

**Issue 27/2023**

# **WHO Public Health Report**

**Bosnia and Herzegovina**

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## STANDING RECOMMENDATIONS FOR COVID-19

In alignment with Articles 16 to 18, and 50 to 53 of the International Health Regulations (IHR) of 2005, the Director-General of the World Health Organization (WHO) has issued standing recommendations that will be in effect for all State Parties from 9 August 2023 to 30 April 2025.

These recommendations are essential for assisting State Parties in navigating the transition from COVID-19 emergency response to long-term management within disease prevention and control programmes. They are based on scientific principles, evidence, and advice from both the IHR Emergency Committee and the IHR Review Committee.

These standing recommendations can be modified or terminated before the end date in accordance with Article 53 of IHR. They will also be presented to the Seventy-seventh World Health Assembly for consideration.

Both the Director-General and the Review Committee emphasize that these recommendations comply strictly with the IHR provisions and are crafted to support, rather than interfere with or unduly influence, ongoing efforts by Member States in the framework of the Intergovernmental Negotiating Body (INB) and the Working Group on Amendments to the International Health Regulations (WGIHR).

These standing recommendations reflect WHO's continued commitment to evidence-based, scientifically guided actions in the fight against COVID-19, respecting the collaborative international framework and legal regulations.

### Current WHO Risk Assessment:

The global public health risk associated with COVID-19 remains high, but the impact on the aggregate human population is no longer considered as dire. Multiple factors such as high population immunity, vaccination, lower virulence of the o-micron variant, and improved clinical management have contributed to a decline in COVID-19-related deaths and hospitalizations. As of 22 June 2023, 66% of the world's population had received primary vaccine series, with 31% receiving booster doses. There remains a persistent risk of new, potentially more virulent variants emerging, and ongoing challenges with surveillance and uncertainty regarding long-term effects like PCC (post COVID-19 condition). The origins of SARS-CoV-2 also remain unknown.

The Review Committee provided specific technical advice concerning the proposed standing recommendations. Key aspects include:

*A. State Parties are urged to revise and implement national COVID-19 plans, aligned with the WHO COVID-19 Strategic Preparedness and Response Plan April 2023-April 2025, transitioning from emergency response to strengthened infectious disease prevention and control.*

*B. Collaboration in COVID-19 surveillance is emphasized, incorporating various monitoring systems and integrating COVID-19 surveillance with other respiratory infections.*

*C. Continued reporting of COVID-19 data to WHO is essential, including mortality and morbidity data, genetic sequences, vaccine effectiveness, and supporting WHO Global Coronavirus Laboratory Network (CoViNet).*

*D. Continued offering of COVID-19 vaccinations, based on both WHO and national guidelines, integrated into health services, with measures to improve coverage and address misinformation.*

*E. State Parties are recommended to continue research on COVID-19 prevention and control, with attention to various scientific, social, clinical, and public health aspects, including a focus on lower-resource settings and equitable access.*

*F. Encouragement for optimal clinical care for COVID-19, integrated into all health services, including access to proven treatments and protection measures for health workers and caregivers.*

*G. Encouragement to work towards equitable access to COVID-19 medical countermeasures, including diagnostics, therapeutics, and vaccines.*

The recommendations emphasize lessons learned from the COVID-19 response, the importance of sustaining capacities gained during the period COVID-19 was declared a public health emergency of international concern, integrating COVID-19 care within health services, and focusing on equity in access to countermeasures and care. There were differing views among Review Committee members regarding certain recommendations relating to clinical care and access to countermeasures, but these were included for the Director-General's consideration.

More information is available at: <https://www.who.int/publications/m/item/report-of-the-review-committee-regarding-standing-recommendations-for-covid-19>.

**JOINT STATEMENT BY CATHERINE RUSSELL, UNICEF EXECUTIVE DIRECTOR, AND TEDROS ADHANOM GHEBREYESUS, WHO DIRECTOR-GENERAL, ON THE OCCASION OF WORLD BREASTFEEDING WEEK**



In the last 10 years, many countries have made significant progress to increase exclusive breastfeeding rates. Yet even greater progress is possible when breastfeeding is protected and supported, particularly in the workplace.

