FESTMIH-NEWSLETTER 2025 Q2

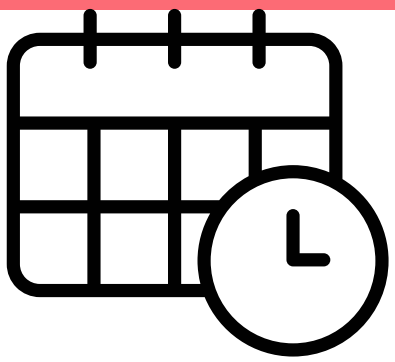
WHAT TO EXPECT

July 11th
World Population Day

July 28th
World Hepatitis Day

August 1st-7th
World Breastfeeding Week

August 19th
World Humanitarian Day



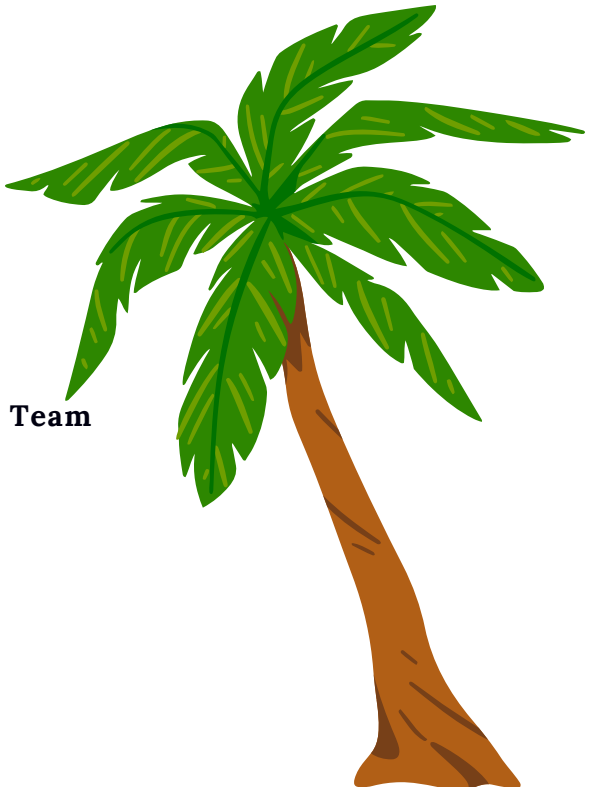
Dear Readers,

In this third edition of our newsletter, we are once again delighted to present a variety of topics enriched by contributions from our community. This issue is a little more compact than the previous ones, but we hope it will still serve as the perfect holiday read—whether you're relaxing on a sunny beach or enjoying the cool air of a mountain hut.

We would like to take this opportunity to emphasize that a newsletter like this is only made possible through the collaboration of scientists and medical professionals who have once again helped shape this issue and fill it with fascinating content. This edition follows the **UN Days** of the third quarter, and we warmly invite you to enjoy the exciting articles—and perhaps already take a look at the UN Days of the fourth quarter. You might consider whether you'd like to share your expertise on one of these upcoming themes or put a spotlight on your working group or institution.

If so, feel free to email our **secretariat** at any time—or reach out to **me directly**.

Wishing you a wonderful summer, and we hope you find the contents of this newsletter both interesting and inspiring.



Warmest regards,
Your FESTMIH Newsletter Team

CELEBRATING GLOBAL HEALTH AND EQUITY

For your convenience, please find below a brief **overview** of the International days. Should you be interested in **reading more** on the topic, you are welcome to **follow the link** (Click on the titel) to the corresponding article.

World Population Day – 11 July

Overpopulation, Health Systems, and Climate:

With the global population exceeding 8.2 billion, overpopulation intensifies pressure on health systems and ecosystems. This article explores how sustainable urban planning, education, and access to family planning can reduce demographic stress, especially in LMICs. It urges global action for balanced development and environmental resilience.

World Hepatitis Day – 28 July

Viral Hepatitis and Global Treatment Gaps:

Despite effective tools, hepatitis B and C still kill 1.3 million people annually. The WHO reports major diagnostic and treatment gaps—only 13% of people with hepatitis B and 36% with hepatitis C know their status. This article highlights global inequities and the need for primary care testing, affordable antivirals, and public awareness campaigns. Without decisive action, the 2030 elimination goal is at risk.

World Breastfeeding Week – 1–7 August

Breastfeeding and the Microbiome

Breastmilk supports a baby's immune system by shaping the gut microbiome. It contains beneficial bacteria and oligosaccharides that protect against infections and allergies. Early weaning disrupts this process and raises long-term health risks. Yet fewer than 50% of infants are exclusively breastfed. This article calls for stronger support for mothers—through nutrition, education, and policy. Breastfeeding is not only nutrition, but a critical public health strategy.

World Humanitarian Day – 19 August

Humanitarian Work and Ethics

Humanitarian aid must remain neutral and people-centered. In 2024, over 300 million needed help due to conflict and disaster. This article explores ethical challenges—such as ensuring fairness, avoiding harm, and empowering local communities. It also addresses the mental strain on aid workers and calls for better protection and accountability. True humanitarianism begins with humility, listening, and solidarity.

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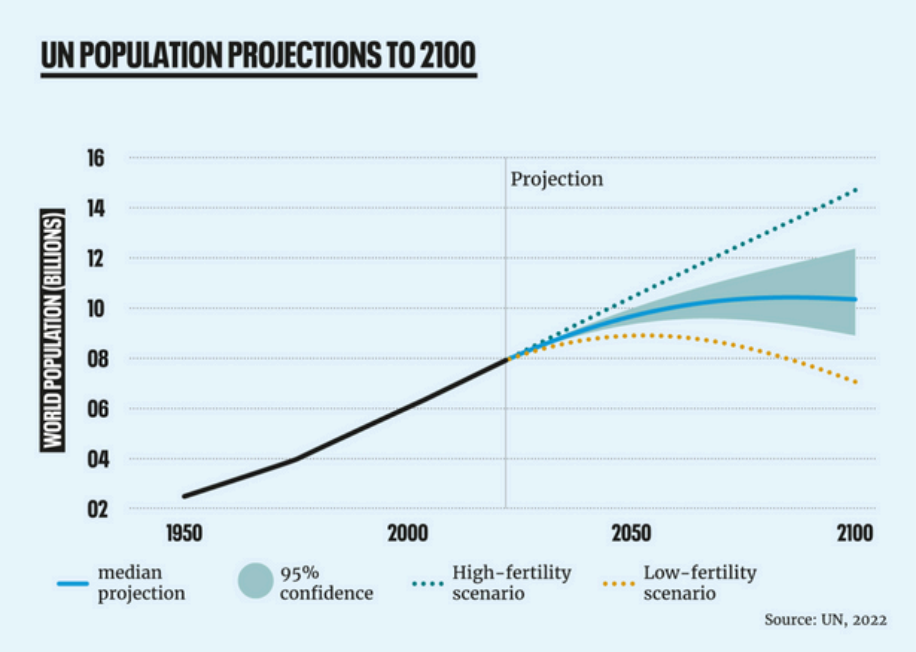
JULY
11TH

