

**Issue 4/2024**

# **WHO Public Health Report**

**Bosnia and Herzegovina**

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## CALL FOR URGENT AGREEMENT ON INTERNATIONAL DEAL TO PREPARE FOR AND PREVENT FUTURE PANDEMICS



Call from 100+ pantheon of global leaders for urgent agreement on governments to reach ambitious and equitable international deal to prepare for and prevent future pandemics

A high-powered intervention by 23 former national presidents, 22 former prime ministers, a former UN General Secretary and 3 Nobel laureates is being made today to press for an urgent agreement from international negotiators on a Pandemic Accord, under the Constitution of the World Health Organization, to bolster the world's collective preparedness and response to future pandemics.

Former UN General Secretary Ban-ki Moon, New Zealand's former Prime Minister Helen Clark, former UK Prime Ministers Gordon Brown and Tony Blair, former Malawi President Joyce Banda, former Peru President Francisco Sagasti, and 3 former presidents of the UN General Assembly are amongst 100+ global leaders, from all continents and fields of politics, economics and health management who today issued a [joint open letter](#) urging accelerated progress in current negotiations to reach the world's first ever multi-lateral agreement on pandemic preparedness and prevention.

The [Ninth round of Pandemic Accord negotiations](#) are underway this week and next. Signatories of today's open letter hope their combined influence will encourage all 194 nations to maintain the courage of their COVID-years conviction and make their own collective ambition of an international pandemic protocol a reality by the intended May deadline to enable ratification by the World Health Assembly at its May 2024 Annual General Assembly.

More on this: <https://www.who.int/news/item/20-03-2024-call-for-urgent-agreement-on-international-deal-to-prepare-for-and-prevent-future-pandemics>

## GLOBAL CHILD DEATHS REACH HISTORIC LOW IN 2022 – UN REPORT



Despite progress, an estimated 4.9 million children died before their fifth birthday somewhere in the world, or 1 death every 6 seconds

The number of children who died before their fifth birthday has reached a historic low, dropping to 4.9 million in 2022, according to the latest estimates released today by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME).

*“Behind these numbers lie the stories of midwives and skilled health personnel helping mothers safely deliver their newborns, health workers vaccinating and protecting children against deadly diseases, and community health workers who make home visits to support families to ensure the right health and nutrition support for children,”* said UNICEF Executive Director Catherine Russell. *“Through decades of commitment by individuals, communities, and nations to reach children with low-cost, quality, and effective health services, we’ve shown that we have the knowledge and tools to save lives.”*

The report reveals that more children are surviving today than ever before, with the global under-5 mortality rate declining by 51 per cent since 2000. Several low- and lower-middle-income countries have outpaced this decline, showing that progress is possible when resources are sufficiently allocated to primary health care, including child health and well-being. For example, the findings show that Cambodia, Malawi, Mongolia, and Rwanda have reduced under-5 mortality by over 75 per cent since 2000.

But the findings also show that despite this progress, there is still a long road ahead to end all preventable child and youth deaths. In addition to the 4.9 million lives lost before the age of 5 – nearly half of which were newborns – the lives of another 2.1 million children and youth aged 5-24 were also cut short. Most of these deaths were concentrated in sub-Saharan Africa and Southern Asia.

This tragic loss of life is primarily due to preventable or treatable causes, such as preterm birth, complications around the time of birth, pneumonia, diarrhoea, and malaria. Many lives could have been saved with better access to high-quality primary health care, including essential, low-cost interventions, such as vaccinations, availability of skilled health personnel at birth, support for early and continued breastfeeding, and diagnosis and treatment of childhood illnesses.

While the global numbers show welcome signs of progress, there are also substantive threats and inequities that jeopardize child survival in many parts of the world. These threats include increasing inequity and economic instability, new and protracted conflicts, the intensifying impact of climate change, and the fallout of COVID-19, which could lead to stagnation or even reversal of gains and the continued needless loss of children’s lives. Children born into the poorest households are twice as likely to die before the age of 5 compared to the wealthiest households, while children living in fragile or conflict-affected settings are almost three times more likely to die before their fifth birthday than children elsewhere.