This World Breastfeeding Week, under its theme “*Let’s make breastfeeding at work, work*” – UNICEF and WHO are emphasizing the need for greater breastfeeding support across all workplaces to sustain and improve progress on breastfeeding rates globally.

In the last decade, the prevalence of exclusive breastfeeding has increased by a remarkable 10 percentage points, to 48 percent globally. Countries as diverse as Côte d’Ivoire, Marshall Islands, the Philippines, Somalia and Viet Nam have achieved large increases in breastfeeding rates, showing that progress is possible when breastfeeding is protected, promoted, and supported.

However, to reach the global 2030 target of 70 percent, the barriers women and families face to achieve their breastfeeding goals must be addressed.

Supportive workplaces are key. Evidence shows that while breastfeeding rates drop significantly for women when they return to work, that negative impact can be reversed when workplaces facilitate mothers to continue to breastfeed their babies.

For the full statement, visit [here](#).



## **ENCOURAGING BREASTFEEDING AND WORK-LIFE BALANCE FOR PARENTS IN ESTONIA: FLEXIBILITY IS KEY**

Estonia's progress in supporting working parents with babies is an inspiring example of how to find a balance between equal caregiving responsibilities for mothers and fathers while promoting exclusive breastfeeding for newborns during their first 6 months. During World Breastfeeding Week, WHO/Europe takes a closer look at Estonia's parental benefit system, which supports women to breastfeed at work.

### **Breastfeeding in today's busy world**

Breastfeeding ensures the best start in life. Breastmilk is the ideal food for infants, ensuring growth and development; it also lowers a child's risk of obesity and noncommunicable diseases (NCDs) later in life. Exclusive breastfeeding for the first 6 months of a child's life and continuing to breastfeed alongside appropriate complementary feeding for up to 2 years and beyond has long-lasting positive effects for both the baby and the mother.

### **Breastfeeding support at the workplace – Estonian style**

In Estonia, the health-care system offers substantial support for breastfeeding to promote infant health and development. Breastfeeding mothers receive essential assistance and guidance through support groups, training and access to specialists.

Workplaces have also adopted a supportive approach to breastfeeding, offering flexible working hours and provisions for pumping and storing breastmilk. Employers are encouraged to create a breastfeeding-friendly environment.

In 2021, 69% of 6-month-old infants, and 33% of 12-month-old infants in Estonia were able to experience the nurturing benefits of partial or exclusive breastfeeding.

### **Estonia's parental benefit system: flexibility for mothers and fathers**

Breastfeeding promotion is an integral part of Estonia's comprehensive parental benefit system, which includes maternity, paternity and shared parental leave totalling 605 days.

### **Looking ahead: WHO/Europe's vision for 2030**

WHO/Europe's Special Initiative for Innovation and NCD team are committed to supporting, protecting and promoting breastfeeding in the European Region as an essential part of its work towards achieving the Sustainable Development Goals and NCD targets by 2030.

Read the full story [here](#).

## DIGITAL TOOLS IMPROVE THE EFFICACY OF HEALTHCARE PROFESSIONALS



A recent study by WHO/Europe published in *The Lancet Digital Health* reveals that mobile technologies, telemedicine, and various digital instruments aimed at aiding clinical decisions have augmented health workers' effectiveness, mental well-being, skills, and proficiency. However, the worldwide study also indicates existing deficiencies in assessing and understanding the impact of these technologies in lower- and middle-income nations.

Dr Natasha Azzopardi-Muscat, WHO/Europe's Director of Country Health Policies and Systems, and one of the study's co-authors, emphasized the significance of the findings. She stated, "*These results are paramount in strengthening our appeal to governments and health agencies to encourage the integration of digital technologies within the healthcare workforce. Not only are there favorable outcomes, but these digital tools can also elevate the overall healthcare delivery system, translating to enhanced patient care.*"

The study was conducted in collaboration with authors from Brazil, Denmark, Germany, India, the United States, and WHO/Europe specialists. Through a systematic review of 123 published studies, the findings encapsulate data for roughly 250,000 global healthcare providers.

