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OVER 3 MILLION ANNUAL DEATHS DUE TO ALCOHOL AND DRUG USE, MAJORITY AMONG MEN



A new report from the World Health Organization (WHO) highlights that 2.6 million deaths per year were attributable to alcohol consumption, accounting for 4.7% of all deaths, and 0.6 million deaths to psychoactive drug use. Notably, 2 million of alcohol- and 0.4 million of drug-attributable deaths were among men.

WHO's *Global status report on alcohol and health and treatment of substance use disorders* provides a comprehensive update based on 2019 data on the public health impact of alcohol and drug use and situation with alcohol consumption and treatment of substance use disorders worldwide. The report shows an estimated 400 million people lived with alcohol and drug use disorders globally. Of this, 209 million people lived with alcohol dependence.

"Substance use severely harms individual health, increasing the risk of chronic diseases, mental health conditions, and tragically resulting in millions of preventable deaths every year. It places a heavy burden on families and communities, increasing exposure to accidents, injuries, and violence," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *"To build a healthier, more equitable society, we must urgently commit to bold actions that reduce the negative health and social consequences of alcohol consumption and make treatment for substance use disorders accessible and affordable."*

The report highlights the urgent need to accelerate actions globally towards achieving Sustainable Development Goal (SDG) target 3.5 by 2030 by reducing alcohol and drug consumption and improving access to quality treatment for substance use disorders.

Health consequences of alcohol consumption

The report highlights that despite some reduction in the alcohol-related death rates since 2010, the overall number of deaths due to alcohol consumption remains unacceptably high and amounts to 2.6 million in 2019, with the highest numbers in the European Region and the African Region.

The death rates due to alcohol consumption per litre of alcohol consumed are highest in low-income countries and lowest in high-income countries. Of all deaths attributable to alcohol in 2019, an estimated 1.6 million deaths were from noncommunicable diseases, including 474 000 deaths from cardiovascular diseases and 401 000 from cancer.

Some 724 000 deaths were due to injuries, such as those from traffic crashes, self-harm and interpersonal violence. Another 284 000 deaths were linked to communicable diseases. For example, alcohol consumption has been shown to increase the risk of HIV transmission resulting from an increased risk of unprotected sex and by increasing the risk of TB infection and mortality by suppressing a wide range of immune responses.

The highest proportion (13%) of alcohol-attributable deaths in 2019 were among young people aged 20–39 years.

[Global status report on alcohol and health and treatment of substance use disorders](#)

More on this: <https://www.who.int/news/item/25-06-2024-over-3-million-annual-deaths-due-to-alcohol-and-drug-use-majority-among-men>

NEARLY 1.8 BILLION ADULTS AT RISK OF DISEASE FROM NOT DOING ENOUGH PHYSICAL ACTIVITY



New data show that nearly one third (31%) of adults worldwide, approximately 1.8 billion people, did not meet the recommended levels of physical activity in 2022. The findings point to a worrying trend of physical inactivity among adults, which has increased by about 5 percentage points between 2010 and 2022.

If the trend continues, levels of inactivity are projected to further rise to 35% by 2030, and the world is currently off-track from meeting the global target to reduce physical inactivity by 2030. The World Health Organization (WHO) recommends that adults have 150 minutes of moderate-intensity, or 75 minutes of vigorous-intensity physical activity, or equivalent, per week. Physical inactivity puts adults at greater risk of cardiovascular diseases such as heart attacks and strokes, type-2 diabetes, dementia and cancers such as breast and colon cancers.

The study was undertaken by researchers from WHO together with academic colleagues and published in The Lancet Global Health journal.

"These new findings highlight a lost opportunity to reduce cancer and heart disease, and to improve mental well-being through increased physical activity," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *"We must renew our commitments to increasing levels of physical activity and prioritize bold action, including strengthened policies and increased funding, to reverse this worrying trend."*

The highest rates of physical inactivity were observed in the high-income Asia-Pacific region (48%) and South Asia (45%), with levels of inactivity in other regions ranging from 28% in high-income Western countries to 14% in Oceania.

Of concern, disparities remain between gender and age. Physical inactivity is still more common among women globally compared with men, with inactivity rates of 34% compared to 29%. In some countries, this difference is as much as 20 percentage points. Additionally, people over 60 are less active than other adults, underscoring the importance of promoting physical activity for older adults.

"Physical inactivity is a silent threat to global health, contributing significantly to the burden of chronic diseases," said Dr Rüdiger Krech, Director of Health Promotion at WHO.

Despite the worrying results, there are some signs of improvement in some countries. The study showed that almost half of the world's countries have made some improvements over the past decade, and 22 countries were identified as likely to reach the global target of reducing inactivity by 15% by 2030, if their trend continues at the same pace.