[United Nations Inter-agency Group for Child Mortality Estimation](#)

More on this: <https://www.who.int/news/item/13-03-2024-global-child-deaths-reach-historic-low-in-2022---un-report>

## THE UNTOLD STORY: NEW REPORT REVEALS 7000 ADDITIONAL TB DEATHS DURING COVID-19 PANDEMIC



Nearly 7000 excess deaths from tuberculosis (TB) occurred in the WHO European Region in the three years of the COVID-19 pandemic (2020–2022) compared to what experts had expected based on pre-2020 estimates. This increased mortality was a direct result of the pandemic – it would not have occurred if TB diagnosis and treatment efforts had not been disrupted.

This sobering revelation comes via the latest TB surveillance and monitoring report from WHO/Europe and the European Centre for Disease Prevention and Control (ECDC). The report highlights the most recent data, showing a region recovering from, but still experiencing, the impact of the pandemic on TB testing, diagnosis and care.

The WHO/Europe–ECDC report is released annually in anticipation of World TB Day, which takes place on 24 March 2024.

*“Our latest report reveals a heartbreaking, entirely preventable situation: people affected by TB were not protected during the pandemic and 7000 needlessly lost their lives because of disruptions to TB services,”* said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. *“The report also reveals another evolving, preventable tragedy: the prevalence of drug-resistant TB continues to rise. We urge national authorities to strengthen TB testing programmes, diagnose promptly and apply the latest WHO guidelines,”* he added.

Reported data show increased numbers of diagnoses in 2022 compared to the previous year. In 2022, 38 out of the 53 WHO European Member States reported increased TB notifications. The overall total number reached more than 170 000 cases (from over 166 000 cases in 2021), out of which more than 36 000 cases were reported in the EU/EEA (from over 33 500 in 2021).

These increased numbers are likely to be a positive indication that, in many countries, TB services are now recovering from the disruptions of the COVID-19 pandemic and more people are being diagnosed and treated. They also likely reflect that the Region is catching up on delayed diagnoses.

More on this: <https://www.who.int/europe/news/item/21-03-2024-the-untold-story--new-report-reveals-7000-additional-tb-deaths-during-covid-19-pandemic>

## OVER 1 IN 3 PEOPLE AFFECTED BY NEUROLOGICAL CONDITIONS, THE LEADING CAUSE OF ILLNESS AND DISABILITY WORLDWIDE



A major new study released by *The Lancet Neurology* shows that, in 2021, more than 3 billion people worldwide were living with a neurological condition. The World Health Organization (WHO) contributed to the analysis of the Global Burden of Disease, Injuries, and Risk Factor Study (GBD) 2021 data.

Neurological conditions are now the leading cause of ill health and disability worldwide. The overall amount of disability, illness and premature death (known as disability-adjusted life years, DALYs) caused by neurological conditions has increased by 18% since 1990.

Over 80% of neurological deaths and health loss occur in low- and middle-income countries, and access to treatment varies widely: high-income countries have up to 70 times more neurological professionals per 100 000 people than low- and middle-income countries.

*“Neurological conditions cause great suffering to the individuals and families they affect, and rob communities and economies of human capital,”* said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *“This study should serve as an urgent call to action to scale up targeted interventions to allow the growing number of people living with neurological conditions to access the quality care, treatment and rehabilitation they need. It is more important than ever to ensure brain health is better understood, valued and protected, from early childhood to later life.”*

The top ten neurological conditions contributing to loss of health in 2021 were stroke, neonatal encephalopathy (brain injury), migraine, dementia, diabetic neuropathy (nerve damage), meningitis, epilepsy, neurological complications from preterm birth, autism spectrum disorder, and nervous system cancers.

Overall, neurological conditions cause more disability and health loss in men compared to women, but there are some conditions like migraine or dementia where women are disproportionately affected.

Since 1990, the absolute number of individuals living with, or dying from, neurological conditions has increased, while age-standardized DALY rates have dropped. This means that increases in absolute numbers are mainly driven by demographic change and people living longer.

### **More investments needed to improve treatment, care and quality of life**

At the World Health Assembly in 2022, Member States adopted the Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 (IGAP) with an ambitious scope to address the long-standing neglect of neurological disorders.

[Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021](#)

[Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031](#)

More on this: <https://www.who.int/news/item/14-03-2024-over-1-in-3-people-affected-by-neurological-conditions--the-leading-cause-of-illness-and-disability-worldwide>

## WHO URGES INVESTMENTS FOR THE SCALE UP OF TUBERCULOSIS SCREENING AND PREVENTIVE TREATMENT



WHO has released an investment case for TB screening and preventive treatment. A modelling study developed with Governments of four countries – Brazil, Georgia, Kenya and South Africa – highlights the impact to be achieved from expanding TB screening and preventive treatment.

The analysis shows that modest investments could lead to significant health and economic benefits in all four countries, with a return on investment up to US\$ 39 gained for every dollar invested. The investment case has been released to support countries in advocating for and allocating increased resources to scale-up TB screening and preventive treatment towards reaching new targets committed by Heads of State at the 2023 UN High-Level Meeting on TB.

While global efforts to combat TB have saved an estimated 75 million lives since the year 2000, TB causes 1.3 million deaths each year and affects millions more, with enormous impacts on families and communities.

According to the investment report, implementing TB screening plus preventive treatment can substantially reduce TB incidence and mortality. It argues that these crucial public health investments are essential for addressing the needs of vulnerable populations and achieving the End TB targets.

In 2022, WHO reported a significant worldwide recovery in the scale-up of access to TB diagnosis and treatment services, with the highest figure recorded since WHO began global TB monitoring in 1995.

However, the scale-up of access to TB preventive treatment has been slow. Preventing TB infection and stopping progression from infection to disease are critical for reducing TB incidence to the levels envisaged by the WHO's End TB Strategy. To do this, it is vital to offer TB preventive treatment to those with HIV, household contacts of TB patients, and other high-risk groups.

The global number of people living with HIV and household contacts of people with TB who were provided with TB preventive treatment increased to 3.8 million in 2022 or about 60% of those targeted that year in line with the commitments made at the UN High-Level Meeting of 2018.

2024 [World Tuberculosis Day](#) was commemorated under the theme 'Yes! We can end TB!' conveying a message of hope that getting back-on-track to turn the tide against the TB epidemic is possible through high level leadership, increased investments and faster uptake of new WHO recommendations.

[Investment case for TB screening and preventive treatment](#)

[End TB Strategy](#)

More on this: <https://www.who.int/news/item/18-03-2024-who-urges-investments-for-the-scale-up-of-tuberculosis-screening-and-preventive-treatment>

## MILLIONS AT RISK FROM CHOLERA DUE TO LACK OF CLEAN WATER, SOAP AND TOILETS, AND SHORTAGE OF CHOLERA VACCINE



Immediate action is needed to stem an unprecedented multi-year upsurge in cholera cases worldwide, according to the International Coordinating Group (ICG) on Vaccine Provision. Actions include investing in access to safe water, sanitation and hygiene, testing and detecting outbreaks quickly, improving quality of and access to healthcare, and fast-tracking additional production of affordable oral cholera vaccine (OCV) doses to better prevent cases.

The ICG manages the global cholera vaccine stockpile. The group includes the International Federation of Red Cross and Red Crescent Societies, Médecins sans Frontières, UNICEF and WHO. Gavi, the Vaccine Alliance, finances the vaccine stockpile and the delivery of OCV. ICG members are calling for governments, donors, vaccine manufacturers, partners and communities to join in an urgent effort to halt and reverse the rise in cholera.

Cholera has been surging globally since 2021, with the 473 000 cases reported to WHO in 2022, more than double those reported in 2021. Preliminary data for 2023 reveal further increases, with over 700 000 cases reported. Several of the outbreaks have high case fatality rates, exceeding the 1% threshold used as an indicator for early and adequate treatment of cholera patients. These trends are tragic given that cholera is a preventable and treatable disease and that cases had been declining in previous years.

Cholera is an acute intestinal infection that spreads through food and water contaminated with faeces containing the bacterium *Vibrio cholerae*. The rise in cholera is being driven by persistent gaps in access to safe water and sanitation. Although efforts are being made to close these gaps in places, in many others the gaps are growing, driven by climate-related factors, economic insecurity, conflict, and population displacement. Safely managed water and sanitation are prerequisites for stopping the transmission of cholera.

