

Issue 7/2024

WHO Public Health Report

Bosnia and Herzegovina

7 May 2024

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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.

EUROPEAN IMMUNIZATION WEEK 2024: 50 YEARS OF PROTECTING GENERATIONS PAST, PRESENT AND FUTURE THROUGH IMMUNIZATION

Joint statement by Dr Hans Henri P. Kluge, WHO Regional Director for Europe; Ms Regina De Dominicis, UNICEF Regional Director for Europe and Central Asia; and Ms Stella Kyriakides, European Commissioner for Health and Food Safety | Copenhagen, Geneva, Brussels, 22 April 2024



The establishment of the Expanded Programme on Immunization (EPI) 50 years ago was a pivotal moment in the history of public health and has saved millions of lives globally every year. In 1974, only 5% of the world's children had been vaccinated against diphtheria, tetanus, and pertussis. Today, that figure has increased to nearly 85% of children worldwide and 94% in the WHO European Region.

Just five years after the introduction of the EPI, smallpox was eradicated. Since then, the geographic range of wild poliovirus has been reduced to just two countries, and the threat of several serious infectious childhood diseases has decreased dramatically. Continued innovation in the field of immunology has led to the development of vaccines that can protect against even more diseases, opening the possibility in the Region to eliminate hepatitis B and cervical cancer in the near future.

While we celebrate these monumental achievements, which have protected the health of multiple generations, we remain in the wake of the COVID-19 pandemic and its unprecedented impact on our societies and economies, health systems and health-care delivery.

The decline in vaccination rates in some countries within the Region between 2020 and 2022 sheds light on the vulnerability of our success. Over the past three years, more than 1.8 million children in the Region have missed their measles vaccination, the consequence of which was a 60-fold increase in the number of measles cases in 2023 from 2022.

Full statement: <https://www.who.int/europe/news/item/22-04-2024-european-immunization-week-2024--50-years-of-protecting-generations-past--present-and-future-through-immunization>

GLOBAL IMMUNIZATION EFFORTS HAVE SAVED AT LEAST 154 MILLION LIVES OVER THE PAST 50 YEARS

Joint News Release by WHO; UNICEF; GAVI, the Vaccines Alliance; and the Bill & Melinda Gates Foundation | Geneva, New York, Seattle, 24 April 2024



A major landmark study to be published by The Lancet reveals that global immunization efforts have saved an estimated 154 million lives – or the equivalent of six lives every minute of every year – over the past 50 years. The vast majority of lives saved – 101 million – were those of infants.

The study, led by the World Health Organization (WHO), shows that immunization is the single greatest contribution of any health intervention to ensuring babies not only see their first birthdays but continue leading healthy lives into adulthood.

Of the vaccines included in the study, the measles vaccination had the most significant impact on reducing infant mortality, accounting for 60% of the lives saved due to immunization. This vaccine will likely remain the top contributor to preventing deaths in the future.

Over the past 50 years, vaccination against 14 diseases (diphtheria, *Haemophilus influenzae* type B disease, hepatitis B, Japanese encephalitis, measles, meningitis A, pertussis, invasive pneumococcal disease, poliomyelitis, rotavirus gastroenteritis, rubella, tetanus, tuberculosis, and yellow fever) has directly contributed to reducing infant deaths by 40% globally, and by more than 50% in the African Region.

"Vaccines are among the most powerful inventions in history, making once-feared diseases preventable," said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. *"Thanks to vaccines, smallpox has been eradicated, polio is on the brink, and with the more recent development of vaccines against diseases like malaria and cervical cancer, we are pushing back the frontiers of disease. With continued research, investment and collaboration, we can save millions more lives today and in the next 50 years."*

The study found that for each life saved through immunization, an average of 66 years of full health were gained – with a total of 10.2 billion full health years gained over the five decades. As the result of vaccination against polio more than 20 million people are able to walk today who would otherwise have been paralysed, and the world is on the verge of eradicating polio, once and for all.

These gains in childhood survival highlight the importance of protecting immunization progress in every country of the world and accelerating efforts to reach the 67 million children who missed out on one or more vaccines during the pandemic years.

Full statement here: <https://www.who.int/news/item/24-04-2024-global-immunization-efforts-have-saved-at-least-154-million-lives-over-the-past-50-years>

50TH ANNIVERSARY OF THE EXPANDED PROGRAMME ON IMMUNIZATION (EPI)



Vaccines have emerged as a cornerstone of public health, preventing the spread of deadly diseases and saving countless lives.

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 a national 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.

Global synergy for better health

Central to its mission of ensuring universal access to relevant vaccines for those at risk, EPI operates in tandem with other public health programmes to achieve disease control and enhance health outcomes. Through collaborative efforts, EPI contributes to improving the health and resilience of populations across the globe.

Immunization is one of the most efficient and cost-effective healthcare interventions, bringing the most marginalized communities into contact with primary health care.

EPI's 50th anniversary is an opportunity to both honour its achievements and set new ambitions for the future. The programme's success in preventing numerous diseases, improving child and maternal health, and advancing equity in healthcare access underscores the significance of immunization as a cornerstone of public health.

[Expanded Programme on Immunization](#)

More on this: [https://www.who.int/news-room/events/detail/2024/01/01/default-calendar/50th-anniversary-of-the-expanded-programme-on-immunization-\(epi\)](https://www.who.int/news-room/events/detail/2024/01/01/default-calendar/50th-anniversary-of-the-expanded-programme-on-immunization-(epi))

ANOTHER GOOD REASON TO VACCINATE – TO KEEP LIFE-SAVING MEDICINES WORKING



Vaccination is a key component in any strategy for the control of antimicrobial resistance (AMR) and is highly effective in preventing diseases that might otherwise lead to the use of antimicrobial medicines, such as antibiotics.