[Study: National, regional, and global trends in insufficient physical activity among adults from 2000 to 2022 \(Lancet Global Health\)](#)

More on this: <https://www.who.int/news/item/26-06-2024-nearly-1.8-billion-adults-at-risk-of-disease-from-not-doing-enough-physical-activity>

WHO/EUROPE SETS THE COURSE FOR REDUCING OBESITY IN SOUTHERN EUROPEAN COUNTRIES



WHO/Europe recently gathered country representatives and experts to set a course for the reduction of childhood obesity in southern European countries: Croatia, Cyprus, Greece, Italy, Malta, Portugal, San Marino, Slovenia, Spain and Türkiye.

The WHO Office on Quality of Care and Patient Safety in Athens, Greece organized the first round of subregional policy dialogues on obesity prevention on 18-19 June 2024 in collaboration with WHO/Europe's Special Initiative on Noncommunicable Diseases and Innovation (SNI) and the Ministry of Health of Greece.

Country representatives and leading health experts discussed evidence-based policies that can tackle the problem of overweight and obesity – conditions that can lead to many deadly noncommunicable diseases, from diabetes to cancer and cardiovascular diseases.

Obesity and overweight: major health risks for southern Europe

According to the latest data, 59% of adults in the WHO European Region currently live with overweight or obesity – the highest rate globally outside of the Americas. Even more concerning is the statistic that 1 in 3 children in the Region live with overweight or obesity.

“For many southern European countries, the prevalence of overweight and obesity, especially childhood obesity, is still among the highest in the Region,” said Dr Kremlin Wickramasinghe, WHO/Europe's Regional Adviser for Nutrition, Obesity and Physical Activity. *“In some parts of southern Europe, nearly half of boys live with overweight or obesity, and this puts them at risk of developing noncommunicable diseases later in life.”*

Overweight and obesity rank fourth as a risk factor for death, after high blood pressure, dietary risks and tobacco. Obesity-associated health threats contribute to over 1.2 million deaths in the Region annually.

The Athens meeting statement: policies to battle obesity

The policy dialogue in Athens provided a platform for key stakeholders to brainstorm evidence-based policies to address specific health challenges. The discussions formed the basis of the Athens Statement, which outlines priority areas for action.

[Addressing the obesity epidemic in Europe](#)

[Video – How can Europe stop its obesity epidemic?](#)

More on this: <https://www.who.int/europe/news/item/27-06-2024-who-europe-sets-the-course-for-reducing-obesity-in-southern-european-countries>

PEOPLE IN THE WHO EUROPEAN REGION AT GREATER RISK OF IODINE

WHO/Europe and the Iodine Global Network urgently call for iodine fortification of salt and plant-based dairy alternatives



The increasing popularity and availability of plant-based alternatives to key sources of iodine, such as milk, dairy, and fish, is contributing to persistent and increased insufficient iodine intake in the WHO European Region, according to a report released today by WHO/Europe and the Iodine Global Network (IGN). This increases risks for people's health, particularly for women during pregnancy who have higher

iodine needs.

Milk and dairy products are important sources of iodine in many western and central European countries, especially for children. Many animal feeds and supplements are enriched with iodine to improve farm animals' health and milk yields. Yet consumption of dairy products is declining among adolescents and adults, heightening their risk of iodine deficiency.

The risks of changing diets

Iodine intake is especially important for foetal brain development prior to and during pregnancy. *"The shift towards plant-based dairy alternatives, particularly among women, who already bear a higher risk of iodine deficiency and thyroid diseases than men, is concerning for their iodine nutrition, especially in countries relying on milk as a source of iodine, as most dairy alternatives do not contain it,"* said Dr Hans Henri P. Kluge, WHO's Regional Director for Europe. *"This report has been crucial in highlighting a problem that still exists or is re-emerging in countries in the Region."*

Salt iodization remains the main strategy to ensure adequate iodine intake in the Region but that too is affected by dietary and lifestyle changes. Foods produced or cooked outside the home, such as bread, processed meats or ready-to-eat meals, are now the main sources of salt in a western diet, comprising 70-80% of the total. Yet recent market surveys found that only 9% of salt in processed food products in Germany and 34% in Switzerland was iodized. In 24 countries with voluntary or no iodization, commonly consumed foods are often produced with non-iodized salt.

Beyond the visible sign of goitre, which is a lump or swelling at the front of the neck caused by a swollen thyroid gland, iodine deficiency also increases the frequency of preventable thyroid disorders, such as thyroid nodules, multinodular goitre, and hyperthyroidism, particularly in adults and older people. Untreated hyperthyroidism increases the risk of cardiac arrhythmia, heart failure, osteoporosis, adverse pregnancy outcomes, and cognitive impairment in older people.

