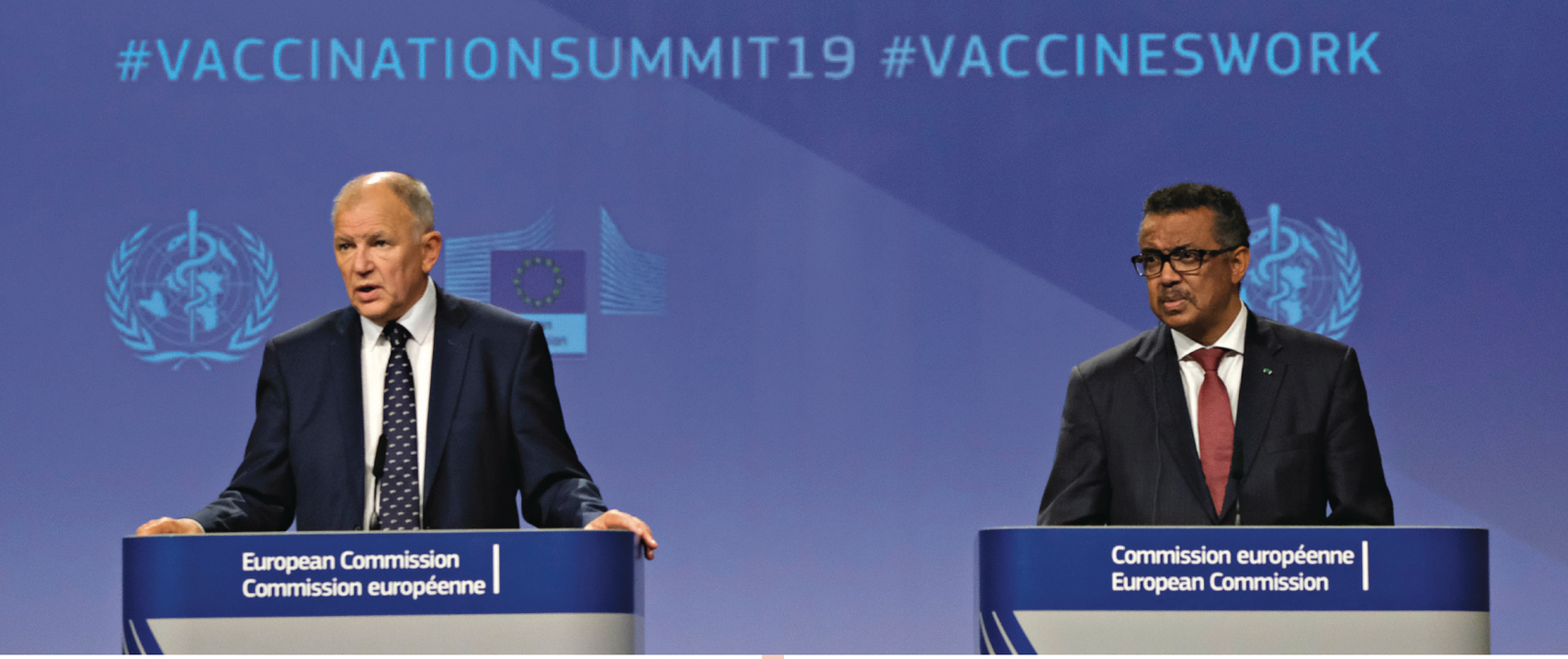
TAILORING STRATEGIES

Third, if we see knowledge as a lever to effect change, we must also recognise that the knowledge generation process is itself political. There are unhelpful hierarchies of evidence that aim to depoliticise knowledge, but which instead reinforce existing social hierarchies and strip knowledge of its context. To engage effectively with politics in global health, we must ensure that knowledge production includes and represents diverse perspectives. This means supporting greater collaboration, both cross-nationally and regionally, among researchers, policymakers, implementers and communities. It also means empowering local researchers and institutions to lead relevant research.

As we face this dangerous moment for global health, we must engage with policy and politics with tailored strategies, focus on impactful and cross-cutting areas, and acknowledge the inherently political nature of knowledge generation. In this way, we can be both pragmatic and optimistic. ■



Recognising the importance of trust to pandemic preparedness and response

Trust is intangible, morphing according to context, community and other considerations. That's why the World Health Organization has developed an initiative to define and build trust specifically for pandemic preparedness

By Sarah Hess, unit head, Pandemic Preparedness Global Platforms, and Sylvie Briand, director, Global Pandemic Preparedness and Monitoring, World Health Organization

Trust is the bedrock upon which effective public health responses to epidemics and pandemics are built, enabling governments, health partners and communities to work together towards common public health goals. However, the Covid-19 pandemic exposed significant challenges in maintaining trust, with many places around the world experiencing an erosion of trust that has yet to be fully restored. This erosion poses a serious challenge for future pandemic preparedness and response efforts. When the world is called on to respond to another pandemic, this response will need to begin in many environments where trust levels are already precariously low. The Global Preparedness Monitoring Board's 2023 report highlighted the importance of trust in pandemic prevention, preparedness and response. It stated that trust is necessary for the cohesion of societies and reduces the risk of polarisation. Polarisation can undermine ongoing response efforts but can also negatively affect other health interventions and sectors beyond health.

Recognising the critical importance of trust, the World Health Organization has launched the WHO Initiative on Trust and Pandemic Preparedness to define and build a collective understanding of trust in the context of epidemics and pandemics. It aims to equip countries with the tools and knowledge needed to understand trust, measure trust, and act to nurture and build trust, even where it is currently lacking.

THE INTANGIBLE NATURE OF TRUST

One significant challenge in addressing trust is its complex and intangible nature. Unlike resources such as vaccines or medical supplies, trust cannot be easily quantified, distributed or administered. This makes it hard for countries to 'do something about it' without fully embracing and understanding its complexity and highly localised nature. Much research indicates that trust is built on an intricate interplay of factors, including transparency, consistency, empathy and effective communication. Trust is not transactional. It requires understanding history and a long-term commitment to fostering relationships among authorities, institutions and the community.

To assist countries in navigating this challenge, building capacities in defining and measuring trust is an important

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Sarah Hess, an expert in international public health, has a background in microbiology and has been with the World Health Organization since 2014. She leads a team in the Health Emergencies Programme that advances epidemic and pandemic preparedness by supporting countries to apply a 'mode of transmission approach' to pandemic planning; by establishing global, multisectoral partnerships and networks for preparedness; and by leading a multidisciplinary initiative to define and measure trust in the context of epidemics and pandemics.

SYLVIE BRIAND

Dr Sylvie Briand is the director of the Global Preparedness Monitoring Board Secretariat at the World Health Organization. Through her extensive career supporting health emergency preparedness and response, she has been involved in the responses to most of the high-impact epidemics and pandemics of the 21st century, including Covid-19, SARS and MERS, Ebola, pandemic influenza, plague, yellow fever, Zika virus, Chikungunya and cholera. Her role within the GPMB is to support the board to advise on global health crises prevention, preparedness and response, and updating the world on the state of preparedness for high-impact public health events including pandemics.

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leadership function of the WHO. By providing countries with the tools to assess and understand the levels of trust within their populations, the WHO can enable more targeted and effective interventions. These interventions can focus on nurturing trust where it already exists and building it where there are trust deficits.

BUILDING TRUST

Interventions to build trust are multifaceted and must be tailored to the specific context of each country and each community, and co-developed with communities. Examples of these interventions include:

1. Communicating transparently: ensuring that public health information is communicated transparently and consistently. This includes being open about uncertainties, acknowledging past mistakes and providing regular updates on the situation.
2. Engaging with the community: actively involving communities in decision-making. This means listening to their concerns, addressing their needs, being sensitive to complex histories and reasons for mistrust, and empowering them to take ownership in co-developing public health measures.
3. Building cultural sensitivity: ensuring public health strategies are culturally sensitive and inclusive, recognising the diverse values and beliefs, practices and traditions within different communities and where possible developed with communities. This can help to ensure that interventions are accepted, trusted and supported by communities.
4. Meeting needs and building local capacities: investing in local health infrastructure and workforce development to demonstrate a commitment to the well-being of the population, thereby fostering the trust of communities in national authorities or institutions.
5. Managing infodemics: actively responding to the information needs of communities, listening to and responding to concerns and addressing misinformation. Infodemic management can build trust in public health messaging.

TRUST WITHIN AND AMONG COUNTRIES

Trust also plays a crucial role in international relations. The Covid-19 pandemic highlighted the importance of trust between countries, particularly for global health governance. The ongoing negotiations between WHO members on the Pandemic Accord and the International Health Regulations revisions underscore the complexities of building trust at a multilateral level.

Although countries generally agree on the principles of pandemic preparedness and response, such as reducing inequities and ensuring access to essential resources, there is often disagreement on how to achieve these goals. Many of these disagreements are rooted in mistrust, whether it be mistrust of other countries' intentions, concerns about equitable access to resources or fears of exploitation.