WORLD POPULATION DAY

A GROWING CHALLENGE FOR HEALTH, DEVELOPMENT AND THE CLIMATE

Overpopulation refers to a situation when the human population incriminate in a place beyond the capacity of the environment. It poses serious challenges to human health, economic stability, and environmental resilience. By 2050 the projected global population will amount to be circa 10 billion which accentuates the critical understanding in the dynamics of population growth and its multifaceted impacts.



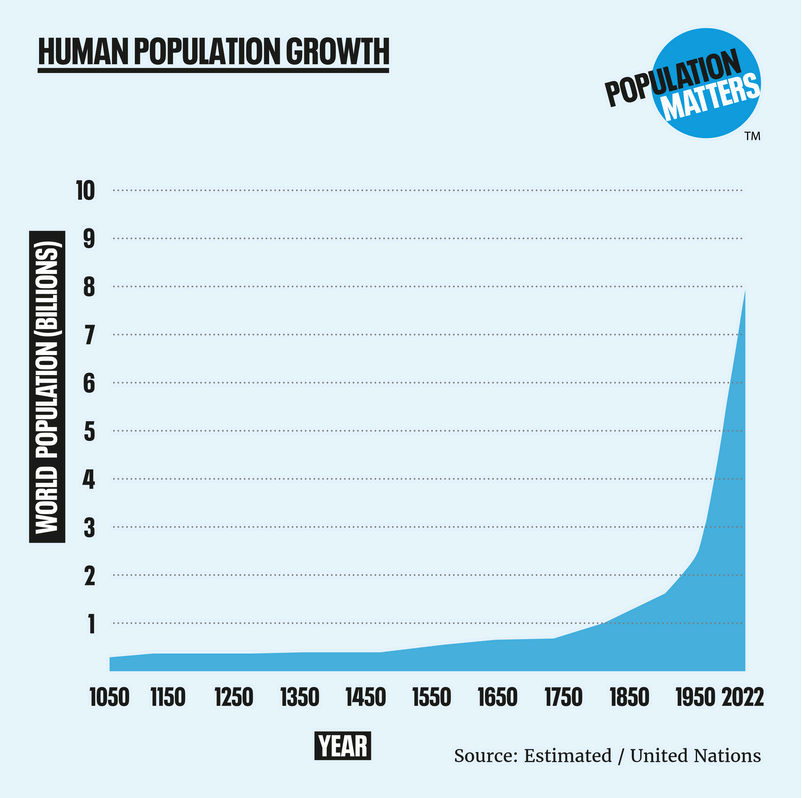
Stallworthy, Ben. „The World of Population Projections". Population Matters (blog), 4. April 2024. https://populationmatters.org/news/2024/04/the-world-of-population-projections/.

Despite being impacted by multiple factors, the overpopulation is strongly linked to high fertility rates, declining mortality due to advances in healthcare and sanitation, where the limited access to family planning further complicates the problem, especially in low and middle-income countries (LMICs). In LMICs like Bangladesh, traditional early marriages, limited education for women, and dependence on child labour exacerbate the problem. Bangladesh, for instance, experienced rapid population growth from 25 million in the early 20th century to nearly 150 million by 2007, and it is projected to reach over 230 million by mid-century if the fertility rate does not fall below the replacement level. The consequences of overpopulation are detrimental to the wellbeing of human and the planet. One of the most critical impacts of overpopulation is on human health, particularly in resource-constrained settings. The uncontrolled population growth puts strain on healthcare infrastructure which results in uneven access to services, especially for the urban poor.

The dynamics of population growth is too intricated to delineate through a simple mathematical equation. Historically, population concerns stem from Malthusian theory, articulated by Thomas Malthus in 1798. According to his theory, population growth is exponential, while the growth of food production is linear. Eventually the uncontrolled population growth leads to famine, disease, and societal collapse unless checked by "moral restraint" or natural disasters. Neo-Malthusian theory, which emerged in the 20th century, contradicts with the previous theory by emphasizing the role of contraception and family planning in curbing population growth, particularly in developing countries, to avoid environmental degradation and economic instability.

About the Authors:
Prakash Ghosh is a scientific employee at the Faculty of Veterinary Medicine at the University of Leipzig, with a focus on infectious diseases.
Milton J. Muhaasa is an Ass. Prof. at the Department of Community Medicine and GH at the University of Oslo, where he leads the Master's program in Int. Community Health.
Muhammad Asaduzzaman is a researcher at the Institute of Health and Society at the University of Oslo. His work focuses on GH, AMR, and the One Health approach.

Besides, the overpopulation contributes to urban crowding, unplanned settlements, and inadequate water, sanitation, and hygiene (WASH) services. For instance, in urban Bangladesh, slum densities have reached over 200,000 persons per square kilometer, exacerbating the spread of respiratory and waterborne diseases. A handful of studies reported a significant link between overpopulation and infectious diseases, especially the transmission of the virus during the COVID-19 pandemic was high in the densely communities. A study in Bangladesh showed a strong positive correlation between population density and COVID-19 infection rates ($r = 0.876$), particularly in the metropolitan cities. Over the last 50 years in Bangladesh, the burden of infectious diseases has fluctuated with demographic transitions. In 70s, both the child birth and mortality was high due to poor maternal and child health services. However, improved vaccination coverage, sanitation, and family planning interventions have significantly reduced childhood mortality and controlled diseases like cholera and measles. Despite these achievements, newer threats such as dengue, antimicrobial resistance, and viral outbreaks continue to emerge due to the urbanization and population mobility. The impacts of overpopulation on climate change are equally significant. Population growth drives increased energy use, land conversion, deforestation, and greenhouse gas emissions. While LMICs contribute relatively less to per capita carbon emissions, the aggregated pressure of large populations dampens local environmental degradation. In the last two decades the high population density has been leading to agricultural saturation in Bangladesh which in turn intensifying the pressure on food production. In addition, owing to the climate change the sea level rises, frequently floods occur and salinity increases that further threaten food security and health.



