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WHO Public Health Report

Bosnia and Herzegovina

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EUROPEAN IMMUNIZATION WEEK 2024



The WHO European Region celebrates European Immunization Week (EIW) to promote awareness of the importance of immunization in preventing diseases and protecting life. This year's EIW holds special significance as it coincides with the 50th anniversary of the Expanded Programme on Immunization (EPI). Commemorating this milestone, the campaign will celebrate the remarkable achievements of EPI over the past five decades in protecting multiple generations from serious vaccine-preventable

illnesses. It will also emphasize the urgent need to achieve high and equitable vaccination coverage in every community to prevent outbreaks of these diseases now and in the future.

Building upon recent and established partnerships, this year's activities will further leverage collaborative initiatives with young professionals and youth organizations dedicated to promoting immunization.

50th anniversary of the Expanded Programme on Immunization (EPI)

The Expanded Programme on Immunization (EPI), an initiative launched by the World Health Organization in 1974, stands as a global endeavour to ensure equitable access to life-saving vaccines for every child, regardless of their geographic location or socioeconomic status. Over the past five decades, EPI has evolved and achieved remarkable milestones that reshaped the global health landscape.

The 50th anniversary of EPI in 2024 provides a pivotal occasion to celebrate the programme's achievements, highlight its impact on lives saved, and catalyse renewed efforts to strengthen routine immunization initiatives.

What is EPI?

Building on the momentum of the smallpox eradication effort, EPI was initiated with the goal of providing universal access to life-saving vaccines for children worldwide. This programme, which is now commonly referred to as the Essential Programme on Immunization, seeks to safeguard individuals of all ages through comprehensive immunization efforts.

Today, every country has an immunization programme, and vaccines are universally recognized as among the safest, most cost-effective, and successful public health interventions to prevent fatalities and enhance the quality of life.

A brief history of EPI

At its inception, EPI focused on protecting all children against six childhood illnesses: tuberculosis, diphtheria, tetanus, pertussis, polio and measles. Today, this number has grown to 13 universally recommended vaccines across the life course, and 17 additional vaccines with context dependent recommendations.

[EpiData 2/2024](#)

[Expanded Programme on Immunization](#)

[50th anniversary of the Expanded Programme on Immunization \(EPI\)](#)

EXPLORING THE DIGITAL HEALTH LANDSCAPE IN THE WHO EUROPEAN REGION: TAKING A CLOSER LOOK



A new WHO report looks at individual countries to see how the WHO Member States are reshaping their health-care systems through the integration of digital health policies and tools. “Exploring the digital health landscape in the WHO European Region: digital health country profiles” details innovations in areas including telehealth, mobile health and Big Data, as well as digital health governance, electronic health records, patient portals and analytics.

Analysing these elements at the national level can provide insights into how each country navigates the evolving landscape of digital health. Additionally, the report aims to encourage shared learning, help countries identify digital health barriers, explore trends, steer the agenda for innovation and contribute to the implementation of the regional digital health action plan for the WHO European Region.

“The COVID-19 pandemic boosted the adoption of digital health tools and policies. However, as we see from our Regional report, there is still work to be done. With the digital health country profiles, we are able to take a closer look, identifying strengths, gaps and needs. This will enable us to provide tailored support to our Member States in their digital health transformation,” said Dr Natasha Azzopardi-Muscat, Director for Country Health Policies and Systems at WHO/Europe.

The information presented in the country profiles was collected between April and October 2022. Therefore, any recent advancements or changes in the respective countries beyond that period may not be reflected. The country profiles build on WHO/Europe’s Regional digital health report, which was published in 2023 and provided a broad overview of data and digital health in the Region.

[Exploring the digital health landscape in the WHO European Region: digital health country profiles](#)

More on this: <https://www.who.int/europe/news/item/17-04-2024-exploring-the-digital-health-landscape-in-the-who-european-region--taking-a-closer-look>

WHO LAUNCHES FIRST EVER PATIENT SAFETY RIGHTS CHARTER



On 18 April 2024 WHO launched a Patient Safety Rights Charter at the Global Ministerial Summit on Patient Safety, held in Santiago de Chile, Chile from 17-18 April 2024. It is the first Charter to outline patients' rights in the context of safety, and will support stakeholders in formulating the legislation, policies and guidelines needed to ensure patient safety.

Patient safety refers to the processes, procedures and cultures established in health systems which promote safety and minimise the risk of harm to patients. Everyone has the right to safe health care, as established by international human rights standards, regardless of their age, gender, ethnicity or race, language, religion, disability, socioeconomic status or any other status.