### Assessing Digital Health Technologies

This research represents the inaugural systematic review overview concerning the effect of digital health technologies on healthcare workers' skills and performance. Yet, supplementary data, particularly for lower- and middle-income countries, is required to arrive at more precise conclusions.

While "enhanced performance" was identified as the main discovery of the study, other noteworthy effects were also detected. Dr David Novillo-Ortiz, WHO/Europe's Regional Adviser on Data and Digital Health, elaborated that digital technologies could facilitate inter-professional communication, adherence to clinical guidelines, and the development of health workers' abilities, leading to cost reduction for health providers and less public and private expenditure.

### Optimizing Performance

In recent years, the healthcare workforce's acceptance of digital tools has widened, attributed to improved information accessibility, better collegial communication, reduced expenses, accurate data, patient feedback, and overall higher productivity.

The study reports various advantages for healthcare workers using digital health technologies, such as increased precision in decision-making in clinical settings; decreased task execution time; enhanced productivity; real-time access to trustworthy data; amplified knowledge; and an augmented ability to produce timely technical and specialized reports on activities and solutions.

Dr Novillo-Ortiz concluded by linking the study to the recently approved Regional Digital Health Action Plan for the WHO European Region 2023–2030, particularly emphasizing the plan's focus on fostering more research into evidence and best practices in digital tool development and utilization within the healthcare sector.

The study is accessible at: <https://www.sciencedirect.com/science/article/pii/S2589750023000924>.

## SEVEN OUT OF 10 PEOPLE PROTECTED BY AT LEAST ONE TOBACCO CONTROL MEASURE



A new World Health Organization (WHO) report highlights that 5.6 billion people – 71% of the world’s population – are now protected with at least one best practice policy to help save lives from deadly tobacco – five times more than in 2007.

In the last 15 years since WHO’s MPOWER tobacco control measures were introduced globally, smoking rates have fallen. Without this decline there would be an estimated 300 million more smokers in the world today.

This WHO Report on the global tobacco epidemic, supported by Bloomberg Philanthropies, is focused on protecting the public from second-hand smoke, highlighting that almost 40% of countries now have completely smoke-free indoor public places.

The report rates country progress in tobacco control and shows that two more countries, Mauritius and the Netherlands, have achieved best-practice level in all MPOWER measures, a feat that only Brazil and Türkiye had accomplished until now.

*“These data show that slowly but surely, more and more people are being protected from the harms of tobacco by WHO’s evidence-based best-practice policies,”* said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *“I congratulate Mauritius on becoming the first country in Africa, and the Netherlands on becoming the first in the European Union to implement the full package of WHO tobacco control policies at the highest level. WHO stands ready to support all countries to follow their example and protect their people from this deadly scourge.”*

**MPOWER** report was launched in 2008 to promote government action on six tobacco control strategies:

- Monitor tobacco use and prevention policies:
- Protect people from tobacco smoke.
- Offer help to quit tobacco use.
- Warn people about the dangers of tobacco.
- Enforce bans on tobacco advertising, promotion and sponsorship.
- Raise taxes on tobacco.

More on [MPOWER](#).

More information is available at: <https://www.who.int/news/item/31-07-2023-seven-out-of-10-people-protected-by-at-least-one-tobacco-control-measure>.



## THE RECORD-BREAKING GLOBAL TEMPERATURES OF JULY 2023



July 2023 marked the highest global average temperature on record, an astonishing 0.72°C above the 1991-2020 average, beating the previous record set in July 2019. These startling statistics, confirmed by the Copernicus Climate Change Service (C3S), point to an irrefutable trend of global warming with very real implications for public health. The World Meteorological Organization (WMO) has been monitoring the alarming rise in global temperatures for years. From 2015 to 2022, we experienced the eight warmest years on record, with a consistent decade-by-decade increase.

### Public Health Risks

The consequences of this warming trend are far-reaching, manifesting in ways that directly affect human health. One immediate concern is heat-related illnesses, as heatwaves lead to a spike in conditions such as heatstroke and dehydration. Vulnerable populations like the elderly, children, and those with pre-existing health conditions are particularly at risk.