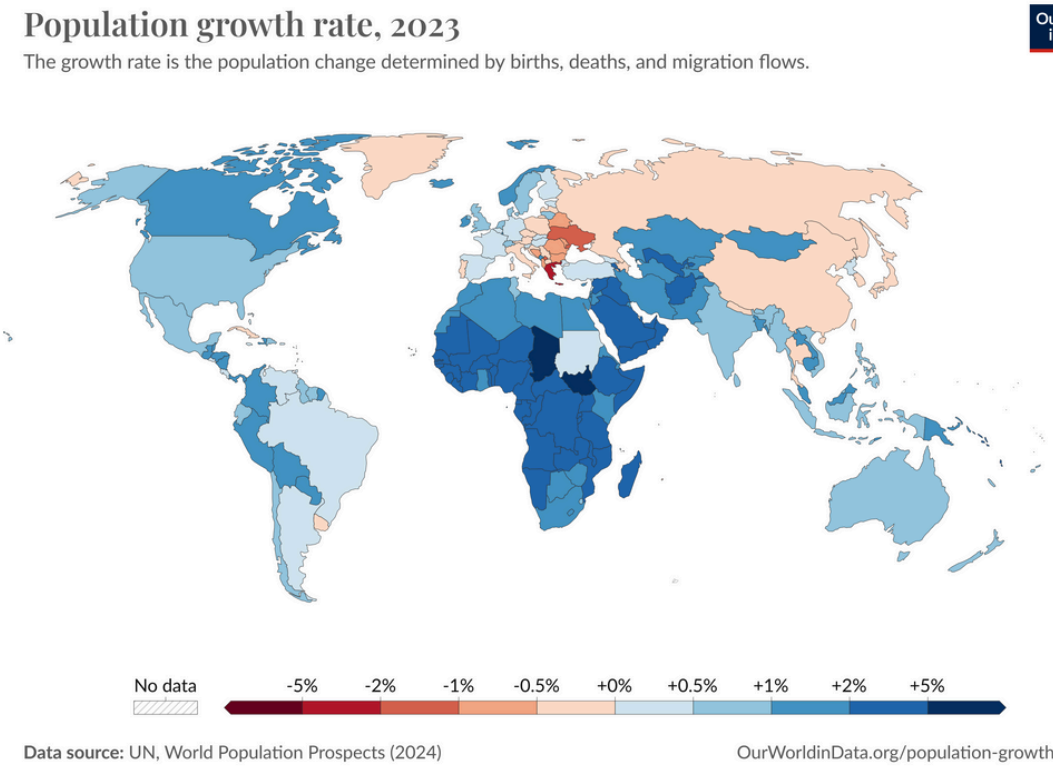
Population Matters. „World Population Facts“. Zugegriffen 4. Juli 2025. https://populationmatters.org/the-facts/.

To address these intertwined issues, a multifaceted mitigation plan is essential. Towards addressing the issues related to the overpopulation, the Sustainable Development Goals (SDGs) provide an actionable framework. According to the framework, a multipronged approach should be adopted in curbing the population growth, sustain the development and keep the environment safe. First, investing in family planning (SDG 5) is key to reduce the fertility rate or the population growth. Studies show that increased contraceptive use in developing countries has prevented more than 40% of maternal deaths and can significantly reduce infant and child mortality. Second, improving female education and delaying early marriage (SDG 4, 5) are critical. Delayed marriage reduces total fertility rate and enhances women's autonomy and employment opportunities, which contribute to economic development. Third, urban planning and investment in health infrastructure (SDG 3, 11) must align with demographic changes. Expanding healthcare access, especially in underserved slums, and adopting integrated approaches to infectious disease control are crucial. Finally, global cooperation on sustainable development and climate resilience (SDG 13) is imperative. Countries with high consumption levels must curb their environmental impact, while LMICs require assistance to transition toward sustainable low-carbon emissions.

It is worthwhile to note, a research by Abel et al. (2021) shows that full implementation of the SDGs could reduce global population growth by over 1 billion people by 2100 compared to a business-as-usual trajectory. This reduction would alleviate pressure on food security, climate and improve global health outcomes.

In conclusion, overpopulation is not merely a demographic issue; it is a multidimensional challenge that intersects with health, development, and environmental sustainability. While population growth continues in many LMICs, including Bangladesh, proactive strategies involving family planning, education, healthcare, and environmental protection can mitigate its adverse effects and promote a healthier, more equitable world.

Streatfield and Karar, 'Population Challenges for Bangladesh in the Coming Decades'; Abel et al., 'Meeting the Sustainable Development Goals Leads to Lower World Population Growth'; Alam, 'Is Population Density a Risk Factor for Communicable Diseases Like COVID-19?'; Stephenson et al., 'Population, Development, and Climate Change'.



This 2023 world map from "Our World in Data" reveals significant regional differences in population growth, which is determined by birth, death, and migration rates.

The map uses a color scale where blue indicates population growth and red/orange indicates a decline.

Most countries in Sub-Saharan Africa show high growth rates, many exceeding +2%. In contrast, much of Europe, particularly in the east, is experiencing a population decline, with rates dipping below -1% in several nations. Regions like North and South America, Australia, and parts of Asia exhibit modest positive growth.

„Population Growth". In Wikipedia, 16. Juni 2025. https://en.wikipedia.org/w/index.php?title=Population_growth&oldid=1295817018.

Get Involved in the Next Edition of the FESTMIH Newsletter!

Do you enjoy reading about global health collaborations and inspiring projects? Become a part of the **quarterly FESTMIH Newsletter** and share your insights with our international community!

In our next edition, we'll spotlight the UN Day topic of Q4 2025, and we invite YOU to contribute
Submission Deadline: 30.09.2025
Where to send: To our E-Mail.

Your contributions help showcase the incredible work being done around the globe and inspire others in the field of health and cooperation. Let's make the Q3 issue as diverse and engaging as possible!

