

**Issue 26/2023**

# **Weekly Public Health Report**

**Bosnia and Herzegovina**

**July 2023**

## CONTENTS

Contents.....	2
WHO urges countries to invest in drowning prevention to protect children .....	3
Statement – At least 20 000 people lose their lives to drowning every year in the European Region yet these deaths are entirely preventable.....	4
Childhood immunization begins recovery after COVID-19 backslide .....	5
European Region achieves high routine immunisation coverage, but falls short of pre-pandemic levels .....	6
WHO addresses violence against women as a gender equality and health priority.....	7
Health workers have a critical role in supporting self-care .....	8
WHO updates guidelines on fats and carbohydrates .....	9
WHO technical guidance on interruption of transmission and elimination of leprosy disease.....	10
New global action plan on epilepsy and other neurological disorders published .....	11
WHO recommends optimising HIV testing services.....	12
New WHO guidance on HIV viral suppression and scientific updates released at IAS 2023.....	13
WHO releases new guidance to improve testing and diagnosis of sexually transmitted infections.....	14
HEALTH TOPICS.....	15
WHO PUBLICATIONS .....	16
PODCASTS .....	18
Do sweeteners help with weight loss? .....	18
Spotlight on Mental Health: Trauma, recovery, and justice .....	18
Protect yourself from extreme heat .....	19
WHO EVENTS .....	19
Second WHO Symposium on the Future of Digital Health Systems in the European Region.....	19
12th HEPA Europe conference: “Implementing health-enhancing physical activity research: from science to policy and practice” .....	19
WHO regional meeting on behavioural and cultural insights for health.....	19
WHO WEBINARS .....	20
Webinar: Alcohol cultures and stigma .....	20
WHO VIDEOS.....	20
SOURCES .....	21
CONTRIBUTORS.....	21

**Disclaimer:** The document was developed by WHO Country Office in Bosnia and Herzegovina. WHO CO BIH provides scientific and technical advice to public health authorities and health care providers. WHO CO BIH work is guided by the current best available evidence at the time of publication.

## WHO URGES COUNTRIES TO INVEST IN DROWNING PREVENTION TO PROTECT CHILDREN



On World Drowning Prevention Day this year, WHO released an investment case on drowning prevention showing how just two actions – investing in day care for pre-school aged children and teaching basic swim skills to school-age children – could protect millions of lives. Each dollar invested in these actions can yield benefits up to nine times the original value.

Drowning is an underappreciated but lethal public health issue. It has caused over 2.5 million deaths in the last decade, with an alarming 90% of these

fatalities occurring in low- and middle-income countries. Across all age groups, children aged 1–4 years and 5–9 years' experience the highest drowning rates, highlighting the need for immediate action to protect future generations.

Yet effective solutions exist. The new investment case shows that by 2050, increased global investment in just two measures could save the lives of over 774 000 children, prevent close to 1 million non-fatal child drownings, and avert severe and life-limiting injuries for 178 000 drowning victims.

It could also prevent potential economic losses of over US\$400 billion in low- and middle-income countries with high burden, and provide cumulative benefits valued at around US\$ 9 for each US\$ 1 invested. Countries such as Bangladesh, South Africa, Thailand and Viet Nam have already invested in these cost-effective interventions, benefitting children and their families by reducing their risk of drowning, while simultaneously providing new opportunities for improved health, development and wellbeing.

WHO is also preparing a global status report on drowning prevention to better understand the impact of drowning and analyse government actions worldwide. The global status report will provide critical information for policy-makers and programme managers to catalyse more action to implement low-cost, scalable and effective drowning prevention interventions recommended by WHO, with all 194 Member States invited to participate.

Facts and Figures [World Drowning Prevention Day 2023](#)

Factsheet [Drowning](#)

More information is available at: <https://www.who.int/news/item/25-07-2023-who-urges-countries-to-invest-in-drowning-prevention-to-protect-children>

## **STATEMENT – AT LEAST 20 000 PEOPLE LOSE THEIR LIVES TO DROWNING EVERY YEAR IN THE EUROPEAN REGION YET THESE DEATHS ARE ENTIRELY PREVENTABLE**

### **Statement by WHO Regional Director for Europe, Dr Hans Henri P. Kluge**

Most of us rarely, if ever, think about drowning as a public health hazard with significant impact. But the recent capsizing of the *Adriana* in the waters between Greece and Italy, a tiny fishing vessel crammed with hundreds of people seeking a new life in Europe, has changed that. In that one single catastrophe more than 600 people, huddled in desperation, drowned together; most bodies will never be recovered.

Far more commonly though, men, women and children drown silently and alone across a range of situations: jumping unsupervised into an unfenced backyard swimming pool, for example; or caught in a beach rip current that swimming skills alone can't free them from; sailing or paddleboarding without the protection of a life jacket; falling into water while walking home alone. The variations are endless.

25 July is the World Drowning Prevention Day, a day declared by the United Nations General Assembly with a singular focus on preventing drownings from occurring in the first place.

Globally, WHO estimates that at least 236 000 people lose their lives from drowning each year. I say "at least" as these numbers represent unintentional drowning. Based on the nature of the classification, drowning events related to water transport, environmental disasters, self-harm or assault are not included here. This actually underestimates the global burden of drowning by 30–50%.