The Charter covers 10 patient safety rights crucial to mitigate risks and prevent inadvertent harm, which includes the right to timely, effective, and appropriate care, the right to safe health care processes and practices, the right to qualified and competent staff and the right to patient and family engagement amongst others.

"Patient safety speaks to the first, fundamental principle of health care – 'Do no harm'. Assuring patient safety is a global priority, and a critical component needed to achieve the Sustainable Development Goals. Patient safety can be seen as an indicator of countries' broader commitment to respect, protect and fulfil health-related human rights" said WHO Director of Integrated Health Services, Dr Rudi Eggers.

Assuring patient safety in health care is a critical component in delivering the right to health. One in every ten patients experience harm in healthcare; about 50% of this harm is preventable.

The 10 fundamental patient safety rights outlined in the Charter are the right to:

1. Timely, effective and appropriate care;
2. Safe health care processes and practices;
3. Qualified and competent health workers;
4. Safe medical products and their safe and rational use;
5. Safe and secure health care facilities;
6. Dignity, respect, non-discrimination, privacy and confidentiality;
7. Information, education and supported decision making
8. Access to medical records;
9. To be heard and fair resolution;
10. Patient and family engagement.

[Patient Safety Rights Charter](#)

More on this: <https://www.who.int/news/item/18-04-2024-who-launches-first-ever-patient-safety-rights-charter>

SPECIAL PROGRAMME ON SEXUAL AND REPRODUCTIVE HEALTH REPORTS ON YEAR OF PROGRESS

Generating evidence for proven solutions and lasting progress



The United Nations Special Programme of Research, Development and Research Training in Human Reproduction, known as the Human Reproduction Programme or HRP, has been providing the world with research findings and guidance on sexual health and reproduction (SRH) for more than half a century.

The HRP annual report 2023 highlights the programme's key achievements in the past year, and points to major ongoing research that will be completed in the next few years. Significant contributions by HRP to global research and guidance in 2023 include the following:

- **Global infertility prevalence estimation:** Publication of the [first global estimates of the prevalence of infertility](#) in more than a decade revealed that an estimated 1 in 6 people (around 17.5%) are affected by infertility at some time in their lives. Subsequent analysis of treatment standards and costs indicated that these can amount to more than a year's earnings in many low- and lower-middle-income countries.
- **A game-changing treatment package to prevent maternal mortality:** Severe bleeding after childbirth, or postpartum haemorrhage (PPH), is the leading cause of maternal death, and this is preventable with appropriate and timely intervention. In response to stagnation in global progress on maternal mortality, HRP piloted a treatment package for [early detection and treatment of PPH](#) using the mnemonic acronym E-MOTIVE.
- **Preventing unsafe abortions:** Stopping [unsafe abortions](#) and improving access to comprehensive abortion care worldwide is a key area of our work and HRP has contributed to a new [WHO clinical practice handbook for quality abortion care](#), including digital tools and online training resources.
- **The rise of self-care:** [Self-care](#) is a rapidly expanding field in all areas of health care including sexual and reproductive health. HRP is conducting new research to inform guidance on self-testing, self-administered abortion medicines and self-administered contraceptive injections. These have significant potential to increase access to sexual and reproductive health services that currently remain out of reach for millions.
- **Empowering and training health workers:** The role of health workers in delivering safe and effective sexual and reproductive health care is a core concern of HRP and the Programme has continued its work to strengthen capacity and knowledge across the sector. In particular the Programme has contributed to new digital courses for [health workers who care for survivors of intimate partner violence and sexual violence](#); comprehensive abortion care services and maternal care, and work to [prevent female genital mutilation](#).

More on [Human Reproduction Programme](#)

[HRP annual report 2023](#)

More on this: <https://www.who.int/news/item/15-04-2024-special-programme-on-sexual-and-reproductive-health-reports-on-year-of-progress>

WHO SOUNDS ALARM ON VIRAL HEPATITIS INFECTIONS CLAIMING 3500 LIVES EACH DAY



According to the World Health Organization (WHO) 2024 Global Hepatitis Report, the number of lives lost due to viral hepatitis is increasing. The disease is the second leading infectious cause of death globally -- with 1.3 million deaths per year, the same as tuberculosis, a top infectious killer.

The report, released at the World Hepatitis Summit held in Lisbon, Portugal from 9-11 April 2024, highlights that despite better tools for diagnosis and treatment, and decreasing product prices, testing and treatment coverage rates have stalled. But, reaching the WHO elimination goal by 2030 should still be achievable, if swift actions are taken now.