In WHO's core package of interventions to support AMR national action plans, vaccination is listed as a key intervention. Suboptimal access to vaccinations and missed vaccine doses reduce the potential impact of vaccination in controlling AMR. WHO encourages policy-makers to align vaccination and AMR

control strategies and is supporting Member States to achieve this.

“Vaccination is a key part of AMR control, not just a nice-to-have,” explains Dr Danilo Lo Fo Wong, Regional Adviser on AMR at WHO/Europe. *“Vaccination is effective in preventing infections and has multiple benefits for AMR control. Antibiotics are not effective against the influenza virus, for example. Seasonal influenza vaccine not only prevents severe illness and death but can limit opportunities for the inappropriate use of antibiotics and reduces the need for antibiotics to treat secondary bacterial infections. Promoting influenza vaccination for older adults and the health workers who care for them will contribute to AMR control.”*

Reducing infection and protecting life-saving medicines

On an individual level, increasing awareness about personal responsibility to handle antimicrobial medicines with care can strengthen motivation to vaccinate and prevent illness and death related to vaccine-preventable diseases. For Elena Voronina, a mother of two children living in the Russian Federation, this was a part of her decision to have her daughters immunized.

“All parents know how difficult it is to protect children from infections,” she explains. *“I believe all children should be protected from serious illnesses and their complications. Childhood vaccination provides such protection. In addition, in a broad sense, vaccination reduces the need for the use of antibiotics, thereby preventing the development of antimicrobial resistance.”* She continues, *“Let’s protect our children by getting them vaccinated, and in doing so, let’s help reduce the use of antibiotics.”*

“It’s great to hear that parents like Elena are motivated to keep antimicrobials working and to choose vaccination to help prevent infectious diseases,” says Dr Siddhartha Datta, Regional Adviser for Vaccine-Preventable diseases and Immunization at WHO/Europe. *“Our individual actions matter. The value of vaccinating an individual and its impact on AMR are often under-recognized. But times are changing. AMR is now a major global health threat to this and future generations. Getting all scheduled vaccinations on time helps prevent the spread of diseases. This, and taking medicines as prescribed, helps reduce the risk of AMR.”*

[People-centered approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans](#)

A LIFELONG COMMITMENT TO ENSURING CHILDREN RECEIVE THE CARE AND PROTECTION THEY DESERVE



“I have seen it all,” recalls Ms Umida Joraeva, “From the introduction of the pneumococcal vaccine to the rotavirus vaccine and hepatitis B vaccine, I have witnessed how these breakthroughs have led to a significant reduction in diseases. Nowadays, you hardly come across them anymore.”

Ms Umida has dedicated herself to caring for children as a nurse since 1993. Her vaccination room represents a small part of the vast Kibrai District Medical Association, located an hour’s drive from Uzbekistan’s capital Tashkent. Now 52, with three children of her own, she plans to retire in a couple of years.

“My family wants me to retire. My eldest daughter is a doctor herself, so she understands the responsibilities and importance of my work. But my colleagues are reluctant to let me go. And I agree with them. I absolutely love what I do. Since I work alone in this room, I like to keep everything just the way I want it – neat, organized and perfect.”

The Kibrai District Medical Association serves 175 450 patients and employs over 2000 people. At its head, is 33-year-old Dr Ziyodulla Abdullaev, who manages the entire structure, but in Ms Umida’s eyes, still resembles the child she vaccinated when she began her career.

“Back in the day, when I was just a kid, I vividly remember being taken to Ms Umida for my vaccinations. You know, there was this special polyclinic just for kids. I can still picture it – that vaccination room up on the second floor, and all those funny pictures of animals dressed up as doctors lining the corridors. And oh, Ms Umida? She was the one who made children cry,” recalls Dr Ziyodulla with a fond smile.

“Years later, when I was starting out as a doctor myself, Ms Umida and I would sit down together, drawing up vaccination schedules, and she’d be there giving me all the guidance I needed. It is funny how things come full circle, isn’t it?”

Partnering with the European Union

A project co-funded by the European Union is currently being implemented in Uzbekistan and four other central Asian republics – Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan. The project involves supporting the ministries of health with immunization and supply chain logistics, risk communication and community engagement, and the capacity-building of health-care professionals, paving the way to achieve the goals and targets of the European Immunization Agenda 2030.

[Partnering with the European Union to support and strengthen vaccination](#)

Full story here: <https://www.who.int/europe/news/item/22-04-2024-a-lifelong-commitment-to-ensuring-children-receive-the-care-and-protection-they-deserve>

ALCOHOL, E-CIGARETTES, CANNABIS: CONCERNING TRENDS IN ADOLESCENT SUBSTANCE USE, SHOWS NEW WHO/EUROPE REPORT

Alcohol is the most commonly used substance, while e-cigarettes are more popular than conventional cigarettes

Across Europe, central Asia and Canada, a concerning picture of adolescent substance use emerges from a new WHO/Europe report. With over half of 15-year-olds surveyed having experimented with alcohol and a shocking 1 in 5 having recently used e-cigarettes, the risks to young people are clear. The new data from the Health Behaviour in School-aged Children (HBSC) study also highlights a narrowing gender gap in substance use, emphasizing the need for targeted prevention strategies. The long-term consequences of these trends are significant, and policy-makers cannot afford to ignore these alarming findings.

Major findings include:

- **Prevalence of alcohol consumption:** alcohol is the most frequently consumed substance among adolescents, with 57% of 15-year-olds surveyed having tried alcohol at least once and nearly 4 in 10 (37%) indicating they have consumed alcohol in the past 30 days.
- **Popularity of e-cigarettes:** e-cigarettes have surpassed conventional cigarettes in popularity, with 32% of 15-year-olds surveyed reporting e-cigarette use at some point and 20% in the past 30 days.
- **Cannabis use trends:** cannabis use shows a slight decrease, with the percentage of 15-year-olds who have ever used cannabis falling from 14% in 2018 to 12% in 2022.
- **Narrowing gender gap:** the disparity in substance use between genders is rapidly closing, with girls equalling or surpassing boys in rates of smoking, alcohol consumption and e-cigarette use by the age of 15.