In the WHO Europe Region, drowning kills an estimated 20 000 people each year. This may seem like a small fraction of the total global burden, but it is still the second-leading cause of death for children aged 5–14.

Drowning is also a crucial equity issue, with a 20 times variation in mortality rates across the 53 countries of the Region, with countries to the east generally with the highest rates.

Accurate data are crucial in understanding the scope of the challenge and the multiple factors involved.

[...]

Meanwhile, WHO's evidence-based recommendations and guidance for the prevention of drowning, published in the Global Report on Drowning Prevention in 2014, continue to be implemented, with ongoing research looking at the risks and interventions more pertinent to the situation of drowning in the European Region. And next year, WHO will publish the Global Status Report on Drowning Prevention, which for the first time will document the burden of drowning in all Member States and document national prevention and response efforts. Guided by this new information, WHO will offer policy and practical options to help countries do even more.

Going forward, we should ensure that our collective focus on drowning will no longer be based on the latest mass casualty disaster that captures the headlines all too briefly, but instead on how the loss of each and every life to drowning – no matter what the circumstances – could have been prevented in the first place.

The full statement is [here](#).

## CHILDHOOD IMMUNIZATION BEGINS RECOVERY AFTER COVID-19 BACKSLIDE

**New WHO and UNICEF data show promising signs of immunization services rebounding in some countries, but, particularly in low-income countries, coverage still falls short of pre-pandemic levels putting children at grave risk from disease outbreaks.**



In 2022, global immunization efforts resulted in an additional 4 million children receiving vaccines compared to the previous year. The World Health Organization (WHO) and UNICEF report that 20.5 million children still missed at least one routine vaccine in 2022, an improvement from 24.4 million in 2021, but worse than the 18.4 million in 2019, before COVID-19 disrupted immunization services.

Diphtheria, tetanus, and pertussis (DTP) vaccines act as the global marker for immunization coverage. Out of the

20.5 million children missing a DTP dose in 2022, 14.3 million didn't receive any, a significant decrease from 18.1 million zero-dose children in 2021 but still more than 2019's 12.9 million.

Improvements in global immunization have not been equal. High-resource countries like India and Indonesia have shown significant progress, masked slower recovery or continued declines in low-income countries, especially for measles vaccination. Measles coverage has not rebounded as strongly as other vaccines, putting 35.2 million more children at risk of infection.

Of the 73 countries with significant declines in immunization coverage during the pandemic, 15 recovered to pre-pandemic levels, 24 are on the path to recovery, but 34 have stagnated or continued declining. This calls for accelerated catch-up, recovery, and strengthening efforts.

Regions that had steady vaccine coverage before the pandemic, like South Asia, have shown quicker recovery compared to regions with longstanding declines, such as Latin America and the Caribbean. African countries, with their growing child population, face additional challenges.

Coverage of the DTP3 vaccine in 57 lower-income countries supported by Gavi, the Vaccine Alliance, increased to 81% in 2022, up from 78% in 2021, with the number of zero-dose children dropping by 2 million. However, this improvement was mostly in lower-middle-income countries, with low-income countries still struggling.

HPV vaccination coverage surpassed pre-pandemic levels in 2022 for the first time, but it remains well below the 90% target. Many stakeholders, including WHO, UNICEF, Gavi, The Bill & Melinda Gates Foundation, and other partners have launched 'The Big Catch-Up' to urge governments to restore and strengthen immunization services. The initiative includes efforts to increase funding for immunization, develop new policies for reaching children missed during the pandemic, strengthen immunization and primary healthcare services, and boost vaccine confidence.

More information is available at: <https://www.who.int/news/item/18-07-2023-childhood-immunization-begins-recovery-after-covid-19-backslide>.

## **EUROPEAN REGION ACHIEVES HIGH ROUTINE IMMUNISATION COVERAGE, BUT FALLS SHORT OF PRE-PANDEMIC LEVELS**

The WHO European Region achieved 94% average coverage with 3 doses of the diphtheria, tetanus and pertussis vaccine (DTP3) and 93% average coverage with the first dose of measles-containing vaccine (MCV1) in 2022, according to data published on 18 July 2023 by WHO and the United Nations Children’s Fund (UNICEF). These averages reflect extensive efforts by health authorities to recover from declines in routine immunization coverage experienced during the COVID-19 pandemic, but also uneven success: 27 of the 53 countries in the Region have not yet returned to their 2019 level of DTP3 coverage. In 2022, 300 000 infants across the European Region did not receive any scheduled immunizations in their first year of life.

“The European Region has worked hard to recover from the impacts of the COVID-19 pandemic, and to keep vaccine-preventable diseases at bay,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. “Catching up on missed doses and reaching every new child with the vaccines they need and deserve must continue at full speed in every community. We cannot allow COVID-19 or any other emergencies to endanger our progress against measles and rubella, polio, cervical cancer and many other serious diseases.”

### **Where vaccine doses are missed outbreaks can follow**

The European Immunization Agenda 2030 outlines the need to achieve 95% coverage for both DTP3 and MCV1. In 2022, 825 measles cases were reported in 23 countries in the Region. This year already 5699 measles cases have been reported for the period January–May. “Such an increase in measles cases, among both young children and adults of all ages, points towards vulnerabilities in the Region. Efforts must be made, now, to catch up on missed doses and attain optimal coverage to stop transmission and prevent outbreaks in the coming months,” explained Dr Nino Berdzuli, Director of Country Health Programmes, WHO/Europe.