New data from 187 countries show that the estimated number of deaths from viral hepatitis increased from 1.1 million in 2019 to 1.3 million in 2022. Of these, 83% were caused by hepatitis B, and 17% by hepatitis C. Every day, there are 3500 people dying globally due to infection with hepatitis B and C virus.

“This report paints a troubling picture: despite progress globally in preventing hepatitis infections, deaths are rising because far too few people with hepatitis are being diagnosed and treated,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus. *“WHO is committed to supporting countries to use all the tools at their disposal - at access prices – to save lives and turn this trend around.”*

Updated WHO estimates indicate that 254 million people live with hepatitis B and 50 million with hepatitis C in 2022. Half the burden of chronic hepatitis B and C infections is among people 30–54 years old, with 12% among children under 18 years of age. Men account for 58% of all cases.

New incidence estimates indicate a slight decrease compared to 2019, but the overall incidence of viral hepatitis remains high. In 2022, there were 2.2 million new infections, down from 2.5 million in 2019.

These include 1.2 million new hepatitis B infections and nearly 1 million new hepatitis C infections. More than 6000 people are getting newly infected with viral hepatitis each day.

The revised estimates are derived from enhanced data from national prevalence surveys. They also indicate that prevention measures such as immunization and safe injections, along with the expansion of hepatitis C treatment, have contributed to reducing the incidence.

[2024 Global Hepatitis Report](#)

More on this: <https://www.who.int/news/item/09-04-2024-who-sounds-alarm-on-viral-hepatitis-infections-claiming-3500-lives-each-day>

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 took 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.

According to ECDC Director Dr Andrea Ammon, *“In the aftermath of the COVID-19 pandemic, we still have a long road ahead of us for meeting the TB elimination targets. Timely strengthening of prevention, testing and treatment are key elements in fighting TB, and any delays are translated into further suffering and death. Countries must act now, and ECDC remains committed to partnering with and supporting European Union/European Economic Area (EU/EEA) countries in their efforts to end the TB epidemic.”*

Monitoring progress towards the targets of the new Tuberculosis Action Plan for the WHO European Region 2023–2030 is challenging due to limited or no reporting on some indicators. Only 20 out of 30 indicators described in the Action Plan were monitored and evaluated using routine surveillance data.

There is a clear need for all countries in the Region, including those in the EU/EEA, to focus on improving data, making data more representative and complete, and using different sources to complement existing surveillance information.

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>

CHALLENGING HARMFUL MASCULINITIES AND ENGAGING MEN AND BOYS IN SEXUAL AND REPRODUCTIVE HEALTH



More research is needed to address the impact of harmful masculinities on sexual and reproductive health and rights (SRHR), according to a new priority research agenda drawing on a global survey of researchers that was [published today](#) in *The Lancet Global Health*.

Harmful gender norms affect boys and men in many ways, for example by increasing risky behaviours such as substance use or unprotected sex, or by causing negative attitudes and practices towards women. However, research on engaging men and boys has often neglected how to address harmful masculinities in ways that promote gender equality in many SRHR programmes.

“Promoting sexual and reproductive health and rights requires challenging harmful and unequal gender power relations by working with men alongside women,” said co-author Dr Maria Lohan, UNESCO Chair in Masculinities and Gender Equality at Queen’s University Belfast, United Kingdom of Great Britain and Northern Ireland.

For the new priority research agenda, the team first established several overarching themes to address this evidence gap:

- understanding masculinities, equality, and SRHR;
- improving programmes to advance gender equality by addressing masculinities in the context of SRHR;
- improving the ways we research gender norms and SRHR; and
- improving equitable and rights-based services and policies at scale.

The researchers asked experts from academic institutions and civil society across 60 countries to identify and rank the most important questions, across these themes, regarding how to address harmful gender norms related to masculinities in SRHR programmes.

This study was conducted by the UN’s Special Programme on Human Reproduction (HRP), the World Health Organization (WHO), along with Queen’s University Belfast, MenEngage Global Alliance, University of Western Cape and Stellenbosch University.

Read the full article [here](#)

More on this: <https://www.who.int/news/item/12-04-2024-challenging-harmful-masculinities-and-engaging-men-and-boys-in-sexual-and-reproductive-health>

IN WORLD FIRST, NIGERIA INTRODUCES NEW 5-IN-1 VACCINE AGAINST MENINGITIS

Health workers roll out immunization campaign aiming to reach one million people



In a historic move, Nigeria has become the first country in the world to roll out a new vaccine (called Men5CV) recommended by the World Health Organization (WHO), which protects people against five strains of the meningococcus bacterium. The vaccine and emergency vaccination activities are funded by Gavi, the Vaccine Alliance, which funds the global meningitis vaccine stockpile, and supports lower-income countries with routine vaccination against meningitis.