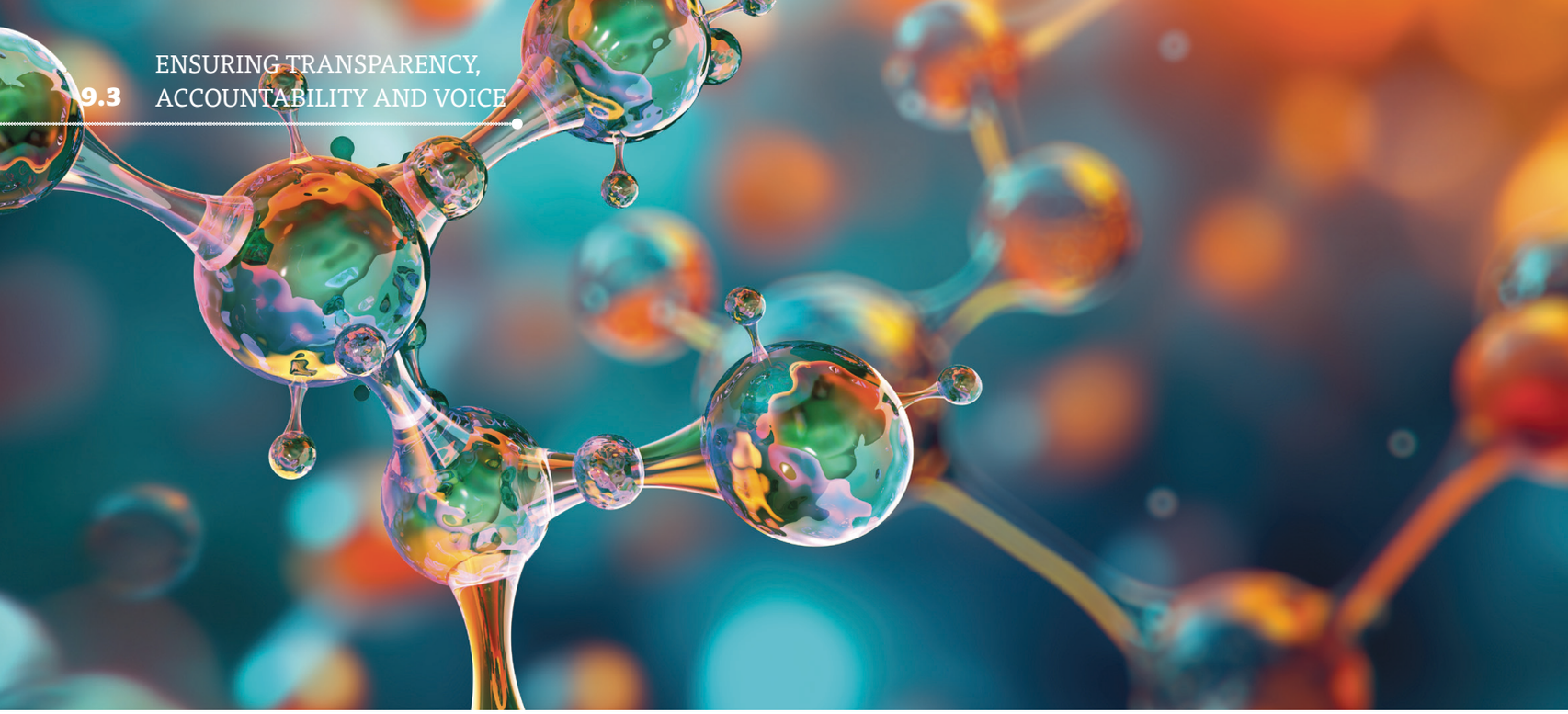
This mistrust can hinder national and global cooperation, leading to fragmented responses and undermining the effectiveness of international efforts to combat pandemics. Therefore, trust must be seen as an essential facet of pandemic preparedness and response, one that spans the spectrum from hyper-local community dynamics to complex multilateral negotiations.

THE WHO INITIATIVE ON TRUST AND PANDEMIC PREPAREDNESS

The WHO's initiative is a critical step towards addressing the trust deficits that currently exist in many parts of the world. Defining what trust means in the context of epidemics and pandemics can lead to a shared understanding that can inform global and local efforts. Moreover, by developing tools to measure and understand trust, the WHO is helping countries identify where trust is strong and where it must be strengthened.

The initiative also emphasises the importance of global solidarity and cooperation. In an interconnected world, no country is isolated from the effects of a pandemic. Trust between countries is therefore essential for ensuring that resources are shared equitably, that responses are coordinated, and that the global community can work together to overcome future health crises.

As we look to the future, trust will clearly be a critical component of any effective pandemic preparedness and response strategy. The erosion of trust witnessed during the Covid-19 pandemic has highlighted the need for a renewed focus on building and maintaining trust at all levels – from local communities to the global stage. In a world where uncertainty and fear can easily undermine collective action, trust remains our most valuable asset in the fight against global health threats. ■



A glance at the various forms of science diplomacy

With most global challenges – from pandemics to climate change – requiring science-based solutions, science and technology are becoming integral to public policies, foreign policies and multilateral relations.

As countries explore the connections between scientific advancements and diplomatic efforts, the concept and practice of science diplomacy are gaining new momentum, with scientific information increasingly intrinsic to diplomatic relations and political choices.

Science diplomacy takes various forms, including the use of diplomatic action to facilitate international scientific collaboration, leveraging the soft power of science to advance diplomatic objectives and using scientific knowledge to inform decision-making in foreign and security policies.

Science is closely intertwined with politics and diplomacy, given its role in advancing collaboration, addressing complicated global needs and forming adequate policy. A core part of UNESCO's mission focuses on shaping the dialogue surrounding these issues

By Lidia Arthur Brito, assistant director-general for natural sciences, UNESCO

UNESCO'S MISSION

These aspects of science diplomacy align closely with UNESCO's mission since its establishment in 1945. As the United Nations agency "created for the purpose of advancing, through the educational and scientific and cultural relations of the peoples of the world, the objectives of international peace and of the common welfare of mankind", science diplomacy has been a part of UNESCO's DNA since its start.

Using scientific and technological collaboration to improve relations among its member states, UNESCO has been at the forefront of flagship initiatives that have profoundly shaped international science diplomacy.

In the early 1950s, UNESCO facilitated the establishment of the European Council for Nuclear Research, for which it is the depository of the CERN convention. The creation of CERN relaunched scientific research in Europe after World War Two and has become an example of scientific collaboration, contributing to post-war reconciliation through scientific cooperation. More recently, UNESCO has supported the development of the Synchrotron-light for Experimental Science and Applications in the Middle East in Jordan, which was inaugurated in 2017. This pioneering project, established under the auspices of UNESCO, is the result of two decades of hard work, uniting eight countries (Cyprus, Egypt, Iran, Israel, Jordan, Pakistan, Palestine and Türkiye) with a twofold goal – to consolidate scientific excellence in the region and to build cross-border collaboration, dialogue and understanding among scientists with diverse cultural, political and religious backgrounds.

ENVIRONMENTAL FOCUS

With the growing need to address

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environmental challenges that go beyond national borders and require coordinated international responses, since the 1970s UNESCO's intergovernmental and international scientific programmes have been promoting international scientific collaboration in biodiversity, geological sciences, basic sciences, water and oceans, with particular attention given to shared transboundary resources with the ultimate goal of ensuring regional cooperation, stability and peace.

An example of UNESCO's science diplomacy in addressing transboundary environmental challenges is its support for implementing the Guarani Aquifer Agreement, which came into force in early 2024. One of the world's largest, it covers an estimated area of over 1 million square kilometres across Argentina, Brazil, Paraguay and Uruguay. UNESCO's involvement reinforces technical cooperation through formal mechanisms, creates monitoring networks and builds capacities among multiple stakeholders. Similarly, the Trifinio Fraternidad Transboundary Biosphere Reserve, spanning El Salvador, Guatemala and Honduras, is the first tri-national biosphere reserve in Latin America and the Caribbean. It serves as a symbol of cooperation among these three countries, integrating efforts to promote biodiversity conservation and sustainable development.

Additionally, UNESCO's World Academy of Sciences, together with the American Association for Advancement of Science, trained over 200 emerging leaders from more than 50 countries around the world through a joint AAAS-TWAS Science Diplomacy training programme.

But the current complex and unprecedented interplay between geopolitical, socio-economic and technological realities, not least as artificial intelligence evolves in our digitalised world and distrust between countries grows, requires a new framework for science diplomacy and innovative approaches that bring together international scientific collaborations and diplomatic efforts. These frameworks and approaches should be characterised by their flexibility to adapt to rapidly changing circumstances, inclusivity to ensure that all voices are heard, a commitment to addressing existing knowledge and capacity asymmetries, and a focus on building trust and mutual understanding.

A BALANCED APPROACH

To address evolving global needs, UNESCO is refocusing its science diplomacy efforts on several priority areas at the nexus of science and diplomacy. These include leveraging science and international cooperation to respond effectively to crises and promote the resilience and integrity of the scientific process during those crises, to manage joint transboundary natural resources peacefully, and to navigate a transition to open science that balances international scientific collaboration with national security concerns, particularly as countries explore the implications of emerging technologies such as artificial intelligence and bio, neuro and quantum technologies. Special efforts will be given to working with governments to support them in the development of their national, subregional and regional science diplomacy strategies, including as part of their foreign affairs policies.