Alcohol use widespread among adolescents

Alcohol is by far the most commonly used substance among adolescents. More than half (57%) of 15-year-olds have tried alcohol at least once (56% of boys and 59% of girls), and nearly 40% reported drinking alcohol in the past 30 days (36% of boys and 38% of girls).

Roughly 1 in 10 (9%) adolescents across all age groups have experienced significant drunkenness – being drunk at least twice – in their lifetime, a rate that alarmingly climbs from 5% at age 13 to 20% by age 15, demonstrating an escalating trend in alcohol abuse among youth. Furthermore, recent patterns reveal that the incidence of drunkenness within the past 30 days also increases with age, jumping from 5% among 13-year-olds to an alarming 15% among 15-year-olds, highlighting an urgent need for targeted intervention strategies to curb this growing issue of underage drinking.

These findings highlight how available and normalized alcohol is, showing the urgent need for better policy measures to protect children and young people from harms caused by alcohol.

More on this: <https://www.who.int/europe/news/item/25-04-2024-alcohol--e-cigarettes--cannabis--concerning-trends-in-adolescent-substance-use--shows-new-who-europe-report>

NEW WHO/EUROPE REPORT HIGHLIGHTS A DIRECT LINK BETWEEN COVID-19 AND INCREASED OBESITY IN SCHOOL-AGED CHILDREN



A new report from WHO/Europe confirms what has long been suspected: a link between COVID-19 and increased rates in obesity among children 7 to 9 years old.

The publication titled “Report on the impact of the COVID-19 pandemic on the daily routine and behaviours of school-aged children: results from 17 Member States in the WHO European Region”, presents research showing that the pandemic led to more screen time and less

physical activity, mirroring an increase in overweight children in the same age range.

WHO/Europe conducted the research along with the WHO Collaborating Centre for Nutrition and Childhood Obesity at the National Health Institute Dr Ricardo Jorge in Lisbon, Portugal. It took place in 17 of the Region’s 53 Member States from 2021 to 2023. More than 50 000 children took part in the comprehensive survey.

Lessons for countries

Dr Kremlin Wickramasinghe, WHO/Europe’s Regional Adviser for Nutrition, Physical Activity and Obesity, explained, “*The picture that this report paints is nuanced – in some countries there were positive changes, such as more families eating together, but there were also some concerning findings, including an increase in unhealthy dietary habits and sedentary time.*”

The new WHO data can be used to inform and improve current policies across the Region and shape much-needed plans for future emergencies and pandemics that may lead to interruption of educational processes or school closures.

[Fact sheet: Nutrition, physical activity, well-being and COVID-19 - Results from 13 countries participating in round 6 of the Childhood Obesity Surveillance Initiative study](#)

[Report on the impact of the COVID-19 pandemic on the daily routine and behaviours of school-aged children: results from 17 Member States in the WHO European Region](#)

More on this: <https://www.who.int/europe/news/item/01-05-2024-new-who-europe-report-highlights-a-direct-link-between-covid-19-and-increased-obesity-in-school-aged-children>

COVID-19 LESSONS LEARNED: WHO/EUROPE LAUNCHES THE FIRST PAN-EUROPEAN NETWORK FOR DISEASE CONTROL

Hosted by the United Kingdom Health Security Agency (UKHSA) and initially chaired by Dame Jenny Harries, the new Network will strengthen disease surveillance and outbreak response across the European Region



WHO/Europe jointly launched the Pan-European Network for Disease Control (NDC) with UKHSA. The NDC will be hosted by UKHSA, with UKHSA Chief Executive Dame Jenny Harries as interim Chair of the Steering Group.

As a network of health security networks, the NDC's mission is to bolster the preparedness of the WHO European Region, spanning 53 countries across Europe and central Asia, by proactively identifying and mitigating potential risks before they escalate into regional or global threats.

The NDC will:

- ✓ play a vital role in keeping people safe by facilitating collaboration and knowledge sharing among nations, public health agencies, academia and civil society;
- ✓ promote common standards to help facilitate a unified approach to disease management across Europe and central Asia;
- ✓ leverage the existing networks convened through WHO/Europe and the European Centre for Disease Prevention and Control to create opportunities for technical collaboration and research;
- ✓ promote the development of innovative approaches by facilitating the sharing of case studies, technical expertise, best practices and resources to help NDC members and WHO European Member States develop new skills and partnerships; and
- ✓ improve interdisciplinary coordination among animal, human and environmental sectors at national, regional and global levels, taking a One Health approach to disease control.

“Europe and the world were not prepared for COVID-19, despite repeated warnings from scientists that a global pandemic would strike sooner or later,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. *“The pandemic laid bare the weaknesses in our regional and global health architecture. Hasty reactions not informed by science led to border closures, vaccine hoarding and inadequate sharing of health data. Our political and health systems were simply not equipped to deal with a pandemic of this size and severity. The next pandemic or global health emergency could be even worse, so we must prepare for it now.”*

Full report here: <https://www.who.int/europe/news/item/22-04-2024-covid-19-lessons-learned--who-europe-launches-the-first-pan-european-network-for-disease-control>

WHO REPORTS WIDESPREAD OVERUSE OF ANTIBIOTICS IN PATIENTS HOSPITALIZED WITH COVID-19



New evidence from the World Health Organization (WHO) shows the extensive overuse of antibiotics during COVID-19 pandemic worldwide, which may have exacerbated "silent" spread of antimicrobial resistance (AMR).

While only 8% of hospitalized patients with COVID-19 had bacterial co-infections requiring antibiotics, three out of four or some 75% of patients have been treated with antibiotics 'just in case' they help. Antibiotic use ranged from 33% for patients in the Western Pacific Region, to 83% in the Eastern Mediterranean and the African

Regions. Between 2020 and 2022, prescriptions decreased over time in Europe and the Americas, while they increased in Africa.