Measles is among the most contagious diseases affecting people and can therefore be an early signal of the presence of immunity gaps. The Region has also seen increases in other vaccine-preventable diseases following the lifting of public health and social measures necessitated by the COVID-19 pandemic. The number of reported diphtheria cases increased from 41 in 2020 to 362 in 2022, and polioviruses were detected in several countries in the Region in 2021 and 2022.

See [Immunization dashboard European Region](#).

## WHO ADDRESSES VIOLENCE AGAINST WOMEN AS A GENDER EQUALITY AND HEALTH PRIORITY

New digital resources launched at Women Deliver conference to help end violence against women and girls



Together with UN Women, United Nations Population Fund (UNFPA), and the United Nations Development Programme (UNDP), the World Health Organization (WHO) today launched the RESPECT Women website, a new online one-stop platform that aims to drive concrete actions – in policies and programmes - to prevent and respond to violence against women and girls. The website was launched during the Women Deliver Conference in Kigali, Rwanda, which brings together over 6,000 delegates focused on advancing gender equality and the sexual and reproductive health and rights of women and girls.

Preventing and responding to violence against women and girls continues to be a worldwide public health, gender equality and human rights priority. Globally almost 1 in 3 women experience physical and/or sexual violence in their lifetime, mostly by an intimate partner. This is a stark reminder of the scale of gender inequality and discrimination against women.

Women Deliver 2023 coincides with the mid-way point since the Generation Equality Forum appointed WHO and UN Women as [co-leads of the Action Coalition](#) for ending gender-based violence, which continues to affect millions of women and girls around the world – with devastating health impacts.

The new RESPECT women website contributes towards delivering the Action Coalition's commitments for violence prevention. The user-friendly, interactive platform provides practical support for implementing the RESPECT women framework's seven evidence-based strategies, with briefs on how to implement successful programmes, and training and multimedia materials for advocacy.

Visit [online one-stop platform](#).

Read [commitments for violence prevention](#).

More about this topic can be found here: <https://www.who.int/news/item/17-07-2023-who-addresses-violence-against-women-as-a-gender-equality-and-health-priority>.

## HEALTH WORKERS HAVE A CRITICAL ROLE IN SUPPORTING SELF-CARE



24<sup>th</sup> July was a Self-Care Day, and the World Health Organization (WHO) has released a new resource – a competency framework - to help health and care workers support people’s self-care efforts. Self-care interventions enable people to test for and manage diseases and disability, prevent illness, or get information relating to their health.

*“Self-care interventions are an integral part of health systems and can significantly expand options for delivering health care services, especially for those who*

*are most underserved,”* said Dr Pascale Allotey, Director of Sexual and Reproductive Health and Research and HRP at WHO, who is also a midwife by training. *“Health and care workers play an important role in helping people understand and use self-care approaches and tools – whether to self-test for pregnancy, COVID-19 or HIV, manage their fertility or self-monitor chronic health conditions - these resources aim to support them in this endeavour.”*

An estimated 3.6 billion people – half of the world – lack access to essential health services. WHO recommends self-care interventions for every country as a critical path to reaching universal health coverage, helping people have more control over their own health; supporting wider healthcare options, and enabling easier access to healthcare.

Self-care interventions for health include, among others: self-administered contraceptives, screening for COVID-19 as well as human papillomavirus (HPV), HIV and other sexually transmitted infections, blood pressure monitoring, pregnancy and ovulation tests, and techniques for managing stress, substance use, anxiety, and other mental health disorders.

The *Self-care competency framework* is published in three parts: [competency standards](#); [a knowledge guide](#), geared at health and care workers; and a [curriculum guide](#) for use by those involved in planning and delivering education and training of health and care workers.

The standards define 10 key competencies for health and care workers to support self-care in their clinical practice as well as the specific, measurable behaviours that demonstrate those competencies, focusing on people-centredness; decision-making; effective communication; collaboration; evidence-informed practice, and personal conduct.

More on [Self-Care Day](#).

Read the full [WHO guideline on self-care interventions for health and well-being, 2022 revision](#).

More information is available at: <https://www.who.int/news/item/24-07-2023-health-workers-have-a-critical-role-in-supporting-self-care>.



## WHO UPDATES GUIDELINES ON FATS AND CARBOHYDRATES

WHO has updated its guidance on total fat, saturated and *trans*-fat and carbohydrates, based on the latest scientific evidence.

The three new guidelines, [Saturated fatty acid and trans-fatty acid intake for adults and children](#), [Total fat intake for the prevention of unhealthy weight gain in adults and children](#), and [Carbohydrate intake for adults and children](#), contain recommendations that aim to reduce the risk of unhealthy weight gain and diet-related noncommunicable diseases, such as type 2 diabetes, cardiovascular disease and certain types of cancer.

With its guidance on dietary fat, WHO notes that both quantity and quality are important for good health. WHO reaffirms that adults should limit total fat intake to 30% of total energy intake or less. Fat consumed by everyone 2 years of age and older should be primarily unsaturated fatty acids, with no more than 10% of total energy intake coming from saturated fatty acids and no more than 1% of total energy intake from *trans*-fatty acids from both industrially produced and ruminant animal sources.