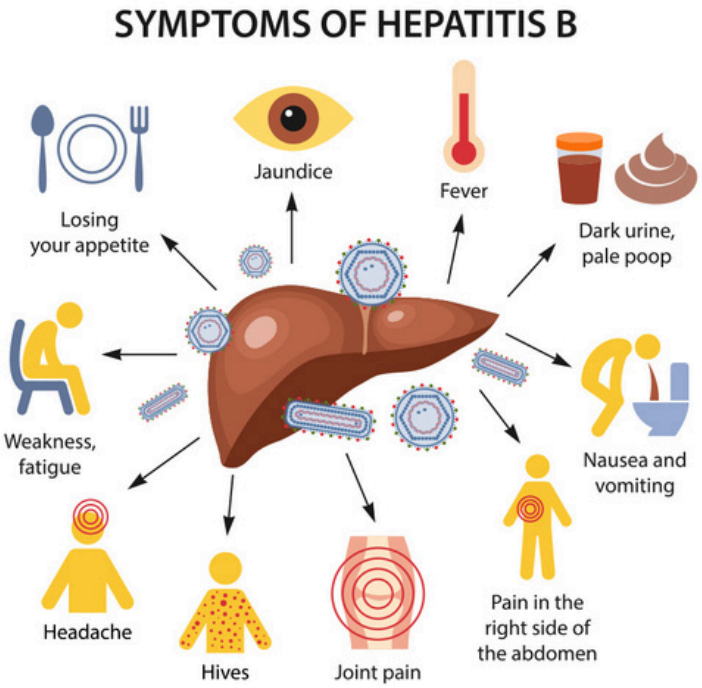
WORLD HEPATITIS DAY

July 28th

> A Glimpse into the Long History of Hepatitis:
> *Hepatitis, a disease defined by inflammation of the liver, has been a recognized ailment for millennia. The earliest descriptions of its hallmark symptom, jaundice, date back to ancient Sumerian clay tablets from the 3rd millennium B.C. The ancient Greek physician Hippocrates also detailed epidemic jaundice. However, it was not until the mid-20th century that the viral nature of hepatitis began to be truly understood, with the formal distinction between hepatitis A and B being proposed in 1947, followed by the later identification of other forms.*

HEPATITIS - KEY FACTS

- What it is: An inflammation of the liver, primarily caused by the hepatitis viruses A, B, C, D, and E.
- Transmission:
  - Type A & E: Fecal-oral route (e.g., through contaminated water or food).
  - Type B, C & D: Through contact with blood or other body fluids (e.g., unprotected sexual intercourse, contaminated needles, from mother to child).
- Chronic Hepatitis:
  - Mainly caused by Hepatitis B and C. Without treatment, it can lead to severe liver damage such as cirrhosis (scarring of the liver), liver failure, and liver cancer.
- Global Figures (2022 Data):
  - Annual New Infections: 2.2 million
  - Annual Deaths: 1.3 million
- Distribution of Chronic Cases (Hep. B & C) by WHO Region:
  - Western Pacific Region: approx. 40%
  - African Region: approx. 25%
  - South-East Asia Region: approx. 15%
  - Eastern Mediterranean Region: approx. 12%
  - European Region: approx. 6%
  - Region of the Americas: approx. 2%

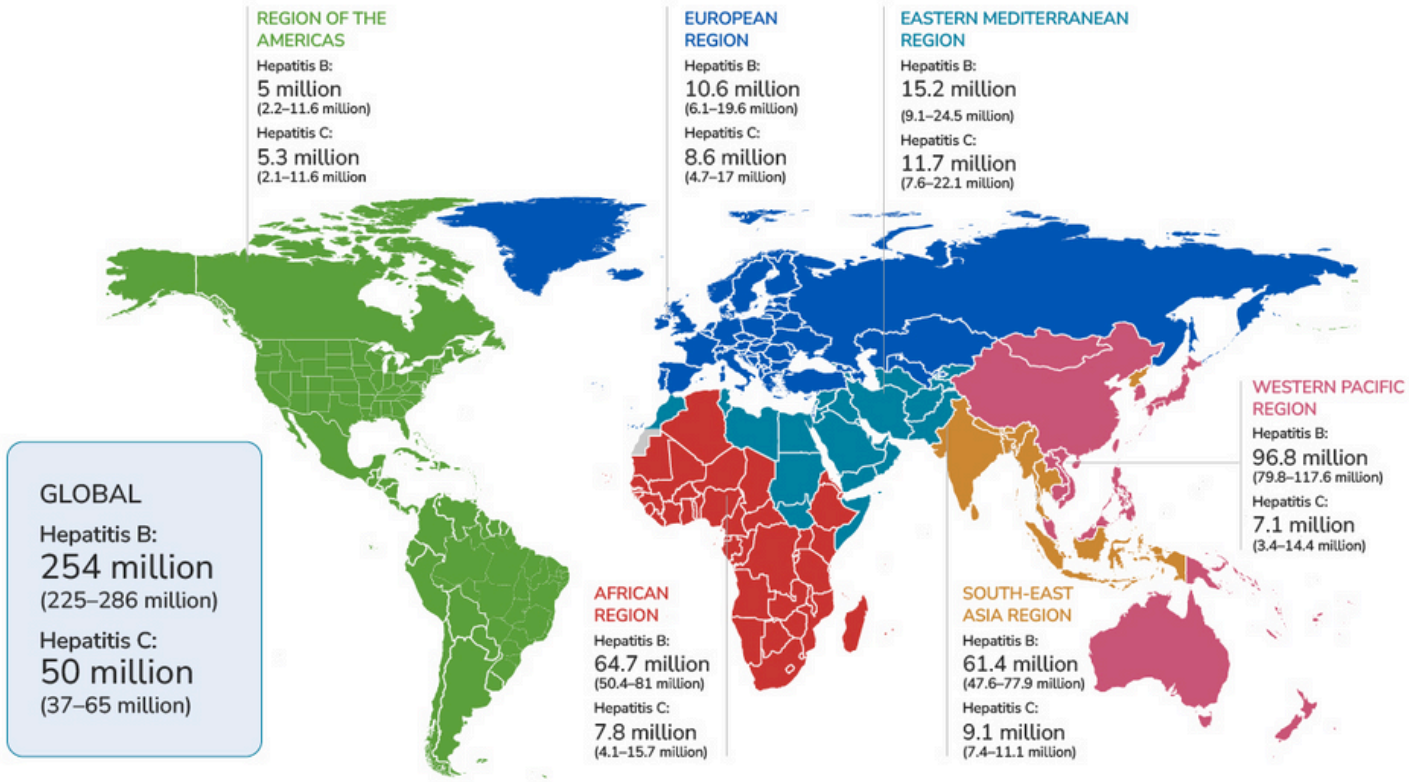


„Hepatitis B & D | Sexual Health". Zugegriffen 5. Juli 2025. https://sexualhealth.gov.mt/content/hepatitis-b-d.