Highest rate of antibiotic use was seen among patients with severe or critical COVID-19, with a global average of 81%. In mild or moderate cases, there was a considerable variation across regions, with the highest use in the African Region (79%).

WHO classifies antibiotics as per AWaRe (Access, Watch, Reserve) classification, according to the risk of AMR. Concerningly, the study found that 'Watch' antibiotics with higher resistance potential were most frequently prescribed globally.

"When a patient requires antibiotics, the benefits often outweigh the risks associated with side effects or antibiotic resistance. However, when they are unnecessary, they offer no benefit while posing risks, and their use contributes to the emergence and spread of antimicrobial resistance," said Dr Silvia Bertagnolio, WHO Unit Head for Surveillance, Evidence and Laboratory Strengthening, Division for AMR. *"These data call for improvements in the rational use of antibiotics to minimize unnecessary negative consequences for patients and populations."*

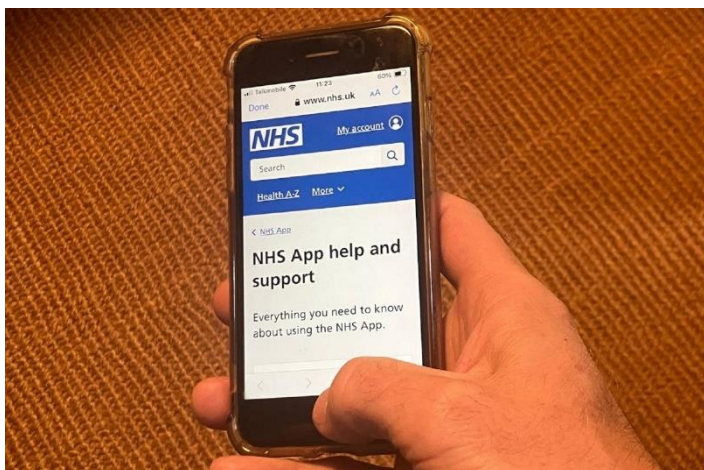
Overall, antibiotic use did not improve clinical outcomes for patients with COVID-19. But rather, it might create harm for people without bacterial infection, compared to those not receiving antibiotics. This underscores the urgent need to improve the rational use of antibiotics to minimize unnecessary negative consequences for both patients and populations.

A systematic evidence synthesis and appraisal will complement this work to inform upcoming WHO recommendations on antibiotic use in patients with COVID-19, as part of the guidelines for the clinical management of COVID-19.

[WHO's work on antimicrobial resistance](#)

More on this: <https://www.who.int/news/item/26-04-2024-who-reports-widespread-overuse-of-antibiotics-in-patients--hospitalized-with-covid-19>

DIGITAL PRESCRIPTIONS – GOOD FOR PATIENTS, GOOD FOR PRESCRIBERS AND GOOD FOR DISPENSERS



Like many health authorities in the WHO European Region, the National Health Service (NHS) in the United Kingdom has been implementing new digital technologies over the last few years to improve public health and access to services, and to bring efficiencies to health service delivery at a time when health systems are facing ever-increasing pressures.

Since January 2024, patients in England have been able to access all their prescription information through the NHS mobile application, a key technology designed in

response to the continuing growth in smartphone use in the country.

Since the App's launch six years ago, new functionality has been gradually added to allow users to view their general practitioner (GP) health records, manage hospital appointments, and designate a preferred pharmacy at which to receive medicine prescriptions.

"The NHS App now has more than 33 million registered users, representing 75% of the adult population in England. This demonstrates the growing appetite for patients to manage their health care online, which in turn brings benefits for health providers and medicine dispensers," commented Natasha Lane, Senior Programme Manager for Digital Medicines at NHS England.

It is estimated that ordering repeat prescriptions digitally saves GPs an average of three minutes per prescription, adding up to considerable time savings over a working day and week, as well as cost savings for health centres.

Digital prescriptions in the WHO European Region

England is far from being the only country in the Region to introduce digital prescriptions. Indeed, WHO/Europe's latest regional digital health report "Digital health in the WHO European Region: the ongoing journey to commitment and transformation" shows that 82% of Member States routinely make prescriptions electronically available to their populations.

WHO/Europe views digital prescriptions as an essential part of the digital transformation of health systems. By improving patient safety and quality of care, especially for vulnerable communities, the service boosts efficiency and advances progress towards universal health coverage.

More on this: <https://www.who.int/europe/news/item/02-05-2024-digital-prescriptions---good-for-patients--good-for-prescribers-and-good-for-dispensers>

STATEMENT ON THE ANTIGEN COMPOSITION OF COVID-19 VACCINES

The WHO [Technical Advisory Group on COVID-19 Vaccine Composition](#) (TAG-CO-VAC) meets regularly to assess the impact of SARS-CoV-2 evolution on the performance of approved COVID-19 vaccines. This includes meeting in person approximately every six months to determine the implications of SARS-CoV-2 evolution on COVID-19 vaccine antigen composition and to advise WHO on whether changes are needed to the antigen composition of future COVID-19 vaccines. The twice-yearly evidence review by the TAG-CO-VAC is based on the need for continued monitoring of the evolution of SARS-CoV-2 and the kinetics and protection of vaccine-derived immunity.

In May 2023, the TAG-CO-VAC recommended the use of a [monovalent XBB.1 descendent lineage, such as XBB.1.5](#), as the vaccine antigen. In December 2023, the TAG-CO-VAC advised retaining the use of a [monovalent XBB.1 descendent lineage, such as XBB.1.5](#), as the vaccine antigen. Several manufacturers (using mRNA, protein-based and viral vector vaccine platforms) have developed COVID-19 vaccines with a monovalent XBB.1.5 formulation which have been approved for use by regulatory authorities and introduced into COVID-19 vaccination programmes in some countries. Previous statements from the TAG-CO-VAC can be found on the [WHO website](#).

