

health of its civilian population, resulting in high levels of depression, anxiety, and post-traumatic stress disorder (PTSD). The traumatic events experienced by people in Syria (eg, bombings, shootings, chemical weapon attacks, attacks on crucial infrastructure, terrorism, and forced displacement) have all contributed to these problems. Furthermore, the fragmentation of health-care infrastructure, the exodus of health-care providers, ongoing crises, reduced international aid, and the shortage of mental health professionals all worsen the psychological effects, leaving many without essential support and treatment.<sup>1</sup> Studies conducted among civilians in Syria showed that 44% of the population exhibits severe mental disorders, with less than 11% of the population screening negatively for a psychiatric condition.<sup>2</sup>

Compounding the dire situation, devastating earthquakes struck southern Türkiye and northern Syria in February, resulting in thousands of deaths and affecting more than 8 million people in Syria. Numerous studies have indicated that the effects of natural disasters are far-reaching, with many of those affected suffering from PTSD, anxiety, and depressive disorders as a result.<sup>3,4</sup>

An important challenge is addressing the severe shortage of psychiatrists in northwest Syria. With only two psychiatrists available in this region, the mental health infrastructure is on the verge of collapse. There are efforts to increase the capacity of local professionals, including deploying psychiatrists to provide training and creating tele-consultation models with psychiatrists in the USA.<sup>4,5</sup> However, the scale of the crisis demands continued international support and intervention. On July 11, 2023, the UN failed to pass a resolution to renew its cross-border humanitarian aid through the Bab al-Hawa crossing,

the primary entry point for aid from Türkiye into northwest Syria. More than 70% of Syria's humanitarian resources depend on this aid, and its suspension will have immediate and severe effects on internally displaced individuals and those re-traumatised by the earthquake.

We implore you, as members of the international medical community, to exert pressure and advocate for the continuation of humanitarian corridors into northwest Syria. We must prioritise mental health support given the lingering impact of the devastating earthquakes in February, escalating mental health issues, and the absence of a proper mental health infrastructure in the region. People in Syria are enduring unimaginable suffering, and their mental wellbeing hangs in the balance. We cannot ignore this crisis. Through collaborative efforts, we can make a tangible difference to those whose lives have been shattered by conflict and natural disasters.

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## Funding for global health research in Germany



See Online for appendix

Over the past 15 years, Germany has strategically expanded its role in global health against the backdrop of geopolitical developments, upheavals, and crises (appendix p 1) to become one of the largest political and financial contributors in the field. One of Germany's key priorities has been to fortify its strong but fragmented research landscape in global health. In January, 2020, a 5-year infrastructure programme from the Federal Ministry of Education and Research (BMBF; costing approximately €3 million) culminated in the progressive establishment of the German Alliance for Global Health Research (GLOHRA), a national, interdisciplinary, and cross-institutional platform for global health research. Led by an interdisciplinary steering committee, the platform aims to foster innovative, equity-oriented global health research by building new cooperation channels between disciplines and communities in Germany and around the world. Since 2020, the platform has gained nearly 1000 members from diverse disciplines; has allocated €3.3 million in funding from BMBF, the Federal Ministry for Economic Cooperation and Development (BMZ; from policy coherence funds), and other agencies to 21 research projects with partners in nearly 20 countries; and has supported more than 25 scientific workshops, training, and other events.<sup>1,2</sup>

These initiatives, among others such as the Ministry of Health-funded Global Health Hub Germany, have improved global health infrastructure and addressed notable gaps in Germany's global health landscape (eg, the scarcity of global health education opportunities and the sparse translation of scientific evidence into political action).<sup>3,4</sup> The initiatives strengthened infrastructure for global health research and

education, emphasised expertise that values social and cultural science, and fostered linkages between science, policy, and practice. These attributes are key for translating evidence into action and innovation to address challenges in global health. These impulses have enabled global health professionals, including international experts and early-career researchers, to strengthen profiles in global health research in Germany.

However, despite the effect of these initiatives in galvanising a coherent research landscape, dedicated national funding in Germany for collaborative and interdisciplinary global health research is uncertain and will probably not be continued given national budget constraints driven by the consequences of the COVID-19 pandemic and Russia's war against Ukraine. Current funding by BMBF and BMZ for GLOHRA ceases in January, 2025, and December, 2023, respectively, and BMBF has discontinued its funding for the National Research Platform for Zoonoses,<sup>5</sup> which has been running since 2009. Although global health researchers can apply for regular national funding schemes, these are heavily skewed towards biomedicine or basic science (ie, as one of the German Science Foundation's key funding principles). The COVID-19 pandemic has further fuelled the biomedical securitisation of global health research and action—both in Germany and across the world.<sup>6</sup> The lens of cross-disciplinary, equity-oriented, and translational global health research could be lost if researchers are supposed to compete with biomedical research. Addressing the challenges of global health—such as climate change, syndemics, One Health, and antimicrobial resistance—requires operative research, implementation science, and ongoing collaborations between disciplines and with non-academic partners.

A discontinuation of dedicated funding for global health research could also put at risk the German

Government's ability to spearhead and implement other major initiatives and activities (appendix p 1), which should be informed and underpinned by evidence and evaluated independently. Large investments in global health research infrastructure and capacities are essential but should be sustained if Germany and the world are to fully benefit from their effects.

KB is an elected member of the steering committee of the GLOHRA. VS is a member of GLOHRA and the Global Health Hub Germany. KB is a principal investigator on one project funded by the Global Health Academy of GLOHRA, and a collaboration partner in another project. VS is a researcher on these two projects and is also the co-organiser of a training initiative funded by the same institution.

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## NIH grant reporting policies: bridging gaps or building walls?

The revised policy guidance on foreign subaward and consortium written agreements issued in May, 2023,<sup>1</sup> directing subawardees to provide regular and transparent data updates, ostensibly enhances

research openness and accountability. However, this unilateral decree has attracted rightful concerns, both ethical and scientific. We aim to shed light on the drawbacks of this policy and propose a more balanced, cooperative, and inclusive approach.

Endowed with vast resources and international influence, the National Institutes of Health (NIH) has a responsibility to ensure that research practices are equitable and beneficial to all populations. However, the proposed regulatory changes seemingly bear an imperialistic undertone rooted in an implicit presumption of the funding body's unassailable authority—a dynamic unsettlingly redolent of colonial structures. Stakeholder engagement or consultation and clear policy justification by the NIH can promote open dialogue and collaborative policy formation, and prevent unintended negative consequences rooted in misunderstandings.

The policy unintentionally imposes an unwarranted burden on prime awardees and subawardees, particularly those in low-income and middle-income countries (LMICs). It adopts a universal approach without considering socioeconomic disparities between high-income countries (HICs) and LMICs, thereby perpetuating systemic barriers to global health equity. Many LMIC researchers face unique challenges, such as infrastructure deficits, limited research budgets, and restricted access to state-of-the-art technology, making a contextless, unilateral reporting rule inequitable. One illustration is the expectation for very frequent, detailed digital reporting. Although this might be manageable for institutions in HICs equipped with advanced technology infrastructure and human resources for data management, the reality in many LMICs is starkly different. For instance, in Ugandan research institutions the power supply can be erratic, and reliable internet