The success of science diplomacy to promote international collaboration and peace in our current polycrisis times will depend on our collective ability to adapt to new challenges, embrace emerging technologies, level the scientific playing field and promote a truly global scientific community. This requires countries to make political choices that prioritise the collaborative advantages of science over competitive ones. It also involves shifting the power dynamics to address common challenges instead of maintaining or widening knowledge and technology gaps between and within countries. To achieve this, we must increase funding for international cooperation, balance national interests with global scientific needs, ensure open equitable access to scientific knowledge, invest in science advice to governments, and improve science literacy among policymakers and diplomacy literacy among scientists.

The International Decade of Sciences for Sustainable Development 2024–2033 has been proclaimed by the United Nations General Assembly. Led by UNESCO, it provides a promising platform for meaningful dialogue among scientists, diplomats and policymakers to define the new international framework and an action plan for a global science diplomacy that addresses common challenges through more collaborative multilateral approaches and evidence-based decision-making at the global scale. ■

How civil society organisations are making a difference

CSOs, with deep roots in their communities, enhance healthcare provision, hold governments accountable and help to build overall trust

By Rodrigo Olin-German, chair, Global Network of People Living with HIV

In the pursuit of robust and resilient national healthcare systems, the role of civil society is often underappreciated. Civil society organisations act as vital intermediaries among the public, governments and international bodies, fostering trust and ensuring that healthcare policies and programmes meet the needs of communities. By actively engaging civil society, healthcare systems can improve outcomes and also build resilience and trust, which are crucial for addressing both ongoing and emergent health challenges.

Civil society engagement is critical in enhancing the effectiveness of national healthcare systems. CSOs often have deep roots within communities, making them well positioned to understand and address local health needs. Their involvement ensures that healthcare policies are not just top-down mandates but informed by the lived experiences of the populations they are designed to serve. This grassroots connection allows for identifying gaps in healthcare provision, designing culturally appropriate interventions, and promoting health literacy and education at the community level.

Moreover, CSOs play a key role in holding governments accountable. By advocating for transparency and equitable access to healthcare services, civil society can ensure that healthcare

systems operate with integrity and responsiveness. This accountability builds trust, as communities are more likely to engage with a healthcare system that they believe is fair, transparent and dedicated to serving their best interests. In times of crisis, such as pandemics, this trust is essential for the effective implementation of public health measures and the rapid mobilisation of resources.

The HIV/AIDS movement serves as a powerful example of how civil society engagement can lead to significant improvements in health outcomes. From the early days of the epidemic, civil society organisations were at the forefront of advocating for the rights of those affected by HIV/AIDS, demanding access to treatment, and fighting against stigma and discrimination. This advocacy led to the development of global health initiatives that prioritised the needs of those most affected by the epidemic, particularly in marginalised communities.

Through sustained engagement, the HIV/AIDS movement has achieved remarkable successes, including the widespread availability of antiretroviral therapy and significant reductions in HIV-related mortality. The movement also demonstrated the importance of community-led responses, where those affected by the disease were empowered to take an active role in shaping the policies and programmes that affected their lives. This model of engagement not only improved health outcomes but also strengthened the resilience of healthcare systems by fostering collaboration between governments, international organisations and local communities.

> “By advocating for transparency and equitable access to healthcare services, civil society can ensure that healthcare systems operate with integrity and responsiveness”

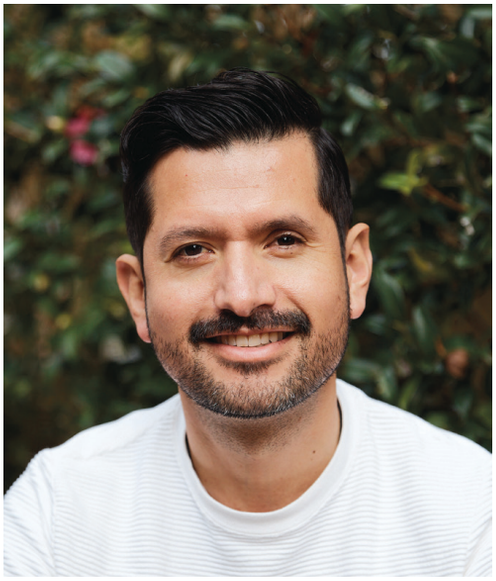
The lessons learned from the HIV/AIDS movement are applicable to other global health challenges. By involving civil society in the planning and implementation of health interventions, healthcare systems can become more responsive to the needs of diverse populations, thereby improving outcomes and building trust.

While the HIV/AIDS movement highlights the potential of civil society engagement, other diseases pose unique challenges that can hinder the achievement of similar outcomes. For instance, non-communicable diseases such as diabetes and cardiovascular diseases are often perceived as less urgent than infectious diseases, leading to less mobilisation of civil society on these issues. Additionally, the chronic nature of NCDs requires sustained engagement and resources, which can be difficult to maintain without strong institutional support and public awareness.

Emerging infectious diseases, such as Covid-19, also present challenges for civil society engagement. The rapid spread and global nature of such diseases necessitate swift and coordinated responses, which can be difficult to achieve without pre-existing networks of engaged civil society actors. In many cases, the need for immediate action can lead to top-down approaches that bypass civil society, undermining trust and potentially leading to less effective interventions.

Furthermore, the politicisation of certain health issues can create barriers to civil society engagement. In some regions, government restrictions on civil society activities or the stigmatisation of certain health conditions can limit the ability of CSOs to operate effectively. Overcoming these challenges requires a commitment to fostering an enabling environment where civil society can thrive and contribute meaningfully to health outcomes.

As we learned from the HIV/AIDS movement, the active engagement of civil society can lead to significant improvements in health outcomes, demonstrating the importance of community involvement, accountability and collaboration. However, other global health challenges, particularly NCDs and emerging infectious diseases, present unique obstacles that must be addressed to achieve similar successes. By prioritising civil society engagement and creating supportive environments for CSOs, national healthcare systems can enhance their resilience, improve health outcomes, and build the trust necessary to navigate both current and future health challenges. ■



RODRIGO OLIN-GERMAN

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WHO governance: from resolutions to results

The world's progress on the Sustainable Development Goals is underwhelming. We can do better by focusing more on results and switching up strategies

With none of the health-related Sustainable Development Goals on track and six years to go to their 2030 deadline, it is time to rethink the World Health Organization's approach. Nothing is more fundamental to this rethink than governance.

The WHO's current governance approach is to pass dozens of resolutions – mostly technical and some administrative – at each World Health Assembly. There is an effort to estimate the resources needed for each resolution and sometimes they come with indicators attached. Separately, and based on its unique constitution, the WHO's governance provides a platform to negotiate international treaties, such as the Framework Convention on Tobacco Control, International Health Regulations or the Pandemic Accord.

By Peter Singer, professor emeritus, University of Toronto

There are strong incentives for the status quo – a resolution economy. Thirty or so technical departments at headquarters gain visibility when they propose resolutions that are negotiated and passed. Countries and staff of Geneva missions gain plaudits for proposing and passing resolutions. Hundreds of thousands of hours and millions of dollars are used this way across the multilateral system. Overall, the problem is that talk is fun, results are hard, and people hate accountability.

This approach leads to fragmentation and a planning disease – where the WHO spends more time on planning than on execution, and results become incidental.

It does not have to be this way. Imagine a world of no technical resolutions,

but rather a governance focused on execution and results. This approach, which I have undiplomatically called GSD (Get Stuff Done), would drive the lagging SDGs.

In addition to being more effective, GSD governance reform would also be more efficient, relieving technical departments from the burden of developing resolutions, and countries from proposing and debating them, and shifting the aim of both groups to results. As an added bonus, the World Health Assembly could take less than two weeks!

Efforts at governance reform, such as the Agile Member State Task Group, have only scratched the surface, mostly focused on process, like how long people can speak.

The status quo raises the question: what are all these resolutions for? And more fundamentally, what is the governance of the WHO for?

Imagine if resolutions at the World Health Assembly followed five fundamental functions of a governing board, loosely based on the Carver model of non-profit governance. Let's take each in turn from a results perspective.

First, the process for selecting the director-general was radically changed to a one-country one-vote process just before the election of Dr Tedros Adhanom Ghebreyesus, the WHO's director-general, akin to a vote for United Nations Security Council membership. The single most important issue here is to select in 2027 a director-general who focuses relentlessly on results.

Second, on setting strategy, the WHO's 13th General Programme of Work 1999–2023 emphasised measurable impact in countries and introduced the SDG-based triple billion target: 1 billion more people leading healthier lives, 1 billion more people with universal health coverage, and 1 billion more people better protected from health emergencies. As Dr Tedros said recently, "GPW13 was the first of its kind in the history of our Organization, with measurable targets and clear indicators, to support countries on the road towards the health-related SDGs". The main gap in GPW13 was measuring and managing the outputs of the organization in a way that drives SDGs and triple billion outcomes, as evaluation after evaluation has shown. Both output and outcome elements are included in GPW14 2024–2028, but exactly how the WHO will accelerate SDG progress remains unclear. The WHO investment case is more tightly constructed – it is a better strategy than the strategy. It could still be improved by focusing more on data and delivery and scaling innovation – where the WHO's role should be to take those innovations, especially social innovations, currently reaching millions of people and scale them to reach tens or hundreds of millions.

