A shared vision and common goals are essential to unite us in counteracting resistance; ensuring reliable access to, and responsible use of, effective antimicrobials for humans and animals; exercising accountability; and monitoring global progress. Aligning with this vision and global goals, countries now commit to set and monitor progress towards national targets adapted to their contexts, with the aim to accelerate action on the ground and support priority setting and budgeting at the national level.

However, a few issues must be considered. First, resilient health systems at the country level, supported by universal health coverage, including reliable access to antibiotics, hygiene measures, clean water, and proper sanitation, are crucial. Second, monitoring goals and targets requires robust surveillance to generate reliable and representative data. The unavailability and fragmentation of relevant data are common, especially in LMICs with insufficient laboratory capacity, and prevent data from being used for evidence-based policy making and follow-up. Third, the focus on targets needs to go beyond deaths to also include avertable infections, which substantially affect hospital length of stay and patient outcomes. Finally, improving the responsible use of antibiotics in human and animal health is crucial to slowing the emergence of AMR, but this will never be sufficient without substantial improvements in prevention of both infections and dissemination of resistant bacteria.

High-income and upper-middle-income countries need to ensure domestic resource allocations for the work to mitigate the effects of AMR; resource-constrained countries need support in their implementation of National Action Plans to contain AMR. Resource mobilisation must be promoted at national and global levels and political commitment is a good start to garner the adequate support and resources needed.

When the UN General Assembly meets in New York City (NY, USA), its decisions will affect AMR and the possibility to treat infections, in humans and animals, both now and in the future.

I am the Minster for Social Affairs and Public Health.

Jakob Forssmed
jakob.forssmed@gov.se

Ministry of Health and Social Affairs, Stockholm 111 52, Sweden

August, 2024 Bangladesh floods: emerging health risks

The floods in August, 2024 in Bangladesh triggered an unprecedented public health emergency, exposing the incipient fragility of the nation's health-care system under such catastrophic natural disasters. Relentless monsoon rains, coupled with an irreversible deluge from upstream, have inundated vast swathes of Bangladesh, particularly in the southeastern and northeastern districts, displacing millions and incapacitating vital infrastructure.[1,2] The unparalleled flooding has given rise to a multifaceted public health emergency that requires immediate, strategic, and multifarious intervention.

The flooding has compromised water and sanitation services, rendering previously potable water sources lethal vehicles for pervasive waterborne diseases. As the flood-waters combine with an array of contaminants, including human excreta and agricultural and industrial runoff, the probability of an outbreak of cholera, dysentery, hepatitis A, and other enteric diseases is large. The densely crowded makeshift shelters have made the risk of a contagion outbreak particularly alarming, especially in the absence of any semblance of clean water and adequate sanitation facilities.[3] Simultaneously, the stagnant waters pervade the submerged facilities, providing a breeding ground for mosquitoes. The escalating threat of mosquito-borne diseases, such as dengue fever, malaria, and chikungunya, is magnified by the high water table, which is set to be sustained well into the future. Bangladesh has already had an alarming outbreak of dengue cases, and the ongoing flood confluence is set to exacerbate the already intractable challenge. The irremediable destruction of agriculture and livestock means a food security crisis of unprecedented magnitude is all but inevitable. The obliteration of food sources and the economic immolation of rural communities portend a soon-to-be-nutritional catastrophe, particularly for vulnerable demographics such as children, pregnant women, and older adults.

Besides being an evident physical health disaster, the floods exert an equally dangerous yet less observable effect on the psychological health of the victims. Displacement, disruption of livelihoods, and the pervasive uncertainty towards the future are likely to prompt a surge in the rates of mental health disorders, including anxiety, depression, and post-traumatic stress disorder.[4] Since the existing mental health infrastructure in Bangladesh is already fragile, the flooding crisis requires the inclusion of mental health services as part of the disaster–response cycle.

