



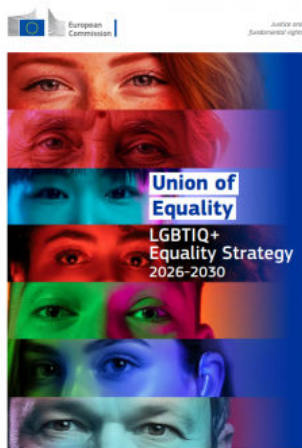
December 2025

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## International & European Institutions



### Commission builds on Union of Equality with adoption of new LGBTQ+ Equality strategy

#### European Commission

As part of its range of Union of Equality Strategies, the Commission has officially launched a strategy that sees to the specific needs of the LGBTQ+ community. Like the other equality strategies, a successful LGBTQ+ strategy relies on methods that include a strong focus on health; especially in the case of this community where mistreatment and inequities in healthcare are still a large issue.

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### Reducing poverty and inequalities through official development assistance (ODA)

#### OECD

Poverty reduction efforts over the past three decades have mainly benefited China and India, while sub-Saharan Africa is left behind, indicating extra efforts are needed to reduce inequities. Even more concerning, is that poverty-reducing assistance like health, education, water and food aid has reduced significantly since COVID-19. This effectively means that those most left behind are exposed to higher health risks, with fewer resources to counteract the negative effects.

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## **Governments across Europe and Central Asia adopt new WHO strategy to give every child a healthy start in life**

**World Health Organization**

All 53 WHO European Region Member States have adopted a new joint WHO–UNICEF strategy to improve child and adolescent health across Europe and Central Asia. The “healthy start for a healthy life” strategy (2026–2030) focuses on equity, mental health, and protection from social and digital harms. It calls on governments to turn commitments into action, ensuring every young person can grow up healthy, safe, and empowered.

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## **Report: inequality is making pandemics more likely, more deadly and more costly**

**UNAIDS**

Health inequities are often seen as a result of global injustices, but a new report finds that they can also fuel the likelihood of pandemics taking place. Co-chaired by Joseph Stiglitz, Monica Geingos and Michael Marmot the report calls for a redefined approach to health security centred on reducing social and economic inequalities. It urges governments to invest in social protection, fair financing, and equitable access to health technologies to break the cycle and build lasting global resilience.

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## **In which EU regions are people at risk of poverty?**

**Eurostat**

Eurostat has published its analysis of poverty risk across the EU, based on data from 2024. The inequities are still very stark, with overseas territories amongst the worst, as well as southern regions of Italy, Spain, and regions in the east and the Balkans. The overall number has not changed. From the perspective of social determinants of health, this can also have a large impact on health equity between regions.

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## **3.2% of EU children have unmet needs for medical care**

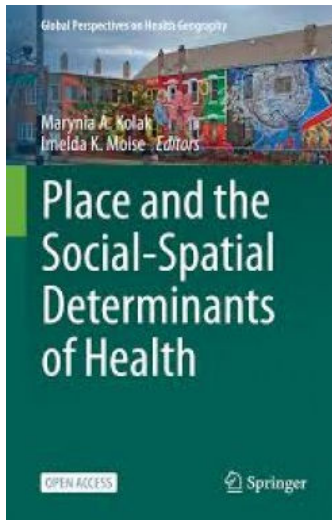
**Eurostat**

New statistics indicate that, in 2024, children from lower income households were more likely to have unmet needs for medical care than high income households. The difference is around 1 percentage point, while differences between countries are quite pronounced. This indicates not only a glaring shortcoming of Europe's health system, but also a fundamental inequity along socio-economic lines. This should encourage action to counter inequities.

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## **Research Developments**



## Place and the Social-Spatial Determinants of Health

Springer Nature

This new open access book is one of the first to approach the Social Determinants of Health from a place-based perspective, with a perspective transcending disciplines and covering the entire globe. Named the Social-Spatial Determinants of Health, this work covers the topic step by step, going from conceptualisation, to integration, methodology, and empiric illustration.

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**nature**

## Antimicrobial resistance, equity and justice in low- and middle-income countries: an intersectional critical interpretive synthesis

Nature

When we speak about One Health, antimicrobial resistance is one of the biggest priorities. At the same time, it also reflects the largest global health inequities. Despite the massive impact of both, a focus on equitable AMR interventions is rarely considered, raising eyebrows among academics. In this article, a group of researchers from across the globe look at the root causes of AMR and inequities, providing recommendations on how to address both; this is not only limited to a biomedical approach, but also the wider drivers of health equity.

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## Obesity indices and their sociodemographic, lifestyle, and social isolation correlates in a large Spanish working population

Frontiers

Spanish researchers have looked into the sociodemographic determinants of obesity, focusing on workers. They revealed that obesity results mainly from socioeconomic disadvantage, unhealthy lifestyles and psychosocial vulnerability. An interesting finding is that social isolation was also a very strong determinant, informing the need for policy that considers social connection, in addition to lifestyle interventions and a socioeconomic lens.

