



## DIALOGUE

### “CARING IS AN ACT OF STRENGTH”

As global crises, cuts to cooperation aid and short-sighted policy decisions increasingly jeopardize the right to health, essential services are being denied to millions. This edition of *Health and Development* features reports from the field on inequalities and difficulties, but also signs of resilience. Now more than ever, providing healthcare requires courage, vision and responsibility.

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In a world fraught with uncertainty, war and renewed arms races, it is all too easy to forget a fundamental truth: that everyone has a right to health.

Yet even though this right has long been recognized by the United Nations (whose 2030 Agenda for Sustainable Development includes it among the Sustainable Development Goals), it is increasingly under threat. Inadequate resources, a lack of political commitment, competing interests and unforeseen crises are just some of the many barriers that have led to millions of people being denied access to essential health services, especially those in resource-limited countries. Indeed, more than half of sub-Saharan Africa's population lives in such conditions.

Doctors with Africa CUAMM is only too familiar with the real-life impacts of this situation. We hear about them from our people in the field, and in the silence of hospitals brought to a standstill due to a lack of supplies. We see it on the faces of those awaiting unavailable treatments. We've collected some of their voices in this issue of *Health and Development*, to help our readers learn more about and reflect on the inequalities experienced every day in the countries we partner with.

Recent foreign aid policies are making matters worse. The current U.S. administration has suspended or cut billions in funding to the U.S. Agency for International Development (USAID), which has historically provided vital support for the right to health of millions of people in the world's poorest countries. The United Kingdom, too, has reduced its international aid budget from 0.5% to 0.3% of gross national income<sup>1</sup>. These cuts are impacting not only humanitarian and development work, but also scientific research, with funding for essential work on HIV, malaria, climate change and more being slashed in the name of more “efficient” public spending.

And it is human beings, especially the most vulnerable, who are bearing the greatest brunt of these policies. With ever scarcer funding, a growing absence of political will, and a loss of sight of priorities, the very notion of the right to health is losing its meaning. And this is happening both at the national and international levels, making it a dual challenge.

Yet the countries that are paying the highest price, many of them African, are responding to this challenge with resilience, and we can learn from them. A case in point is Uganda, where investment in health remains inadequate despite the country's robust economic growth. As Peter Lochoro, our Ugandan Country Manager, and Dr. Aliyi Walimbwa of the Ugandan Ministry of Health recount in these pages, even while economic development often fails to translate to improved access to basic healthcare, efforts can and are being made to find solutions to these difficulties and strengthen the healthcare system.

This issue presents testimony from various levels of the system, from hospital to district level (Dr. Giovanni Dall'Oglio); on the immunization front, with its many challenges (Dr. Katetemera); and more, including tackling the growing impact of climate change by adopting the One Health approach (Andrea Atzori).

How can health be guaranteed for all when there still aren't enough resources for even the most basic needs? How can we respond to today's challenges while still struggling to address yesterday's? Humble yet determined, we will continue to look for answers to these predicaments and to share what we learn. We will also continue to work tirelessly on the ground with our partner countries to achieve our mission: putting health at the center, including in the world's most remote corners.

In closing, we embrace the words of *The Lancet*<sup>2</sup>, which have never rung more true or necessary: “[C]ooperation and constructive partnerships are vital, and (...) science has the ability not only to advance our understanding of the world but also to bring people together. [H]ealth is a social good, beneficial for societies, a driver of economies, and a path to development. (...) [E]quity – treating according to need – is fundamental to what medicine is. And (...) to care is an act not of weakness, but of strength.”

#### NOTES

<sup>1</sup> <https://www.reuters.com/world/uk/charities-appalled-by-uk-cut-aid-budget-fund-defence-spending-2025-02-25/>

<sup>2</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)00237-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)00237-5/fulltext)