Currently, the most severely impacted countries include the Democratic Republic of the Congo, Ethiopia, Haiti, Somalia, Sudan, Syria, Zambia, and Zimbabwe.

More on this: <https://www.who.int/news/item/20-03-2024-millions-at-risk-from-cholera-due-to-lack-of-clean-water-soap-and-toilets-and-shortage-of-cholera-vaccine>



## MESSAGE BY THE DIRECTOR OF THE DEPARTMENT OF IMMUNIZATION, VACCINES AND BIOLOGICALS AT WHO - FEBRUARY 2024



In the coming months, the global immunisation community's attention will be immersed in two pivotal events which will underscore the importance of vaccination in safeguarding public health and well-being.

Kicking off the agenda is the [Meeting of the Strategic Advisory Group of Experts \(SAGE\) on Immunization](#), on 11-14 March 2024. This gathering promises a comprehensive assessment of the [Big Catch-Up initiative](#)'s progress, alongside an in-depth review of its monitoring, evaluation, and learning (MEL) strategy. SAGE members will provide

feedback on fortifying the initiative's long-term impact and resilience. Moreover, they will delve into the progress being made on key elements of the Immunization Agenda 2030 strategy, issuing key recommendations on the polio, hepatitis E and mpox vaccines.

Following closely on the heels of SAGE, in Paris on 26 April 2024, the first [WHO high-level meeting to defeat meningitis](#) will sound a clarion call to action. This global gathering aims to galvanize commitments towards realizing the objectives detailed in the [WHO Global Road Map to defeat meningitis by 2030](#). Meningitis continues to pose a significant threat to public health, with staggering global statistics of 236 000 deaths and 2.51 million incident cases recorded in 2019 alone.

Notably, the Paris high-level meeting synchronises with the lead-up to the Olympic and Paralympic Games, which will see several athletes affected by meningitis competing. This opportunity is poised to elevate visibility for the Global Road Map's pivotal focus on bolstering care and support for affected individuals. Progress in the fight against meningitis is now more than just plans, with recent advancements such as the WHO's endorsement of a novel meningococcal conjugate vaccine tailored for the countries of the African meningitis belt, grappling with seasonal epidemics. The Men5CV vaccine holds immense promise, heralding a more impactful and cost-effective intervention for countries in the meningitis belt. Coupled with the Gavi Board's green light for expanding meningococcal programs to include Men5CV, the momentum towards defeating meningitis gains traction.

The Measles and Rubella Partnership convened in Washington, USA, marking its first in-person meeting since 2019 and underscoring a pivotal moment in the global fight against these preventable diseases. Representatives from around the world gathered to strategize on key priorities, which include advancing the development of measles-rubella microarray patches and refining gap-filling campaigns to ensure targeted and effective interventions, especially for vulnerable populations. Additionally, discussions centred on leveraging improvements in measles programs to bolster primary healthcare initiatives, aiming to strengthen healthcare systems on a global scale. Through collaboration and knowledge-sharing, stakeholders aimed to overcome challenges and drive progress towards the shared goal of eradicating measles and rubella, shaping the future of public health efforts worldwide.

[Measles and Rubella Partnership](#)

Read the full statement here: <https://www.who.int/news/item/08-03-2024-message-by-the-director-of-the-department-of-immunization--vaccines-and-biologicals-at-who--february-2024>

## WHO AND UNICEF LAUNCH FREE ONLINE COURSE TO ADDRESS CHILDREN'S ENVIRONMENTAL HEALTH



Recognising the urgent need to empower all healthcare providers to safeguard children's health amidst the challenges of environmental pollution and climate change, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have collaborated to create a new free online course.

In an era where pollution and climate change are increasingly jeopardizing children's health, development and their future, this course aims to equip healthcare providers with essential knowledge and resources to recognize and mitigate these risks effectively.

*“Over a quarter of all disease burden among children under 5 years of age are attributed to adverse environmental conditions,”* said Dr Maria Neira, Director, Department of Environment, Climate Change and Health. *“The need to act is clear: we must prioritize children's environmental health to ensure a healthier future for generations to come.”*

This course provides an in-depth exploration of children's environmental health, covering key topics of global concern such as air pollution, climate change, e-waste, lead, pesticides and other hazards affecting children's well-being. Participants will gain valuable insights and practical strategies to enhance their capacity in this critical area of healthcare.

