

**Issue 8/2024**

# **WHO Public Health Report**

**Bosnia and Herzegovina**

**17 May 2024**

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## WHO RESULTS REPORT 2023 CALLS FOR CONCERTED DRIVE TOWARD SUSTAINABLE DEVELOPMENT GOALS



The World Health Organization (WHO) Results Report 2023, the most comprehensive to date, showcases achievement of key public health milestones, even amid greater global humanitarian health needs driven by conflict, climate change and disease outbreaks.

The report is released ahead of the 2024 Seventy-seventh World Health Assembly, which runs from 27 May-1 June 2024. WHO's revised Programme Budget for 2022–2023 was US\$ 6726.1 million, incorporating lessons learned from the pandemic response and

addressing emerging health priorities.

With 96% of WHO country offices providing 174 country reports on achievements, the report shows progress towards 46 targets and highlights challenges.

### Triple billion targets

*“The world is off track to reach most of the triple billion targets and the health-related Sustainable Development Goals,”* said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *“However, with concrete and concerted action to accelerate progress, we could still achieve a substantial subset of them. Our goal is to invest even more resources where they matter most—at the country level—while ensuring sustainable and flexible financing to support our mission.”*

The report shows advancement in several key areas, including healthier populations, universal health coverage (UHC), and protection for health emergencies.

Related to healthier populations, the current trajectory indicates the target of 1 billion more people enjoying better health and well-being will likely be met by 2025, driven primarily by improvements in air quality and access to water, sanitation and hygiene measures.

In terms of UHC, 30% of countries are moving ahead in coverage of essential health services and providing financial protection. This is largely due to increased HIV service coverage.

Regarding emergencies protection, though the coverage of vaccinations for high-priority pathogens shows improvement relative to the COVID-19 pandemic-related disruptions in 2020–2021, it is yet to reach pre-pandemic levels.

WHO's [Triple Billion targets](#), by 2023: 1 billion more people benefitting from universal health coverage; 1 billion more people better protected from health emergencies; 1 billion more people enjoying better health and well-being. The 13<sup>th</sup> General Programme of Work (GPW13) was extended to 2025, resulting in one more biennium to achieve the triple billion targets. The WHA77 will consider the new GPW14, WHO's strategy for 2025-2028, for approval.

### [Results Report 2023](#)

### [2024 Seventy-seventh World Health Assembly](#)

More on this: <https://www.who.int/news/item/07-05-2024-who-results-report-2023-shows-notable-health-achievements-and-calls-for-concerted-drive-toward-sustainable-development-goals>

## CARDIOVASCULAR DISEASES KILL 10 000 PEOPLE IN THE WHO EUROPEAN REGION EVERY DAY, WITH MEN DYING MORE FREQUENTLY THAN WOMEN



Most people in the WHO European Region consume far too much salt, and more than one in three adults aged 30–79 has hypertension, the medical term for high blood pressure. This matters because high salt intake raises blood pressure, which is a leading risk factor for cardiovascular diseases such as heart attacks and strokes. A new WHO/Europe report “Action on salt and hypertension” calls for an integrated approach to reduce salt intake and improve detection and control of hypertension to protect people’s health.

### Dying early from cardiovascular diseases: alarming statistics

Cardiovascular diseases (CVDs) are the predominant cause of disability and premature death in the European Region, causing over 42.5% of all deaths annually. That means 10 000 deaths every day.

According to the WHO/Europe report, men in the Region are almost 2.5 times more likely to die from CVDs than women. There is also a geographic divide – the probability of dying young (30–69 years) from a CVD is nearly five times as high in eastern Europe and central Asia compared to western Europe.

*“CVDs and hypertension are largely preventable – and controllable,”* said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. *“Four million, a staggering figure, is the number of deaths caused by cardiovascular diseases every single year – primarily in men, particularly in the eastern part of our WHO region. These are the facts, but this is something we can change. We know what works, but time and time again, we fall short of implementing evidence-based approaches, resulting in unacceptably high levels of avoidable deaths. Implementing targeted policies to reduce salt intake by 25% could save an estimated 900 000 lives from CVDs by 2030.”*

### High salt consumption: a major health threat for the Region

Almost all countries in the European Region (52 of 53) have an average daily salt intake above the WHO recommended maximum level of 5 g (around one teaspoon) per day.

Excessive salt consumption is the main driver of hypertension and, subsequently, deaths from heart attacks, strokes and other CVDs. Street food and processed foods are often the main culprits.