The rising temperatures also broaden the habitat range of many disease-carrying organisms, such as mosquitoes, resulting in an increased spread of diseases like malaria, dengue fever, and Zika virus caused disease. This can lead to these diseases potentially affecting new regions that were previously unaffected.

Another area of concern is the deterioration of air quality in urban areas due to higher temperatures exacerbating air pollution. This polluted air is linked to respiratory problems, cardiovascular diseases, and even premature death. Changes in sea surface temperature, hydrological variables, and other climatic factors may lead to altered weather patterns, including droughts or floods. These changes can disrupt food production and water supply, leading to malnutrition and a lack of access to clean water.

Additionally, the stress and anxiety associated with extreme weather events, displacement, and loss of livelihood can have serious impacts on mental well-being, contributing to a rise in mental health disorders.

The latest climate data for July 2023 is a grave reminder of the relentless march of global warming. Its influence reaches beyond environmental degradation, touching every facet of human life, including our health. It's not a warning we can afford to ignore. As the world braces for a developing El Niño event and potentially even warmer months ahead, our collective efforts to understand, adapt, and mitigate the health risks of a changing climate must be redoubled. The well-being of future generations depends on the actions we take today.

More on climate change: [https://www.who.int/health-topics/climate-change#tab=tab\\_1](https://www.who.int/health-topics/climate-change#tab=tab_1).

## MESSAGE BY THE DIRECTOR OF THE DEPARTMENT OF IMMUNIZATION, VACCINES AND BIOLOGICALS AT WHO - JULY 2023

The **WHO/UNICEF estimates of national immunization coverage (WUENIC)** for 2022 were released on 18 July 2023. I would like to express my heartfelt appreciation to everyone who worked tirelessly to collate, analyse, interpret, and present the data so it was ready for release to the world. The data that make their way into the WUENIC estimates are collected day in and day out, year-round, in immunization programmes of every country around the world. Those data are assessed and checked by immunization staff, before being verified and collated again at the national level. They are triangulated with additional data from surveys, vaccine stock data, and other information to further zero-in on the most likely coverage in countries and these are checked again with country programmes. The immunization community eagerly awaits the WUENIC estimates year after year. The exceptional work, passion and relentless pursuit of the best estimates possible by the entire team has made this year the best yet in terms of output. I hereby welcome you to this month's GIN, showcasing on the WUENIC estimates.

The WUENIC findings are encouraging: some immunization services have begun to recover after the disruptions caused by COVID-19 – meaning that immunization services reached 4 million more children than in 2021. Despite this overall improvement, the recovery has been uneven across countries, across vaccines, and across age groups. Even with evidence of a recovery underway in 2022, more than 20 million children still missed out on one or more vaccines last year, and over 14 million missed out entirely. These numbers are higher than in 2019, the year before the pandemic hit.

The world has not yet achieved targets to reach children with measles, HPV, yellow fever, and many other vaccines, resulting in outbreaks and daily occurrence of diseases that can be prevented. Of the 75 countries with substantial declines in immunization during the pandemic, only 15 have recovered their immunization programme performance to pre-pandemic levels, with the rest stagnant or even declining further.

[ .... ]

At this mid-point towards the Sustainable Development Goals (SDGs), the world is off track to achieve the health targets by 2030. Millions of people cannot access lifesaving and health-enhancing interventions. Out-of-pocket spending on health catastrophically affects over 1 billion people, pushing hundreds of millions of people into extreme poverty. The situation has worsened due to the COVID-19 pandemic.

Read [WHO/UNICEF estimates of national immunization coverage](#).

Full statement is available [here](#).

## WHO CONVENES FIRST HIGH-LEVEL GLOBAL SUMMIT ON TRADITIONAL MEDICINE TO EXPLORE EVIDENCE BASE, OPPORTUNITIES TO ACCELERATE HEALTH FOR ALL



The World Health Organization (WHO) will convene the first high-level global summit on traditional medicine to explore evidence base and opportunities to accelerate health for all. The event, scheduled for 17-18 August 2023 in Gandhinagar, India, and co-hosted by the Government of India, seeks to explore the multifaceted roles of traditional, complementary, and integrative medicine in global health and sustainable development. High-level officials, scientists, practitioners, and civil society members will join hands to understand ways to scale scientific advances in traditional medicine, focusing on research, evidence, policy, data, innovation, and digital health. Emphasis will be placed on biodiversity, equity, and indigenous knowledge as foundational aspects of traditional medical practices.