[Prevention and control of iodine deficiency in the WHO European Region: adapting to changes in diet and lifestyle](#)

More on this: <https://www.who.int/europe/news/item/28-06-2024-people-in-the-who-european-region-at-greater-risk-of-iodine-deficiency-due-to-changing-diets>

LANDMARK CENTRAL ASIA INTERNATIONAL HEALTH INVESTMENT FORUM HEALTH INVESTMENTS CAN CATALYSE REGIONAL TRANSFORMATION



Under the motto “Health is the best investment”, the first-ever Central Asia International Health Investment Forum brought together international, regional and national stakeholders to highlight the transformative potential of health investments for sustainable development across the five WHO Member States of central Asia.

Hosted under the patronage of the President of Kyrgyzstan and organized by WHO/Europe and the Ministry of Health of Kyrgyzstan, this two-day event aimed to showcase best practices and innovative health investment strategies that align with the Sustainable Development Goals (SDGs). Examples included public–private partnerships and digital health tools to improve efficiency.

Opening the Forum, Dr Hans Henri P. Kluge, WHO Regional Director for Europe, commented, *“There’s a reason why we are here today, in the heart of central Asia. While the rest of the WHO European Region is rapidly ageing, central Asia has a significant young and educated population, with roughly half of people under the age of 30.”*

Dr Kluge added, *“Meanwhile, economic growth remains solid. Gross domestic product overall is expected to increase by 4.1% this year, higher than any other part of the WHO European Region. These 2 indicators – demographics and economics – provide central Asia with a unique opportunity to turbo-boost its development, invest in critical sectors including health, and, ultimately, improve the lives of millions of people across this beautiful, diverse region.”*

Mr Edil Baisalov, Deputy Prime Minister of Kyrgyzstan, stated, *“Health is the greatest wealth of every nation, every family and every individual. Therefore, the best investment is an investment in health.”* He emphasized the need to strengthen regional cooperation in medical research and training programmes, and called for the integration of modern technologies such as artificial intelligence and telemedicine.

Over two days, Forum participants have explored progressive approaches to a range of issues, such as enhancing access to primary health care, tackling tuberculosis and HIV/AIDS, mitigating climate change, improving emergency preparedness, and addressing high rates of noncommunicable diseases such as cardiovascular diseases and cancer.

More on this: <https://www.who.int/europe/news/item/26-06-2024-economic-growth-and-health-go-hand-in-hand--landmark-central-asia-international-health-investment-forum-spotlights-how-health-investments-can-catalyse-regional-transformation>

SECURING A TB-FREE FUTURE: EASTERN EUROPEAN AND CENTRAL ASIAN HEALTH LEADERS INCREASE POLITICAL COMMITMENT TO ENDING TB



100 representatives from governments to civil society come together in Uzbekistan to increase their commitment to end TB

The Stop TB Partnership and WHO Regional Office for Europe have brought together 100 key stakeholders and partners from 13 countries of eastern Europe and central Asia for the first time since the United Nations High-Level Meeting in September 2023, to discuss and debate the status of the tuberculosis (TB) airborne pandemic, the high rates of drug-resistant TB (DR-TB) and challenges towards ending this disease.

Held over two days in Tashkent, Uzbekistan, the high-level regional meeting is part of an initiative of the Stop TB Partnership, with financial support from United States Agency for International Development (USAID), to increase political commitment, domestic funding and innovative financing methods, and create regional movements towards ending TB through strategic engagements and dialogue.

Uzbekistan was chosen as the venue thanks to its government's exceptional political commitment to end TB, led by the Ministry of Health.

Over the past decade, Uzbekistan has enhanced its prevention, diagnosis and treatment of TB and DR-TB, consistently improving success rates. The country's leadership is forward-thinking and bold, increasing targeted funding for TB programmes and making substantial investments in the procurement of medicines, setting its sights firmly on ending TB by 2030.

Nearly a quarter of a million cases of TB, the world's leading infectious disease killer after COVID-19, were reported in the eastern European and central Asian (EECA) region in 2022. Despite progress made in combatting the disease, TB and especially DR-TB remain a major public health concern and cause of premature mortality in the region.

The appeal to bolster funding comes almost a year after the United Nations High-Level Meeting on TB as part of global efforts to make a joint commitment to the goal of ending the TB epidemic by 2030.

According to data reported to WHO, the vast majority of western European nations are making good progress towards TB elimination, while certain countries in eastern Europe and central Asia continue to see large numbers of DR-TB. The EECA region is ranked as having 24% of all global cases of multidrug-resistant or rifampicin-resistant TB (MDR/RR-TB) and 47% of pre-extensively drug-resistant TB cases.