### High blood pressure: a silent killer

High blood pressure is the leading risk factor for death and disability in the European Region, causing almost a quarter of deaths and 13% of disability. It usually has no symptoms, and if it remains uncontrolled it can have potentially devastating consequences such as heart attacks and strokes. The European Region has the highest blood pressure prevalence in the world.

### [WHO/Europe report: Action on salt and hypertension](#)

More on this: <https://www.who.int/europe/news/item/15-05-2024-cardiovascular-diseases-kill-10-000-people-in-the-who-european-region-every-day--with-men-dying-more-frequently-than-women>

## RAISING COMMUNITY AWARENESS OF ANTIMICROBIAL RESISTANCE AND ENABLING BEHAVIOURAL CHANGE



WHO works with countries to improve awareness of antimicrobial resistance (AMR) and achieve necessary behavioural change, through awareness-raising campaigns, education and training. These interventions enable progress towards meaningful change, where the behaviours that contribute to the problem are replaced with behaviours that are part of the solution.

AMR occurs when bacteria, parasites, viruses or fungi become resistant to antimicrobial medicines that are used to treat the infections they cause. As a result of AMR, antibiotics and other antimicrobial medicines become ineffective and infections increasingly difficult – or even impossible – to treat.

Controlling AMR requires behavioural change. Many types of behaviour drive AMR, within health care and in the community, for example antibiotic overprescribing or patients not using antimicrobials as prescribed. Changing such behaviour can prevent the further emergence and spread of AMR.

WHO's flagship AMR campaign is the annual World AMR Awareness Week (WAAW). WAAW is a unique opportunity to join the global community in calling for the prudent use of antimicrobials, a One Health approach and policy changes.

As part of this work, WHO works with experts in Behavioural and Cultural Insights (BCI) to develop materials to assist countries in using a BCI approach to identify appropriate and feasible interventions to tackle AMR in their contexts. One example is the Tailoring Antimicrobial Resistance Programmes (TAP). This guide is developed specifically for use by public health professionals developing policies, services and communications informed by BCI across AMR-related health topics.

[Antimicrobial resistance](#)

[Antimicrobial resistance factsheet](#)

More on this: <https://www.who.int/europe/activities/raising-community-awareness-of-antimicrobial-resistance>

## STRENGTHENING THE SKILLS OF FUTURE MIDWIVES



No matter the context or country, midwives across the WHO European Region operate in diverse work settings and situations that require them to adapt their knowledge and expertise to deal with the unexpected, to ensure the best care for mothers and babies before, during and after birth.

*“Midwifery is a vital solution to the challenges of providing high-quality maternal and newborn care for all women and newborn infants, in all countries,”* says Maggie Langins, Technical Officer at WHO/Europe. *“But*

*midwives must be well-trained, properly supported, and the profession fully regulated.”*

The School of Healthcare Sciences, Cardiff University (United Kingdom), WHO Collaborating Centre (CC) for Midwifery Development, is one of 300 specialized CCs in the Region that carry out activities in support of WHO. The Cardiff-based CC is the only one solely dedicated to midwifery and works with WHO to build capacity in countries to strengthen the education and training of future midwives from Europe and further afield.

*“We know that midwives, when supported with the right education, can support 80% of births,”* explains Maggie, who points to the Cardiff Centre's global focus despite its base in the Region. The CC supports WHO/Europe to work with countries in scaling up and transforming midwifery education and training to ensure it is evidence-based and fit for purpose, across all 53 WHO/Europe Member States. *“On the one hand, this is a no-brainer, but on the other hand, it takes bold political commitment and so it is vital that we deliver the facts, the evidence and, crucially, the capacity to raise the bar for midwifery education in our Region,”* she emphasizes.

Director of the Collaborating Centre for Midwifery Development, Grace Thomas, notes that midwives are also the first to respond if there are obstetric and neonatal emergencies. At the Cardiff CC, student midwives work towards a Bachelor of Midwifery Honours degree, and an integral aspect of this comprehensive programme involves equipping them to handle emergencies concerning both mothers and newborns.

Students are educated to react expertly and immediately in any emergency situation for both maternal and newborn care, and to understand when to refer appropriately to other professionals.