Every year on July 28, the World Health Organization (WHO) marks World Hepatitis Day to raise global awareness of viral hepatitis—a group of infectious diseases that remain among the deadliest yet most neglected global health threats. Despite the availability of affordable diagnostics and effective treatment, hepatitis B and C combined still claim 1.3 million lives each year, matching tuberculosis as the second leading infectious cause of death worldwide. According to the WHO Global Hepatitis Report 2024, the number of deaths from viral hepatitis increased from 1.1 million in 2019 to 1.3 million in 2022. This surge underscores a worrying disconnect: while prevention tools have improved and prices for treatment have fallen, access to testing and therapy has stalled. As a result, 3,500 people die every day due to hepatitis B and C infections.

“This report paints a troubling picture. Despite progress in preventing infections, deaths are rising because far too few people with hepatitis are being diagnosed and treated.”

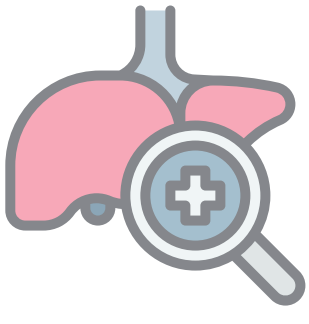
WHO DIRECTOR-GENERAL DR.
TEDROS ADHANOM GHEBREYESUS



„Global Hepatitis Report 2024: Action for Access in Low- and Middle-Income Countries“. Zugegriffen 5. Juli 2025. https://www.who.int/publications/i/item/9789240091672.

A Global Disease with Local Gaps

New estimates suggest that 254 million people live with hepatitis B and 50 million with hepatitis C. Men account for 58% of all cases, and half of all chronic infections occur among people aged 30–54. Alarmingly, just 13% of people with hepatitis B and 36% with hepatitis C have been diagnosed, with even fewer having received treatment—far below the 2030 WHO elimination goal of 80% treatment coverage.
The WHO African Region bears the brunt of new hepatitis B infections (63%), yet only 18% of newborns receive the birth-dose vaccine. In the Western Pacific Region, which sees 47% of global hepatitis B deaths, just 23% of diagnosed patients receive treatment.
Ten countries—Bangladesh, China, Ethiopia, India, Indonesia, Nigeria, Pakistan, the Philippines, the Russian Federation, and Viet Nam—shoulder nearly two-thirds of the global burden of hepatitis B and C. Targeted efforts in these countries are essential to realign the global response with the Sustainable Development Goals.



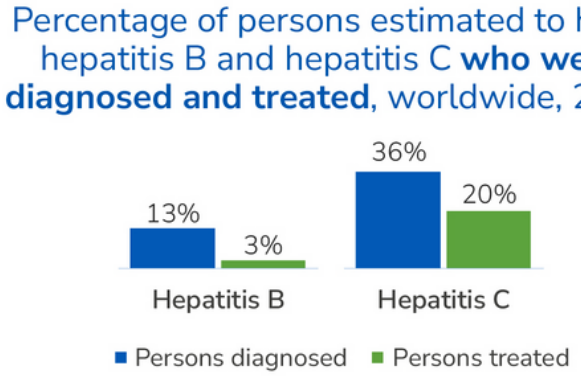
Inequity in Pricing and Access

Although generic medicines for hepatitis are available at benchmark prices—tenofovir for hepatitis B at US$2.40/month and a full sofosbuvir/daclatasvir regimen for hepatitis C at US$60—few countries actually procure them at these rates. Access remains uneven due to complex procurement systems, vertical service delivery, and persistent out-of-pocket costs for patients.
Only 60% of countries offer hepatitis services free of charge in the public sector. In the African Region, this figure falls to just one third.

A Call to Action: What Needs to Happen Now

To accelerate elimination and save lives, the WHO report outlines key recommendations:

- Expand testing and diagnostics through primary care
- Ensure equitable access to treatment at affordable prices
- Simplify service delivery and reduce reliance on specialist care
- Mobilize sustainable financing and create national investment cases
- Use better data to target interventions and monitor progress
- Involve affected communities and strengthen civil society engagement
- Advance research toward curative therapies for hepatitis B



„Global Hepatitis Report 2024: Action for Access in Low- and Middle-Income Countries“. Zugegriffen 5. Juli 2025. https://www.who.int/publications/i/item/9789240091672.

About the Author
Prof. Dr. Torsten Feldt is a Senior Physician and the Head of Tropical Medicine at the University Hospital Düsseldorf, Germany. He also serves as the Second Chairman of the German Society for Tropical Medicine, Travel Medicine and Global Health (DTG). His research focuses on pressing global health issues, including COVID-19, HIV, sepsis, and antimicrobial resistance, with a special emphasis on Africa. Dr. Feldt also contributes his expertise to high-level advisory boards, including Germany's Robert Koch Institute (STAKOB) and the European Medicines Agency (EMA).

Funding Remains the Bottleneck

Despite the urgency, hepatitis elimination remains underfunded, both in national health budgets and global financing mechanisms. The lack of investment is not due to a lack of cost-effective tools, but rather limited awareness, competing health priorities, and fragmented political will. World Hepatitis Day 2025 is a reminder that elimination is still possible by 2030, but only if countries act now. By making hepatitis prevention, testing, and treatment a true public health priority—especially in the most affected regions—the world can turn the tide on one of the greatest silent epidemics of our time.

WORLD BREASTFEEDING WEEK 2025

AUGUST 1ST-7TH - BREASTMILK, THE MICROBIOME, AND GLOBAL HEALTH

World Breastfeeding Week, observed every August, is an opportunity to highlight the global importance of breastfeeding for both child and maternal health. Breastfeeding is considered one of the most powerful public health interventions: according to estimates, optimal breastfeeding could prevent over 820,000 child deaths each year. Beyond being an ideal nutritional source, breastmilk delivers immune factors and living microorganisms that shape the infant gut microbiome and immune system. At the same time, maternal health is a crucial prerequisite for successful breastfeeding—benefiting not only the baby but also the mother's own long-term health, including reduced risk for breast and ovarian cancer.