On a global scale, TB claims the lives of 1.6 million people every year, despite the disease being preventable, treatable and curable.

More on this: <https://www.who.int/europe/news/item/24-06-2024-securing-our-tb-free-future--eastern-european-and-central-asian-health-leaders-increase-political-commitment-to-ending-tb>

STATEMENT – WE ARE A LONG WAY FROM ENDING TB IN THE EUROPEAN REGION, BUT THERE IS HOPE ON THE HORIZON

Statement by Dr Hans Henri P. Kluge, WHO Regional Director for Europe on the occasion of the high-level regional dialogue in Europe and central Asia: Achieving the UN high-level meeting commitments on tuberculosis (TB), Tashkent, Uzbekistan

“I would like to start by thanking our gracious hosts, the Government of Uzbekistan, and your excellency, the Acting Minister of Health, Mr Asilbek Khudayarov, as well as the National TB Programme of Uzbekistan, for ensuring TB doesn't fall off the agenda. I would also like to thank the Stop TB Partnership and its Executive Director, Dr Lucica Ditiu, for her long-standing commitment to ending TB.

Friends, we are a long way from ending TB in the European Region, but there is hope on the horizon.

New evidence shows how a reduced nine-month treatment plan for multidrug-resistant TB [MDR-TB] has a treatment success rate of 83%, well above the current average success rate for the European Region of 57%. In the past, treatment for MDR-TB could take as long as three years. But with this new regimen, there are no injectables and far fewer pills to take, which means patients can be cared for in their communities, by their families and loved ones, and in some cases even keep working.

Uzbekistan has made great progress on TB thanks to the leadership of the Ministry of Health. Over the past decade, the country has enhanced its diagnosis, treatment and monitoring processes for TB. Success rates have improved from 84% in 2012 to 89% in 2021.

Yet four out of the five central Asian countries – including Uzbekistan – are among the top 30 high-burden countries for MDR-TB globally. Now armed with new evidence of improved outcomes on a shorter TB treatment regimen, we hope the region can radically improve the lives of TB patients in the coming months and years.

New breakthroughs in health are only possible with concerted investments into new diagnostics and treatments, which is precisely why I am convening the first-ever Central Asia International Health Investment Forum in Bishkek later this week. The two-day event will help accelerate investments in health, because as we know, without health there is no economic growth or prosperity.”

Text of the statement: <https://www.who.int/azerbaijan/news/item/24-06-2024-statement---we-are-a-long-way-from-ending-tb-in-the-european-region--but-there-is-hope-on-the-horizon>

THE OVERWHELMING CASE FOR ENDING STIGMA AND DISCRIMINATION IN MENTAL HEALTH



Living with a mental health condition like schizophrenia or depression is difficult, but for many people living with mental health conditions, the negative perceptions and behaviours that arise in others and yourself are even worse.

“I live with schizophrenia. It is amazing how people react the moment they just hear the word – they immediately take a step backwards,” says Charlene Sunkel, founder of the Global Mental Health Peer

Network and co-chair of the Lancet Commission on Ending Stigma and Discrimination in Mental Health. *“They are afraid of you because of this whole false perception that we are dangerous, we are unable to think, unable to work – that we are basically useless.”*

Stigma is far from just negative attitudes – discriminatory behaviours are equally important to consider – which is why many prefer to use “stigma and discrimination” together.

Sir Graham Thornicroft, Professor of Community Psychiatry at King’s College London and co-chair of the Lancet Commission, helpfully illustrates this through a phenomenon known as “diagnostic overshadowing”.

“Let’s imagine that a person who has depression develops severe pain in their stomach. They go into an emergency department. The doctor looks at the patient’s case records, sees that they have depression, and says, ‘It’s all in your mind’. On this occasion, it’s actually an appendix that’s about to burst, which could be a fatal complication.”

So, what is being done?

The Lancet Commission provides eight recommendations for various stakeholders, including WHO, on what to do to reduce stigma and discrimination. Both Graham and Charlene have been working to implement these recommendations.

Charlene, along with the advocacy organization she founded in 2018 called the Global Mental Health Peer Network, has taken ownership of recommendation 8 – developing funded programmes for people with lived experience. The Global Mental Health Peer Network aims to empower people living with mental health conditions to break down stigma in their communities and countries by providing them with a peer community and training opportunities.

The toolkit, called the “WHO MOSAIC toolkit to end stigma and discrimination in mental health”, provides practical, step-by-step guidance on how to set up anti-stigma initiatives based on principles of social contact, co-leadership by people with lived experience and meaningful collaboration.