[World Health Organisation Collaborating Centre for Midwifery Development](#)

More on this: <https://www.who.int/europe/news/item/03-05-2024-strengthening-the-skills-of-future-midwives>

## GOVERNMENTS AGREE TO CONTINUE THEIR STEADY PROGRESS ON PROPOSED PANDEMIC AGREEMENT AHEAD OF THE WORLD HEALTH ASSEMBLY



Governments of the world agreed to continue working on a proposed pandemic agreement, and to further refine the draft, ahead of the Seventy-seventh World Health Assembly that starts on 27 May 2024.

Governments meeting at the World Health Organization headquarters in Geneva agreed to resume hybrid and in-person discussions over the coming weeks to advance work on critical issues, including around a proposed new global system for pathogen access and benefits sharing (i.e. life-saving vaccines, treatments and diagnostics); pandemic prevention and One Health; and the financial coordination needed to scale up countries' capacities to prepare for and respond to pandemics.

*"During more than two years of intensive negotiations, WHO's Member States have shown unwavering commitment to forging a generational agreement to protect the world from a repeat of the horrors caused by the COVID-19 pandemic,"* said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *"I welcome the determination that all countries have shown to continue their work and fulfill the mission on which they embarked."*

The Member State-led [Intergovernmental Negotiating Body](#) (INB) was established over two years ago to take this effort forward. The Bureau of the INB, which is guiding the process, will submit its outcome for consideration at the World Health Assembly.

INB Bureau Co-Chair Dr Precious Matsoso, from South Africa, said progress had been made during this latest round of discussions on a wide range of issues contained in the draft agreement.

*"We are witnessing history play out before our eyes during this process, with the coming together of all countries to decide a binding pact to protect all citizens of the world,"* said Dr Matsoso. *"This is not a simple exercise. This is the first ever process to develop a proposed agreement on pandemic prevention, preparedness and response. Getting this done means getting it right, and the INB Bureau is committed to help finalize a meaningful, lasting agreement."*

### [Intergovernmental Negotiating Body](#)

More on this: <https://www.who.int/news/item/10-05-2024-governments-agree-to-continue-their-steady-progress-on-proposed-pandemic-agreement-ahead-of-the-world-health-assembly>

## NEW GUIDANCE AIMS TO REDUCE BLOODSTREAM INFECTIONS FROM CATHETER USE



The World Health Organization (WHO) publishes the first global guidelines to prevent the occurrence of bloodstream and other infections caused by use of catheters placed in minor blood vessels during medical procedures.

Poor practices in the insertion, maintenance, and removal of these catheters carry a high risk of introducing germs directly to the bloodstream, which can lead to serious conditions such as sepsis, and difficult-to-treat complications in major organs like the brain and kidneys. Soft tissue infections at the insertion site of the catheter can also occur.

Developing and implementing guidance to prevent the spread of such infections has been a key priority for WHO. The new guidelines include 14 good practice statements and 23 recommendations on key areas for health workers, including:

- education and training of health workers
- techniques of asepsis and hand hygiene practices
- insertion, maintenance, access, removal of catheters, and
- catheter selection

WHO will continue to work with countries to develop and implement best practices to reduce the occurrence of bloodstream infections in hospitals, and to ensure all patients receive safe and effective care.

[Guidelines for the prevention of bloodstream infections and other infections associated with the use of intravascular catheters: part I: peripheral catheters](#)

More on this: <https://www.who.int/news/item/09-05-2024-new-guidance-aims-to-reduce-bloodstream-infections-from-catheter-use>



## WHO IN BOSNIA AND HERZEGOVINA

### Visit of Danilo Lo Fo Wong, Programme Manager on Antimicrobial Resistance, WHO Regional Office for Europe

Antimicrobial resistance (AMR) is recognised by the World Health Organization as a critical global public health threat, causing an estimated 5 million deaths annually worldwide, of which more than half a million occur in the WHO European Region. And one in five of those deaths are children.

AMR occurs when microorganisms develop the ability to resist the antimicrobial drugs that are typically used to treat them. Different types of antimicrobials – such as antibiotics for bacteria, antivirals for viruses, antiparasitic drugs for parasites and antifungals for fungi – target specific types of microorganisms. While AMR is a natural phenomenon, the development and spread of superbugs are being accelerated by the inappropriate use of antimicrobials, rendering infections more challenging to treat effectively.

The World Health Organization has been warning about antimicrobial resistance for decades, but many still don't feel it can affect them personally.