UNICEF and WHO affirm that every child has the fundamental right to grow up in a safe and healthy environment. By prioritizing children's environmental health, we can fulfil this right and safeguard the well-being of every child worldwide.

The course addresses a pressing need within the health sector, where many providers have limited knowledge to recognize, assess and manage environment-related diseases in children. Through tailored training materials and resources, including examples of local initiatives, healthcare professionals will be empowered to better address these challenges in their local contexts.

The WHO/UNICEF partnership underscores a shared commitment to advancing children's health and well-being globally, ensuring that healthcare professionals are equipped with the necessary tools and knowledge to protect the most vulnerable members of society.

[Introduction to Children's Environmental Health](#)

More on this: <https://www.who.int/news/item/13-03-2024-who-and-unicef-launch-free-online-course--to-address-children-s-environmental-health>

## WHO REPORT REVEALS GENDER INEQUALITIES AT THE ROOT OF GLOBAL CRISIS IN HEALTH AND CARE WORK



A new report published by the World Health Organization (WHO), “Fair share for health and care: gender and the undervaluation of health and care work” illustrates how gender inequalities in health and care work negatively impact women, health systems and health outcomes.

The report outlines underinvestment in health systems results in a vicious cycle of unpaid health and care work, lowering women’s participation in paid labour markets, harming women’s economic empowerment and hampering gender equality.

Women comprise 67% of the paid global health and care workforce. In addition to this paid work, it has been estimated that women perform an estimated 76% of all unpaid care activities. Work that is done primarily by women tends to be paid less and have poor working conditions.

The report highlights that low pay and demanding working conditions are commonly found in the health and care sector. Devaluing caregiving, which is work performed primarily by women, negatively impacts wages, working conditions, productivity and the economic footprint of the sector.

The report illustrates that decades of chronic underinvestment in health and care work is contributing to a growing global crisis of care. With stagnation in progress towards universal health coverage (UHC), resulting in 4.5 billion people lacking full coverage of essential health services, women may take on even more unpaid care work. The deleterious impact of weak health systems combined with increasing unpaid health and care work are further straining the health of caregivers and the quality of services.

Investments in health and care systems not only accelerate progress on UHC, they redistribute unpaid health and care work. When women participate in paid health and care employment, they are economically empowered and health outcomes are better. Health systems need to recognize, value and invest in all forms health and care work.

[Fair share for health and care: gender and the undervaluation of health and care work](#)

More on this: <https://www.who.int/news/item/13-03-2024-who-report-reveals-gender-inequalities-at-the-root-of-global-crisis-in-health-and-care-work>

## WHO LAUNCHES NEW MANUAL TO SUPPORT DELIVERY OF PSYCHOLOGICAL INTERVENTIONS



WHO has launched a new manual to support the implementation of psychological interventions.

By providing practical guidance on how to implement psychological interventions, this guide will help increase access to evidence-based interventions so that more people can benefit from them. The manual focuses on evidence-based psychological intervention manuals delivered by a non-specialist workforce.

Globally, 1 in 8 people experience a mental health condition, with depression and anxiety among the most common. Yet most receive no treatment. This might be because of a lack of services or because services are limited in capacity, inaccessible or unaffordable. Often stigma stops people from seeking help in the first place.

Psychological interventions have a crucial role in helping to reduce the vast treatment gap between the high prevalence of mental health conditions and limited access to adequate care.

Often psychological interventions are delivered in person, by mental health specialists. But there is now significant evidence to show that brief, manualized versions of psychological interventions can also be effectively delivered by trained and supervised non-specialists, using individual, group or self-help approaches.

Based on established psychological treatments, such as behavioural activation, stress management, problem-solving therapy, cognitive behavioural therapy and interpersonal therapy, evidence-based psychological interventions provided by non-specialists are highly effective in treating many mental health conditions, particularly depression and anxiety. They can be delivered in many settings, including in low- and middle-income countries and are likely more scalable than psychological treatments delivered by specialists.