Nigeria is one of the 26 meningitis hyper-endemic countries of Africa, situated in the area known as the African Meningitis Belt. Last year, there was a 50% jump in annual meningitis cases reported across Africa. In Nigeria, an outbreak of *Neisseria meningitidis* (meningococcus) serogroup C outbreak led to 1742 suspected meningitis cases, including 101 confirmed cases and 153 deaths in seven of 36 Nigerian states (Adamawa, Bauchi, Gombe, Jigawa, Katsina, Yobe, Zamfara) between 1 October 2023 and 11 March 2024. To quell the deadly outbreak, a vaccination campaign has been undertaken from 25-28 March 2024 to initially reach more than one million people aged 1-29 years.

Meningitis is a serious infection that leads to inflammation of the membranes (meninges) that surround and protect the brain and spinal cord. There are multiple causes of meningitis, including viral, bacterial, fungal and parasitic pathogens. Symptoms often include headache, fever and stiff neck. Bacterial meningitis is the most serious, can also result in septicaemia (blood poisoning), and can seriously disable or kill within 24 hours those that contract it.

“Meningitis is an old and deadly foe, but this new vaccine holds the potential to change the trajectory of the disease, preventing future outbreaks and saving many lives,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *“Nigeria’s roll-out brings us one step closer to our goal to eliminate meningitis by 2030.”*

The revolutionary new vaccine offers a powerful shield against the five major strains of the meningococcal bacterium (A, C, W, Y and X) in a single shot. All five strains can cause meningitis and blood poisoning. This provides broader protection than the current vaccine used in much of Africa, which is only effective against the A strain.

The new vaccine has the potential to significantly reduce meningitis cases and advance progress in defeating meningitis.

Following Nigeria’s meningitis vaccine campaign, a major milestone on the road to defeat meningitis is the First High-Level Meeting to Defeat Meningitis which will take place in Paris on 26 April 2024 and where leaders will come together to celebrate progress, identify challenges and assess next steps. It is also an opportunity for country leaders and key partners to commit politically and financially to accelerate progress towards eliminating meningitis as a public health problem by 2030.

More on this: <https://www.who.int/news/item/12-04-2024-in-world-first--nigeria-introduces-new-5-in-1-vaccine-against-meningitis>

ONE STEP CLOSER TO MAKING NOVEL MEDICINES MORE ACCESSIBLE



“I, like most patient advocates, didn't grow up wanting to become a patient advocate. The reason I ended up in patient advocacy was that in 2011 my husband was diagnosed with metastatic melanoma and died of it in less than a year.” These are the words of Bettina Ryll, founder of Melanoma Patient Network Europe and Vice-Chair of the Access to Novel Medicines Platform (NMP) Working Group 3 (WG3) on sustainability. *“He passed away just before the new therapies came through. He was actually on several clinical trials with these new therapies that now have transformed the disease from*

one where the five-year survival rate in the metastatic setting was below 5% to one where more patients have reported survival,” Bettina explains.

As of today, a number of novel therapies to treat melanoma are available, but, unfortunately, they are not accessible to everyone.

“Novel medicines hold immense promise, but often come with a high price tag, making it challenging for health-care systems to adopt them. I personally find it unacceptable that we possess life-saving treatments yet struggle to make them accessible,” Bettina adds. *“The lesson I have learned is that there is a systemic misalignment. We need a neutral space where stakeholders can collaborate without fear of blame, focusing instead on finding solutions that benefit everyone involved.”*

Natasha Azzopardi-Muscat, Director of WHO/Europe's Division of Country Health Policies and Systems, emphasizes, *“While convening all the stakeholders is an important contribution in its own right, we are keen that the NMP does not simply serve as a forum for discussion. Rather, we remain hopeful that it delivers workable proposals that reflect areas of potential collaboration among the stakeholders.”*

From 2-3 July 2024, NMP will bring together stakeholders from across the WHO European Region for consensus building. That gathering will provide all working groups with the opportunity to share their draft proposals with each other and the wider NMP platform, allowing for consultation and prioritization by all stakeholders. All prioritized proposals and deliverables that focus on demonstration projects will then act as proofs of concept for future scale-up and implementation across the Region.