The new European Roadmap on AMR was endorsed by WHO/Europe Member States in 2023. It aims to help countries in the region identify, prioritize, implement, and monitor high-impact interventions to address AMR across the One Health spectrum. It includes 53 interventions that range from improving infection prevention and control and sanitation and hygiene in healthcare facilities to boosting vaccination rates to using whole-genome sampling to improve environmental surveillance, leaving countries to select interventions to prioritise based on national context, with the WHO experts will provide technical guidance.

Danilo Lo Fo Wong, Programme Manager on Antimicrobial Resistance, WHO Regional Office for Europe visited Bosnia and Herzegovina, holding two technical meetings with AMR working groups in Banja Luka and Sarajevo, on the topics of the new European Roadmap, thus continuing WHO's close work with the Member-States in the Region in fortifying not only closer monitoring on the use of antibiotics but also ensuring proper support for healthcare professionals, especially in the primary health and care sector.

*“WHO has several instruments to check the rise of AMR. Tools that have been developed ensure the responsible use of antibiotics not only for human health, but also in animal health and food production,”* stated Danilo Lo Fo Wong.

Bosnia and Herzegovina is a member of the Central Asian and European Surveillance of Antimicrobial Resistance (CAESAR) network, which collects data from national AMR surveillance systems in all countries in the WHO European Region that are not part of the European Antimicrobial Resistance Surveillance Network (EARS-Net).

### [Roadmap on antimicrobial resistance for the WHO European Region 2023–2030](#)

Photos from the event in Banja Luka [courtesy of the Institute for Public Health of Republika Srpska]:





Photos from the event in Sarajevo:



## WHO EMERGENCIES

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

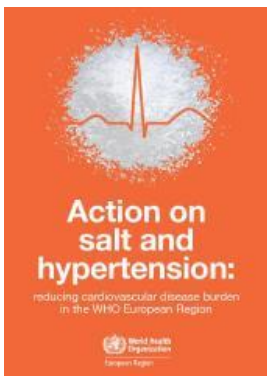
### Guidelines for the prevention of bloodstream infections and other infections associated with the use of intravascular catheters: part I: peripheral catheters



Intravascular catheter-associated BSIs and related infections are particularly notable as they are mostly preventable if appropriate precautions and practices for safe insertion, maintenance, access and removal are followed accurately, irrespective of a country's income level. In the context of the prevention of infections associated with IV catheters, these guidelines (Part 1) provide guidance on best practices for the prevention of BSIs and other infections associated with peripherally-inserted IV catheters, while a subsequent WHO guideline (Part 2) to be developed in 2024 will cover centrally-inserted intravascular catheters.

<https://iris.who.int/handle/10665/376722>

### Action on salt and hypertension: reducing cardiovascular disease burden in the WHO European Region

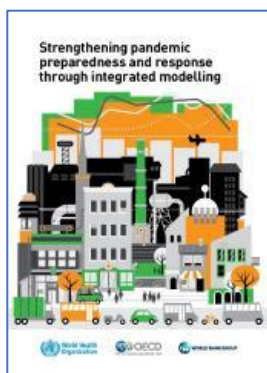


Cardiovascular diseases (CVDs) such as heart attacks and strokes cause more than two fifths (42.5%) of all deaths annually in the WHO European Region, that is, around 10 000 deaths every day. The probability of dying young (30–69 years) from a CVD is nearly five times as high in eastern Europe (15.1%) and central Asia (14.8%) compared to in western Europe (2.9%). For this same age group, men in the WHO European Region are almost 2.5 times more likely to die from CVDs than women, particularly in the more eastern parts of the Region. Multiple different crises and their longer-term repercussions are affecting the WHO European Region, including war, the coronavirus disease (COVID-19) pandemic, the economic crisis and climate change. Europe has almost reached a state of “permacrisis”, which potentially distracts

political attention away from tackling NCDs as well as impacting burden more directly.

<https://iris.who.int/handle/10665/376580>

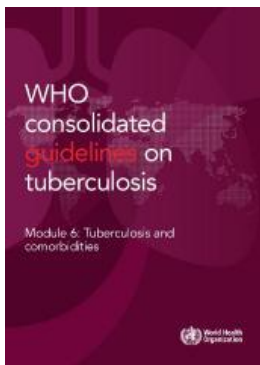
### Strengthening pandemic preparedness and response through integrated modelling



The far-reaching impacts of the COVID-19 pandemic underscore the critical need for evidence-informed, transparent and inclusive decision-making. Policy-makers have grappled with complex choices amidst uncertainty. With the increasing threat of emerging pandemic-prone pathogens, new guidance released jointly by the World Health Organization (WHO), Organisation for Economic Co-operation and Development (OECD) and the World Bank elucidates the role of mathematical modelling – specifically integrated modelling – in addressing these challenges.