[New manual to support the implementation of psychological interventions](#)

More on this: <https://www.who.int/news/item/11-03-2024-who-launches-new-manual-to-support-delivery-of-psychological-interventions>

## HOW TO GIVE VOICE TO CITIZENS IN EVIDENCE-INFORMED POLICY PROCESSES?



### WHO's two new Citizen Engagement resources

On 29 February 2024, two innovative WHO resources were launched: an [review Document on citizen engagement in evidence-informed policy-making](#) and a [Mini-Publics Guide](#).

Citizens have a vital role in shaping health policies that affect their lives. However, much remains to be done to make policies more responsive to their needs and values. Engaging citizens in evidence-informed policy-making (EIP) greatly contributes to gaining insights into their perspectives, preferences, and experiences and producing more inclusive, equitable, effective, and reflective health policies.

WHO organized a webinar which reflected both the Organization's strong commitment to advancing citizen engagement (CE) and the growing interest from the general public in this approach. More than 350 people from 73 countries joined the event and were able to get familiarized with the concept through a diversity of expertise and experience offered by the large panel of speakers.

As principal author of the WHO overview for implementing CE in EIP, Bobby Macaulay, Research Fellow at the University of the Highlands and Islands, made the case for integrating citizens' voices in decision-making, a crucial and underutilized form of evidence in policy. He gave three reasons: to enhance transparency, accountability, trust, and confidence (democratic purpose), improve the quality of decision-making (instrumental purpose), and improve knowledge and capacity of the participants (developmental purpose).

Oliver Escobar, Professor of Public Policy and Democratic Innovation at the University of Edinburgh and main author of the second WHO publication, presented a comprehensive overview of the new Guide on mini-publics, targeting both novice and experienced practitioners in this field. Mini-publics are forums that include a cross-section of the population selected through civic lottery, and their organization comprises of four stages:

1. Inception: building foundation;
2. Preparation: getting ready;
3. Deliberation: running the mini public;
4. Influence: wrapping up, mobilizing results and evaluation the mini public.

[WHO overview for implementing CE in EIP](#)

More on this: <https://www.who.int/news/item/10-03-2024-on-29-february-2024--two-innovative-who-resources-were-launched--an-overview-document-on-citizen-engagement-in-evidence-informed-policy-making-and-a-mini-publics-guide>

## WHO FEATURE STORIES

### The women leading the work of WHO country offices in Poland and Armenia: interviews with Dr Nino Berdzuli and Dr Marthe Everard

Within the WHO European Region, across 32 country offices, there are 17 female leaders, including acting heads and special representatives. This story is about two of them to find out what drives their passion to improve health.

The stories can be found on: <https://www.who.int/europe/news-room/feature-stories/item/the-women-leading-the-work-of-who-country-offices-in-poland-and-armenia--interviews-with-dr-nino-berdzuli-and-dr-marthe-everard>.

## WHO EMERGENCIES

### Health emergencies list

The health emergencies list details the disease outbreaks, disasters and humanitarian crises where WHO plays an essential role in supporting countries to respond to and recover from emergencies with public health consequences.

[Conflict in Israel and the occupied Palestinian territory](#)

[Armenia refugee response](#)

[Climate crisis: extreme weather](#)

[Türkiye and Syria earthquakes](#)

[Monkeypox](#)

[Ukraine emergency](#)

[Coronavirus disease \(COVID-19\) pandemic](#)

[Syrian crisis: WHO's response in and from Turkey](#)

[Ukraine's humanitarian crisis 2014-2022](#)

[Measles emergency in the European region](#)

[Middle East respiratory syndrome coronavirus \(MERS-CoV\) and the risk to Europe](#)

## PUBLICATIONS

### Implementing citizen engagement within evidence-informed policy-making: an overview of purpose and methods



This overview provides a fundamental understanding of citizen engagement (CE) and its relevance to the evidence-informed policy (EIP) work of the World Health Organization (WHO) and its Member States. The document introduces readers to the rationale and concept of CE, outlining its conceptual strengths, implications and practical applications. It serves to justify and promote the integration of citizens' voices as a crucial and underutilized form of evidence in policy- and decision-making. This overview document is the first in a series of WHO publications on the topic of CE in EIP. Subsequent resources will include practical guides and toolkits.

