

(South Sudan) oversees the south region. Both of these administrations face challenges in providing services to their communities, which are affected by humanitarian crises, drought, infectious disease outbreaks, armed conflicts, and population displacement.^{2,3} Additionally, there are few humanitarian partners available to support the area.

The overall security situation has improved since June 27, 2011, with the establishment of the UN peacekeeping mission—the United Nations Interim Security Force for Abyei. Delivery of humanitarian aid, and particularly health services, in north Abyei has been severely lacking despite the set up of the UN mission for peacekeeping. Since 2020, only four of five health facilities have been operational, which has left over 200 000 people with substantial barriers to access lifesaving interventions, including immunisation, nutrition, sexual and reproductive health services, mental health services, and medical referral.⁴ The absence of a health information system and a medical supply chain has resulted in a crucial gap in essential medicines across all health system components. The medical workforce of the region is also insufficient to meet clinical needs, with only one medical doctor and 11 health-care workers available across all health facilities. There is a substantial shortage of community health-care workers to support emergency cases, particularly during the rainy season when flooding complicates access to care.

To address these issues, the International Organization for Migration has partnered with the Federal Ministry of Health of Sudan to strengthen the health system of north Abyei. A recent public health assessment revealed major gaps in the health system and ongoing risks from outbreaks, such as measles and arboviral diseases, affecting both animals and humans.⁴

An early warning alert and response network was established in early March, 2023, in Diffra Hospital, north Abyei, to facilitate early detection of and response to infectious disease outbreaks. This initiative has contributed to the reporting of outbreaks, such as suspected acute flaccid paralysis and measles. Under this initiative, a total of 20 084 consultations have been recorded, indicating the usefulness of a surveillance system.⁵

The ongoing war in Sudan has resulted in the displacement of over 10 million people and the emergence of epidemics of cholera, poliomyelitis, measles, and arboviral diseases, such as dengue virus. These consequences of war underscore the need for improving outbreak preparedness and response capacities in conflict zones, including in north Abyei.⁶

We urge Sudan's Federal Ministry of Health to form a professional multidisciplinary health team in north Abyei, comprising public health officers, medical doctors, laboratory technicians, and veterinarians. The team should focus on preparedness and response plans, using strategic risk assessment tools developed by WHO to identify the main public health hazards; additionally, the team should provide support in monitoring the implementation of these plans on the ground. Both short-term and long-term strategies must be developed in collaboration with Sudan's Federal Ministry of Health, local authorities, and humanitarian organisations. Funding remains a constraint: we call on donor communities to support the strengthening of the north Abyei health system. Additionally, given the impact of climate change in north Abyei and elsewhere, a One Health approach is essential for addressing the interconnectedness of health challenges.⁷

We declare no competing interests.

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Should WHO partner with TikTok to combat misinformation?

In September, 2024, WHO announced a partnership between its Fides network of health influencers and the social media platform TikTok to promote science-based health information and encourage positive health dialogues to counter misinformation.¹

The WHO–TikTok collaboration reflects the paradoxical relationship between digital platforms and public health organisations.² Jeremy Farrar, WHO Chief Scientist, praised its

possibilities as “an inflection point in how platforms can be more socially responsible”.¹ Yet, TikTok profits from the problems that WHO wants to solve and poses an obstacle to understanding and addressing them. TikTok is also likely to gain indirect influence at the agency during a time of intensive efforts to develop regulations related to digital infrastructures.

Like other social media platforms, TikTok is designed to sustain user engagement. All engagement, including exposure to misinformation, is profitable for social media platforms, whose business models rely on advertising revenue and data capitalism. The collaboration overlooks this profit model, the potential geopolitical and public relations benefits for TikTok amid multiple lawsuits, and a potential ban in the USA. The announcement underscores larger, unresolved questions about WHO collaborations with digital platforms and the ethics and regulatory frameworks that should guide them.

TikTok is designed so that the longer a user engages with a TikTok, the more advertisements and similar content they are shown. For some users, this can lead to repeated harmful exposure to misinformation and disinformation. TikTok’s restricted transparency and strict data access controls stymie research on these issues. Researchers must apply for permission to access data and face strict conditions; this includes agreeing to give TikTok access to manuscript copies before publication, disclosing the intent of their research before receiving data access, and consenting to TikTok audits of researchers’ tools at any time without notice.³

There is no doubt that public health relies on digital platforms to inform the public. But the terms under which institutions do this are exceptionally important. As purveyors of complex digital infrastructures for information spread, platforms cannot be treated as neutral. Platforms promote specific

types of information—including misinformation and advertising content—through their algorithms, discovery systems, brand partnerships, and support for influencers. Users, researchers, and policy makers have very little information about these corporate choices. WHO’s collaboration endorses TikTok without demanding transparency or accountability about its information practices.

As WHO continues work on the commercial determinants of health,⁴ this case shows the need for stronger and more nuanced guidelines on engagement with commercial actors, especially in emerging industries. The Framework of Engagement with Non-State Actors⁵ is especially challenging in this situation. Some industries like tobacco are banned from engagement with WHO, but digital platforms provide the digital infrastructures necessary for public health and directly and indirectly contribute to health harms. This paradoxical relationship highlights the need for more careful, nuanced, and transparent approaches to engagement.

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Declaration of Helsinki’s missed opportunity for healthy volunteer trials

For the first time since 1964, the revised Declaration of Helsinki provides an ethical framework for medical research and explicitly states that its provisions apply to all research participants, “whether patients or healthy volunteers”.¹ This statement is important since, alongside patients, healthy people participating in biomedical research greatly contribute to advancing science. Globally, every year, thousands of healthy volunteers participate in clinical trials that include phase 1 first-in-human studies and studies that fulfil other research and regulatory needs that cannot be addressed by patients alone. As previously communicated,² ethical issues in interventional research differ greatly between patients and healthy volunteers, because volunteers, unlike patients, cannot derive any direct medical benefits from their participation, are primarily motivated to participate by financial compensation, and must adhere to much stricter study conditions than most patients.

Although we applaud the Declaration of Helsinki for clarifying that similar ethical standards must apply to all research participants, a single mention of healthy volunteers does not go far enough, in our opinion. Indeed, although several paragraphs guide ethical issues related to patients, such as integration of medical care with research, none address healthy volunteers. Healthy volunteer trials deserve specific guidance, given that the risk–benefit balance differs when trials involve healthy people instead of patients. Additionally, no mention is