<https://www.who.int/publications/i/item/9789240090880>

## WHO consolidated guidelines on tuberculosis. Module 6: Tuberculosis and comorbidities

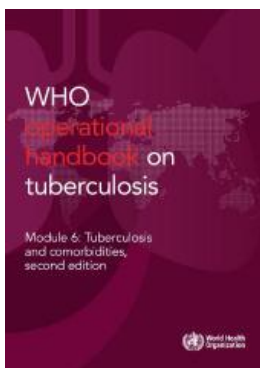


Addressing comorbidities and risk factors for tuberculosis (TB) is a crucial component of the World Health Organization (WHO)'s End TB Strategy. The newly released guidelines on TB and comorbidities summarize the latest WHO recommendations on TB and key comorbidities. It is a living document and will include a separate section for each of the key TB comorbidities or health-related risk factors. This first edition focuses on interventions to address HIV-associated TB and is an update of the WHO policy on collaborative TB/HIV activities: guidelines for national programmes and other stakeholders. People with HIV are 12-16 times more likely to develop TB disease, have poorer TB treatment outcomes and have three-fold higher mortality during TB treatment compared to people without HIV. Despite advances in the screening, diagnosis, treatment and prevention of TB disease, TB remains the leading cause of death among people with HIV worldwide.

These consolidated guidelines are intended for use by people working in ministries of health, particularly TB programmes and the relevant departments or programmes responsible for comorbidities and health-related risk factors for TB, as well as programmes addressing mental health and lung health, implementing partners including technical and funding agencies, civil society and representatives of affected communities, clinicians and public health practitioners.

<https://www.who.int/publications/i/item/9789240087002>

## WHO operational handbook on tuberculosis. Module 6: Tuberculosis and comorbidities, second edition



Addressing comorbidities and risk factors for tuberculosis (TB) is a crucial component of the World Health Organization (WHO)'s End TB Strategy. This WHO operational handbook on TB and comorbidities aims to support countries in scaling up people-centred care, based on the latest WHO recommendations on TB and key comorbidities, and drawing upon additional evidence, best practices and inputs from various experts and stakeholders obtained during WHO processes. It is intended for use by people working in ministries of health, particularly TB programmes and the relevant departments or programmes responsible for comorbidities and health-related risk factors for TB such as HIV, diabetes, undernutrition, substance use, and tobacco use, as well as programmes addressing mental health and lung health.

This operational handbook is a living document and will include a separate section for each of the key TB comorbidities or health-related risk factors. The second edition includes guidance for HIV-associated TB and on mental health conditions, which are two conditions strongly associated with TB and which result in higher mortality, poorer TB treatment outcomes and negatively impact health-related quality of life. The operational handbook aims to facilitate early detection, proper assessment and adequate management of people affected by TB and comorbidities. Full implementation of this guidance is expected to have a significant impact on TB treatment outcomes and health-related quality of life for people affected by TB.

<https://www.who.int/publications/i/item/9789240091290>

## WHO EVENTS & COURSES

### **Global Partners Meeting on Nursing and Midwifery 2024;** 23 May 2024, Geneva, Switzerland

The Global Partners Meeting (GPM) for Nursing and Midwifery (formerly the “Triad Meeting”) provides a strategic opportunity for policy dialogue and planning on nursing and midwifery contributions to stronger and more resilient communities and health systems. It is also a critical time to take stock of progress on the [Global Strategic Directions for Nursing and Midwifery 2021-2025](#). The GPM will occur at the midpoint of data reporting for the *State of the World’s Nursing (SoWN) 2025* report, an important time to review data and address any gaps prior to the close of reporting for this landmark report.

[https://www.who.int/news-room/events/detail/2024/05/23/default-calendar/GPM\\_nursing\\_midwifery](https://www.who.int/news-room/events/detail/2024/05/23/default-calendar/GPM_nursing_midwifery)

### **Seventy-seventh World Health Assembly;** 27 May-1 June 2024, Geneva, Switzerland

The Seventy-seventh World Health Assembly is being held in Geneva, Switzerland, from 27 May-1 June 2024. The theme of this year’s Health Assembly is: “All for Health, Health for All”.