The summit is committed to recognizing traditional medicine as a significant catalyst in achieving universal health coverage and addressing global health challenges. Discussions will aim to ensure that traditional medicine is brought into the mainstream of healthcare, effectively and safely based on scientific evidence, to bridge access gaps for millions worldwide.

Experts will discuss advancing science on traditional medicine, stressing the importance of rigorous scientific methods and quality control, considering the global expansion of traditional medicine's use. Natural doesn't always mean safe, and centuries of use are not a guarantee of efficacy, so the application of scientific method and process is a key consideration.

A strong focus on biodiversity and indigenous knowledge will be central to the summit, exploring the invaluable connection between biodiversity, traditional knowledge, and human health. There will be detailed discussions on sustainable biodiversity management in the face of the climate crisis, protection of traditional knowledge, innovation, and equitable benefit-sharing. Participants will examine global overviews of policy, legal and regulatory landscapes, formal structures for data collection, and educational programmes. Emphasis will be given to training, accreditation, and regulation to enhance patient safety and minimize patient harm in traditional medicine services.

The summit will also be an occasion for WHO to present emerging findings from the third global survey on traditional medicine, which will inform the development of WHO's updated traditional medicine strategy for 2025-2034. Indigenous perspectives and intercultural dialogues will be prominent to support community health through the application of intellectual property laws and regulations.

More information is available at: <https://www.who.int/news/item/10-08-2023-who-convenes-first-high-level-global-summit-on-traditional-medicine-to-explore-evidence-base--opportunities-to-accelerate-health-for-all>.

## **GOVERNMENTS HOLD FOURTH ROUND OF DISCUSSIONS ON PROPOSED AMENDMENTS TO INTERNATIONAL HEALTH REGULATIONS (2005)**

Governments continue their detailed examination of a significant number of the over 300 proposed amendments to the WHO International Health Regulations 2005 (IHR). In this fourth round of intensive discussions, taking place under the aegis of the Working Group on Amendments to the IHR (WGIHR), the 196 IHR State Parties– which include WHO’s 194 Member States – discussed proposed amendments related to the following topics:

- Responsible authorities - Article 4
- Notification, verification, and provision of information - Article 5 (paragraph 4 and new paragraphs 5). Articles 6-11, Annex 2 and new Annex 2
- Determination of public health emergency of international concern - Article 12
- The Emergency Committee - Articles 48, 49
- Temporary and standing recommendations - Articles 15, 16, 17, 18

The Working Group agreed that efforts should continue during the intersessional period as follows:

- discussions between proponents of various proposed amendments, with a view to presenting any outcomes to the drafting group for consideration; and
- intersessional briefings and facilitated informal consultations, in a hybrid format, open to all drafting group members, as well as joint intersessional work with the INB at dates and times to be announced, covering Articles and Annexes discussed during the fourth meeting of the WGIHR, including those that have been the subject of intersessional work. The outcomes of facilitated informal consultations are understood not to constitute agreed text, and will be translated and made available in advance of the next WGIHR meeting in October 2023.

In parallel with the IHR amendments process, governments are also negotiating the drafting of a WHO instrument on pandemic prevention, preparedness and response, also referred to as a pandemic accord. The INB and WGIHR held a joint Plenary meeting on 21 and 24 July to discuss the relationship between the processes and instruments of the INB and WGIHR and topics of common interest to both processes.

WHO Member States issued the International Sanitary Regulations in 1951, the precursor to the IHR, which came into being in 2005. The IHR are an instrument of international law that is legally-binding on 196 State Parties, including the 194 WHO Member States.

More information is available at: [https://www.who.int/news/item/31-07-2023-governments-hold-fourth-round-of-discussions-on-proposed-amendments-to-international-health-regulations-\(2005\)](https://www.who.int/news/item/31-07-2023-governments-hold-fourth-round-of-discussions-on-proposed-amendments-to-international-health-regulations-(2005)) .