The solution will need to be complex and address the moderate rise towards disaster resilience accordingly: responses in the short, middle, and long term need to be defined. In the short term, people in the flood-affected areas need to gain access to uncontaminated water and proper sanitation. In addition, drastic vector control measures need to be implemented immediately to start reducing mosquito-borne diseases. Furthermore, the distribution of emergency food supplies should be commenced without delay, with special attention to pregnant women,

For more on **dengue cases** see https://dashboard.dghs.gov.bd/pages/heoc_dengue_v1.php

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children, and older adults to prevent a nutritional disaster. In the middle term, starting the rehabilitation of health-care facilities and recovery of agriculture in the regions hit by the flood is crucial. Finally, as the country is gradually restored, long-term measures should start by focusing on the reinforcement of the Bangladeshi health infrastructure. To this end, flood-resistant hospitals and other necessary facilities must be constructed, supply chains strengthened, and adaptation to climate change integrated into national health policies. Through these comprehensive actions, the immediate health crises can be mitigated, and the basis for a more resilient future can be set.

I declare no competing interests.

Yusha Araf
yusha.araf@gmail.com

Department of Biotechnology, Bangladesh Agricultural University, Mymensingh 2202, Bangladesh

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Transparency in national health expenditure estimates

Accurate estimates of national health expenditure are indispensable for ensuring effective formulation of health policies. These estimates constitute one of the most important statistics for a country's health-care sector. However, in many countries, the methods used to make these estimates often lack transparency, according to domestic scholars, policy makers, and international observers; substantial difficulties might be encountered when conducting cross-country comparisons due to the absence of detailed information on the data and estimation strategies used.[1] Examinations of national health expenditure data published by the Organisation for Economic Co-operation and Development and WHO frequently reveal a paucity of detailed estimation methods that hinders efforts to replicate the estimates or, at the very least, ascertain with confidence the components included in these figures.[1]

Among all components of national health expenditure, out-of-pocket health-care expenditures are the most difficult to estimate, and estimations of these expenditures are often the least transparent.[2] In many cases, estimation of national out-of-pocket expenditures is not done by departments responsible for health policy formulation, such as ministries of health. Consequently, the methods used for these estimations might not even be fully understood by a nation's health department.

In Taiwan, for example, the national out-of-pocket figure announced by the Ministry of Health and Welfare was estimated by the Directorate-General of Budget, Accounting, and Statistics (DGBAS), the agency responsible for national income estimation. This figure represented 31·4% of the national health expenditure in 2022.[3] The high proportion of out-of-pocket expenditures in Taiwan frequently sparks discussions regarding the adequacy of Taiwan's globally recognised National Health Insurance system in terms of the financial protection it offers.[4] However, the DGBAS has not disclosed the details of the methods it uses to make these estimations, including breakdowns of expenditure categories. This lack of transparency might have contributed to misguided debates surrounding health policy.

Another example is the 2024 decision by Taiwan's Ministry of Health and Welfare to incorporate an additional NT$101·4 billion of private-sector long-term care expenditure into the national out-of-pocket figure estimated by the DGBAS.[3] This inclusion led to a substantial increase in the current health expenditure from 6·1% to 6·8% of gross domestic product in 2021.[3] Unfortunately, the Ministry of Health and Welfare did not disclose the methods or provide specific details regarding this estimate. Without transparent disclosure of methods, scholars and health policy makers are unable to assess the accuracy of such estimates, which can result in misguided health policy design and unproductive academic or policy research.

We strongly advocate for the public disclosure of national health expenditure estimation methods, both domestically and internationally, to facilitate informed health policy development and enable meaningful international comparisons.

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**Christy Pu, Chiun-Ho Hou*
cypu@nycu.edu.tw

Institute of Public Health, School of Medicine, National Yang Ming Chiao Tung University, Taipei 112, Taiwan (CP); Department of Ophthalmology, National Taiwan University Hospital, Taipei, Taiwan (C-HH)

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