- SARS-CoV-2 continues to circulate and evolve with important genetic and antigenic evolution of the spike protein.
- The objective of an update to COVID-19 vaccine antigen composition is to enhance vaccine-induced immune responses to circulating SARS-CoV-2 variants.
- As the virus is expected to continue to evolve from JN.1, the TAG-CO-VAC advises the use of a **monovalent JN.1 lineage** as the antigen in future formulations of COVID-19 vaccines.
- In accordance with WHO SAGE policy, vaccination programmes should continue to use any of the WHO emergency-use listed or prequalified COVID-19 vaccines and vaccination should not be delayed in anticipation of access to vaccines with an updated composition.

More on this: <https://www.who.int/news/item/26-04-2024-statement-on-the-antigen-composition-of-covid-19-vaccines>

WHO GLOBAL MALARIA PROGRAMME LAUNCHES NEW OPERATIONAL STRATEGY



On the occasion of World Malaria Day, 25 April 2024, the WHO Global Malaria Programme published a new operational strategy outlining its priorities and key activities up to 2030 to help change the trajectory of malaria trends, with a view to achieving the global malaria targets.

The strategy outlines four strategic objectives where WHO will focus its efforts: developing norms and standards, introducing new tools and innovation, promoting strategic information for impact, and providing technical leadership of the global malaria response.

In recent years, progress towards critical targets of the WHO *Global technical strategy for malaria 2016-2030* has stalled, particularly in countries that carry a high burden of the disease. In 2022 there were an estimated 608 000 malaria-related deaths and 249 million new malaria cases globally, with young children in Africa bearing the brunt of the disease.

Millions of people continue to miss out on the services they need to prevent, detect, and treat malaria. Additionally, progress in global malaria control has been hampered by resource constraints, humanitarian crises, climate change and biological threats such as drug and insecticide resistance.

“A shift in the global malaria response is urgently needed across the entire malaria ecosystem to prevent avoidable deaths and achieve the targets of the WHO global malaria strategy,” notes Dr Daniel Ngamije, Director of the Global Malaria Programme. *“This shift should seek to address the root causes of the disease and be centred around accessibility, efficiency, sustainability, equity and integration.”*

The WHO Global Malaria Programme has an important role to play in leading the response to control and eliminate the disease worldwide. Through its direct actions and networks, including a presence in 150 countries, the Programme is well placed to shape the malaria ecosystem and achieve impact at country level.

The new operational strategy includes four strategic objectives and is guided by three equity-oriented principles:

[Global technical strategy for malaria 2016-2030](#)

More on this: <https://www.who.int/news/item/23-04-2024-who-global-malaria-programme-launches-new-operational-strategy>

WHO AND INTERNATIONAL FINANCE CORPORATION PARTNERSHIP FOR LOCAL MANUFACTURING OF HEALTH PRODUCTS



WHO and the International Finance Corporation (IFC) have built a strong partnership focused on localization of manufacturing of medical countermeasures in developing countries.

The collaboration is rooted in a consistent and close dialogue between WHO and IFC – during a time in which the organizations have jointly convened manufactures and key stakeholders in the global health ecosystem to discuss opportunities and challenges around local manufacturing.

According to IFC's Global Director for Health, Education and Services, Farid Fezoua, the collaboration has broken new ground to help advance the agenda on local manufacturing and preparedness for future pandemics.

At the heart of the collaboration are joint efforts to enhance the preparedness, predictability, and visibility of private sector solutions, which are key in facing future pandemics in low-income countries.

The collaboration between WHO and IFC builds on the individual strengths of the two institutions. IFC's strength lies in convening the private sector and mobilizing private investments, while WHO contributes through its important global mandate on global health, strengthening ecosystems and building manufacturers' capacity to meet regulatory standards.

Dr Jicui Dong, WHO's Head of the Local Production and Assistance Unit, emphasizes the synergy of the partnership: *"The partnership makes the sum larger than its parts. With strengthened ecosystems, the foundation is laid for local production to achieve quality, be sustainable, bolster pandemic preparedness and swiftly respond to surge demand."*

Read the Chairs Summary from the latest dialogue with manufactures and key stakeholders: [Localization of manufacturing of health products in developing countries](#)

Full report here: <https://www.who.int/news/item/25-04-2024-who-and-ifc-partnership-for-local-manufacturing-of-health-products>

AIR POLLUTION: EU PARLIAMENT ADOPTS REVISED LAW TO IMPROVE AIR QUALITY



The European Parliament adopted a provisional political agreement with EU countries on new measures to improve air quality in the EU so it is no longer harmful to human health, natural ecosystems and biodiversity, by 381 votes in favour, 225 against, and 17 abstentions.

The new rules set stricter 2030 limits and target values for pollutants with a severe impact on human health, including particulate matter (PM_{2.5}, PM₁₀), NO₂ (nitrogen dioxide), and SO₂ (sulphur dioxide).

If the new national rules are violated, those affected by air pollution will be able to take legal action, and citizens may receive compensation if their health has been damaged.

More air quality sampling points will also be set up in cities and currently-fragmented air quality indices across the EU will become comparable, clear and publicly available.

It will be possible for member states to request that the 2030 deadline to attain the air quality limit values be postponed by up to ten years, if specific conditions are met, including when the necessary reductions can only be achieved by replacing a considerable part of the existing domestic heating systems causing the pollution exceedances.

It was also agreed that affected citizens and environmental NGOs, should be granted access to justice to challenge the implementation of this Directive in member states, and that citizens should be entitled to compensation when their health has been damaged due to the new national rules being violated.

Air quality plans and roadmaps

In addition to air quality plans, required for those EU countries exceeding limits, all member states will have to create air quality roadmaps by 31 December 2028 that set out short- and long-term measures to comply with the new 2030 limit values as proposed by Parliament.

