For the **WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children** see https://apps.who.int/iris/bitstream/handle/10665/260137/9789241513470-eng.pdf

humanity by the UN.[5] Published data are thought to seriously underestimate the actual number of victims in any conflict.[4] Victims of sexual violence often experience substantial trauma, including complex mental conditions such as depression, anxiety, and post-traumatic stress disorder, and physical health conditions related to the assault.[7]

In 2008, the UN Security Council adopted Resolution 1820, which condemns the use of sexual violence as a tool of war, and demands the immediate and complete cessation of sexual violence against civilians during armed conflict.[5] The International Federation of Gynaecology and Obstetrics, with regard to the war in Ukraine, recommended sexual violence be categorised as a war crime.[8] However, it took UN Women almost 2 months to publish their unequivocal condemnation of the brutal attack by Hamas.[6] The silence of health-care organisations and women's rights organisations expresses the hypocrisy and double standard of the liberal world towards the violation of women's rights during this conflict.

Each day that passes exposes the hostages to violence and to the risk of sexual assault. We urge all medical international societies, especially those obligated to protect women's health, to condemn conflict-related sexual violence committed by Hamas and demand the release of all hostages held in Gaza. We demand the protection of women's rights by the UN and its bodies regardless of political conflicts, and the prevention of genocide, war crimes, and crimes against humanity committed by Hamas while the liberal world remains silent.

We declare no competing interests.

Editorial note: The Lancet Group takes a neutral position with respect to territorial claims in published text and institutional affiliations.

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Call to end sponsorship from commercial milk formula companies

We, the undersigned representatives of health-care professional associations (HCPAs), call upon all HCPAs to bring an end to sponsorship relationships with companies that market breastmilk substitutes.

Since 1981, WHO has repeatedly called for restrictions on the marketing of breastmilk substitutes.[1] In 2016, the World Health Assembly called on member states to end the inappropriate promotion of foods for infants and young children, including breastmilk substitutes, to health-care professionals.[2] The WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children recommends that HCPAs should not allow "such companies to sponsor meetings of health professionals and scientific meetings".

There is compelling evidence that aggressive marketing by manufacturers and distributors of breastmilk substitutes adversely affects feeding practices for infants and young children.[3] Such marketing undermines breastfeeding and contributes to poor health outcomes in children. It also contributes to the burden of non-communicable disease, particularly among women.[4]

Sponsorship of HCPA educational events is a marketing activity that creates conflicts of interest among health-care professionals. Conflicts of interest have been defined as "[S]ituations where an individual has an obligation to serve a party or perform a role and the individual has either: 1) incentives or 2) conflicting loyalties, which encourage the individual to act in ways that breach his or her obligations."[5] Sponsorship of educational events influences many activities, including research and prescribing behaviour, even when health-care professionals do not recognise this influence.[6]

The WHO Guidance on Ending the Inappropriate Promotion of Foods for Infants and Young Children cautions health-care professionals and HCPAs to be aware that our credibility will be damaged if we continue to accept funding from companies that promote breastmilk substitutes and other foods for infants and young children.

As HCPAs, we seek to protect, promote, and support optimal feeding for infants and young children. Manufacturers and distributors of breastmilk substitutes, on the other hand, have a fiduciary duty to increase their profits through increasing sales and, therefore, increasing use of breastmilk substitutes. These different missions clearly cannot be reconciled.

We therefore call upon all HCPAs to commit to ending sponsorships from companies that market breastmilk substitutes by the end of 2024. As representatives of international and regional HCPAs signing this call to action, we pledge to support and assist our member associations to end sponsorship from companies that market breastmilk substitutes through training, advocacy for policy development and implementation, information dissemination, and monitoring. Aggressive marketing of breastmilk substitutes threatens our capacity to deliver quality care. Every HCPA's primary concern must be the health and wellbeing of every newborn, child, and mother. Only by working together can we neutralise the threat posed by sponsorship.

We declare no competing interests.

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Strengthening global snakebite data for WHO's goal for 2030

Snakebite envenoming is a substantial but neglected public health issue, particularly in low-income and middle-income countries (LMICs). Annually, there are approximately 4·5–5·4 million snakebites, 1·8–2·7 million cases of envenomation, 81 000–130 000 deaths from snakebites, and a considerably higher number of permanent disabilities from snakebites worldwide.[1] Roughly 95% of these incidents occur in LMICs.[1,2] Snakebite envenoming was initially overlooked by the WHO review of neglected tropical disease burden in 2007.[2] It was later included in the list of neglected tropical diseases in 2009, removed in 2013, and reinstated as a category A neglected tropical disease in June, 2017. During the World Health Assembly in May, 2018, WHO urged member states to assess the burden of snakebite envenoming and strengthen surveillance, prevention, treatment, and rehabilitation programmes, while promoting international collaborations to enhance national capacities for snakebite prevention and control.

To halve snakebite deaths by 2030, WHO launched the Snakebite Information and Data Platform with the aim of creating a comprehensive database of information on venomous snakes and anti-venom while providing an opportunity for member countries to share their epidemiological data on snakebite envenoming. However, the platform does not currently display any data for highly affected Asian and South American countries, suggesting that these countries might not have shared their snakebite envenoming data.

The absence of data on global disability-adjusted life-years (DALYs) associated with snakebite envenoming in the World Health Statistics 2023 report and the Global Report on Neglected Tropical Diseases 2023 highlights a substantial gap in the data. The available data figures are based on only a few hospital-based sources and probably underestimate the true impact of snakebite envenoming (appendix p 1). Despite these data limitations, snakebite envenoming has emerged as the most fatal disease of the 20 neglected tropical diseases listed by WHO.

See Online for appendix

For more on the **WHO-listed neglected tropical diseases** see https://www.who.int/health-topics/neglected-tropical-diseases

Studies conducted in west Africa (16 countries; 319 874 DALYs; 95% CI 248 357–402 654),[3] Nepal (200 799 DALYs; 103 138–357 805),[4] and the Association of Southeast Asian Nations (10 countries; 391 979 DALYs; 187 261–836 559)[5] have revealed substantial annual snakebite envenoming loads. However, there are no DALY estimation studies for India, which accounts for almost half of the global deaths from snakebite envenoming. The low number of victims seeking care at health facilities, which is compounded by the absence of a robust surveillance system and crippled reporting mechanisms, weakens India's data on snakebite envenoming. The situation is not dissimilar in other countries with high envenoming burdens. The resulting data disparity affects crucial aspects of management, including fund allocation and the manufacturing and distribution of anti-venom.

For more on the **71st World Health Assembly** see https://www.who.int/about/governance/world-health-assembly/seventy-first

For more on the **Snakebite Information and Data Platform** see https://www.who.int/health-topics/neglected-tropical-diseases

To achieve the ambitious 2030 target set by WHO, national and global policy makers should ensure that they are not mischaracterising existing data. Relying on pseudofactual reference values will inversely affect our ability to gauge the progression of strategy implementation and the credibility of the achieved goal. The authorities in LMICs must invest in creating reliable data sources both from health systems and communities to ensure that every case of snakebite envenoming and death from snakebite envenoming is accounted for. Countries such as India, which do not have robust data recording mechanisms, should designate snakebite envenoming as a notifiable disease.[6] This notification should be complemented by the creation of population-based snakebite

For more on the **World Health Statistics 2023** report see https://www.who.int/publications/i/item/9789240074323

For more on the **Global Report on Neglected Tropical Diseases 2023** see https://www.who.int/teams/control-of-neglected-tropical-diseases/global-report-on-neglected-tropical-diseases-202