Third, measuring progress against strategy has been the Achilles heel of the WHO's governance. At the beginning of Dr Tedros's term, the tools for measuring and managing progress against strategy did not exist; they do now. Over the past seven years, a system called delivery for impact has been developed to address this problem. Its origins are in the ground-breaking work of Sir Michael Barber, adapted to measure and manage the WHO's outputs. There has also been progress in measuring how well the WHO and other multilateral agencies are working together, through the SDG 3 Global Action Plan. The gap now is incorporating these approaches into the WHO's Programme Budget and especially its governance.

Fourth, progress has been made on ethical limitations, beyond which management cannot go and ensuring these are followed, most importantly on prevention of sexual exploitation and abuse.

Fifth, on financial sustainability, much progress has been made. WHO member states have agreed to increase their assessed contributions to 50% of the budget by 2028. The investment case is now tied directly to the WHO's strategy, and it has measurable outcomes and outputs. This is good because only through measurable impact can the WHO build trust and sustain funding.

In contradistinction to when Dr Tedros started his term, the tools are now in place to enable a major overhaul of the WHO governance that would make it more focused on results. There is no need for constitutional change; the WHO could simply change its governance practices as outlined here. But reform would require member states demanding measurable results. The fault lies not in our stars but in ourselves. ■

> **"Overall, the problem is that talk is fun, results are hard, and people hate accountability"**

PETER SINGER

Dr Peter Singer is a professor emeritus at the University of Toronto, former special adviser to the World Health Organization director-general, and co-founder of Grand Challenges Canada and the University of Toronto Joint Centre for Bioethics. He is a board member of Grand Challenges Canada and the Azrieli Foundation. Dr Singer is an Officer of the Order of Canada and a Fellow of the Royal Society of Canada, the US National Academy of Medicine, and the Academy of Sciences for the Developing World.

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Ingraining trust and resilience in supply chains

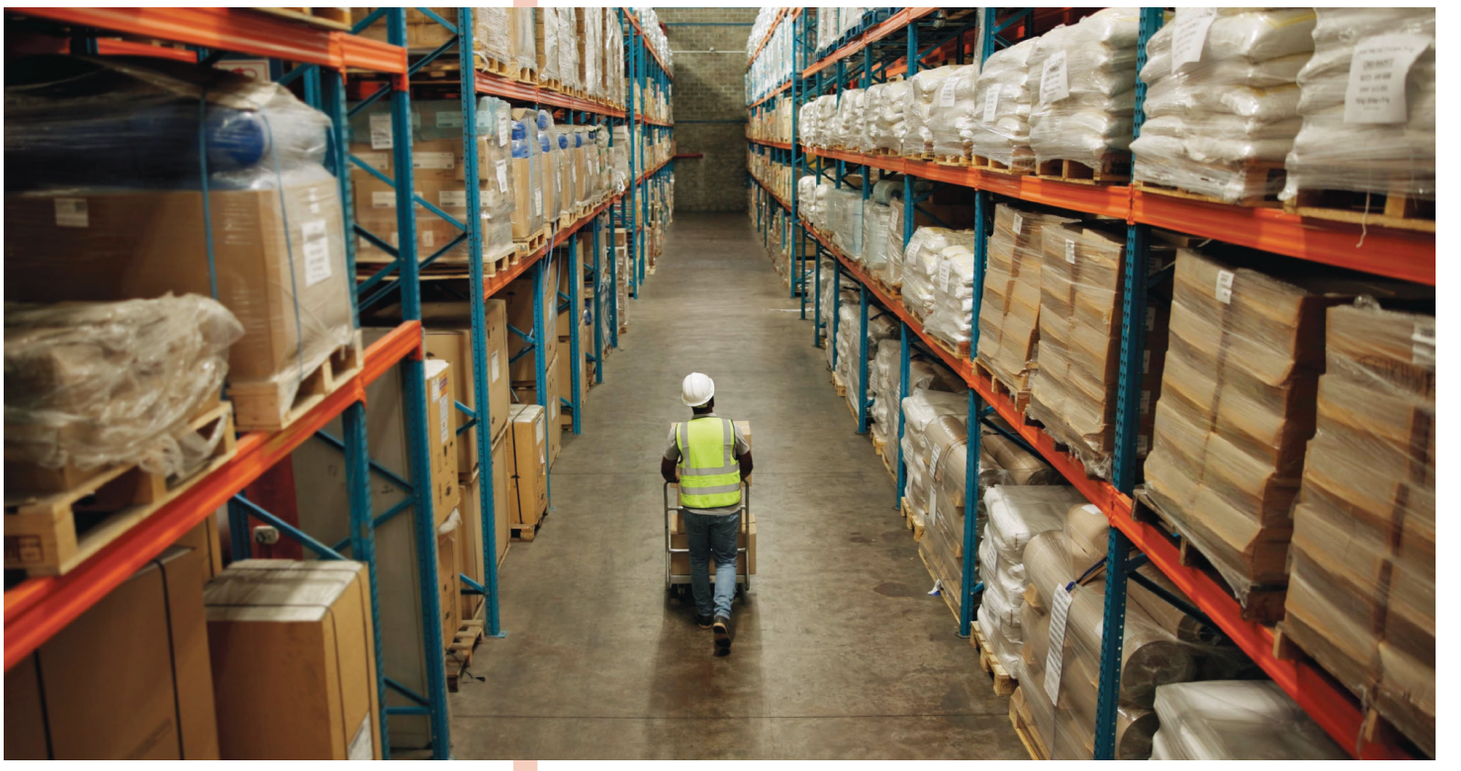
Interview with Yasmin Chandani, chief executive officer, inSupply Health

For people to get the health products they need, we need robust, modern supply chains. And for that to happen, data, appropriate infrastructure and strong governance are all requisites

What aspects of supply chain management are key for creating trust and resilience in health?
Trust speaks to whether patients can count on a supply chain system to deliver what they need when they need it. Resilience relates to how agile a system is in responding to changes to ensure patients' needs come first. For health systems to have impact, individuals must trust they can get the health products they need from that system. Supply chains play a critical role in achieving these six 'rights': the right product at the right cost at the right place and time, in the right quantity and of the right quality.

All supply chain functions must work effectively and in concert to achieve these six rights. A mature system has a favourable regulatory and policy environment, adequate, empowered supply chain professionals staffing the system, a robust design, an eLMIS (logistics management information system) that provides end-to-end data visibility, and appropriate infrastructure.

Even as supply chains mature, focusing on three key aspects – namely, patients and human-centredness, data and its use, and financing – can build trust and resilience. Are supply chains designed to best serve end users? If so, that drives the data collected and how it's used. Funding for health products is always constrained, but with robust data, managers can make informed and strategic decisions and maximise the effective and efficient use of funds. For example, if programmes have enough data, they can forecast their estimates for health products, and use those estimates to strategise on what to provide for free, what to subsidise and what people will pay for.



Programmes do not need perfect data to run a supply chain. Supply chain actors can start with the data they have and use that more effectively. Because supply chains are dynamic, data use can be considered in the context of continuous improvement and through a lens that considers people, process and technology alongside data. When people have the skills and agency to make decisions, can follow a structured process, and technology can support the use of data, supply chain actors can use their data to inform operational, tactical, management and strategic decisions and actions at all levels.

Strategically, for example, providing paracetamol for free may not optimise the use of programme funds, but might be essential to retain the trust of a mother with a sick child who seeks care at a dispensary and expects to receive the medication from her provider. Similarly, routinely available data that signals to managers that there's a shock – like Covid-19, a climate change event or an outbreak – helps drive their decisions on how to change inventory policies or orders.

Who is leading in ways that create trust and resilience?

Countries that have invested in the digital transformation of their supply chains stand out as examples I am familiar with. Tanzania has a well-advanced eLMIS, as do Zambia, Ethiopia, Ghana, Rwanda and South Africa. End-to-end data visibility that includes community-level logistics data is also increasingly important. However, robust data availability is not enough. Data has to be translated into actions and decisions about funding, policies and so on to respond to changes or shocks in ways that always prioritise patients. Many of the countries I mentioned are at various stages of maturity in achieving this level of resilience.

Underlying the effective use of data for resilience and trust is the need for strong, capable leaders and governance systems. Supply chain professionalisation is an important enabler for advancing supply chain maturity. Resilient supply chains require empowered directorates within ministries of health, staffed by professionals who can advocate for changes in financing, policy, regulation and direction setting when a shock occurs. Rwanda, Uganda, Kenya and Tanzania are exploring how to invest in professionalisation to achieve this goal.

As countries and public health supply chains mature and evolve, the private sector has an important role to play in enhancing trust and resilience. Across the continent but especially in Nigeria, Ghana and Kenya, innovators are disrupting traditional supply chains, raising the bar for how supply chains function and what patients can expect. Countries such as Kenya are acknowledging the importance of a total market approach that incorporates private players to expand access and choice for patients and customers. A woman, for example, might get her kids vaccinated through the public system because it's trusted and free. But she might prefer a pharmacy for her contraceptive needs or to get her antimalarials.