The toolkit is undergoing expert consultation, being most recently presented to participants of the “Workshop on leadership and service transformation in mental health” in Brussels, Belgium on 22-23 May 2024. The toolkit will be launched on 10 October 2024, World Mental Health Day.

[The Lancet Commission on ending stigma and discrimination in mental health](#)

More on this: <https://www.who.int/europe/news/item/26-06-2024-the-overwhelming-case-for-ending-stigma-and-discrimination-in-mental-health>

WORKING TOGETHER TO IDENTIFY THE HAZARDS THAT COULD IMPACT UEFA EURO 2024



From 14 June to 14 July 2024, Germany is hosting the Union of European Football Associations (UEFA) Football Championship – UEFA EURO 2024. With nearly 3 million football enthusiasts gathering to celebrate the games, a new dashboard is helping health authorities and fans to stay abreast of potential hazards that could impact the tournament and the well-being of those involved.

The UEFA 2024 Signal Monitoring Dashboard has been developed by the WHO Regional Office for Europe, with coordinated efforts for data screening and collection made together with the European Centre for Disease Prevention and Control and Germany’s Robert Koch Institute. It draws on collaborative data screening using a comprehensive One Health approach to present information on a variety of potential health hazards, ranging from respiratory viruses and extreme heat to the threat of terrorism and beyond. The dashboard offers health authorities and spectators relevant contextual information and early warnings of public health threats, as defined under the International Health Regulations (2005).

The UEFA 2024 Signal Monitoring Dashboard flags information derived from diverse open sources, including print and online media, government websites, and information collated through the Epidemic Intelligence from Open Sources (EIOS) platform.

The information included in the dashboard does not represent or reflect the official stance of WHO – the content is extracted directly from open sources and may include signals that are subject to further verification and risk assessment.

[Dashboard for UEFA 2024 Signal Monitoring](#)

More on this: <https://www.who.int/europe/news/item/25-06-2024-working-together-to-identify-the-hazards-that-could-impact-uefa-euro-2024>

BUILDING EVIDENCE FOR THE USE OF BACTERIOPHAGES AGAINST ANTIMICROBIAL RESISTANCE



“My father felt powerless, like life was flowing out of him,” explains his daughter, Lies. At the age of 84, after Pim van Vliet underwent a surgery, he began suffering from a chronic urinary tract infection caused by a multi-drug resistant bacterium, *Klebsiella pneumoniae*. The persistent infection resulted in numerous hospital admissions over several months and wasn’t responding

to intravenous antibiotics. Then, from his hospital bed in the The Netherlands, Pim watched a television programme about bacteriophages treatment at the Eliava Institute in Tbilisi, Georgia.

Bacteriophages, also known as phages, are viruses that selectively target and kill bacteria. These natural biological entities are ubiquitous in the environment and can destroy bacteria that are resistant to medicines such as antibiotics. Phages offer a promising alternative or adjunct to antibiotics.

“My father, being close to death, asked me to reach out to the Eliava Institute for help as a last resort,” Lies continues. His urine samples were requested and sent to clinical microbiologists at Eliava who were able to isolate the bacteria and develop a custom phage therapy regimen.

Pim began phage therapy in May 2017 and within days there was a noticeable improvement in his condition. After little more than a month of phage therapy, administered at home by family members with support from a home care nurse, Pim made a full recovery without any reported side-effects. Urologists confirmed that the drug-resistant bacteria were gone. Pim has not experienced a urinary tract infection since phage therapy and recently celebrated his 91st birthday in good health with his family.

Using bacteriophages within a One Health approach

“My father miraculously bounced back and with a powerful story to tell,” says Lies. *“I learned a lot of suffering can be avoided with the use of bacteriophages, especially if used at an early stage for chronic infections. If only health workers can be informed and educated about phages, they can embrace the knowledge and start working with this therapy – however, we need legislation to support its widespread use,”* she adds.

To this end, WHO/Europe is leading a dialogue, in collaboration with the Global Antimicrobial Resistance Research and Development (R&D) Hub, to investigate practical applications and evidence supporting the use of phages. This initiative aims to strengthen the scientific foundation for the potential broader adoption of phages in controlling antimicrobial resistance (AMR). Addressing AMR requires a multifaceted approach that considers human, animal and environmental health, known as the One Health approach. However, the potential broader adoption of phage therapy requires robust evidence to support its efficacy, safety and feasibility across One Health sectors.

[Factsheet antimicrobial resistance](#)

More on this: <https://www.who.int/europe/news/item/25-06-2024-building-evidence-for-the-use-of-bacteriophages-against-antimicrobial-resistance>

WHO ISSUES WARNING ON COUNTERFEIT MEDICINES USED FOR DIABETES TREATMENT AND WEIGHT LOSS



The World Health Organization (WHO) issued a medical product alert on falsified semaglutides, the type of medicines that are used for treatment of type-2 diabetes and obesity in some countries.