More on this: <https://www.europarl.europa.eu/news/en/press-room/20240219IPR17816/air-pollution-deal-with-council-to-improve-air-quality>

WHO ADVISORY GROUP CONVENES ITS FIRST MEETING ON RESPONSIBLE USE OF THE LIFE SCIENCES AND DUAL-USE RESEARCH



The World Health Organization (WHO) Technical Advisory Group on the Responsible Use of the Life Sciences and Dual-Use Research (TAG-RULS DUR) was established in November 2023 to provide independent advice to WHO on the monitoring and mitigation of bio-risks, advances in the life sciences and related technologies, governance of dual-use research (DUR) and responsible use of the life sciences (RULS).

The twenty members of the TAG-RULS DUR have a breadth of expertise including oversight of dual-use research and dual-use of concern (DURC), bio-risk mitigation and management, biosafety and biosecurity, emerging areas of research and technologies in biology and the life sciences and associated disciplines, governance of emerging technologies, risk communication and disinformation, ethics, international law, policy and governance, pandemic prevention, preparedness and response, monitoring and evaluation related to global health security, and the One Health approach to the RULS and DUR. The Emerging Technologies, Research Prioritisation and Support (EPS) Unit, in the Research for Health Department of the WHO Science Division, serves as the WHO Secretariat for the TAG-RULS DUR.

The general objective of the TAG's first hybrid meeting was to provide the opportunity for members to exchange ideas on WHO and related TAGs' activities, discuss current and upcoming activities of the project on the responsible use of the life sciences and dual-use research and provide technical guidance to WHO. From 16-18 April 2024, the members of the TAG-RULS DUR met at WHO headquarters in Geneva to share their views and advance on the work from the first meeting of the TAG-RULS DUR, held virtually in January 2024.

[The World Health Organization \(WHO\) Technical Advisory Group on the Responsible Use of the Life Sciences and Dual-Use Research \(TAG-RULS DUR\)](#)

More on this: <https://www.who.int/news/item/02-05-2024-who-advisory-group-convenes-its-first-meeting-on-responsible-use-of-the-life-sciences-in-geneva>

INTERNATIONAL DEVELOPMENT INNOVATION ALLIANCE AND WHO RENEW COLLABORATION ON SCALE-UP OF HEALTH INNOVATIONS



The World Health Organization (WHO) and the International Development Innovation Alliance (IDIA) have agreed to renew their strategic Collaborative Agreement to support the scaling of health innovations to the end of 2025 to jointly accelerate health impact.

“This partnership demonstrates a convergence of diverse expertise, pooling resources to bolster governmental efforts to scale-up innovative solutions, leveraging each other's strengths. As a Member State organization, WHO can help governments identify

public health demand in countries, while IDIA's unique network of innovation funders supplies a pipeline of demonstrated, impactful innovations,” says Jeremy Farrar, Chief Scientist at WHO.

The collaboration was established in the beginning of 2021 to create a shared agenda and enable close collaboration and complementarity between the two entities to promote and facilitate the demand, supply, assessment and scale-up of proven health innovations for the benefit of low- and middle-income countries.

WHO supports its 194 Member States to link impactful innovations to where they are most needed in countries. Given IDIA's unique experience and status as a key collaboration platform for innovation funders around the world, the collaboration accelerates collective impact in tackling the greatest challenges in global health.

[International Development Innovation Alliance \(IDIA\)](#)

More on this: <https://www.who.int/news/item/02-05-2024-international-development-innovation-alliance-and-who-renew-collaboration-on-scale-up-of-health-innovations>

WHO IN BOSNIA AND HERZEGOVINA

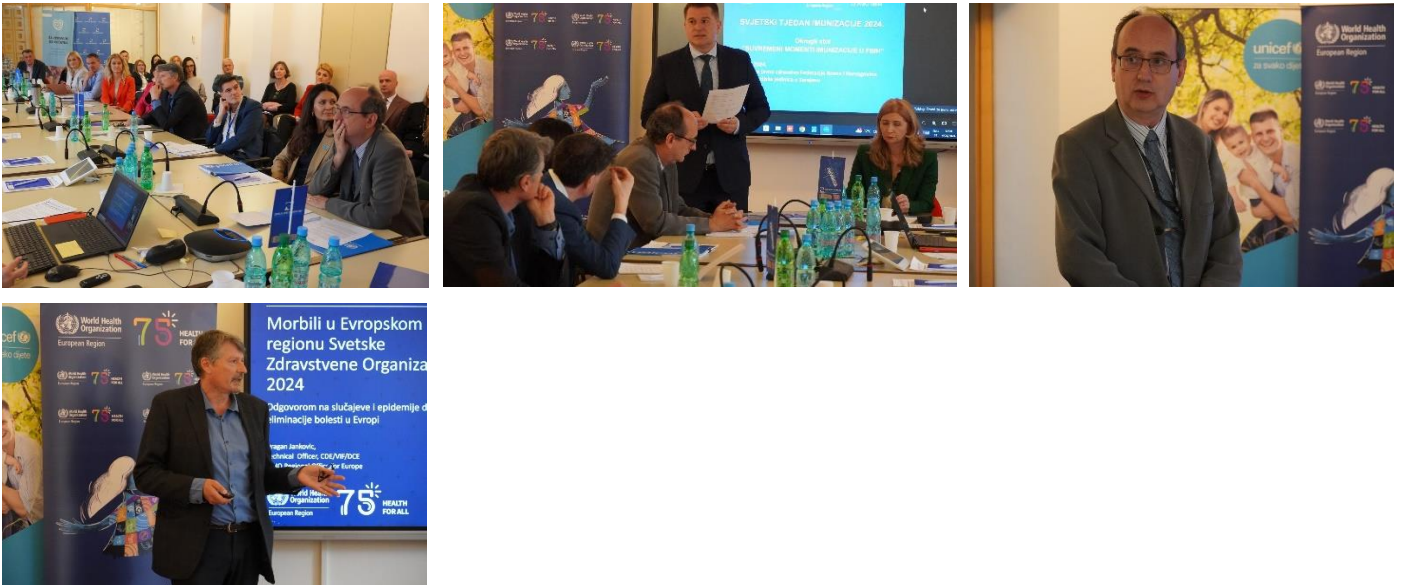
European Immunization Week – Republika Srpska