> **Future-facing supply chains are resilient, respond to patients' needs and use resources strategically to accommodate constraints, looking at the country's intended health outcomes"**

What are the key political choices that must be made now?

Future-facing supply chains are resilient, respond to patients' needs and use resources strategically to accommodate constraints, looking at the country's intended health outcomes. Digitalisation, supply chain professionalisation, local financing of products and local manufacturing are all potential game changers but must be accompanied by intentional investments in supply chains. Expanding access to build trust must consider equity as a key political choice for governments. In summary, key political choices must encompass an enabling and diverse environment for the context, funding for supply chain systems and products, and intentional, human-centred approaches for operationalising future-facing supply chains. ■

YASMIN CHANDANI

Yasmin Chandani is the chief executive officer of inSupply Health, an East African health advisory firm. With over 25 years of experience, she has supported national governments, non-governmental organisations and multilateral partners in the strategy, design, implementation and measurement of strong, sustainable supply chains for health. Her work spans 15 countries leading teams to develop pioneering supply chain solutions for HIV/AIDS, family planning, community health, immunisation, malaria and essential medicines programmes. Considered a thought leader, Yasmin is a tireless advocate for supply chain professionalisation and the preparation of next-generation supply chain professionals, especially women.

insupplyhealth.com

Health under siege: conflict, insecurity and the role of humanitarian diplomacy in the Eastern Mediterranean Region

Violent conflict is affecting over a third of the region's countries, leaving health systems in tatters, causing unparalleled suffering and diverting resources from other pressing issues

By Hanan Balkhy, WHO regional director for the Eastern Mediterranean, World Health Organization

Public health in the World Health Organization's Eastern Mediterranean Region is facing an unprecedented crisis, with fragility and violent conflict directly affecting nine of its 22 countries. As of 2024, nearly 110 million people in the EMR – one in five – require humanitarian aid. This widespread suffering has made the region the source of 58% of the world's refugees and home to 40% of all internally displaced people.

In recent visits to Afghanistan, Lebanon, the occupied Palestinian territory, Sudan and Syria, I witnessed the dire consequences of political conflict, economic instability and mass displacement on health and well-being. These crises demand more than just health sector support; they require a unified response integrating humanitarian diplomacy and cross-sector collaboration.

The politicisation of health in conflict settings has severe consequences. The health response in Gaza is exacerbated by severe insecurity, access restrictions, the militarisation of hospitals, and attacks on health facilities and humanitarian convoys. In Sudan, humanitarian partners cannot access many people in the Darfur states, Kordofan states, Khartoum state and Al Gezira state, who are cut off from aid.

In Afghanistan and Pakistan – the last two countries with endemic wild poliovirus – eradication efforts are hindered by insecurity, political instability, access constraints and vaccine hesitancy. In Somalia and Sudan, controlling outbreaks of variant poliovirus remains challenging, due to conflict and devastated health systems. Northern Yemen faces formidable challenges where authorities refuse vaccination campaigns, worsening outbreaks of polio, cholera, measles and diphtheria.

Water-borne and vector-borne diseases such as cholera, malaria, dengue and leishmaniasis are spreading, driven by displacement and weakened

health systems in conflict settings. In the first half of 2024, 69 outbreaks were reported across 21 EMR countries, almost matching the 73 outbreaks recorded throughout 2023.

After more than 365 days of war, almost all Gazans face acute food insecurity, with 22% experiencing catastrophic hunger, perilously close to famine. In Sudan, a 45% increase in acute food insecurity over the past six months affects 25.6 million people. Famine has already been reported in North Darfur's Zamzam camp. This hunger crisis extends to Yemen, Somalia, Afghanistan and Syria, where malnutrition rates have tripled over the past five years.

Increased rates of anxiety, depression and post-traumatic stress disorder are prevalent in many conflict-affected countries. After spending time in Gaza in particular, I saw that everyone is suffering from the psychological impacts of the war. Gender-based violence in conflict-affected countries is also a specific concern, with a recent Human Rights Watch report detailing widespread sexual violence towards girls and women in Sudan.

Despite multiple challenges, the WHO has reliably demonstrated that, given adequate resources and access to those in need, good health outcomes are possible even in the most challenging circumstances. In 2023, case fatality rates for seven of eight cholera outbreaks were kept within international standards. Cure rates for severe acute malnutrition in WHO-supported stabilisation centres in Afghanistan, Pakistan, Somalia, Sudan, Syria and Yemen consistently exceed international standards. And recent external evaluations of the WHO's work in Syria and Yemen, as well as the response to Covid-19, have all been very positive, highlighting how the WHO adapts its work according to high risks and operational contexts.

Economic instability compounds these conflict-related health challenges. In Yemen, where 80% of the population lives below the poverty line, people are often forced to choose between buying food or health services, perpetuating a cycle of poverty and poor health. In Syria and Lebanon, economic instability has led to health workers seeking options abroad. This migration, while showcasing the region's ability to cultivate skilled professionals, underscores a pressing issue: retaining them amid ongoing crises. To address this, strengthening the health workforce is one of my three regional flagship initiatives. However, this goal can only be achieved by revitalising health systems and resolving the political and economic challenges that drive health workers to flee.

The economic burden of conflict diverts resources from development to emergency response, and impedes progress towards health goals, including universal health coverage and reduced mortality rates. Additionally, sanctions, intended to exempt health, produce significant shortages of medical supplies, further straining fragile health systems.

In conflict-affected countries of the region, as in any country, health is a cornerstone of life, family, community and sustainable development. Improvements in health facilitate progress in other sectors, and advances in those sectors contribute to better health outcomes. The WHO is committed to advancing solutions that prioritise health equity, solidarity and cooperation. At a regional level, I am actively building consensus on a comprehensive vision that strategically leverages the region's political, financial and human resources.

In the occupied Palestinian territory, the WHO works with Palestinian and Israeli authorities, humanitarian organisations and international donors through diplomatic channels to facilitate the delivery of aid, medical supplies and humanitarian missions to address Palestinians' health needs. In Sudan, the WHO negotiates cross-border humanitarian access to ensure that life-saving aid reaches inaccessible populations through local partners. Following repeated advocacy by the WHO and the United Nations, recent news that Sudanese authorities have opened the Adre crossing between Chad and North Darfur is a positive step towards saving lives and averting famine in Sudan.

The ministerial Regional Subcommittee for Polio Eradication and Outbreaks is a key example of collective intra-regional health diplomacy. Co-chaired by Qatar and the United Arab Emirates, it meets three times a year and includes leaders from the Global Polio Eradication Initiative's Oversight Board and UNICEF regional directors. It reviews progress, coordinates regional efforts and strengthens the political commitment to polio eradication, helping to address challenges such as access, conflict and funding.

In Yemen, Somalia, Afghanistan, and Syria, the WHO is pivotal in negotiating ceasefires for vaccination campaigns and essential health supplies. We are also addressing the health impacts of climate change by developing national adaptation plans for water, sanitation and vector control. Additionally, the WHO collaborates with member states to tackle non-communicable diseases through advocacy, public health campaigns and capacity building. In Afghanistan, a surge in opium production has resulted in over five million addicts. We are committed to working with the United Nations Office on Drugs and Crime and other partners to develop guidance on developing multisectoral national action plans addressing substance abuse and its root causes.

These examples highlight the significant progress achievable through humanitarian diplomacy and collective action. However, the bottom line remains clear: to truly advance health and well-being in the Eastern Mediterranean Region, we need peace.

As our region faces an increasing risk of a wider war, political stakeholders must prioritise dialogue that highlights how conflict undermines health, economic stability and sustainable development. Member states, within and outside the region, must step up for collective action, embracing multilateralism, international cooperation and multistakeholder engagement to breathe new life into humanitarian diplomacy. ■

HANAN BALKHY

Hanan Balkhy became the World Health Organization's regional director for the Eastern Mediterranean in February 2024. She was previously the assistant director-general for antimicrobial resistance at the WHO headquarters and executive director for infection prevention and control at Saudi Arabia's Ministry of National Guard. A paediatrician and infectious diseases specialist, she led the Gulf Cooperation Council Centre for Infection Control as well as the WHO Collaborating Centre for Infection Prevention and Control and Antimicrobial Resistance in Saudi Arabia.

𝕏 whoemro www.emro.who.int

Preventing child deaths in conflict and humanitarian settings is a political choice

I met two little boys in a drought-stricken area. In the short span of their two-year life, they had experienced historic drought followed by severe flooding that took the family's crops, shelter and possessions and brought disease and hunger. When a community health worker visited the family, she found both boys sick and severely malnourished. She referred them to a hospital where they were treated with therapeutic food. When I saw them, they were well on their way to recovery.

These two toddlers are a testament to the effective interventions that we know save children's lives. In fact, this year, the world marked a significant milestone in child survival, with under-five child mortality dropping to an unprecedented low of 4.9 million – a 50% decrease since 2000. But for far too many children I have met in places such as Afghanistan, the Democratic Republic of Congo, Haiti, Gaza and Yemen, their stories have the worst ending. Preventing child mortality in humanitarian settings is perhaps among our greatest global health challenge.