The alert addresses three falsified batches of products of semaglutide class of medicines (of specific brand Ozempic®), which have been detected in Brazil in October 2023, the United Kingdom of Great Britain and Northern Ireland in October 2023, and the United States of America in December 2023. WHO Global Surveillance and Monitoring System (GSMS) has been observing increased reports on falsified semaglutide products in all geographical regions since 2022. This is the first official notice issued by WHO after confirmation of some of the reports.

“WHO advises healthcare professionals, regulatory authorities and the public to be aware of these falsified batches of medicines,” said Dr Yukiko Nakatani, WHO Assistant Director-General for Access to Medicines and Health Products. *“We call on stakeholders to stop any usage of suspicious medicines and report to relevant authorities”.*

Individual action

To protect themselves from falsified medicines and their harmful effects, patients who are using these products can take actions such as buying medicines with prescriptions from licensed physicians and avoid buying medicines from unfamiliar or unverified sources, such as those that may be found online.

People should always check packaging and expiry dates of medicines and use the products as prescribed. In the case of injectable semaglutides, patients should ensure they are stored in the refrigerator. All notifications on falsified medicines can be sent to WHO via rapidalert@who.int.

Medical Product Alert N°2/2024: Falsified Ozempic® (semaglutide)

Falsified Ozempic® (semaglutide) identified in the WHO Regions of Americas and Europe

Alert Summary

This WHO Medical Product Alert refers to three falsified batches of Ozempic® (semaglutide). This falsified product has been detected in Brazil (October 2023), the United Kingdom of Great Britain and Northern Ireland (October 2023), and the United States of America (December 2023), and was supplied in the regulated supply chain.

Ozempic® (semaglutide) is from a group of medicines called glucagon-like peptide-1 (GLP-1) inhibitors that are indicated for the treatment of hyperglycemia in type-2 diabetes mellitus in adults, adolescents, and children over 12 years of age.

Full information on this can be found here: [https://www.who.int/news/item/19-06-2024-medical-product-alert-n-2-2024-falsified-ozempic-\(semaglutide\)](https://www.who.int/news/item/19-06-2024-medical-product-alert-n-2-2024-falsified-ozempic-(semaglutide)) and <https://www.who.int/news/item/20-06-2024-who-issues-warning-on-falsified-medicines-used-for-diabetes-treatment-and-weight-loss>

WHO IN BOSNIA AND HERZEGOVINA

Emergency Medical Teams (EMT) Scoping Mission to the Federation of Bosnia and Herzegovina

WHO Regional Office for Europe, WHO Health Emergency Balkan Hub, and WHO Country Office in Bosnia and Herzegovina have organised a technical scoping mission to assess capacities of human resources and equipment available to start EMT certification, to identify needs and gaps to start EMT certification process in Bosnia and Herzegovina.

The scoping mission was organised as part of WHO/Europe efforts in strengthening and enhancing capacities enabling agile health systems to manage the “dual track”, entailing the maintenance of essential health services while effectively managing the emergency response.

The mission consisted of two parts: workshop with key stakeholders; and visit to key stakeholders, reviewing their capacities and preparedness and response to save lives, improve health and serve the most vulnerable in need.

WORKSHOP

Stakeholders from health authorities, emergency care, civil protection, red cross societies, and search and rescue teams, gathered to learn about WHO Emergency Medical Teams, enhance preparedness, rapid deployment and efficient coordination of EMTs adhering to minimum standards in order to reduce the loss of life and prevent long-term disability as a result of disasters, outbreaks and/or other emergencies in the Federation of BIH.

The additional aim of the workshop was to provide an opportunity for key stakeholders to engage collectively and further strengthen capacities in dealing with emergencies that require multi-partner response.

VISITS

Organised as part of EMT capacity strengthening, visits enabled WHO experts to assess stakeholders' capacity to ensure the overall coordination of responding EMTs (both national and international) and the quality of care provided. EMT capacity strengthening assessment needs to include minimum of several elements, among these: legal framework to support the development of EMTs and implementation and maintenance of the EMT coordination mechanism; adoption of the EMT minimum standards and related required technical standards at national level; identification of EMT focal point(s) and definition of a strategy to train personnel on EMT/EMTCC; establishment and regular testing of standard operating procedures (SOPs) for the EMT coordination mechanism; and definition of clear processes and protocols for EMT reporting.