Saturated and *trans*-fatty acids in the diet can be replaced with other nutrients such as polyunsaturated fatty acids, monounsaturated fatty acids from plant sources, or carbohydrates from foods containing naturally occurring dietary fibre, such as whole grains, vegetables, fruits and pulses.

Saturated fatty acids can be found in fatty meat, dairy foods, and hard fats and oils such as butter, ghee, lard, palm oil and coconut oil and *trans*-fatty acids in baked and fried foods, pre-packaged snacks, and meat and dairy foods from ruminant animals, such as cows or sheep.

In first time guidance for children and adolescents WHO suggests the following intakes of vegetables and fruits:

- 2–5 years old, at least 250 g per day
- 6–9 years old, at least 350 g per day
- 10 years or older, at least 400 g per day

More information is available at: <https://www.who.int/news/item/17-07-2023-who-updates-guidelines-on-fats-and-carbohydrates>.

# WHO TECHNICAL GUIDANCE ON INTERRUPTION OF TRANSMISSION AND ELIMINATION OF LEPROSY DISEASE



The World Health Organization (WHO) has released its 'Technical guidance on interruption of transmission and elimination of leprosy disease' which includes tools such as the 'Leprosy Programme and Transmission Assessment Tool (LPTA)' and the 'Leprosy Elimination Monitoring Tool (LEMT)'. These recommendations and tools were prepared by the WHO Taskforce and aim to define the criteria and cut-offs for the verification of interruption of transmission and elimination of leprosy.

Leprosy is one of the Neglected Tropical Diseases (NTDs) targeted for elimination, as outlined in the NTD Roadmap 2030. A new Leprosy Elimination Framework has been created, which comprises three phases that lead to a non-endemic status. This framework sets out the indicators and milestones that signify when an area or country has transitioned from one phase to the next.

In this context, the interruption of transmission is defined as there being no more local transmission of *M. leprae*, as evidenced by zero new autochthonous cases among children for at least five consecutive years. If no autochthonous cases (all ages) are reported for three consecutive years, the country or sub-national jurisdiction is considered to have reached leprosy elimination. Post-elimination surveillance makes up Phase 3, during which sporadic cases may still be reported due to leprosy's long incubation period.

The Leprosy Elimination Monitoring Tool (LEMT) is an Excel-based tool that helps areas and countries monitor their progress through the phases of elimination and determine when they are ready to transition from one phase to the next.

**On Disease**

Leprosy is caused by infection with the bacillus *Mycobacterium leprae*, which multiplies very slowly in the human body. The bacterium has a long incubation period (on average 5 years or longer). The disease affects nerve endings and destroys the body's ability to feel pain and injury.

Leprosy is curable. Treatment provided in the early stages of infection averts disability. Multidrug therapy is available free of charge through WHO

Continued discrimination has deterred people from coming forward for diagnosis and treatment – thus encouraging cases to remain hidden and indirectly contributing to transmission.

[Leprosy Elimination Monitoring Tool \(LEMT\).](#)

[Technical guidance on interruption of transmission and elimination of leprosy disease.](#)

More information is available at: <https://www.who.int/news/item/17-07-2023-who-technical-guidance-on-interruption-of-transmission-and-elimination-of-leprosy-disease>.

## NEW GLOBAL ACTION PLAN ON EPILEPSY AND OTHER NEUROLOGICAL DISORDERS PUBLISHED



WHO's Intersectoral Global Action Plan (IGAP) on epilepsy and other neurological disorders, published today in all six UN languages, sets out the actions needed to improve access to care and treatment for people living with neurological disorders through a comprehensive, coordinated response across sectors.

Neurological disorders are the leading cause of disability-adjusted life years\* and a 2020 [Lancet](#) paper cites them as the second leading cause of death globally, accounting for 9 million deaths a year. Despite the high global burden of neurological conditions, access to both services and support for these conditions is insufficient, especially in low- and middle-income countries.

“The burden of neurological disorders is compounded by stigma and discrimination, which can hamper life opportunities, increase the risk of poverty, and lead to difficulties in accessing care,” writes Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, in the foreword to the publication.

“The IGAP is a major step forward in global efforts to deliver an integrated and comprehensive response, which will allow more people living with neurological disorders to access the treatment and care they need and to live free of stigma and discrimination,” said Dr Dévora Kestel, WHO Director for Mental Health and Substance Use.

Developed by WHO in consultation with Member States and other key stakeholders including people living with neurological disorders, the action plan was endorsed at the 75<sup>th</sup> World Assembly in May 2022 under decision WHA 75 (11).

The action plan outlines 5 strategic objectives:

- 1) to raise policy prioritisation and strengthen governance;
- 2) to provide effective, timely and responsive diagnosis, treatment and care;
- 3) to implement strategies for promotion and prevention;
- 4) to foster research and innovation and strengthen information systems;
- 5) and to strengthen the public health approach to epilepsy.

Visit [Intersectoral Global Action Plan](#).

Read [2020 Lancet paper](#).

More information is available at: <https://www.who.int/news/item/20-07-2023-new-global-action-plan-on-epilepsy-and-other-neurological-disorders-published>.