## HEALTH TOPICS

### Climate change

The global climate is changing. This affects human health, well-being and life on earth. In the near future it will lead to an amplification of current health problems, as well as new risks and pressures for the environment and the social and economic determinants of health.

### Digital health

Digital health is the field of knowledge and practice associated with the development and use of digital technologies to improve health. Digital health expands the concept of eHealth to include digital consumers, with a wider range of smart devices and connected equipment. The following areas are commonly understood as being part of, or related to, digital health: artificial intelligence, big data, blockchain, health data, health information systems, the infodemic, the Internet of Things, interoperability and telemedicine.

### Mental health

Mental health should be seen as a valued source of human capital or well-being in society. It contributes to individual and population health, happiness and welfare, enables social interaction, cohesion and security, and feeds national output and labour force productivity. We need good mental health to succeed in all areas of life.

Yet, individuals with mental ill-health are often shunned and denied access to care, with services for promoting and protecting mental health and preventing ill-health often starved of resources. It is vital to not only address the needs of people with defined mental disorders but also to protect and promote the mental health of all people, and recognize the intrinsic value of positive mental health.

### Vaccines and immunization

Immunization is one of the most cost-effective ways to save lives and promote good health and well-being throughout the life course. Every year, vaccines save millions of lives, and millions more people are protected from disease and disability. By preventing many serious early-childhood infectious diseases, like polio and measles, immunization helps children grow into healthy adults. Other vaccines given early in life help prevent liver and cervical cancer many years later, and vaccination of older adults protects them from influenza, COVID-19 and other serious diseases.

The WHO European Region has made great progress in recent decades on many of these fronts, but there are still gaps in vaccination coverage that put especially the most vulnerable at risk. Access to vaccines, including against human papillomavirus and SARS-CoV2, is also not equitable within and among countries.



## WHO PUBLICATIONS

### WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke

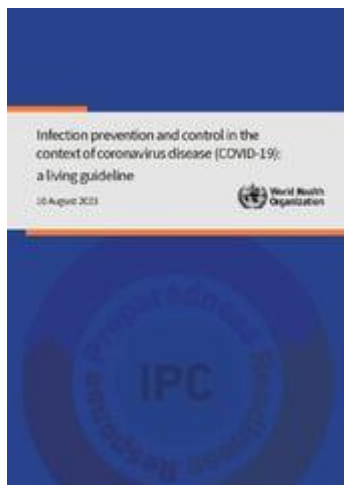


The ninth *WHO report on the global tobacco epidemic* tracks the progress made by countries in tobacco control since 2008 and, marks 15 years since the introduction of the MPOWER technical package which is designed to help countries implement the demand-reduction measures of the WHO Framework Convention on Tobacco Control. The report shows that many countries continue to make progress in the fight against tobacco, but efforts must be accelerated to protect people from the harms of tobacco and second-hand smoke.

The knowledge guide is the second publication in the Self-care competency framework to support health and care workers. This describes how health and care workers can apply each of the 10 competency standards in their work, detailing the necessary knowledge, skills and attitudes that underpin the required behaviours.

The publication is available at: <https://www.who.int/publications/i/item/9789240077164>.

### Infection prevention and control in the context of coronavirus disease (COVID-19)



The updated living guideline (version 5.0) encompasses seven revised statements targeting the prevention, identification, and management of SARS-CoV-2 infections among health and care workers. These include formulating good practice guidelines for both national and subnational testing strategies; implementing good practice guidelines for passive syndromic surveillance of health and care workers; developing good practice guidelines to prioritize health and care workers for SARS-CoV-2 testing; establishing good practice guidelines for protocols to report and manage health and care worker exposures; setting good practice guidelines to restrict in-person work of health and care workers with active SARS-CoV-2 infections; outlining a statement on high-risk exposures and quarantine; and issuing a conditional recommendation concerning the duration of isolation for health and care workers.

The publication is available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-guideline-2023.2>.