Key stakeholders contributing to this mission: Federal Ministry of Health; Red Cross Society of Bosnia and Herzegovina; Emergency Unit of Sarajevo Canton; Civil Protection Agency of the Federation of Bosnia and Herzegovina; and Civil Protection Agency of Sarajevo Canton.

Photos:



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 status report on alcohol and health and treatment of substance use disorders



The Global status report on alcohol and health and treatment of substance use disorders presents a comprehensive overview of alcohol consumption, alcohol-related harm and policy responses as well as treatment capacities for alcohol and drug use disorders worldwide. The report is based on data collected by WHO from Member States and organized in accordance with the Sustainable Development Goals health target 3.5 which calls on countries to strengthen “the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”.

The chapter on alcohol and health continues the series of WHO global status reports on alcohol and health and presents the latest available data on the status of, and trends in, alcohol consumption, as well as estimates of the alcohol-attributable disease burden and descriptions of policy responses worldwide. On the basis of data collected from countries on the treatment of substance use disorders the report describes the status of key components of treatment responses to alcohol and drug use disorders and proposes a new service capacity index for these disorders as an additional contextual indicator for monitoring progress in this domain of SDG health target 3.5. The report concludes with broad directions for international action to accelerate progress towards achievement of SDG health target 3.5.

<https://www.who.int/publications/i/item/9789240096745>

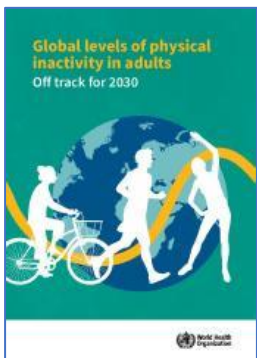
National, regional, and global trends in insufficient physical activity among adults from 2000 to 2022: a pooled analysis of 507 population-based surveys with 5.7 million participants

Insufficient physical activity increases the risk of non-communicable diseases, poor physical and cognitive function, weight gain, and mental ill-health. Global prevalence of adult insufficient physical activity was last published for 2016, with limited trend data. We aimed to estimate the prevalence of insufficient physical activity for 197 countries and territories, from 2000 to 2022.

We collated physical activity reported by adults (aged ≥ 18 years) in population-based surveys. Insufficient physical activity was defined as not doing 150 minutes of moderate-intensity activity, 75 minutes of vigorous-intensity activity, or an equivalent combination per week. We used a Bayesian hierarchical model to compute estimates of insufficient physical activity by country or territory, year, age, and sex. We assessed whether countries or territories, regions, and the world would meet the global target of a 15% relative reduction of the prevalence of insufficient physical activity by 2030 if 2010–22 trends continue.

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00150-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00150-5/fulltext)

Global levels of physical inactivity in adults: off track for 2030



This report provides a summary of the main findings from the latest global assessment of levels of physical inactivity globally, regionally and by country in adult populations. These new comparable estimates are presented globally, and by regions, World Bank categories and by age and sex for year 2022; and as trends from 2000. In addition, and for the first time, this analysis identifies which countries are estimated to be “on track” to achieve the 2030 target for reducing physical inactivity. The implications of these data for governments and stakeholders are presented as six key policy actions, each consistent with the WHO Global action plan on physical activity.

<https://www.who.int/publications/i/item/9789240096905>

WHO EVENTS & COURSES

Annual WHO/Cochrane/Cornell Summer Institute for systematic reviews in nutrition for global policy-making; 1 July-1 August 2024

This unique Institute blends online and in-person learning for a modern educational experience. In 2024, it starts with a flexible week of online learning, letting you fit it into your schedule. This prepares everyone for a more intensive week of workshops at Cornell University in Ithaca, United States of America, where experts from WHO, Cochrane, and Cornell guide participants through the process of creating systematic reviews for nutritional interventions.

<https://www.who.int/news-room/events/detail/2024/07/01/default-calendar/annual-who-cochrane-cornell-summer-institute-for-systematic-reviews-in-nutrition-for-global-policy-making>

Please find more information at: <https://www.human.cornell.edu/dns/who-cochrane-cornell-summer-institute>

Self-Care Month 2024

24 June marks the start of Self-Care Month, which ends with Self-Care Day on 24 July. This symbolic day was chosen because self-care can be practiced “24 hours a day/7 days a week”.

This year’s Self-Care Month marks the fifth anniversary of WHO launching the first global [Guideline on self-care interventions for health and well-being](#). The release of this Guideline was a major shift in WHO guidance, paving the way to link communities, primary care and health systems.

The Self-Care Month is an opportunity to:

- ❖ raise additional awareness about self-care and self-care interventions;
- ❖ acknowledge the benefits that they bring to people’s lives and what has been achieved so far;
- ❖ call for renewed commitments and action to expand all health systems to include self-care interventions.