Breastmilk and the Infant Microbiome: Vertical Seeding in Action

Breastmilk is not just nutrition—it's a microbial ecosystem. It contains live bacteria that colonize the infant gut, modulating immune development and protecting against disease. Numerous studies confirm that breastfed infants have a different microbiome composition compared to formula-fed infants. This early microbial imprint is associated with long-term protection from infections, allergies, and even chronic diseases like obesity and type 1 diabetes[2].

A landmark 2017 study by Pannaraj et al. (JAMA Pediatrics) analyzed 107 mother-infant pairs across the first year of life using 16S rRNA gene sequencing. The researchers quantified how much of the infant's gut microbiota came directly from maternal sources. Their findings:

- In the first month of life, about 27.7% of infant gut bacteria originated from breastmilk,
- and another 10.3% came from areolar skin, transferred during suckling.

Even after the introduction of solid food, breastmilk continued to shape the microbiome in a dose-dependent manner: the more breastmilk an infant consumed, the more closely their gut microbiome resembled that of their mother. These findings confirm that breastfeeding is a direct vector of maternal microbes, including beneficial Bifidobacteria and Streptococcus species. Additionally, breastmilk contains prebiotics like human milk oligosaccharides (HMOs), which nourish specific microbes and guide healthy microbiome development.

In short, breastmilk "seeds" the infant gut, contributing not only nutrients but also live bacterial consortia that establish a healthy microbial community—a vital component of early immune programming.

Pannaraj, Pia S., Fan Li, Chiara Cerini, Jeffrey M. Bender, Shangxin Yang, Adrienne Rollie, Helty Adisetiyo, u. a. „Association Between Breast Milk Bacterial Communities and Establishment and Development of the Infant Gut Microbiome". JAMA Pediatrics 171, Nr. 7 (3. Juli 2017): 647. https://doi.org/10.1001/jamapediatrics.2017.0378.

Maternal Health: The Prerequisite for Healthy Breastmilk and Infant Outcomes

Successful breastfeeding is intimately linked to the physical and mental health of the mother. In low- and middle-income countries (LMICs), breastfeeding can be jeopardized by maternal undernutrition, infectious diseases, and limited access to medical support.

Nutritional status is critical. Lactating mothers require an additional 500 kcal per day and elevated levels of micronutrients[3]. In many LMICs, mothers experience chronic food insecurity, with rates of underweight among postpartum women ranging from 20–25%, accompanied by deficiencies in iron, vitamin A, and zinc. These deficiencies impair both milk quantity and quality, affecting infant growth and immunity.

Infectious diseases such as malaria, HIV, and tuberculosis are highly prevalent among women of reproductive age in many regions. These can lead to fatigue, milk suppression, and even temporary mother-infant separation during critical bonding periods. Meanwhile, mental health conditions, such as postpartum depression, are underdiagnosed and untreated in many LMIC settings, reducing breastfeeding duration through physiological and psychosocial pathways.

Beyond individual health, structural barriers play a significant role. In many rural or low-resource areas, women lack access to skilled birth attendants, lactation consultants, or even basic education about breastfeeding technique. Misconceptions (e.g. "not enough milk") or untreated issues like mastitis can lead to premature cessation.

Thus, maternal health and empowerment—nutritional, physical, and psychological—are foundational to breastfeeding success. Policies that support maternal nutrition, prenatal care, mental health, and disease treatment are essential not only for the woman's health, but also for ensuring that her child receives the full benefits of breastfeeding.

CDC. „Maternal Diet and Breastfeeding". Breastfeeding special circumstances, 12. April 2024. https://www.cdc.gov/breastfeeding-special-circumstances/hcp/diet-micronutrients/maternal-diet.html.

'WHO Media Library'. Accessed 6 July 2025. https://who.canto.global/v/breastfeeding/s/GD6UC?viewIndex=0&column=image&id=vkji2ptvj127h65q3o7sa0cm26.

Be Part of the Next FESTMIH Newsletter!

Celebrate global health by contributing to our Q3 2025 Edition!

Choose a **UN Day topic** in Q4 and send articles, project summaries, or inspiring stories to our E-Mail.

Deadline: 30.09.2025

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Transmissible Diseases: Risks and Evidence-Based Breastfeeding Guidelines

Concerns about infectious disease transmission through breastmilk often fuel uncertainty or even discourage breastfeeding—especially in LMICs. However, most infections are not transmitted via breastmilk, and even in the case of transmissible diseases, risk can often be mitigated.

- ***HIV***

This is one of the most complex areas. While HIV can be transmitted through breastmilk, modern antiretroviral therapy (ART) has fundamentally changed the risk landscape.

  - Risk: For a mother who is adherent to ART and maintains a sustained, undetectable viral load, the risk of transmitting HIV to her infant is reduced to less than 1%. The PROMISE trial reported transmission rates of just 0.3% at 6 months and 0.6% at 12 months among breastfeeding mothers on ART.

  - WHO Guidelines (for LMICs): In settings where replacement feeding is not safe, feasible, affordable, and sustainable (AFASS), the benefits of breastfeeding far outweigh the risks. The WHO recommends that mothers with HIV on ART should exclusively breastfeed for the first 6 months and continue breastfeeding for up to 24 months or longer.

  - Guidelines in High-Income Countries (U.S., Germany): Here, where safe alternatives are available, the focus has shifted from a blanket recommendation against breastfeeding to patient-centered, shared decision-making. Mothers with a sustained undetectable viral load who wish to breastfeed should be supported in their choice after comprehensive counseling about the residual risk, which requires close clinical monitoring.

- ***Hepatitis B (HBV)***

Hepatitis B is not transmitted through breastmilk. If a newborn receives immunoprophylaxis at birth (HBV vaccine + HBIG), they are well protected—even if the mother is HBV-positive. WHO encourages breastfeeding regardless of maternal HBV status, unless the mother has cracked or bleeding nipples.

- ***Hepatitis C (HCV)***

Likewise, HCV is not found in breastmilk, and infected mothers are not discouraged from breastfeeding. Only if nipples are visibly bleeding should temporary pumping and discarding of milk be considered .