The Head of the WHO Country Office in Bosnia and Herzegovina, Dr Erwin Cooreman, said *“This year the European Immunization Week coincides with the 50th anniversary of WHO’s Expanded Programme of Immunisation, and reminded that when it started in 1974, the level of vaccination against measles, mumps and rubella was only 10 percent, while today it has been expanded and has reached nearly 90 percent.”* He added *“in the situation of the corona virus pandemic, there was a drop in the level of vaccination while mistrust among the population also developed.”* Head of the Health Section in UNICEF Country Office in Bosnia and Herzegovina, Jela Aćimović, said: *“Children are at risk of infectious diseases, and they are the most vulnerable population. The most serious complications of infectious diseases occur precisely among them. In order to enable every child to reach their full potential, we must use what we have today to protect them from infectious diseases, which is immunisation”.* She further noted: *“it is vaccination that preserves health.”* Experts pointed out that the coronavirus pandemic had the effect of slightly neglecting the process of immunisation of children all over the world, leading to a drop in coverage, pointing out that in the European region alone, almost two million children missed their dose of vaccine that they should have received during the pandemic.



European Immunization Week – Federation of Bosnia and Herzegovina

On the occasion of the European Immunization Week, which this year also marked the 50th anniversary of the Expanded Programme of Immunization, a roundtable "Modern moments of immunization in the Federation of Bosnia and Herzegovina" was held in Sarajevo, organised by the Institute for Public Health of the Federation of Bosnia and Herzegovina. The roundtable brought together experts in the field of immunization to exchange knowledge and experiences of good practice, strengthen existing partnerships, reflect on the current epidemiological situation and send the message that immunization is the best measure to reduce the incidence and death of infectious diseases.



Both events were funded by the European Union as part of its efforts to increase immunisation in Bosnia and Herzegovina.

WHO CAMPAIGNS

World Hand Hygiene Day; 5 May 2024

2024 Theme: Promoting knowledge and capacity building of health and care workers through innovative and impactful training and education, on infection prevention and control, including hand hygiene.

Slogan: Why is sharing knowledge about hand hygiene still so important? Because it helps stop the spread of harmful germs in health care.

<https://www.who.int/campaigns/world-hand-hygiene-day/world-hand-hygiene-day-2024>

International Day of the Midwife; 5 May 2024

Midwives perform a vital service in providing care and support to women and their families while pregnant, throughout labour and during the period after a baby's birth.

On this day, we celebrate the role of midwives across the WHO European Region, recognizing in particular the importance of educating, training, regulating and licensing midwives to improve quality of care and to reduce maternal and newborn mortality.

We also showcase WHO/Europe's work in raising levels of midwifery education in the Region; creating evidence-based knowledge on midwifery; and influencing national policies that will lead to the provision of high-quality, accessible, equitable, efficient and sensitive health services.

<https://www.who.int/europe/event/international-day-of-the-midwife>

International Nurses Day; 12 May 2024

The WHO European Region celebrates International Nurses Day on 12 May 2024. The day is held each year on the anniversary of Florence Nightingale's birth.

Despite being the backbone of health-care provision, nurses often face financial constraints and their role is frequently undervalued. This year's international day aims to reshape perceptions of nursing, demonstrating how strategic investment in nursing can bring considerable economic and societal benefits.

As part of the day, WHO/Europe will be highlighting the vital role of nurses over the last few years and showcasing its work to raise the level of nursing in the Region; to create evidence-based knowledge on nursing; and to influence national policies that will lead to the provision of high-quality, accessible, equitable, efficient and sensitive health services.

<https://www.who.int/europe/event/international-nurses-day>

World No Tobacco Day; 31 May 2024

Protecting children from tobacco industry interference

World No Tobacco Day 2024 will give a platform to young people across the world, who are calling for the tobacco industry to stop targeting them with products that are harmful to their health. Young people globally are calling on governments to adopt policies that shield them from the manipulative practices of tobacco and related industries, including the relentless marketing of their dangerous products through social media and streaming platforms.

<https://www.who.int/campaigns/world-no-tobacco-day/2024>

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](#)

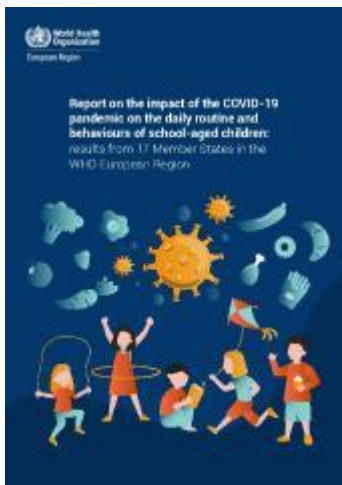
[Ukraine's humanitarian crisis 2014-2022](#)

[Measles emergency in the European region](#)

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

PUBLICATIONS

Report on the impact of the COVID-19 pandemic on the daily routine and behaviours of school-aged children: results from 17 Member States in the WHO European Region



The WHO Regional Office for Europe established the WHO European Childhood Obesity Surveillance Initiative (COSI) in 2007 in response to the need for standardized surveillance data on the prevalence of overweight and obesity among school-aged children. The availability of such information is essential to develop effective policies and strategies to tackle childhood obesity in the WHO European Region. The sixth data collection round of COSI involves 37 Member States and data collection is still ongoing in some of these. This report presents the results from the 13 States that collected information during the 2021–2022 school year on the impact of the COVID-19 pandemic on children’s health, and four that collected information during the 2022–2023 school year. The findings of this research on the pandemic’s consequences are extremely important for participating Member States to help prepare for the future.