## WHO RECOMMENDS OPTIMISING HIV TESTING SERVICES

At the 12th International IAS Conference on HIV Science, WHO called for countries to expand use of HIV self-testing (HIVST), to offer HIVST for initiation, continuation and re-starting pre-exposure prophylaxis (PrEP) and to promote testing through sexual and social networks to increase testing coverage and strengthen uptake of HIV prevention and treatment services for the general population in high-burden settings and in populations and regions with the greatest gaps in testing coverage. These recommendations are issued at a moment of unique opportunity, when self-care and self-testing are increasingly being recognised as ways to increase access, efficiency, effectiveness and acceptability of health care across many different disease areas, including HIV.

Evidence from a systematic review showed that facility-based HIV self-testing may result in HIV testing uptake comparable to or higher than that with standard facility-based testing. Another finding of the review was that being able to access HIVST at facilities reduces barriers to testing and increases the proportion of people who are tested who are found to be HIV-positive.

The guidelines also recommend that countries expand the offer of social network testing approaches (SNA) as a way to increase access to and uptake of HIV testing. Social network-based HIV testing is an approach for engaging sexual and drug-injecting partners and social contacts of people with HIV and of those who are HIV-negative and at ongoing risk, in voluntary testing services. This approach includes providing contacts with information about testing services or providing contacts with self-tests.

### New recommendations

HIV self-testing may be offered as an additional option for testing at facilities (*conditional recommendation, low-certainty evidence*).

HIV self-testing may be used to deliver pre-exposure prophylaxis, including for initiation, re-initiation and continuation (*conditional recommendation, low-certainty evidence*).

Social network testing approaches may be offered as an additional approach to HIV testing as part of a comprehensive package of care and prevention (*conditional recommendation, low-certainty evidence*).

More information is available at: <https://www.who.int/news/item/22-07-2023-who-recommends-optimizing-hiv-testing-services>.

## NEW WHO GUIDANCE ON HIV VIRAL SUPPRESSION AND SCIENTIFIC UPDATES RELEASED AT IAS 2023

The World Health Organization (WHO) is releasing new scientific and normative guidance on HIV at the 12<sup>th</sup> International IAS (the International AIDS Society) Conference on HIV Science.

New WHO guidance and an accompanying Lancet systematic review released today describe the role of HIV viral suppression and undetectable levels of virus in both improving individual health and halting onward HIV transmission. The guidance describes key HIV viral load thresholds and the approaches to measure levels of virus against these thresholds; for example, people living with HIV who achieve an *undetectable* level of virus by consistent use of antiretroviral therapy, do not transmit HIV to their sexual partner(s) and are at low risk of transmitting HIV vertically to their children. The evidence also indicates that there is negligible, or almost zero, risk of transmitting HIV when a person has a HIV viral load measurement of less than or equal to 1000 copies per mL, also commonly referred to as having a *suppressed* viral load.

Antiretroviral therapy continues to transform the lives of people living with HIV. People living with HIV who are diagnosed and treated early, and take their medication as prescribed, can expect to have the same health and life expectancy as their HIV-negative counterparts.

*“For more than 20 years, countries all over the world have relied on WHO’s evidence-based guidelines to prevent, test for and treat HIV infection,”* said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *“The new guidelines we are publishing today will help countries to use powerful tools have the potential to transform the lives of millions of people living with or at risk of HIV.”*

At the end of 2022, 29.8 million of the 39 million people living with HIV were taking antiretroviral treatment (which means 76% of all people living with HIV) with almost three-quarters of them (71%) living with suppressed HIV. This means that for those virally suppressed their health is well protected and they are not at risk of transmitting HIV to other people. While this is a very positive progress for adults living with HIV, viral load suppression in children living with HIV is only 46% - a reality that needs urgent attention.

More about [12<sup>th</sup> International IAS \(the International AIDS Society\) Conference on HIV Science](#).

Read more in [Lancet systematic review](#).

More information is available at: <https://www.who.int/news/item/23-07-2023-new-who-guidance-on-hiv-viral-suppression-and-scientific-updates-released-at-ias-2023>.

## WHO RELEASES NEW GUIDANCE TO IMPROVE TESTING AND DIAGNOSIS OF SEXUALLY TRANSMITTED INFECTIONS

The World Health Organization (WHO) shared its latest guidance on sexually transmitted infections (STI) at the STI & HIV 2023 World Congress which took place in Chicago, the United States of America, on 24-27 July 2023. With STIs on the rise, WHO called for better access to testing and diagnostic services. At the congress, WHO discussed its latest STI research agenda and antimicrobial resistance (AMR) in gonorrhoea.

### STIs on the rise globally

During the COVID-19 pandemic, many countries had reported low coverage for prevention, testing and treatment services for STIs, which has led to a resurgence of STIs globally. Countries with good STI surveillance, such as the United States of America and United Kingdom, are reporting increasing STIs. Emerging outbreaks of new infections, such as mpox, and the re-emergence of neglected STIs pose challenges for prevention and control efforts.