[WHO/Europe Access to Novel Medicines Platform](#)

More on this: <https://www.who.int/europe/news/item/15-04-2024-one-step-closer-to-making-novel-medicines-more-accessible>

WHO ANNOUNCES HEALTH FOR ALL FILM FESTIVAL SHORTLIST AND JURY

Renowned actors, musicians, activists and media personalities join the festival jury



More than 900 filmmakers from 110 countries have submitted short films for the fifth edition of the WHO Health for All Film Festival on themes ranging from climate change, refugees, tobacco, and gender-based violence. Some 60 films have been selected for the shortlist, for review by a jury of international artists and health experts, before the announcement of the winners on 26 May 2024.

“Storytelling through film brings a human dimension to WHO’s scientific work and helps us to better understand people’s experiences with health,” said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. *“The Health for All Film Festival is an important way to raise awareness on a wide range of health issues, contributing to WHO’s goal to ensure universal access to health as a human right.”*

The following distinguished professionals, artists and activists, joined by WHO senior experts, comprise this year’s festival jury: Sharon Stone (actor from the USA); Alfonso Herrera (actor from Mexico); Nandita Das (actor from India); Apolline Traore (film director and producer from Burkina Faso); Yusra Mardini (refugee Olympic athlete from Syria); Mário Macilau (photographer from Mozambique).

The 61 shortlisted films can be watched in four YouTube playlists available on the Health for All Film Festival website, one for each of the competition categories: universal health coverage; emergencies, refugee and migrant health; better health and physical activity, and very short films.

The public is encouraged to view and comment on their favourite shortlisted films and champion them on social media using the hashtag #Film4Health.

In the coming weeks, jurors will review the shortlisted films and recommend seven winners to the WHO Director-General, who will make the final decision. Three “Grand Prix” and four special film prizes will be announced on 26 May 2024 at an Awards Ceremony on the eve of the Seventy-seventh World Health Assembly in Geneva.

More on [WHO Health for All Film Festival](#)

More on this: <https://www.who.int/news/item/15-04-2024-who-announces-health-for-all-film-festival-shortlist-and-jury>

WHO YOUTH COUNCIL URGES PARLIAMENTARIANS TO TAKE ACTION ON UNIVERSAL HEALTH COVERAGE



On 25 March 2024, the WHO Youth Council represented by Kristina Almazidou presented [a letter](#) to Dr Tedros Adhanom Ghebreyesus, WHO Director-General and to Mr Chungong, Inter-Parliamentary Union (IPU) Secretary-General, urging them to mobilize parliamentarians and reinvigorate action towards Universal Health Coverage (UHC).

The letter outlined the following key youth asks to parliamentarians to protect the fundamental right to health:

1. **Champion political leadership for UHC:** Ensure that everyone, everywhere has access to the health services they need, without facing financial hardship. This is a moral imperative and a smart investment that will pay dividends in the form of a healthier, more productive population.
2. **Adopt enabling laws and regulations:** Recognize the critical link between health and climate change and ensure that health considerations are central to climate change strategies. This includes building climate-resilient health systems and reducing greenhouse gas emissions in the health care sector.
3. **Invest in UHC:** Prioritize primary health care – with a focus on at-risk communities – as it can deliver 90% of essential health services. With primary health care, our health systems can be better prepared to prevent and respond to health emergencies thanks to sufficient health workers, laboratory and data capacity, and basic services that can more rapidly detect and respond to outbreaks while continuing to deliver essential services.
4. **Strengthen the health and care workforce:** Invest in the education, employment, and retention of health workers, including by addressing existing shortages, and ensure decent pay and working conditions to ensure they are equipped to deliver high-quality health care.
5. **Institutionalize social participation in decision-making:** Ensure the inclusion of young people in the drafting, implementation, and evaluation of laws and policies that affect their health and wellbeing. This is the best way to ensure inclusive participation leading to policies that address our needs and concerns and trust in public action.
6. **Increase transparency and accountability:** Make data on UHC and the health impacts of climate change publicly available. This will allow us to track progress, improve accountability, and strengthen trustworthy data sharing.

The WHO Youth Council serves as the voice for more than 50 million youth from 22 youth organizations, providing advice on global health and other development issues from a youth perspective.

STATEMENT FOLLOWING THE THIRTY-EIGHTH MEETING OF THE IHR EMERGENCY COMMITTEE FOR POLIO



The thirty-eighth meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was convened by the WHO Director-General on 20 March 2024 with committee members and advisers meeting via video conference with affected countries, supported by the WHO Secretariat. The Emergency Committee reviewed the data on wild poliovirus (WPV1) and circulating vaccine-derived polioviruses (cVDPV) in the context of the global target of interruption and certification of WPV1 eradication by 2026 and interruption and

certification of cVDPV2 elimination by 2028. Technical updates were received about the situation in the following countries: Afghanistan, Angola, Côte d'Ivoire, Indonesia, Liberia, Mozambique, Pakistan, Sierra Leone, South Sudan and Sudan.