Proceedings will be webcast live from the web page shown below. Simultaneous interpretation will be available in Arabic, Chinese, English, French, Russian and Spanish.

The sessions can be watched live from 27 May-1 June 2024. Recordings will be available in the sidebar listing.

<https://www.who.int/about/accountability/governance/world-health-assembly/seventy-seventh>

### **Walk the Talk Geneva 2024,** 26 May 2024, Geneva, Switzerland

The *Walk the Talk: Health for All Challenge* returns on Sunday 26 May 2024 to Geneva, Switzerland to provide a healthy kickstart to the Seventy-seventh World Health Assembly. WHO is joining with the UN family, Member States, athletes, local sports clubs, health partners and the Geneva community to celebrate the importance of healthy lifestyles and demonstrate measures to safely conduct public events.

<https://www.who.int/news-room/events/detail/2024/05/26/default-calendar/walk-the-talk-geneva-2024>

### **Health and climate change at WHA77**

The Seventy-seventh World Health Assembly (WHA77) will be held in Geneva, Switzerland, from 27 May-1 June 2024. The theme of this year’s Health Assembly is: “All for Health, Health for All”.

WHA77 is expected to set new ambitions for the Member States and the WHO in the area of climate and health by the adoption of a dedicated Resolution on climate change and health, as well as the WHO’s Fourteenth General Programme of Work for the period 2025–2028 (GPW 14) with the response to climate change being selected as one of its six key strategic objectives.

Several partner organizations will be hosting side events on climate change and health in the margins of WHA77. More details are available on the [UN Foundation official webpage](#) providing a full calendar of WHA side events, and [here](#).

<https://www.who.int/news-room/events/detail/2024/05/27/default-calendar/climate-health-events-at-wha77>

## WHO STORY

### From the frontline against antimicrobial resistance – nurses and midwives share their advice

In the WHO European Region, nurses and midwives represent a highly trusted section of the health workforce. These guardians of the health system play a crucial role in preventing the emergence and spread of antimicrobial resistance (AMR) through antibiotic stewardship and infection prevention and control programmes. They monitor the effects of antimicrobial therapy and act as key health-care communicators by educating patients and the public about AMR, ways to prevent infections, the side-effects and risks associated with antimicrobials, and the dangers of misuse.

<https://www.who.int/europe/news-room/photo-stories/item/from-the-frontline-against-antimicrobial-resistance---nurses-and-midwives-share-their-advice>

## WHO VIDEOS

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

## WHO PODCASTS

### Health In Europe: Disease X

What are we doing to prepare for the next pandemic?

We go behind the scenes at WHO and some of the European region's major public health institutions to understand what the most likely causes of future pandemics could be and what strategies are in place to avert them. We talk to the experts applying the lessons of previous pandemics and focus in on the systems in place to spot threats and reduce their impact. We speak to the legion of public health experts getting on with the not very glamorous, but incredibly important work of emergency preparedness—experts in surveillance, genomic sequencing, epidemiology and more. The people who are containing outbreaks and laying the groundwork to mitigate the effects of pandemics, not if, but when they occur.

With Dr Maria van Kerkhove on Disease X, Dr Gail Carson on pandemic preparedness and Roland Driece on the Pandemic Accord.

<https://www.buzzsprout.com/1109867/15031918-disease-x>

## Health In Europe: The Journey of a Student Nurse

We turn our attention to the world of nursing through the compelling lens of Stefanie Fernandes and Francisco Ferraz. Francisco, a passionate third-year nursing student from Portugal, brings us into the heart of his journey—navigating the intricate balance of emotional connections and the systemic challenges within healthcare. From his night shifts in the paediatric intensive care unit to the poignant stories that shape his vocation, Francisco's experiences offer a raw and insightful look at the realities of nursing.

This episode not only highlights the indispensable role of nurses but also underscores the urgent need for systemic reforms to better support these healthcare heroes. Join us as we dive into the essence of what it means to care, to endure, and to strive for change in a profession that is both profoundly rewarding and undeniably demanding.

<https://www.buzzsprout.com/1109867/15078775-the-journey-of-a-student-nurse>

## Episode #118 - Avian Influenza

Why is WHO concerned about avian influenza or bird flu? Who is at risk? How can you protect yourself and which foods are safe to eat during an outbreak? Dr Wenqing Zhang explains in Science in 5.

<https://www.who.int/podcasts/episode/science-in-5/episode--118---avian-influenza>

## 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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