Despite incredible progress in reducing preventable deaths, malnutrition and disease rates, there is still much further to go. We must keep up the momentum

By Helga Fogstad, director of health, UNICEF

RELENTLESS THREATS

Last year, countries characterised as fragile or conflict-affected accounted for about 25% of global live births but nearly 48% of global under-five deaths, on top of 64% of global maternal deaths. The disproportion is poised to widen even further. Today, almost one child in every five around the world is living in or fleeing from conflict. Wasting threatens the lives of 45 million children under age five, corresponding to about 7% of all children. Most of them are among the nearly 300 million people projected to need humanitarian assistance in 2024 due to factors including climate emergencies, conflicts, economic shocks and infectious disease outbreaks.

Children and mothers in these

> “Today, almost one child in every five around the world is living in or fleeing from conflict zones”

HELGA FOGSTAD

Helga Fogstad took up the role of UNICEF’s director of health in December 2023. She is a health economist with more than 30 years of public health experience. Before joining UNICEF, she was the executive director of the Partnership for Maternal, Newborn and Child Health. She has also held several roles at the Norwegian Agency for Development Cooperation, including director of the Department of Global Health, Education and Research.

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settings face relentless threats to their health and well-being. Many surviving children suffer from malnutrition, neglect and mental health issues including trauma and stress and are vulnerable to outbreaks such as cholera. They require not only individual interventions but also a comprehensive, crisis-sensitive approach across health, nutrition, sanitation and child protection.

UNICEF continually strives to enhance and expand partnerships to deliver essential services to children and mothers in humanitarian contexts. This effort demands that governments, conflict parties and influential actors uphold the rights enshrined in legal frameworks and international humanitarian law, ensuring the protection of children and civilian infrastructure during conflicts and crises, as well as the rights outlined in the United Nations Convention on the Rights of the Child. It also necessitates addressing the root causes of conflict.

Ensuring access to health and protection services, especially during emergencies, is crucial for reducing child mortality. The technical knowledge to prevent child deaths is well established. Vaccination campaigns and integrated health and nutrition interventions have saved millions of lives. The expanded immunisation programme has drastically reduced deaths from measles, pneumonia and diarrhoea, and polio has been eradicated by 99.9%. Child malnutrition has decreased by 45% since 1990. Last year alone, UNICEF and its partners reached over 550 million children, adolescents and women with programmes to prevent malnutrition in early childhood, including early prevention, detection and treatment for more than 9 million children suffering from wasting.

PRIORITISING HEALTH INVESTMENT

Implementing these proven health interventions requires both political will and sustained investment. In a context of limited resources, it is vital to recognise that primary health care provides a $40 return for every $1 spent, and community health workers offer a tenfold return on investment. For this reason, UNICEF is advocating for prioritising primary health care at the community level as a critical investment in these settings.

Governments and leaders globally must do more to end preventable child deaths. Without increased efforts, approximately 35 million children could die before their fifth birthday by 2030, with at least 50% of these deaths occurring in fragile or conflict-affected settings if current trends persist. We know what it takes. There is no excuse for failing to take the prescription that has proven to work. ■

Health systems in conflict: amplifying the role of evidence in strengthening health system resilience

By Preeti Patel, co-director, Centre for Conflict and Health Research, King's College London

Much has improved over the past decade in the way that health systems in crisis are supported. Collecting and sharing data is an integral piece of this puzzle – but there is still a long way to go in optimising this process

There is growing evidence of the devastating direct and indirect effects of war on civilians and civilian structures such as hospitals in Syria, Gaza, Ukraine, Sudan and many other ongoing conflicts. The statistics on the effects of conflict are alarming, with the impacts also contributing to the highest historical numbers of forcibly displaced persons globally, having an overwhelming impact on national health and cross-border systems. Climate-related emergencies are exacerbating political, socio-economic and environmental tensions in conflict-affected settings, posing additional risks to already burdened health systems. Against this grim backdrop, what has changed over the last decade in the humanitarian and early recovery response to support health system resilience and population coping strategies?

IMPROVING DATA COLLECTION

First, data on the effects of conflict on health and broader systems is improving. Organisations such as Armed Conflict Location and Event Data (ACLED) have been collecting data on violent conflict in all countries and territories since 2014. Similar organisations, such as the Health in Humanitarian Crises Centre at the London School of Hygiene and Tropical Medicine and the Geneva Centre of Humanitarian Studies – largely enabled through partnerships between organisations in high-income countries and those at the epicentre of armed conflict, often frontline local, regional and international non-governmental organisations – are contributing to better quality and availability of data. These collaborative and multidisciplinary efforts support more effective, informed and targeted interventions.

However, sustainable funding for such partnerships remains a significant challenge, despite better knowledge about impact, dissemination of research and improvements in co-production, with notable examples of innovative humanitarian-focused funders such as Elrha and Research for Health in Humanitarian Crises (R2HC). Closely aligned to improved data on health systems in conflict-affected areas are the many policy-specific and research outlets that focus on this topic, although most are published only in English.

Second, the documentation of access to health systems and coping strategies of conflict-affected communities in active conflict has improved. These strategies often involve local and diaspora communities working together to strengthen health systems during crises such as outbreaks. Examples include Covid-19, cholera and mpox. Organisations such as the award-winning Physicians for Human Rights have captured the voices of those with lived experience of conflict, often working in the most trying circumstances. This material informs improved policy discourses and widens the communities of policy and practice.

Third, health system governance mechanisms are continually evolving to reflect the changing character of conflict. Non-state or quasi-governmental organisations with more democratic structures and processes are often perceived as legitimate. Recent studies indicate that bottom-up health governance models are perceived as more legitimate and trustworthy than top-down models, which are often considered the least legitimate among populations living in difficult and protracted conflicts. The effectiveness of grass-roots approaches and community-based governance enhances trust, cooperative behaviour, health interventions and sustainability. These models of governance highlight the role of legitimate health systems in

practising civic virtue and promoting social justice, thus contributing to broader peace-building efforts that incorporate the views of marginalised populations. These insights are crucial for policymakers and development donors to strengthen health systems in challenging contexts. Lessons from Syria, Ethiopia, Myanmar and elsewhere suggest that health system strengthening should be community based and consider the culture of the health system as it evolves during and after conflict. This requires consensus-building, brokering and building new partnerships; navigating and communicating complex ideas, such as working across sectors; using systems thinking; facilitating open dialogues; and co-creating ideas.

ROOM FOR IMPROVEMENT

Lastly, although the reform of the United Nations system is slowly underway since the World Humanitarian Summit in Istanbul in 2016, many observers have argued for strengthening and making the system more effective to meet the changing nature and demands of conflict. Underlying these developments is a need for stronger collaborative efforts to enhance the role of localisation via strengthening local and regional capacity, and to measure its effectiveness through co-production and equitable partnerships. The concept of a 'humanitarian-development-peace nexus' focuses on the work required to coherently address population vulnerability before, during and after crises. Most leading international agencies have endorsed the New Way of Working to deliver the nexus approach with donors showing some signs of changing how they fund aid programmes to improve effectiveness and sustainability.

However, there is substantial room for improvement by being more inclusive of local and regional groups that have little or no power or resources. The emphasis on local leadership and the development of national and local systems to provide essential health and social services and be accountable offer opportunities for more sustainable, appropriate and transformative responses. The current international dialogue and reform process includes a welcome focus on strengthening evidence on local and regional health system capacity and resilience. ■

PREETI PATEL

Preeti Patel is a professor of global health and conflict at King's College London where she co-directs the Centre for Conflict and Health Research. She is a multidisciplinary social scientist working at the interface of global health, armed conflict and forced migration. Using largely qualitative methods, she is primarily interested in improving the evidence-base for health systems, health policies and health outcomes for the estimated 500 million crisis-affected civilians affected by armed conflict and forced migration globally.

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www.kcl.ac.uk/research/conflict-health-research-group

An achievable path to health in a context of chronic conflicts and insecurity

Global audiences often perceive health as relating to sovereign, national decisions, but we cannot ignore how often insecurity, conflict and structural barriers impede growth. International support will be vital, as long as neocolonial and saviour mindsets are left behind

By Shadi Saleh, founding director, Global Health Institute, American University of Beirut

For many decades, the Middle East has been a global epicentre for conflicts and insecurity. The devastating effects of such a context are far reaching, but none as long lasting and detrimental as their impact on health systems and subsequently on the health of its people.

The recent war in Gaza is a testament to the interconnection of 'good' health systems and population health, and how immensely the latter depends on the former. Although this dependency is not unique to this region, the chronic nature of the conflicts makes it noteworthy.

Health as a political choice resonates well with what many have been facing in this region, with a twist. For a global audience, the immersive nature of politics in health is a national and sovereign set of decisions that a country (that is, its politicians) makes at a certain time and would shape its health architecture, albeit affected by historical events and social values. For many countries in our region, health systems are either inherited from colonial structures or have proven futile with unachievable populist national post-colonial promises. Unfortunately,

the decades of conflicts and insecurity have provided politicians with a perfect alibi for why promises could not be realised, which of course has nothing to do with their commitment to the betterment of their peoples. Hence, the 'politics' component in the region is greatly shaped originally or subsequently by external 'political' factors as much as national ones.

