

## A manifesto on improving cancer care in conflict-impacted populations

The first Global Summit on War and Cancer took place on Dec 14–16, 2023, organised by the Institute of Cancer and Crisis and OncoDaily.<sup>1</sup> It brought together people and organisations committed to addressing cancer in conflict-impacted areas,<sup>2</sup> with renowned experts (health-care professionals, policy makers, and patient advocates) developing a key manifesto.

The manifesto on improving cancer care in conflict-impacted populations has seven key recommendations. First, to advocate and demand unequivocally that the Geneva Convention is fully respected—without permissive policies—in protecting medical personnel, prohibiting attacks against medical units, and preserving the rights of sick people, including those diagnosed with cancer. Second, to promote the inclusion of cancer and other non-communicable diseases (NCDs) in humanitarian settings into the political agendas of the UN, including the fourth high-level meeting on NCDs. Third, to create a working group through WHO, composed of key non-state actors, to define and support the implementation and monitoring of approaches to maintain cancer care in conflict-impacted populations, including through research. Fourth, to advance inclusive strategies and care models for cancer patients in humanitarian settings, addressing the complexity of cancer disease entities, the specific requirements for palliative care, and the distinct needs of different age groups, such as children with cancer and blood disorders. Fifth, to develop and support implementation of context-specific strategies to deliver better cancer care for conflict-impacted populations, by establishing online coordination platforms, mechanisms for blended financing, and priorities for technical support. Sixth, in cooperation

with the main stakeholders, to publish biannual reports on the state of cancer care in conflict-impacted regions, including progress updates in particular settings, emerging best practices, and recommendations, and incorporate such content into relevant WHO reports, such as the WHO Global Status Report on Cancer 2025. Seventh, to establish cancer care as a core pillar of an emergency response plan in all conflict settings and request investments in cancer services to promote access, rebuild cancer care infrastructure, and coordinate workforce capacity-building, including by international cooperation.

Exemplars, such as the Ireland–Northern Ireland–US National Cancer Institute Consortium, emphasise how international collaboration can empower delivery of the health dividend of peace.<sup>3</sup> The importance of addressing cancer in humanitarian settings has now been recognised by WHO at the recent Global High-Level Technical meeting on NCDs in Humanitarian Settings.<sup>4</sup> Although there is still much work to be done, there is now political willingness and engagement from the wider community to serve this crucially underserved cancer population.

We declare no competing interests.

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## Hajj 2024 heatwave: addressing health risks and safety

Globally, heatstroke remains a substantial public health concern,

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particularly as climate change drives temperatures higher.<sup>1</sup> WHO reported that heatwaves caused over 166 000 deaths between 1998 and 2017.<sup>2</sup> In the USA alone, an average of 702 heat-related deaths occur each year, especially among the elderly, children, and those with pre-existing health conditions.<sup>3</sup> These statistics highlight the urgent need for global strategies to mitigate the effects of extreme heat, including public awareness campaigns, infrastructure improvements, and robust health interventions.

Hajj is one of the five pillars of Islam, performed annually in Mecca, Saudi Arabia. In 2024, the total number of pilgrims reached 1.83 million. The annual Hajj pilgrimage in Mecca faces unique health challenges due to its hot desert climate. During Hajj 2024, extreme heatwaves caused a substantial increase in the number of heatstroke cases among pilgrims, especially unregistered ones due to not having proper accommodation and having to walk long distances under direct sunlight. Temperatures reached up to 52°C (126°F), leading to over 2700 cases of heat exhaustion in a single day. Despite considerable efforts by Saudi officials to ensure safety, many pilgrims entered Mecca using tourist visas that do not permit Hajj, bypassing regulations.<sup>4</sup>

The local government issued warnings on social media urging pilgrims to use authorised companies for suitable accommodation and transport, and avoid direct sunlight and long walks between holy sites (Mina, Arafat, and Muzdalifah), which can be up to 28 km. Anticipating extreme heat, measures including portable water stations, misting systems, umbrellas, and extensive air conditioning were provided. Multi-language advertisements encouraged hydration, avoiding direct sunlight between 1100 h and 1500 h, carrying umbrellas, and taking breaks.<sup>5</sup> Despite these, over 1000 pilgrims died or went missing due to heat-related issues.<sup>5</sup>

Most victims (83% of all deaths) were unregistered pilgrims from unofficial Hajj companies, highlighting the need for stricter regulation enforcement to ensure pilgrim safety.<sup>5</sup>

Preparedness for mass gatherings such as Hajj involves careful planning and safety measures. The Saudi Ministry of Health (MOH) provided shade, installed water mist sprays, and distributed water and umbrellas to reduce heat stroke risks. Enhanced screening processes helped to manage individuals at high risk, such as those aged over 65 years or people with chronic illnesses, reducing heat-related illnesses.<sup>6</sup> The MOH also provided free health-care services to over 465 000 pilgrims during Hajj 2024, including 141 000 services to unregistered pilgrims.<sup>6</sup> Additionally, they conducted 29 open-heart surgeries, 720 cardiac catheterisations, and 1170 dialysis sessions for pilgrims.<sup>6</sup> These numbers show the MOH's commitment to ensuring the health and wellbeing of pilgrims, regardless of whether these procedures are related to the Hajj season. Despite these efforts, many fatalities due to heat strokes occurred, mainly among unregistered pilgrims who faced prolonged sun exposure and avoided using official transportation in order to evade capture.<sup>6</sup>

Food safety during Hajj is crucial. The Saudi Food and Drug Authority implemented strict regulations to ensure that food and water consumed by pilgrims are safe and free from contamination. Proper food handling, storage, and preparation practices are essential to prevent foodborne illnesses, which can be exacerbated by extreme heat conditions. The extraordinary number of heat-related injuries during Hajj 2024 highlight the harsh realities faced by millions undertaking this spiritual journey and the importance of following official guidelines to ensure safety. These incidents highlight the need to raise awareness about the risks of illegal Hajj from using unregistered companies for

Hajj pilgrimages, and better prepare health-care professionals to manage heat-related illnesses.<sup>6</sup>

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## Bridging gaps in vertical transmission of HIV, syphilis, and hepatitis B in India

India has set an ambitious goal to achieve elimination of vertical transmission of HIV and syphilis in 2026, and hepatitis B in the near future.<sup>1</sup> Despite substantial progress, challenges persist, necessitating a comprehensive approach to bridging existing gaps.

The landscape of vertical transmission in India has seen improvements through national programmes such as the National AIDS and STD Control Programme and the National Viral Hepatitis Control Program. However,