Wild poliovirus

WPV1 from the endemic zone of Afghanistan (East Region) to other regions in Afghanistan (Balkh, Kabul and Southern provinces centred on Kandahar) to the traditional reservoirs of Pakistan (Karachi, Peshawar and Quetta Block) and neighbouring or transit districts.

The Committee unanimously agreed that the risk of international spread of poliovirus continues to remain a Public Health Emergency of International Concern (PHEIC) and recommended the extension of Temporary Recommendations for a further three months.

Based on the current situation regarding WPV1 and cVDPVs, and the reports provided by affected countries, the Director-General accepted the Committee's assessment and on 28 March 2024 determined that the poliovirus situation continues to constitute a PHEIC with respect to WPV1 and cVDPV. The Director-General endorsed the Committee's recommendations for countries meeting the definition for 'States infected with WPV1, cVDPV1 or cVDPV3 with potential risk for international spread', 'States infected with cVDPV2 with potential risk for international spread' and for 'States previously infected by WPV1 or cVDPV within the last 24 months' and extended the Temporary Recommendations under the IHR to reduce the risk of the international spread of poliovirus, effective 28 March 2024.

More on this: <https://www.who.int/news/item/08-04-2024-statement-following-the-thirty-eighth-meeting-of-the-ih-ermergency-committee-for-polio>

ENHANCING GLOBAL HEALTH AND WELL-BEING: WHO AND THE NETHERLANDS STRENGTHEN THEIR PARTNERSHIP



The WHO and The Netherlands convened a meeting in The Hague, The Netherlands on 10 April 2024, to discuss joint priorities and alignment between the Dutch Global Health Strategy and WHO's key strategic goals, marking a new milestone in their longstanding partnership.

Rooted in The Netherlands' unwavering commitment to global health, human rights, and universal access to comprehensive health services, the collaboration between the WHO and The Netherlands is instrumental in addressing global health challenges and fostering health and well-being, worldwide and in the country.

Against the backdrop of ongoing conflicts, disasters, and the escalating impact of climate change, and the interconnectedness of the Dutch public health landscape in The Netherlands with global health challenges, this year's Strategic Dialogue emerged as a critical platform for reflecting on this partnership's long-term vision.

"In this Strategic Dialogue, throughout all sessions, WHO and The Netherlands showed a commitment to cooperation and to deepening their partnership based on the strong alignment between their respective priorities and objectives", said Ms Marjolijn Sonnema, Director General for Public Health at The Netherlands' Ministry of Health, Welfare and Sport.

A key outcome of the Strategic Dialogue was the recognition of the alignment between the Dutch Global Health Strategy and WHO's forthcoming 14th General Programme of Work, paving the way for synergies in areas such as health systems strengthening, pandemic preparedness, climate change and health, anti-microbial resistance (AMR) and mental health support.

"At a time when inequity in health and in access to essential health services and financial protection is increasing, disproportionately impacting the poor and most vulnerable, The Netherlands stands as a global health leader and trusted WHO partner. With shared priorities and commitment to sexual and reproductive rights, gender equity, health systems, security, climate resilience, and mental health, we look forward to strengthening our partnership to enhance the health and well-being of all, globally and in The Netherlands", said Dr Bruce Aylward, WHO Assistant Director-General, Universal Health Coverage, Life Course.

The Netherlands is a key supporter and strategic partner of the WHO.

In 2022-2023, The Netherlands was one of the top-five flexible WHO contributors with nearly US\$ 19 million in core voluntary contributions. Overall, The Netherlands contributed more than US\$ 106 million to the WHO in 2022-2023, of which US\$ 93 million, nearly 90%, was voluntary funding.

The Netherlands also supports WHO's technical expertise through secondments of staff and helps boost young people's careers in public health via the WHO's Junior Professional Officer Programme.

More on this: <https://www.who.int/news/item/12-04-2024-enhancing-global-health-and-well-being--who-and-the-netherlands-strengthen-their-partnership>

WHO CALLS FOR ACTION TO UPHOLD THE RIGHT TO HEALTH AMIDST INACTION, INJUSTICE AND CRISES

On the anniversary of its founding, the Organization urges countries to invest, tackle discrimination and intolerance, and expand equitable access to quality health services



Marking World Health Day (7 April 2024), the World Health Organization (WHO) run the “My health, my right” campaign to champion the right to health of everyone, everywhere.