During the month, people around the world will be celebrating self-care practices and interventions and the difference they can make to everyone’s lives.

Did you know there are two parts to self-care?

Self-care *actions* and self-care *interventions*.

<https://www.who.int/news-room/events/detail/2024/06/24/default-calendar/self-care-month-2024>

Launch of new WHO estimates of physical inactivity in adults; 2 July 2024

Being active is good for health.

Join WHO Department of Health Promotion, Physical Activity unit for our global webinar to hear about the new global comparable estimates of physical inactivity. The webinar will share key results and discuss implications for policy and practice. For the first time, the results also include a forecast of levels of inactivity in 2030 to assess if the world is on track to meet the global target of 15% relative reduction as set out in Global Action Plan on Physical Activity (WHA71.6).

These results provide estimates for: globally, 9 country groupings, 6 WHO regions, and by country, age and sex; will be available from 26 June 2024 in *The Lancet Global Health*; and will be supported by a WHO summary report.

Our speakers will share the key results and a panel will discuss the implications and actions needed to be on track to achieve the global target set for 15% relative reduction in inactivity by 2030.

<https://www.who.int/news-room/events/detail/2024/07/02/default-calendar/launch-of-new-who-estimates-of-physical-inactivity-in-adults>

[Registration](#)

Webinar: A deep dive into the development of new WHO global comparable estimates of physical inactivity in adults; 3 July 2024

How does WHO create global comparable estimates on physical activity?

Join WHO Department of Health Promotion, Physical Activity Unit and Department of NCD, Surveillance, Monitoring and Reporting Unit, for a global webinar on the data and methods behind the new global comparable estimates of physical inactivity.

In this webinar, the lead authors will detail the data sources and statistical methods used to develop new estimates of physical inactivity by sex, age, and regions, and for the first time, forecasted estimates on levels of inactivity in 2030.

Short presentations will be followed by a panel discussion and opportunity for Q&A. The webinar will explore the methodological challenges and potential future directions of national and global population surveillance of physical inactivity, including the potential future use of data from wearable technologies.

<https://www.who.int/news-room/events/detail/2024/07/03/default-calendar/webinar--a-deep-dive-into-the-development-of-new-who-global-comparable-estimates-of-physical-inactivity-in-adults>

Registration

WHO FACTSHEETS

Self-care for health and well-being

<https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions>

Antimicrobial Resistance

<https://www.who.int/europe/news-room/fact-sheets/item/antimicrobial-resistance>

WHO STORIES

Staying hydrated in the heat: what the public can learn from professional athletes

David Richardson is a fitness trainer from the United Kingdom with 30 years of experience working with top sports people and elite athletes. He was one of the first fitness coaches in professional football, working for 26 seasons and travelling all over the world. He has also supported judo contestants at two Olympic games and worked closely with boxers. Most recently, he coached a top-tier Indian football club.

Amid a season of sporting events, including UEFA EURO 2024, the Olympics and Paralympics, David explains how athletes cope with the heat, and shares some tips for the public on how to stay hydrated as temperatures rise.

<https://www.who.int/europe/news-room/feature-stories/item/staying-hydrated-in-the-heat--what-the-public-can-learn-from-professional-athletes>

WHO VIDEOS

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

WHO PODCASTS

Episode #120 - Social isolation

Did you know that social isolation or loneliness could increase your risk of early death by up to 32%? How would you know if you are socially isolated and how does it impact your health? Alana Officer explains and gives tips to overcome social isolation in Science in 5 this week.

<https://www.who.int/podcasts/episode/science-in-5/episode--120---social-isolation>

Health In Europe: Mpox

The 2022 mpox outbreak has taught public health authorities a lot about the value of working with communities on important areas like testing, vaccination, and risk communication. Lessons that can be applied to other disease outbreaks.

Recently, mpox hasn't been in the headlines so much, but it certainly hasn't gone away; there are sporadic clusters of cases in our region, and, in Central and West Africa, two strains of the virus continue to cause suffering and death.

In this episode, we speak to Rosamund Lewis, Emergency Manager & Technical Lead for the global mpox response at WHO Headquarters, about the current situation. Cristiana Salvi, who leads the Risk Communication and Community Engagement unit for WHO regional Office for Europe explains the importance of community insights in the mpox response. We also hear from epidemiologist Mateo Prochaska Nunez on the combination of factors that brought the outbreak under control and the measures needed to keep the virus in check.

<https://www.buzzsprout.com/1109867/15308635-mpox>

SOURCES

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

CONTRIBUTORS

- Lejla Beglerović
- Mirza Palo
- Erwin Cooreman

Prepared by WHO CO in Bosna and Herzegovina.