<https://www.who.int/europe/publications/i/item/WHO-EURO-2024-9702-49474-74016>

People-centred approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans



With over half a million deaths in the WHO European Region in 2019 associated with bacterial AMR, it is clear that hard-to-treat, resistant infections have devastating impacts, often affecting those in vulnerable situations the most.

At the heart of solutions lie the people who produce, sell, administer, and use antimicrobials, as well as all those that help prevent infections in the first place in all settings: human, environmental, agricultural and veterinary. A people-centred approach acknowledges the central role of individuals and communities in tackling AMR, and in helping to address weaknesses and gaps in current AMR efforts.

<https://iris.who.int/bitstream/handle/10665/376459/9789289060905-eng.pdf?sequence=1>

Global Malaria Programme operational strategy 2024-2030



As WHO's technical department for malaria, the Global Malaria Programme has an important role to play in leading the global response against this disease. Through its direct actions and network, it has the potential to shape the malaria ecosystem and achieve impact at country level. With this in mind, the Global Malaria Programme has developed an operational strategy outlining its priorities for the period 2024–2030 and the four strategic levers to control and eliminate malaria that are decisively within the Programme's mandate: norms and standards, new tools and innovation, strategic information for impact, and leadership. The strategy describes how the Global Malaria Programme will also transform by collaborating more effectively with other programmes, regional and country offices and partners, guided by lessons learned from WHO's Thirteenth General Programme of Work (GPW13) and the GPW14 priorities.

<https://www.who.int/publications/i/item/9789240090149>

WHO EVENTS & COURSES

Intergovernmental Negotiating Body; 29 April-10 May 2024

Live webcast of the meeting of the Intergovernmental Negotiating Body

https://apps.who.int/gb/inb/e/e_inb-9-resumed-session.html

Week of Quality for Medicines 2024

The Local Production & Assistance Unit (LPA) in the Innovations and Emerging Technologies Department, Access to Medicines and Health Products Division, WHO HQ, announces the Week of Quality for Medicines 2024. This virtual training programme, taking place from 13-16 May 2024, is designed to strengthen the capacity of manufacturers and regulators in low- and middle-income countries regarding quality requirements for pharmaceutical product development and dossier preparation.

Topics will include CTD-dossier preparation, control of impurities, in vitro dissolution testing, and stability testing, among others.

The registration can be done by clicking the link below or the link in the flyer by May 9, 2024.

[REGISTRATION HERE](#)

WHO STORIES

“There is one certainty: there will be another flu pandemic in the future,” an expert warns

The influenza epidemic across the WHO European Region has returned to baseline levels, with cases recently dropping beneath the seasonal threshold for the first time since early December 2023. While this alleviates immediate pressure on the Region’s health systems from influenza, preparations are ongoing for the next flu season, and experts are vigilant about a virus of pandemic potential.

Nicola Lewis, Director of the Worldwide Influenza Centre at the Francis Crick Institute in London, United Kingdom, is frank about the risks flu poses: *“I think the chances that disease X will be caused by an influenza virus are probably greater than for any other known pathogen group that I can think of,”* she says. Disease X is a term used to describe a hypothetical novel or unknown disease that could cause another pandemic.

<https://www.who.int/europe/news-room/feature-stories/item/there-is-one-certainty--there-will-be-another-flu-pandemic-in-the-future---an-expert-warns>

WHO VIDEOS

[https://www.youtube.com/c/who/playlists.](https://www.youtube.com/c/who/playlists)

WHO PODCASTS

#NoExcuse podcast

There is no excuse for sexual misconduct in the humanitarian or development sectors. Many people don’t want to think about the often-ignored topic of sexual misconduct by our own personnel. Shining a light on this dark and painful topic is an important step to addressing it.

Poet, novelist, and survivor Dr Maya Angelou wrote, “What you’re supposed to do when you don’t like a thing is change it. If you can’t change it, change the way you think about it.” As she suggests, changing how we view the issue is half the battle. It is within this need to change our views in a space of learning that the #NoExcuse Podcast was born.

Join us as we delve deep into the topic of sexual misconduct, share stories of work in the field, surface obstacles to prevention, and explore making zero tolerance for sexual misconduct a part of workplace culture, WHO’s new normal. This podcast will examine different challenges and solutions through the perspectives of people who are already doing the work to create the change we need and want.

The #NoExcuse podcast is produced by the World Health Organization’s Department for the Prevention of and Response to Sexual Misconduct.

<https://www.who.int/podcasts/series/noexcuse>

Global Health Matters - Episode 35: Dialogues: a conversation with Kinari Webb

In this episode of Dialogues, host [Garry Aslanyan](#) speaks with Kinari Webb, a medical doctor, public health innovator and thought leader on how human and planetary health are linked. Kinari's journey started at the age of 21 when she worked as a research student in the rainforests of West Kalimantan in Indonesia. Years later, she established a non-profit organization called Health in Harmony. In her book "[Guardians of the trees.](#)" Kinari outlines how she and her team developed a novel model that provides health care as an incentive to protect the environment.

<https://tdr.who.int/global-health-matters-podcast/dialogues-a-conversation-with-kinari-webb>

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>

Episode #117 - Low back pain

Did you know that chronic low back pain is a major cause of disability across the world impacting people's physical capabilities, sleep, participation in work, school and relationships? What kind of treatment should you ask for? Which treatments do not work? Learn to manage your low back pain from Dr Yuka Sumi in Science in 5.

<https://www.who.int/podcasts/episode/science-in-5/episode--117---low-back-pain>

SOURCES

- <https://www.who.int/>
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- <https://www.youtube.com/c/whoregionalofficeforeurope>
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