AN ABSTRACT CONCEPT

Still, one can never understate the profound impact of chronic conflicts and insecurity on health systems, and on health. Direct effects such as health human resource migration, the deteriorating ability of the state to function and the targeting (deliberate in most instances) of health facilities have been well documented, historically and recently. This is in addition to the associated factors that have indirect effects on health such as migration, insecurity and economic disparities.

So, even with the global push in the past decade or so for universal health coverage that has been instrumental in incentivising many countries in the region to engage with that goal, it is clear that structural barriers can and will undermine the effort – a main one being chronic conflicts and insecurity. In places such as Iraq, Syria, Yemen, Libya and now Gaza, it is clear that – absent functional governance structures and stability, not to mention rebuilt infrastructure – universal health coverage is a distant dream.

The clear conclusion is that the advocated path to universal health coverage in such contexts, which also extends to economically and socially fragile settings, is not ideal. So, the challenge becomes how to structure an achievable path to functional health systems, and better health, in the context of chronic conflicts and insecurity.

SHADI SALEH

Shadi Saleh is the founding director of the Global Health Institute at the American University of Beirut, the first such institute in the Middle East and North Africa. He is a professor with expertise in evidence-based decision making in health care, health system financing and economic evaluations of health system interventions. He served as an elected board member of the Consortium of Universities in Global Health and is a head of delegation with the WHS Academic Alliance. In 2022, he was awarded the Velji Award for Global Health Leadership.

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FORMULATING AN ACHIEVABLE PATH

In this context, the aim of health systems in the short and medium term should be modest: a minimally functional state of governance and health delivery to meet the basic health needs of people. Fortunately, this is when the focus is back on low-cost interventions such as public health and primary health care is at the core of plans.

The role of the international community is of utmost significance. Its non-exclusive pillars are:

- Funding of infrastructure, human resources support, capacity building for health human resources
- Technical support
- Support for strengthening governance structures
- Knowledge sharing.

It is critical that these pillars be led, or at the very minimum shaped, by national experts who comprehend the context. It is very common for international entities to want to play the role of saviour, sometimes in good faith. This usually translates into ready-made formulas for reform and overpaid international experts and companies arriving to save the day. In almost all instances, this approach does not work and negates the intended aim to the degree that it now has a coined term in the Global South: health neocolonialism.

The solutions and the effort must be home grown, with undoubtedly needed support from the international community. Support for health should not be a soft power or 'a cleansing of sins' approach. Rather, it should be viewed as a global moral, social and economic investment in a better world.

Finally, the ultimate hope is that the real commitment is to avoid the causes and occurrences of chronic conflicts and insecurities. The region and its people deserve a better future dedicated to equitable societal advancement and flourishment. ■

> **"Support for health should not be a soft power or 'a cleansing of sins' approach. Rather, it should be viewed as a global moral, social and economic investment in a better world"**

From famine and disease, to trauma and malnutrition, the short- and long-term effects of conflict on children are devastating beyond measure. Working to provide support for their health and well-being can help promote peace and security for all

Protecting children experiencing conflict

Interview with Samantha Nutt, founder and president, War Child Canada/USA

How does conflict harm the health of children in fragile countries?

It's a full-scale assault on every aspect of health care. It restricts access to services, disrupts the entire health infrastructure – you're unable to vaccinate, chlorinate drinking water, ensure the safety of the cold chain, fulfil maternal and child health initiatives. You've got an increase in contagious diseases, including dysentery, respiratory tract infections, pneumonia and cholera. Civil wars rarely last only a few months, so you see high risks of malnutrition, especially among children under five and pregnant and breastfeeding women, with huge implications for the health and well-being of infants, and this predisposes them to other epidemic-type and contagious diseases. The delayed impacts cause an ever greater death toll, through famine, malnutrition and communicable diseases, long after the international community has moved on. We're looking at the worst displacement crisis in the world now, with over 117 million vulnerable people. They move because of insecurity and inability to access health care, clean drinking water, food or jobs. Their kids risk picking up unexploded ordnances by the roadside, being sexually assaulted or being forced into high-risk labour – in addition to the very real and devastating mental health effects, which can be lifelong.

How are War Child Canada/USA and its partners working to protect children's health?

It requires long-term, consistent, sustainable investment. The job of any international non-governmental organisation is to assess the local infrastructure and what it needs to function at even a basic level, then to provide support to local healthcare providers, community workers, midwives, nurses, physician's assistants – everything – and strengthen them through investments in capacity building, resources, training, logistics, planning and preparation. We also work collaboratively to identify extremely vulnerable groups and determine priorities. Do you prioritise re-establishing the cold chain and vaccinating high-risk groups to prevent other complications, or set up a field hospital to treat people with acute injuries and malnutrition? Do you run short-term food distribution programmes? Do you chlorinate the drinking water?

It's not possible to do everything, because of limited resources and challenges regarding access, mobile populations and a lack of qualified local personnel who too have been displaced and traumatised.

Protecting children also includes addressing long-term goals regarding education, economic development, social stability, community reconciliation and peacebuilding, to allow communities to rebuild and maintain that health and social welfare infrastructure. The challenge is always whether any of these goals are achievable in the face of armed combatants with different agendas, who often weaponise children's suffering to suit their military and political goals, and who blame the other as opposed to looking at what they must do under international humanitarian law to protect the most vulnerable and mitigate suffering.

What results have NGOs had in the field?

There are still massive gaps in every war-torn environment, but progress is possible partly because of international humanitarian efforts. Rebuilding in conflict is principally the job of local NGOs collaborating with international NGOs, often in failed states. NGOs also are good at putting issues on the global agenda, such as preventing the recruitment of children to fight with armed groups.

War Child Canada/USA is currently the largest provider of refugee education in Uganda, which hosts the most refugees in Africa, with about 1.5 million Congolese, Southern Sudanese, Sudanese and others. These displaced kids are out of school for many years. Our programming provides catch-up learning using a compressed curriculum, so they can do two years in one and reintegrate into the existing school system at the appropriate grade. We've trained local governments, schools, teachers and other international organisations on this accelerated programme, because lack of education becomes a lifelong barrier. Education levels also affect long-term morbidity and mortality indicators, particularly for women and girls. Getting kids back into school, so they can ultimately earn an income, is how you disrupt the cycle of violence and poverty and despair.

We also engage in health education, especially where that can be hard to access. Our local teams teach girls about reproductive cycles and managing menstruation. We talk about hand sanitation and good food preparation practices. We establish proper latrines in some local schools, with sinks and soap, and show kids how to wash their hands to prevent cholera and dysentery. A bar of soap costs nothing, but it's incredibly effective in preventing transmission. These are some low-cost interventions that yield impressive results over time as part of a broader prevention strategy.

What are the biggest challenges now?

Security and funding are a constant problem. Our staff in Sudan spent most of last summer in hiding. Demand for our services is increasing exponentially, but this doesn't always result in more donations or funding. We're not seeing significant increases in overall aid contributions, and what we have seen has focused narrowly on Ukraine, and Gaza and Israel. Crises in Sudan, Afghanistan, Yemen, Congo and South Sudan have been pushed off the global radar screen, so there are major delays in funding pipelines. With the knockoff effects of conflict – disrupted food supplies, low vaccination rates, and so on – you don't see the impacts right away. A six-month delay can be catastrophic – and it's preventable. But it can be difficult for funding agencies to recognise that urgency and invest in prevention. People only respond when it's right in front of them. So much suffering could be averted if we thought differently about how we give and what we give to.

What key political choices must be made?

Violence and insecurity breed health risks within countries as well as beyond borders – it's in everyone's best interests to be engaged and generous, and respond to that urgency and need. Active diplomacy and peaceful reconciliation are necessary and important – war is not a natural state of being, although we often treat it as inevitable. We promote peace and security over the long term by ensuring that kids right now have opportunity and can provide for themselves and their families. And that there is social security. Social security comes from opportunity, employment and financial stability and from having goals, ambitions and pathways to realise those things. Aid is not altruism. It's in everyone's best interests. Particularly when talking about reparations and colonial influences, you also need to look long and hard at how we do aid. It tends to be short term and politically motivated. To prevent war and atrocity, to improve health and well-being, among the most significant determinants of a child's health is that child's mother's independent access to income, which is also a proxy indicator for education. Education is not done in six months. Aid should focus on five to ten years of continuous funding, instead of being so overwhelmingly reactive and short term. By continuing to approach these challenges in the same way, we are ensuring many more children will suffer needlessly. ■

SAMANTHA NUTT

Dr Samantha Nutt OC is an award-winning humanitarian, author, and the founder and president of War Child Canada and War Child USA. For over two decades, she has worked with children and their families at the frontline of many of the world's major crises, from Iraq to Afghanistan, Somalia to the Democratic Republic of Congo, and Sierra Leone to Sudan. She is a staff physician at Women's College Hospital in Toronto and an assistant professor in the Department of Family and Community Medicine at the University of Toronto.

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With the Taliban in control, increasingly restrictive rules for women and girls, and an exodus of health workers, among other challenges, Afghanistan's health sector faces a complicated, dire future. But there are ways that the international community can help

Supporting health care in Afghanistan

Interview with Wahid Majrooh, founder and executive director, Afghanistan Center for Health and Peace Studies

How did the long war in Afghanistan harm its health system and its people's health?