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## The collection and integration of data on migrants in health information systems: evidence from Ireland

BMC International Journal for Equity in Health

Efforts to combat health inequities are often thwarted by a lack of data; inequities faced by migrants are no exception. Researchers in Ireland decided why this data and research gap exists, and found that there are many sources available that do not communicate with each other. Standardising these sources through WHO guidelines would create robust evidence bases to address health disparities amongst migrants.

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## **The State of International Human Rights Law on Sexual and Reproductive Health: An Overview**

### **Health and Human Rights**

Based on UN human rights law, there are certain standards related to sexual and reproductive rights. Though there has been progress on these topics, significant inequities and violations persist, especially amongst marginalised groups. This requires further development of these standards with a specific focus on these groups.

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## **Commercial determinants of active travel: a crucial but overlooked barrier to health and sustainability**

### **The Lancet**

Active travel, especially in urban settings, is an excellent way to improve individual health, while also contributing to sustainability. It also has a strong commercial aspect, when looking at the alternatives. Researchers from Germany look into how these commercial determinants impact how often we walk or cycle, versus other means of transport of passive or motorised transport. They conclude that the lack of use of active mobility could be solved if these ways of transport are also included in commercial considerations.

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## **In the Media**



### **'Global life expectancy returns to pre-pandemic levels but major health challenges remain, study says**

#### **Euronews**

After the major impact of COVID-19 on global health, the situation seems to have stabilised somewhat. Even so, other issues remain a large problem, including large global health inequities. NCDs, mental health and unhealthy behaviour remain a crisis in and of themselves, with large differences noticeable between regions, and among youths. If COVID-19 was not the wake-up call to act, then this should be.

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## **LGBTQI+ individuals in Cyprus face widespread discrimination and avoid healthcare due to fear and cost**

**Philenews**

A new report from the University of Nicosia reveals widespread discrimination and barriers faced by LGBTQI+ people in Cyprus when accessing healthcare. Nearly one in five avoid visiting a doctor out of fear of prejudice, while over half cannot afford medical care. Testimonies expose harmful bias and ignorance among health professionals, prompting renewed calls from Accept LGBTQI+ Cyprus for inclusive training, systemic reform, and a healthcare system grounded in dignity and equality.

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## **We must break the inequality-pandemic cycle**

**The BMJ**

Michael Marmot provides comment on the interplay between health inequities and pandemics. The main point is that inequities within and between countries cause a global vulnerability to pandemics, as well as much more negatively impactful. This risk is now further increased with large cuts in developmental aid. Marmot points to four key areas in which we should act, being financial barriers, social determinants, health technology and trust, equality and efficiency.

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## **Non-communicable diseases of poverty: what's in a name?**

**The Lancet**

Researchers from the University of Witwatersrand call for a shift from individual to more systemic causes for non-communicable diseases. The fact that the UN declaration failed to pass is a sign of this, in their view. They believe poverty is one of the largest determinants when it comes to unequal distribution of NCDs across the globe. In addition, it impacts a wide range of other issues and crises, meaning poverty alleviation should be one of the main priorities in crisis preparedness.

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## **Other News**



**Universiteit  
Leiden**

## **'Being healthy isn't an individual choice – it depends on your circumstances'**

**University of Leiden**

For her inaugural lecture, Hedwig Vos spoke about 'fighting for health', covering topics like women's health and health inequalities. She is professor of General Practice and researches health inequalities together with her team, covering a wide range of topics including sustainability, climate justice, and gender differences. The main message is that, even though healthcare systems may be accessible, our health may still be impacted by a wide range of determinants outside of that; and these impacts are not equal for everyone.

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## Public Health Wales becomes WHO collaborating centre for digital health equity

### World Health Organization

WHO's work on digital health equity depends largely on the national centres through which they inform this work. Currently, only 25 countries have digital inclusion plans, meaning the addition of Public Health Wales is a great step forward. They contribute to reviews, research and evidence-gathering based on a great track record on regional inclusions efforts on digital health tools.

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## Helpline sees 'shocking surge' in nurses reporting racist abuse

### Nursing in Practice

An analysis by the Royal College of Nursing (RCN) reveals that cases of racism complaints have surged in the United Kingdom. This rose from 700 in 2024 to 1000 in 2025 from ethnic minority nurses. In addition, it is believed that many cases go unreported. This signals more - not less - work is required to counter racism in healthcare.

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## THL develops community-based ethical guidelines for Roma research

### Finnish Institute for Health and Welfare

Reducing health inequities through policy can be facilitated through good quality research. The Finnish Institute for Health and Welfare has prepared guidelines to make this possible in relation to its Roma population. These guidelines are the first of their kind, inspired by similar work Finland has done with its Sámi population. The results of this work can serve as an inspiration to promote Roma Health in other contexts in Europe.

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## Rise Up: Racism, Resilience, and the Right to Mental Health

### European Roma Rights Centre

As part of the RISE project, ERRC has released a report that looks into hate speech and racist behaviour against Roma. It maps the consequences, which has a large impact on mental wellbeing in particular. The report includes recommendations on how resilience and resistance can be built against this kind of behaviour.

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