Several countries are increasingly reporting failures of current treatment recommendations for gonorrhoea. Of concern, the spread of a *Neisseria gonorrhoea* clone that is highly resistant to ceftriaxone is increasingly being reported in countries in Asia such as China, Japan, Singapore and Vietnam as well as in Australia, Austria, Canada, Denmark, France, Ireland and the United Kingdom. The enhanced gonorrhoea AMR surveillance (EGASP) suggests high rates of resistance in gonorrhoeae to current treatment options such as ceftriaxone, cefixime and azithromycin in Cambodia, for instance. Syphilis, as well as congenital syphilis, are on the rise, and the lack of benzathine penicillin poses a considerable challenge to effectively treat them.

### New WHO guidance on testing and laboratory diagnostics

Every day, more than 1 million new sexually transmitted infections (STIs) are acquired, posing a significant global health challenge. However, monitoring and understanding the trends of new STIs in low- and middle-income countries (LMIC) are hindered by limited access to diagnostic tests.

WHO's new guidance includes [target product profiles \(TPPs\) for point-of-care diagnostic technologies](#) for diagnosing syphilis (*treponema pallidum*), *Chlamydia trachomatis*, *Neisseria gonorrhoeae* and *Trichomonas vaginalis*, which aim to facilitate development of quality STI diagnostics; the [Laboratory and point-of-care diagnostic testing for STIs including](#); and [Diagnostics Landscape for Sexually Transmitted Infections \(STIs\)](#), highlighting diagnostics available to support scale-up of screening for syphilis, chlamydia, gonorrhoea, trichomoniasis, mycoplasma, herpes, and human papillomavirus (HPV) to meet the growing test demands in low-and-middle income countries. It complements the aforementioned manual.

More on [STI & HIV 2023 World Congress](#).

More information is available at: <https://www.who.int/news/item/24-07-2023-who-releases-new-guidance-to-improve-testing-and-diagnosis-of-sexually-transmitted-infections>.

## HEALTH TOPICS

### Climate change

The global climate is changing. This affects human health, well-being and life on earth. In the near future it will lead to an amplification of current health problems, as well as new risks and pressures for the environment and the social and economic determinants of health.

### Digital health

Digital health is the field of knowledge and practice associated with the development and use of digital technologies to improve health. Digital health expands the concept of eHealth to include digital consumers, with a wider range of smart devices and connected equipment. The following areas are commonly understood as being part of, or related to, digital health: artificial intelligence, big data, blockchain, health data, health information systems, the infodemic, the Internet of Things, interoperability and telemedicine.

### Mental health

Mental health should be seen as a valued source of human capital or well-being in society. It contributes to individual and population health, happiness and welfare, enables social interaction, cohesion and security, and feeds national output and labor force productivity. We need good mental health to succeed in all areas of life.

Yet, individuals with mental ill-health are often shunned and denied access to care, with services for promoting and protecting mental health and preventing ill-health often starved of resources. It is vital to not only address the needs of people with defined mental disorders but also to protect and promote the mental health of all people, and recognize the intrinsic value of positive mental health.

### Vaccines and immunization

Immunization is one of the most cost-effective ways to save lives and promote good health and well-being throughout the life course. Every year, vaccines save millions of lives, and millions more people are protected from disease and disability. By preventing many serious early-childhood infectious diseases, like polio and measles, immunization helps children grow into healthy adults. Other vaccines given early in life help prevent liver and cervical cancer many years later, and vaccination of older adults protects them from influenza, COVID-19 and other serious diseases.

The WHO European Region has made great progress in recent decades on many of these fronts, but there are still gaps in vaccination coverage that put especially the most vulnerable at risk. Access to vaccines, including against human papillomavirus and SARS-CoV2, is also not equitable within and among countries.

## WHO PUBLICATIONS

### Hidden depths: the global investment case for drowning prevention

Drowning is a preventable tragedy that claims almost 236 000 lives each year, most of them young children. It is an urgent issue that needs more attention and increased investment to save more lives. This report shows the health and economic benefits from implementing two evidence-based interventions to prevent drowning in high-burden countries. It demonstrates the benefits of providing day-care and teaching basic swim skills to children and shows high returns from investing in these interventions. It provides policymakers, donors, advocates and other relevant stakeholders with a sound economic case for investing in and scaling up these measures.

### Saturated fatty acid and trans-fatty acid intake for adults and children: WHO guideline

This guideline provides updated, evidence-informed guidance on the intake of saturated fatty acids and *trans*-fatty acids to reduce the risk of diet-related noncommunicable diseases in adults and children, particularly cardiovascular diseases.

This guideline is intended for a wide audience involved in the development, design and implementation of policies and programmes in nutrition and public health. This guideline includes recommended levels of intake for saturated fatty acids and trans-fatty acids and recommendations on preferred replacement nutrients which can be used by policy-makers and programme managers to address various aspects of saturated fatty acid and trans-fatty acid intake in their populations through a range of policy actions and public health interventions.

The guidance in this guideline replaces previous WHO guidance on saturated fatty acid and trans-fatty acids intake, including that from the *1989 WHO Study Group on Diet, Nutrition and the Prevention of Chronic Diseases* and the *2002 Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases*. The guidance in this guideline should be considered in the context of that from other WHO guidelines on healthy diets.

### Total fat intake for the prevention of unhealthy weight gain in adults and children: WHO guideline

This guideline provides updated, evidence-informed guidance on the percentage of total fat in the diet to reduce the risk of unhealthy weight gain.