- ***HTLV-I/II and Ebola***

There are rare but important exceptions. The Human T-cell Leukemia Virus (HTLV-I/II), endemic in certain regions (e.g. Japan, parts of the Caribbean and Central Africa), can be transmitted via breastmilk. In such cases, breastfeeding is contraindicated unless pasteurization options exist . Similarly, Ebola virus has been found in breastmilk during outbreaks and breastfeeding is avoided during active infection.

In general, the public health consensus strongly supports breastfeeding, even when the mother is infected, provided that evidence-based precautions are followed. WHO guidance emphasizes that the risks of not breastfeeding—especially in LMICs—are often greater than the risks of infection transmission . For most common maternal infections (including TB, flu, and COVID-19), breastfeeding is not only permitted but recommended due to protective antibody transfer.

Global Breastfeeding Rates: Disparities, Barriers, and Success Stories

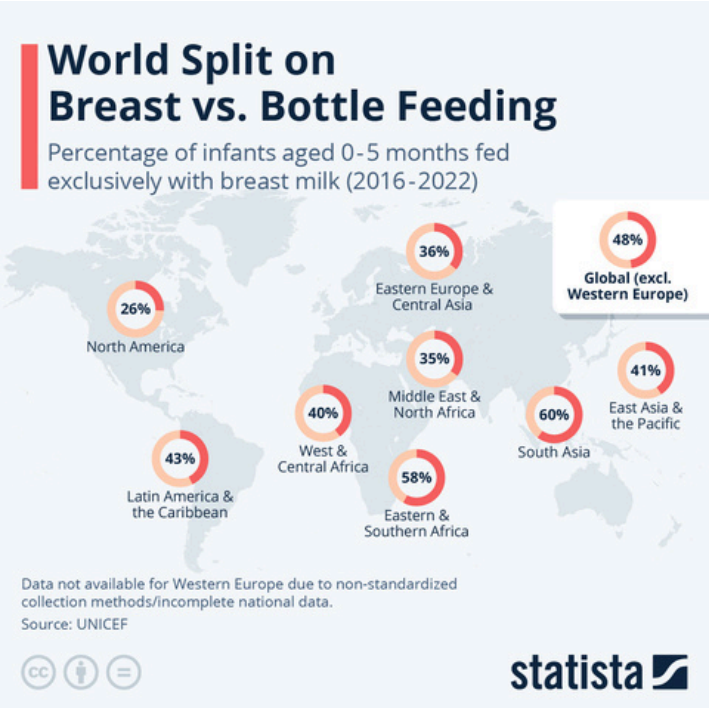
Despite global promotion efforts, exclusive breastfeeding rates remain low in many regions. Globally, only 48% of infants under six months are exclusively breastfed. The WHO aims to reach a rate of 50% by 2025. Rates vary significantly, from 60% in South Asia to 20-30% in Europe and North America.

***Barriers to Breastfeeding*:**

- ***Workplace Constraints*:** Over 800 million women workers worldwide lack adequate maternity protection. Longer durations of paid maternity leave are directly correlated with higher breastfeeding rates. Countries like Vietnam, which extended its paid maternity leave from four to six months in 2013, saw its exclusive breastfeeding rate more than double from 17.0% in 2010 to 45.4% by 2021.

- ***Aggressive Formula Marketing*:** Inadequate enforcement of the International Code of Marketing of Breast-milk Substitutes undermines breastfeeding, particularly in urban settings61616161. The Code prohibits practices like direct-to-consumer advertising of formula and the distribution of free samples to mothers.

- ***Lack of Health System Support*:** Inaccurate medical advice from poorly trained staff and a lack of skilled lactation counselors are major global barriers. The Baby-Friendly Hospital Initiative (BFHI), which implements the "Ten Steps to Successful Breastfeeding," is proven to significantly improve breastfeeding rates. In hospitals implementing the Ten Steps, infants were dramatically more likely to be exclusively breastfed at six months compared to those in non-implementing hospitals (7.9% versus 0.6%, respectively).



Buchholz, Katharina. „Infographic: World Split on Breast vs. Bottle Feeding“. Statista Daily Data, 6. August 2024. https://www.statista.com/chart/32791/infants-aged-0-5-months-exclusively-brestfed.

A Collective Investment in Lifelong Health

World Breastfeeding Week reminds us that breastfeeding is not only a natural act but also a public health imperative and a development priority. It is tied directly to several Sustainable Development Goals (SDGs), including SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), and SDG 5 (Gender Equality). From seeding the microbiome to protecting maternal health and reducing infant mortality, breastfeeding is a biological legacy and a social responsibility. Enabling every mother to breastfeed—through health system support, workplace protections, and cultural empowerment—is a shared duty. Let us use this World Breastfeeding Week to reaffirm our global commitment: to support mothers, protect infants, and nourish the future.

WORLD HUMANITARIAN DAY

Interview Partner: Dr. Sakib Burza

A Career in Service of Global and Planetary Health

Dr. Sakib Burza is the Chief Health & Innovation Officer at Health In Harmony, where he leads the organization's medical and emergency components. His work focuses on building the evidence base for the practical implementation of planetary health—an approach that views the well-being of people, animals, and the environment as inextricably linked.

With an impressive career spanning two decades, Dr. Burza has gathered extensive experience in the humanitarian health sector across Africa, Asia, and the Middle East since 2003. Before joining Health In Harmony, he spent six years as the Head of Medical Operations in Asia for Doctors Without Borders (Spain).

His academic background is equally remarkable. Dr. Burza studied medicine at the University of Edinburgh and is a specialist in General Medicine from the Royal College of General Practitioners. He also holds a Master of Science in Public Health in Developing Countries from the renowned London School of Hygiene and Tropical Medicine, as well as a PhD in Medicine from the Institute of Tropical Medicine in Antwerp.

Today, Dr. Burza remains closely connected to the academic world, serving as an Honorary Professor at the London School of Hygiene and Tropical Medicine and a Visiting Professor at Nagasaki University. Alongside his strategic responsibilities, he continues to practice as a physician and pursues his scientific interests, with a particular focus on neglected tropical diseases.

Could you describe your journey into humanitarian aid? What inspired you to dedicate your career to this field?