War and conflict unfortunately have been part of Afghanistan's story for decades. The impacts are multifaceted and complex, affecting both the fabric of the society and its institutions. Conflict deprived the health sector and the people of the capacity and quality of services. It affected the quality of medical education, health infrastructure, and the coverage and quality of health services.

Resources in conflict zones are limited, and often diverted to military sectors. In Afghanistan, conflict affected government oversight on funding and service delivery, leading to low-quality health services,

Afghanistan's capital, Kabul – the Taliban's takeover in August 2021 further damaged the country's health and political systems after years of conflict.

> **"The international community needs to invest in and promote efforts to highlight health as a means for peace, to ensure that it builds trust between the health system and society"**

inequity and misuse of resources. It contributed to corruption – a painful problem in our health system and government.

Physical injuries caused by conflict tripled the burden of communicable and non-communicable diseases and exacerbated the already fragile health system. This burden, coupled with poor living conditions, sanitation, access to clean water, quality of life and nutrition, exposed people to epidemics. It had repercussions on the legitimacy of and trust in the health system that depended on its ability to address the health needs of communities, especially when the health system remained the only source of hope, and the only public service available in rural areas.

During the conflict emergency leading to the collapse of the Afghan government, coupled with the Covid-19 pandemic, it was only the 'white gown heroes' providing services when other sectors could not. Over two decades of conflict, Afghanistan's health system was a bridge for peace. Health facilities and staff were the only representatives of the central government allowed to operate in rural areas, as medical personnel, and as mediators and trustworthy partners. After the upheaval of 15 August 2021, the health system remained the only functional institution.

The situation today is even more complex. But one major challenge, which will have repercussions for generations, is the Taliban's restrictive policies. The ban on Afghan women's and girls' education, coupled with their inability to access healthcare services and participate in decision-making, poses serious threats to the health and well-being of mothers and children. Moreover, eight million Afghans – including trained medical staff – have left the country, leading to a loss of institutional memory.

The mental health burden on women and girls and their families affects the health of the whole society and the economy. The Ministry of Public Health struggles to fulfil its stewardship and leadership role in health system governance. Funding shortfalls, because of the international community's shift from development aid to humanitarian aid, have resulted in unsustainable commitments and ineffective coordination.

What are your expectations of the international community?

The international community needs to invest in and promote efforts to highlight health as a means for peace, to ensure that it builds trust between the health system and society. Conditional engagement with the ruling authorities is currently the only option to ensure that Afghans, especially mothers and children, have access to basic health services. That requires mutual commitment for accountability

and transparency to prevent any further deterioration of existing inequities or misuse of international aid for political agendas.

The international community also needs to engage with the diaspora. Afghans left the country physically but not morally: our hearts are still there. We are still connected to our communities and can play an effective role in policymaking, advocacy, training and even service delivery. The health sector exemplified neutrality and impartiality until August 2021, and Afghan health professionals expect and advocate that the sector continues to be non-political.

There needs to be diplomatic pressure on the ruling authorities in Afghanistan to create an inclusive environment where women and girls are part of decision-making and have access to education and quality health care provided by professional and trained human capital.

Globally, health sectors operate in the context of protracted conflict emergencies where, in addition to several other challenges, the social fabric is affected and trust is questioned. In these situations, the health leaders who are the first responders – a midwife, a nurse, a surgeon – need the skills and capacities beyond what international organisations traditionally focus on. They need to be equipped with leadership and advocacy skills, and an understanding of the geopolitical dynamics of the region they operate in and their impact on an operating theatre in Afghanistan, stocks in Dubai or a vaccine factory in Iran. We require a paradigm shift in global health leadership for a more comprehensive and wholistic approach towards global health rather than the siloes we are stuck in.

What are the key political choices that should be made?

If the Taliban wants international and social support, it must prioritise women's health and education and realise the value of equity. Those are key for trust building, domestically and internationally.

Sustainable funding also matters. Any existing short-term projects should be aligned with national priorities, and such alignment itself requires institutional capacity and stewardship.

Remittances from Afghans abroad are significant, but they are sent directly to families, who decide whether to invest them in their health or other aspects of family life. Systematic steps need to be taken to institutionalise and channel remittances specifically to health facilities and the health needs of communities.

WAHID MAJROOH

Dr Wahid Majrooh is a leader in global health, politics and crisis management. He held key positions, including minister of health in Afghanistan, which he led during the Covid-19 pandemic and conflict emergencies. He holds a medical degree and three master's degrees in global health policy, political science and international security. He is the founder and executive director of the Afghanistan Center for Health and Peace Studies, focusing on global health and peace in conflict settings, and the role of the diaspora in addressing these challenges.

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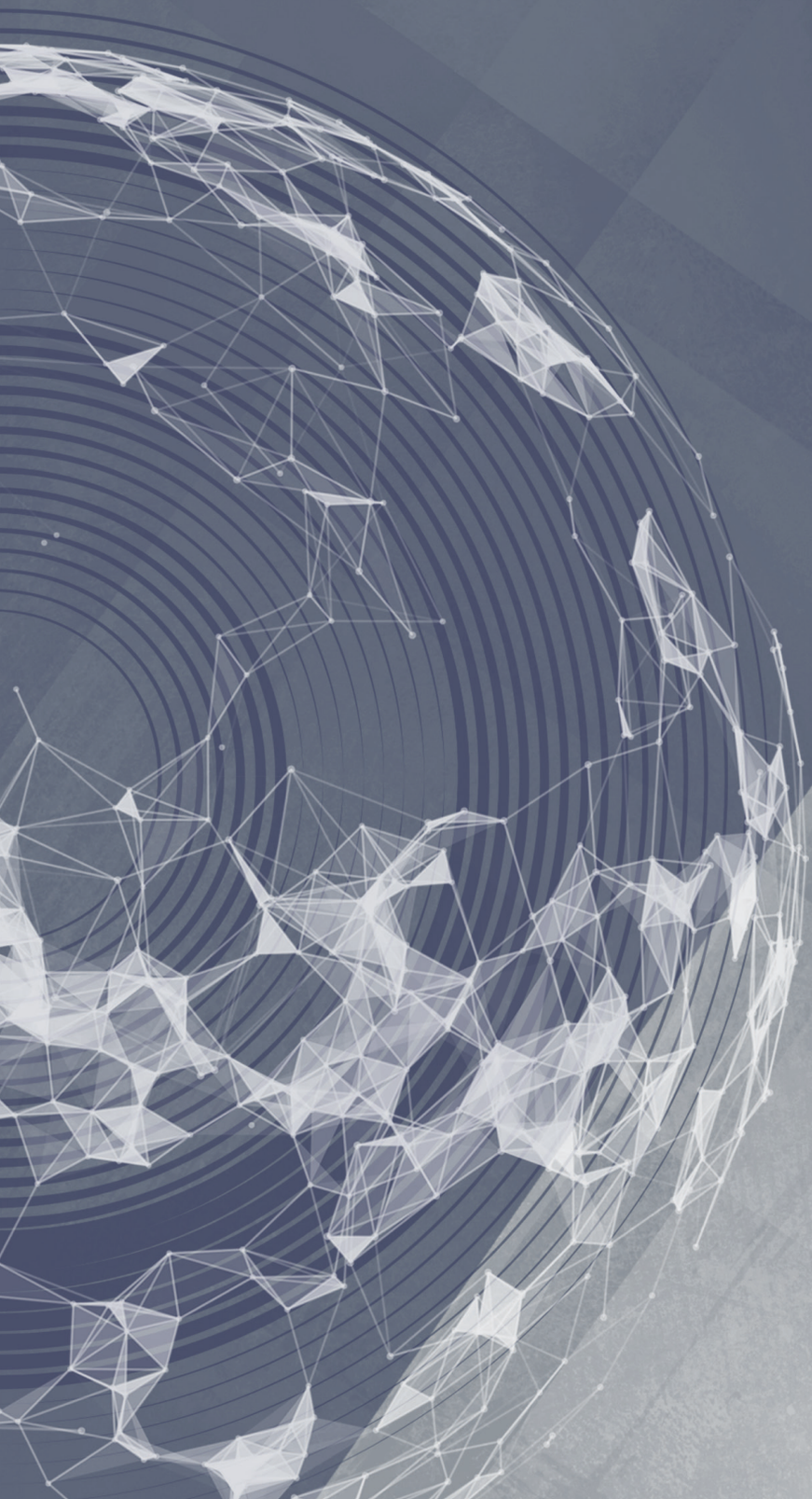
To fill the human capital gap, at the Afghanistan Center for Health and Peace Studies we have created a network to connect the Afghan diaspora to the international network and the health system in Afghanistan. We believe that Afghan health professionals have a great amount of experience gained over two decades, which could be shared with health systems experts in other fragile settings such as Syria or Yemen and further enriched by the experience gained in these settings. We have created teams of professionals from Afghanistan and their peers in other fragile settings, and established partnerships with international institutions to conduct capacity development, advocacy and awareness programmes for Afghans, especially women and girls and female health personnel. We are leveraging digital platforms and artificial intelligence to share the knowledge of the diaspora community with the Afghan health system. ■

Driving Global Health Solutions Through Stronger Governance



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