This guideline is intended for a wide audience involved in the development, design and implementation of policies and programmes in nutrition and public health. This guideline includes a recommended level of total fat intake which can be used by policy-makers and programme managers to address various aspects of dietary fat in their populations through a range of policy actions and public health interventions.

The guidance in this guideline replaces previous WHO guidance on total fat intake, including that from the *1989 WHO Study Group on Diet, Nutrition and the Prevention of Chronic Diseases* and the *2002 Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases*. The guidance in this guideline should be considered in the context of that from other WHO guidelines on healthy diets.

### Carbohydrate intake for adults and children: WHO guideline

This guideline provides updated, evidence-informed guidance on the intake of carbohydrates to reduce the risk of diet-noncommunicable diseases in adults and children, with a particular focus on carbohydrate “quality”. Carbohydrate quality refers to the nature and composition of carbohydrates in a food or in the diet, including the proportion of sugars,



how quickly polysaccharides are metabolized and release glucose into the body (i.e. digestibility), and the amount of dietary fibre. The quality of carbohydrates in the diet can broadly impact health.

This guideline is intended for a wide audience involved in the development, design and implementation of policies and programmes in nutrition and public health. This guideline includes recommendations on preferred food sources of carbohydrates, and recommended levels of intake for fruits and vegetables, and dietary fibre which can be used by policy-makers and programme managers to address various aspects of carbohydrate intake in their populations through a range of policy actions and public health interventions.

The guidance in this guideline replaces previous WHO guidance on carbohydrate intake, including that from the 1989 WHO Study Group on Diet, Nutrition and the Prevention of Chronic Diseases and the 2002 Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases. The guidance in this guideline should be considered in the context of that from other WHO guidelines on healthy diets.

### **Interruption of transmission and elimination of leprosy disease**

The content of this technical guidance is based on the work of the WHO Task Force on definitions, criteria and indicators for interruption of transmission and elimination of leprosy (TFCEL). It has also used input from existing WHO guidance on elimination of other neglected tropical diseases (NTDs), such as lymphatic filariasis and trachoma, WHO documents related to control of infectious diseases, such as the WHO Global Leprosy Strategy 2021–2030, the WHO NTD Road map 2021–2030 and other authoritative sources.

The concept of ‘elimination’ is defined and used carefully and is discussed in relation to other relevant concepts. This is done to prevent confusion regarding this term as happened around the time when ‘elimination of leprosy as a public health problem’ was declared. At the time, this was misunderstood to mean that there would no longer be significant numbers of leprosy cases in countries that had achieved this target and thus had a negative impact on funding, perception of priority in public health agendas, etc. This document seeks to avoid this through carefully defining the concepts used, trying to align the terminology with that used in WHO guidance for other infectious disease programmes, notably that for infectious NTDs.

### **Point-of-care tests for sexually transmitted infections: target product profiles**

Despite the development of point-of-care diagnostic tests for syphilis, chlamydia, gonorrhoea, and trichomoniasis, none comply with all WHO criteria. This analysis overviews landscape analyses of point-of-care diagnostic technologies for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Trichomonas vaginalis* and syphilis, available and in the pipeline.

The target audience for the target product profiles is broad and includes clinicians, researchers working on diagnostics, laboratory experts, including, microbiologists and virologists, public health experts, epidemiologists, developers, and representatives for manufactures, including biotech engineers, policy-and decision-makers as well as representatives from regulatory bodies and agencies, donor agencies and international organisations.

### **Laboratory and point-of-care diagnostic testing for STIs including**

This report is intended to complement WHO’s updated manual titled Laboratory and point-of-care diagnostic testing for sexually transmitted infections, including HIV, which addresses general laboratory methods in greater detail. The focus of this landscape is on the technologies commercially available at the time of publication for syphilis, *C. trachomatis*, *N. gonorrhoeae*, *T. vaginalis*, *M. genitalium*, HSV (types 1 and 2) and HPV. Every possible effort was made to provide a comprehensive landscape with information relevant to national programme managers.

## **Diagnostics Landscape for Sexually Transmitted Infections (STIs)**

This report is intended to complement WHO's updated manual titled Laboratory and point-of-care diagnostic testing for sexually transmitted infections, including HIV, which addresses general laboratory methods in greater detail.

## **Self-care competency framework: volume 1: global competency standards for health and care workers to support people's self-care**

The standards define 10 key competencies for health and care workers to support self-care in their clinical practice as well as the specific, measurable behaviours that demonstrate those competencies, focusing on people-centredness; decision-making; effective communication; collaboration; evidence-informed practice, and personal conduct.

## **Self-care competency framework: volume 2: knowledge guide for health and care workers to support people's self-care**

The knowledge guide is the second publication in the Self-care competency framework to support health and care workers. This describes how health and care workers can apply each of the 10 competency standards in their work, detailing the necessary knowledge, skills and attitudes that underpin the required behaviours.

## **Self-care competency framework: volume 3: curriculum guide for health and care workers to support people's self-care**

The curriculum guide is the third publication in the Self-care competency framework to support health and care workers. It is a resource for educational institutions and curriculum developers to develop competency-based education and training for health and care workers.