The campaign advocates for ensuring universal access to quality health services, education, and information, as well as safe drinking water, clean air, good nutrition, quality housing, decent working and environmental conditions, and freedom from discrimination.

All around the world, the core challenges consistently compromising the right to health are political inaction coupled with a lack of accountability and funding, compounded by intolerance, discrimination and stigma. Populations facing marginalization or vulnerability suffer the most, such as people who live in poverty, are displaced, are older or live with disabilities.

While inaction and injustice are the major drivers of the global failure to deliver on the right to health, current crises are leading to especially egregious violations of this right. Conflicts are leaving trails of devastation, mental and physical distress, and death.

The burning of fossil fuels is simultaneously driving the climate crisis and violating our right to breathe clean air. The climate crisis is in turn causing extreme weather events that threaten health and well-being across the planet and strain access to services to meet basic needs.

Everyone deserves access to quality, timely and appropriate health services, without being subjected to discrimination or financial hardship. Yet, in 2021, 4.5 billion people, more than half of the world’s population, were not covered by essential health services, leaving them vulnerable to diseases and disasters. Even those who do access care often suffer economically for it, with about 2 billion people facing financial hardship due to health costs, a situation that has been worsening for two decades.

More on [World Health Day 2024](#)

More on this: <https://www.who.int/news/item/05-04-2024-who-calls-for-action-to-uphold-right-to-health-amidst-inaction-injustice-and-crises>

WHO IN BOSNIA AND HERZEGOVINA

Conference on "Strengthening Health Professions Education in Bosnia and Herzegovina", Banja Luka, 15-16 April 2024

This was the second policy dialogue/conference organised within the scope of WHO/EU project "EU Support to the Health Sector Reform in Bosnia and Herzegovina: Realizing the Potential of Primary Health Care-driven Health System Reforms in Bosnia and Herzegovina".

The conference was designed and planned with the health authorities in BIH to direct project's developments and help the health authorities and health professionals in the Federation of Bosnia and Herzegovina, the Republika Srpska and the Brčko District of BIH to update and further develop existing systems of delivery of PHC services by ensuring fit-for-purpose PHC health workforce for all people and thus progress towards achieving the goal of Universal Health Coverage (UHC).

For this conference, WHO Regional Office for Europe and Country Office for Bosnia and Herzegovina assembled a strong team of experts and consultants, led by Crispin Scotter, Human Resources for Health Policy Advisor from WHO Regional Office for Europe. The team was available to discuss the current state of health professions education and identify challenges and opportunities for further development in Bosnia and Herzegovina, present and discuss best practices and models in health professions education including with country examples from across the WHO European Region and agree on the next steps and further areas for support from the WHO in the area of development of human resources for health.



WHO STORY

Helping to improve laboratory services in emergencies, through global partnerships

Rapid response mobile laboratories (RRMLs) are invaluable in boosting mobile diagnostic capacities in public health emergencies and in clinical and research settings. A successful emergency response relies on close cooperation between national partners, emergency medical teams (EMTs), rapid response teams (RRTs) and RRMLs.

To examine the applicability of the RRML minimum operational standards (MOS), as well as the interoperability and scalability of the small and medium-sized RRMLs, an interregional full-scale simulation exercise (IFX.02) for RRMLs was held in Tbilisi, Georgia from 15-17 February 2024.

This exercise marked the successful completion of the first-ever series of simulation exercises for RRMLs, led by the WHO Health Emergencies Programme at WHO/Europe.

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

Global hepatitis report 2024: action for access in low- and middle-income countries



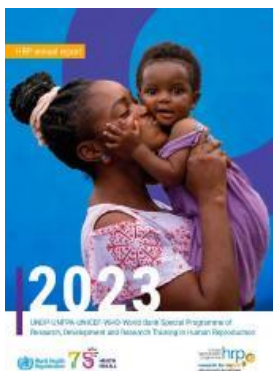
This is the first consolidated WHO report on viral hepatitis epidemiology, service coverage and product access, with improved data for action. This report presents the latest estimates on the disease burden and the coverage of essential viral hepatitis services from 187 countries across the world.

The report also updates progress made since 2019 in improving access to health products for both hepatitis B and C in low- and middle-income countries, with information from 38 countries that together comprise nearly 80% of global viral hepatitis infections and deaths.