<https://www.who.int/publications/i/item/9789240061521>

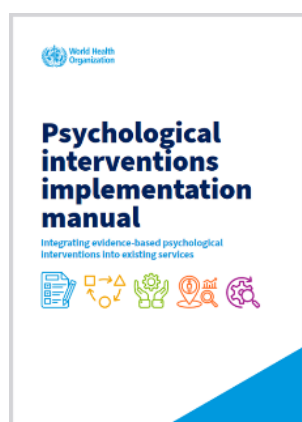
### Citizen engagement in evidence-informed policy-making



This guide focuses on a specific form of citizen engagement, namely mini-publics, and their potential to be adapted to a variety of contexts. Mini-publics are forums that include a cross-section of the population selected through civic lottery to participate in evidence-informed deliberation to inform policy and action. This guide provides an overview of how to organize mini-publics in the health sector. It is a practical companion to the 2022 Overview report, Implementing citizen engagement within evidence-informed policy-making.

<https://iris.who.int/bitstream/handle/10665/376107/9789240081413-eng.pdf>

### Psychological interventions implementation manual: integrating evidence-based psychological interventions into existing services

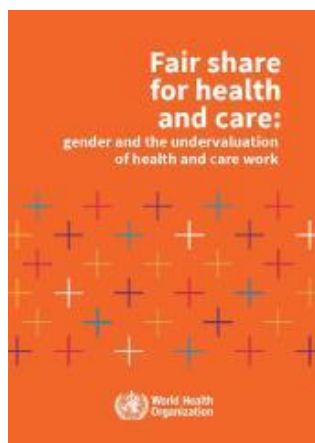


Evidence-based psychological interventions are an important part of health, social, protection and education services and can help increase access to effective mental health treatments and progression towards universal health coverage.

This manual provides managers and others responsible for planning and delivering services with practical guidance on how to implement manualized psychological interventions for adults, adolescents and children. It covers the five key implementation steps: make an implementation plan; adapt for context; prepare the workforce; identify, assess and support potential beneficiaries; and monitor and evaluate the service.

<https://www.who.int/publications/i/item/9789240087149>

### Fair share for health and care: gender and the undervaluation of health and care work



The Fair Share report outlines how gender-equitable investments in health and care work can help fully recognize the value of health and care work, to drive fairer and more inclusive economies and better health outcomes. The report presents six policy levers to better value health and care work:

1. Improve working conditions for all forms of health and care work, especially for highly feminised occupations
2. Include women more equitably in the paid labour workforce
3. Enhance conditions of work and wages in the health and care workforce and ensure equal pay for work of equal value
4. Address the gender gap in care, support quality care work and uphold the rights and wellbeing

of caregivers

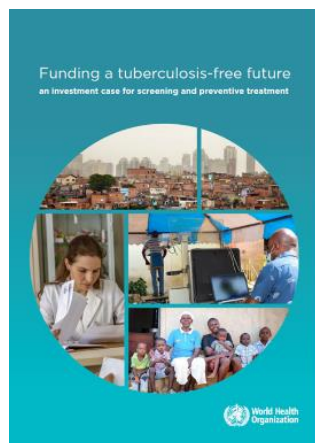
5. Ensure that national statistics account for, measure and value all health and care work

6. Invest in robust public health systems.

Investments in health and care systems not only accelerate progress on UHC, they redistribute unpaid health and care work. Health systems need to recognize, value and invest in all forms health and care work.

<https://www.who.int/publications/i/item/9789240082854>

### Funding a tuberculosis-free future: an investment case for screening and preventive treatment



This document presents the findings of a modelling study that examined in detail the costs and benefits of tuberculosis (TB) screening plus TB preventive treatment (TPT) in four countries – Brazil, Georgia, Kenya and South Africa – which may serve as examples for other settings with a similar epidemiological context.

The goal of the investment case is to support countries in advocating for and allocating increased resources to scale up TB screening and preventive treatment towards reaching new targets committed by Heads of State at the 2023 UN High-Level Meeting on TB. The results of the assessment show that relatively modest investments can achieve significant health and economic benefits in all four countries and provide a return of up to US\$ 39 for each dollar invested.