## **WHO Model List of Essential Medicines for Children - 9th list, 2023**

### **WHO model list of essential medicines - 23rd list, 2023**

Essential medicines are those that satisfy the priority health care needs of a population. They are selected with due regard to disease prevalence and public health relevance, evidence of efficacy and safety and comparative cost-effectiveness. They are intended to be available in functioning health systems at all times, in appropriate dosage forms, of assured quality and at prices individuals and health systems can afford.

The WHO Model List of Essential Medicines and Model List of Essential Medicines for Children are updated and published every two years, intended as a guide for countries or regional authorities to adopt or adapt in accordance with local priorities and treatment guidelines for the development and updating of national essential medicines lists.

## **PODCASTS**

### **[Do sweeteners help with weight loss?](#)**

Do non-sugar sweeteners help with weight loss? Do they pose a risk to your health? What about so called "natural" sweetness like Stevia? Jason Montez explains the findings from the new WHO report in Science in 5.

### **[Spotlight on Mental Health: Trauma, recovery, and justice](#)**

Listen to special podcast episodes, where global experts discuss topics, including barriers in mental health services, the relationship between mental and physical health, and the impact of trauma to shine a spotlight on mental health as a critical health issue.

## [Protect yourself from extreme heat](#)

As parts of the world experience record breaking temperatures, learn how heat harms us, who is at risk and what you can do to protect yourself. Dr Joy Shumake-Guillemot explains in Science in 5.

## WHO EVENTS

### [Second WHO Symposium on the Future of Digital Health Systems in the European Region](#)

**5–6 September 2023, Porto, Portugal**

Recent advancements in artificial intelligence (AI) in health has sparked public debate on the extent to which technology, and more specifically generative AI, has the potential to infringe upon personal privacy and impact the health of populations. To explore this and other issues impacting current and future European Region health system landscapes, WHO/Europe is hosting the second WHO Symposium on the Future of Digital Health Systems in the European Region on 5–6 September.

To be held in Porto, Portugal, and co-organized with the Portuguese government, the symposium will bring together government representatives, key thought leaders, policy experts, academics, health-care workers, civil society representatives, professional organizations and other partners to help shape actions in support of the “Regional digital health action plan for the WHO European Region 2023–2030” approved at the 72nd session of the WHO Regional Committee for Europe in 2022.

Register [here](#).

### [12th HEPA Europe conference: “Implementing health-enhancing physical activity research: from science to policy and practice”](#)

**11 – 13 September 2023, Leuven, Belgium**

The 18th annual meeting and 12th conference of Health-enhancing Physical Activity (HEPA) Europe will be held in Leuven, Belgium, on 11–13 September 2023. Leuven is located in the heart of Europe, and its vibrant university atmosphere is an ideal backdrop for the conference.

The organising and scientific committees are preparing an excellent programme with the objective of engaging and connecting scientists, researchers, policy-makers, professionals, leading experts and other stakeholders to facilitate the implementation of knowledge in the field of health-enhancing physical activity.

The conference in Leuven will provide a unique forum for participants to share and learn about the latest developments in science, policy and practice in Europe and beyond.

To register visit [HEPA 12th Conference](#)

### [WHO regional meeting on behavioural and cultural insights for health](#)

**12 – 14 September 2023, Copenhagen, Denmark**

**28 July 2023**

Member State representatives and partners from the WHO European Region will meet in Copenhagen on 12–14 September 2023 to share experiences, tools and approaches on applying behavioural and cultural insights (BCI) for health.

Combining plenary presentations, facilitated discussions and focused topic break-out sessions, the meeting will advance implementation of the 5-year “European regional action framework for behavioural and cultural insights for health”, agreed by Member States at the 72nd session of the WHO Regional Committee for Europe in September last year.

The meeting will also provide an opportunity for BCI stakeholders in ministries of health, public health institutes and academia to discuss the findings of the first regional status report on BCI implementation, and the results of a qualitative study on the barriers and drivers in applying BCI for health. Participants will share case examples and lessons learned in using BCI in their respective countries.

## WHO WEBINARS

### Webinar: Alcohol cultures and stigma

On 4 September 2023, WHO/Europe is holding a webinar in the series Alcohol and Public Health on the topic Alcohol cultures and stigma: overview of key concepts.

Speakers:

- Ilora Finlay, Baroness Finlay of Llandaff, former Chair of the Commission on Alcohol Harm, United Kingdom [TBC]
- Georg Schomerus, Professor and Chair, Department of Psychiatry and Psychotherapy, University of Leipzig, Germany

The webinar is part of the WHO/EU Evidence into Action Alcohol Project (EVID-ACTION), funded by the European Commission. The project's objective is to use scientific evidence to promote and facilitate the implementation of effective alcohol policies in the EU, Iceland, Norway, and Ukraine.

Register [here](#).

## WHO VIDEOS

Check out our official video channel on YouTube for the latest video news on our work from around the globe:

<https://www.youtube.com/c/who/playlists>.

## SOURCES

- <https://www.who.int/>
- <https://www.iasociety.org/>
- <https://www.thelancet.com/>
- <https://openwho.org/channels/end-tb>
- [https://commission.europa.eu/index\\_en](https://commission.europa.eu/index_en)
- <https://stihiv2023.org/>
- <https://www.youtube.com/>

## CONTRIBUTORS

- Faris Dizdar
- Lejla Beglerović
- Mirza Palo
- Erwin Cooreman

*Prepared by WHO CO in Bosna and Herzegovina*