The report provides a regional perspective, analysing the barriers and opportunities for countries in each of the six WHO regions to expand access to health products for viral hepatitis. It presents actions for countries and stakeholders to accelerate the scaling up of effective viral hepatitis interventions within a public health approach.

<https://www.who.int/publications/i/item/9789240091672>

HRP annual report 2023



The United Nations Special Programme of Research, Development and Research Training in Human Reproduction, known as the [Human Reproduction Programme](#) or HRP, has been providing the world with research findings and guidance on sexual health and reproduction (SRH) for more than half a century.

This annual report highlights the programme's key achievements in 2023, and points to major ongoing research that will be completed in the next few years.

<https://www.who.int/publications/i/item/9789240091177>

Patient safety rights charter



The Patient safety rights charter is a key resource intended to support the implementation of the Global Patient Safety Action Plan 2021–2030: Towards eliminating avoidable harm in health care. The Charter aims to outline patients' rights in the context of safety and promotes the upholding of these rights, as established by international human rights standards, for everyone, everywhere, at all times.

<https://www.who.int/publications/i/item/9789240093249>

Exploring the digital health landscape in the WHO European Region: digital health country profiles



In the midst of a rapidly changing landscape in digital health, the health sector is experiencing a profound transformation marked by the growing integration of digital health technologies. This shift not only offers a multitude of benefits but also revolutionizes the dynamics between patients and health-care providers within the health-care system. This collection of country profiles – based on the 2022 Survey on Digital Health in the WHO European Region – explores the ways in which Member States are reshaping their health-care systems through the integration of digital health. The profiles indicate critical digital health components at the national level, including digital health governance, electronic health records, patient portals, telehealth, mobile health, and big data and analytics. Analysing these elements provides insights into how each Member State strategically navigates the swiftly evolving landscape of digital health.

<https://iris.who.int/handle/10665/376540>

EpiData 2/2024

A monthly summary of the epidemiological data on selected vaccine-preventable diseases in the WHO European Region. Reported measles cases for the period February 2023—January 2024 (data as of 06 March 2024)

<https://www.who.int/europe/publications/m/item/epidata-2-2024>

<https://www.who.int/europe/publications/m/item/measles-and-rubella-monthly-update---who-european-region---february-2024>

WHO EVENTS & COURSES

Webinar: Clean air for public health – Assessing population exposure to air pollution

Join the [WHO Air Quality, Energy and Health Unit](#) for the webinar “Clean air for public health – Assessing population exposure to air pollution” to be held on 22 April 2024 at 15:00-16:30 (CEST).

Air pollution kills 6.7 million people every year. To protect health and reduce mortality, we need to reduce population exposure to air pollution. Recognizing that reducing population exposure requires the monitoring air pollution, WHO leveraged its Global Air Pollution and Health Technical Advisory Group to develop an overview of methods that are useful for assessing health impacts. These methods can also be used countries to build national programmes for measuring and modelling air pollution exposure.

[Registrations](#)

European Immunization Week; 21-27 April 2024

The WHO European Region celebrates European Immunization Week (EIW) to promote awareness of the importance of immunization in preventing diseases and protecting life. This year's EIW holds special significance as it coincides with the 50th anniversary of the Expanded Programme on Immunization (EPI). Commemorating this milestone, the campaign will celebrate the remarkable achievements of EPI over the past five decades in protecting multiple generations from serious vaccine-preventable illnesses. It will also emphasize the urgent need to achieve high and equitable vaccination coverage in every community to prevent outbreaks of these diseases now and in the future.

Building upon recent and established partnerships, this year's activities will further leverage collaborative initiatives with young professionals and youth organizations dedicated to promoting immunization.

<https://www.who.int/europe/event/european-immunization-week-2024>

WHO VIDEOS

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

Video address from WHO Regional Director for Europe Dr Hans Kluge: [We can end TB together](#)

WHO PODCAST

Episode #116 – Is green, healthy transport possible?

In this WHO Science in 5-episode Dr Etienne Krug, Director of Social Determinants of Health, shares examples of cities that are taking action on greener more sustainable transport that can also help keep people healthier and safe. For

example, Mexico City, Mexico has increased cycling lanes while making roads safer; Cali, Colombia has sent out bike doctors to help repair bikes and Lusaka, Zambia created safer routes for children to get to school. Note: This episode was filmed on-site in Cape Town, South Africa during the 2024 Partnership for Healthy Cities Summit that brought together more than 50+ cities to help prevent injuries and noncommunicable diseases.

<https://www.who.int/podcasts/episode/science-in-5/episode--116---is-green--healthy-transport-possible>

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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