<https://www.who.int/publications/i/item/9789240091252>



### Tuberculosis surveillance and monitoring in Europe 2024 – 2022 data

This report provides an overview of the latest tuberculosis (TB) epidemiological situation and is published jointly by the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control. In 2022, a little over 170 000 incident TB cases were notified in countries of the WHO European Region, a slight increase from 2021. The increase in 2022 is likely due to a good recovery after the COVID-19 pandemic in access



to and provision of TB services in many countries and the introduction of active TB case-finding activities. Despite the notable progress achieved in the fight against TB, countries still face various challenges in reaching the goal of ending the TB epidemic in the WHO European Region. Monitoring progress towards the targets of the new Tuberculosis action plan for the WHO European Region 2023–2030 is difficult due to limited or no reporting on some indicators. Further improvement of data completeness and representativeness should be the focus for all countries.

<https://www.who.int/europe/publications/i/item/9789289060912>

## WHO EVENTS & COURSES

### **World Tuberculosis Day; 24 March 2024**

The theme of World TB Day 2024 – ‘**Yes! We can end TB!**’ – conveys a message of hope that getting back-on-track to turn the tide against the TB epidemic is possible through high level leadership, increased investments and faster uptake of new WHO recommendations. Following the commitments made by Heads of State at the UN High Level meeting in 2023 to accelerate progress to end TB, this year's focus shifts to turning these commitments into tangible actions.

To help countries scale-up access to TB preventive treatment, WHO will release an investment case on scaling up the roll out of TB preventive treatment.

### **Ninth meeting of the Intergovernmental Negotiating Body (INB) for a WHO instrument on pandemic prevention, preparedness and response; 18-28 March 2024, 09:00–12:00, 13:00–16:00 and 16:30–18:30 CET, Geneva, Switzerland**

In December 2021, the World Health Assembly established an [Intergovernmental Negotiating Body \(INB\)](#) to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.

The ninth meeting of the INB is to be held in hybrid format from 18 to 28 March 2024. At INB8, Member States requested the INB Bureau, formed by six officers, one from each of the six WHO regions, to develop a revised draft of the negotiating text of the WHO Pandemic Agreement. This draft will be the basis of textual negotiations at INB9.

The opening and closing plenary sessions of the INB are open to WHO Member States, Associate Members, Observers and regional economic integration organizations, as well all relevant stakeholders. These sessions will be publicly webcast and archived for later viewing. Substantive negotiating sessions will be held in closed format.

[https://www.who.int/news-room/events/detail/2024/03/18/default-calendar/ninth-meeting-of-the-intergovernmental-negotiating-body-\(inb\)-for-a-who-instrument-on-pandemic-prevention-preparedness-and-response](https://www.who.int/news-room/events/detail/2024/03/18/default-calendar/ninth-meeting-of-the-intergovernmental-negotiating-body-(inb)-for-a-who-instrument-on-pandemic-prevention-preparedness-and-response)

### **Introduction to Children's Environmental Health**

This course, developed by UNICEF and WHO, will help health workers to protect children's health from pollution and climate change.

<https://agora.unicef.org/course/info.php?id=39366>

## WHO VIDEOS

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

## WHO PODCASTS

### The Fourth Dimension: Bridging public health to quality of care

Quality of care and public health are interlinked in many ways, most importantly in terms of how efficiency, effectiveness, efficacy, equity and person centredness have a central role in both. Health care is a significant aspect of public health and improving the quality of care has a profound impact on population health. Policy makers can adopt quality improvement methods for public health, whereas quality of care can expand outside the facility walls.

On the fourth episode of The Fourth Dimension, we discuss with Dr Válter Fonseca, on how quality of care and public health are complementary with many common characteristics.

<https://www.buzzsprout.com/2180367/14660034-bridging-public-health-to-quality-of-care>

### Episode #114 - Disease X

How are scientists working to prevent the next pandemic? What do countries need to do to prepare? Ana Maria Henao-Restrepo outlines the R&D needs that the world needs to invest in to prevent and prepare for the next pandemic.

<https://www.who.int/podcasts/episode/science-in-5/episode--114---disease-x>

## SOURCES

- <https://www.who.int/>
- <https://www.un.org/en/>
- <https://www.youtube.com/c/whoregionalofficeforeurope>
- <https://www.bmj.com/company/>

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