Growing up between Kashmir and the UK, I saw firsthand how the lives of people in resource-limited countries are often not valued by those in wealthier nations. Over time, I came to understand that this disregard is not accidental, but deeply rooted in histories of colonialism, exploitation, and deliberate policies that have kept many countries poor. I did my first stint in humanitarian work in Afghanistan in 2000 during my 4th year of medical school when I worked in a paediatric hospital; this cemented my interest in working in settings where access to healthcare is a critical problem. I did my first role with MSF in 2003 in what was then Southern Sudan, and have since worked in many areas of the world, with the exception of South America.

During this time I developed an interest in operational research in the humanitarian sector in order to improve the way that MSF delivers services, with a particular focus on neglected tropical diseases. In my spare time, I completed a PhD at the University of Antwerp on Leishmaniasis. My last work with MSF was in Gaza late last year where I was hospital director for the paediatric modular hospital in the middle area. I now work in Planetary Health with an organization called Health In Harmony, although stay connected with MSF as a member of its Ethical Review Board.

What are some of the most challenging aspects of working in humanitarian aid, and how do you personally cope with those challenges?

The main challenge is trying to create or develop programmes whose impact will continue after the funding dries up. Additionally, some of the critique of the humanitarian system as a self-sustaining industry is true; NGOs rarely involve communities in any sort of programmatic decision making, nor do they many times even ask for permission to support with programmes. A 'walk-in, walk-out' mentality still reigns in the sector, based on funding decisions made on a whim by leadership teams based mostly in the Global North. Ultimately the most challenging part for me is when programmes fail, or if communities don't ultimately benefit from large investments where the money in many cases would have been better spent giving it directly to communities.

Humanitarian aid often involves working in complex and unpredictable environments. Can you share an experience where you had to adapt quickly to a rapidly changing situation?

Working in Gaza is a stark example of an unpredictable, though not necessarily complex, humanitarian context. The use of German- and American-supplied bombs and weapons against both civilians and healthcare providers, without meaningful restraint or accountability from the governments supplying them, presents profound operational and ethical challenges. It is especially difficult to maintain trust and legitimacy when communities know that the same countries funding humanitarian aid are also supplying the weapons responsible for their suffering. Ensuring the safety of staff and patients becomes a major challenge that requires constant adaptation and the trust of the local communities.

What role do you believe humanitarian aid plays in addressing global crises, and how do you see its impact on the lives of individuals and communities?

Humanitarian aid exists because the global system is broken. Frequently, aid can be misused by perpetrators of conflict to deflect from their responsibility to cease hostilities or provide basic service access for affected communities. Ultimately if done well, equitably, with the involvement and informed consent of communities, humanitarian work can have major impact. However it needs to be combined with more depth of thought and témoignage on the causes of the conflict or humanitarian gap.

Could you share a specific experience or moment from your work in humanitarian aid that has had a profound impact on you? What did you learn from it, and how has it shaped your perspective on humanitarian work?

Working on leishmaniasis in India, a disease that was restricted to the most marginalized populations, made me understand the importance of working on neglected diseases. Through convincing my bosses that MSF needed to majorly step out of its comfort zone and conduct a phase 3 clinical trial on new treatments for visceral leishmaniasis and HIV coinfection (because no-body else was willing to do it), we managed to introduce a new effective drug combination that ultimately was adopted by the WHO globally. It was a good example for me of a real problem identified on the ground that required operational research to solve, and resulted in a genuine improvement in outcomes for the affected population. As a result, I constantly look for ways to improve programmes through evidence-based approaches.

The International Day of Humanitarian Aid aims to raise awareness about the importance of humanitarian work and honor those who risk their lives to help others. In your opinion, why is this day significant, and what message do you hope it conveys to the world?"

There are clear risks associated with delivering humanitarian aid. In Gaza, over 1000 healthcare workers have died in 18 months of bombing, simply for trying to provide medical care to the affected population. I would hope that on this day, people take a moment to reflect on these deaths, and why they have happened, and what they can and should do about it in their own capacities.

The International Day of Humanitarian Aid honors the sacrifices and contributions of humanitarian workers. From your perspective, what are some of the key qualities that make someone effective in this field?

AN ABILITY TO MEANINGFULLY LISTEN TO COMMUNITIES, HUMILITY, AND GENERALLY THE LACK OF A GOD COMPLEX HELPS.

A NOTE OF GRATITUDE AND LOOKING AHEAD

A Personal Note from the Author

Dear FESTMIH Community,

Working on this edition of the newsletter has once again been a truly rewarding experience for me as one of its authors. Every single interaction—whether with FESTMIH members, external interview partners, or the institutions and organizations that contributed articles—was marked by constructive dialogue and mutual respect. These exchanges reminded me how invaluable international collaboration is, especially when it comes to science communication.

Even in my role as a microbiologist at the University Hospital of Saarland, where I'm regularly confronted with global health challenges, I gained new perspectives while editing or writing the texts we received. Many of the topics expanded my understanding far beyond the lab. This newsletter did exactly what we envisioned it would do: it made complex medical and scientific issues accessible, understandable, and emotionally tangible—even when the problems are not directly outside one's front door. And that, in turn, fosters empathy for global health issues and for the people who are affected by them.

But empathy alone is not enough. We need to turn this momentum into action. We are a community of biologists, chemists, pharmacists, physicians, and so many others. Together, we hold the potential to make a real impact. But this can only happen if we share our strengths—if we inform each other about ongoing projects in our research groups, actively exchange ideas, and build collaborations across borders.

So I encourage you, whether you're a FESTMIH member or an external reader, to share your projects—especially those that could benefit from international partnerships—within our network. With this kind of collaborative spirit, we have the power to help shape public health on a global scale—and to move it in the right direction.

Thank you for being part of this journey,

Maximilian Förster

A Quarterly Commitment to Connection

We are excited to **continue** this journey **with you**. The FESTMIH Newsletter is a **quarterly publication**, and each issue is carefully **curated around** the **United Nations International Days**, celebrating their relevance to global health and cooperation. We aim to foster a **platform** where our **community** can **share**, **learn**, and **inspire** action.

Do you have a story, project, or initiative to share? Or perhaps you know an inspiring individual or organization that deserves the spotlight? We would **love** to **hear from you**! The next edition will focus on the **UN International Days of Q4 2025**, such as World Refugee Day, among others.

To explore the **full list** of upcoming observances, visit the **UN International Days page**. If you're ready to contribute, send your ideas, articles, or summaries to our team at this **E-Mail**.

Warm regards,
The FESTMIH Newsletter Team

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