### Guideline to facilitate monitoring and evaluation for antimicrobial resistance national action plans

This guidance document has been developed as a reference for countries to support the development and delivery of national action plans on antimicrobial resistance. It provides assistance on how to establish a monitoring and evaluation plan for their AMR NAP, building on existing national reporting systems and recommended indicators from the Global Action Plan on AMR M&E framework. The guidance emphasizes the need for effective governance for AMR NAP development, implementation and monitoring but does not suggest indicators for the GAP-AMR's fifth strategic objective (investment in research and development) as this was viewed as an aspirational outcome for many countries; or for



indicators specific to HIV, tuberculosis or malaria control programmes, which are monitored and evaluated by those individual disease control programmes.

This guidance document is intended for members of the AMR multisectoral coordination committee or working group, persons responsible for M&E in AMR NAPs and other key actors involved in NAP implementation. The guidance may also be useful for M&E experts and One Health coordination committee members at the national and subnational levels.

The publication is available at: <https://www.who.int/publications/i/item/9789240069763>.



### Good urban governance for health and well-being



Rapid urbanization, expected to result in nearly 70% of the global population living in cities by 2050, presents both opportunities and health risks. This growth will be especially pronounced in low- and middle-income countries. To manage these challenges, good local governance is crucial, emphasizing the physical and social environment that allows people to develop to their full potential. WHO, following the principles of its Healthy Cities programme, sees urban health promotion as essential to achieving the Sustainable Development Goals and health equity. The 2016 Global report by WHO and UN Habitat highlights the importance of good urban governance and strong leadership for health and well-being. A systematic review by the University of Bern identified the barriers and facilitators of participatory governance focusing on multisectoral action and civic engagement. The review also suggested tools and indicators for evaluating the processes and outcomes of governance. The findings were used to create a step-by-step approach for operational research in urban health and well-being governance.

The publication is available at: <https://www.who.int/publications/i/item/good-urban-governance-for-health-and-well-being--a-systematic-review-of-barriers--facilitators-and-indicators>.

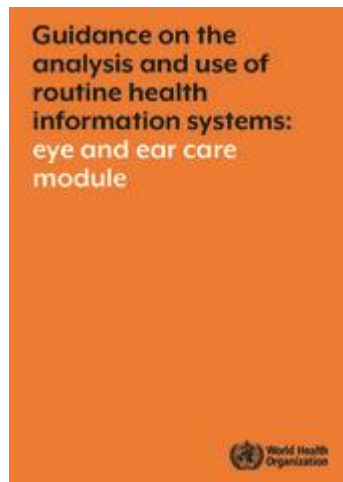
### End-to-end integration of SARS-CoV-2 and influenza sentinel surveillance



The WHO Global Influenza Surveillance and Response System (GISRS) has played an important role in the COVID-19 pandemic response. By leveraging the existing influenza surveillance systems to integrate SARS-CoV-2 testing in specimens collected from influenza surveillance sources, countries have been able to maintain influenza surveillance and establish a system for monitoring SARS-CoV-2 circulation in communities. This required the existing systems to undergo a variety of adaptations and adjustments, and countries have employed various strategies. This document is a collection of experiences and lessons learned from countries towards integrated influenza and SARS-CoV-2 sentinel surveillance.

The publication is available at: <https://www.who.int/publications/i/item/9789240056701>.

## Guidance on the analysis and use of routine health information systems: eye and ear care module



The collection of routine data for eye and ear care from health facility reporting underpins health related decision-making in health policy, management and clinical care.

This guidance document on the analysis and use of routine health information systems aims to support the integration of eye and ear care into the routine health facility reporting. It assists the analysis of the collected data through a standard set of indicators and provides considerations for their interpretation and use.

The target audience of this document is eye and ear care policy-makers and programme planners as well as facility managers and service providers.

The publication is available at: <https://www.who.int/publications/i/item/9789240075108>.

## PODCASTS

### **Global Health Matters: Lessons from Trailblazers Across Generations – part II**

In the second of our *history matters* episodes suggested by you, our listeners, our two guests reflect on their personal experiences and engage in an intergenerational discussion on the evolution of sexual and reproductive health.

Host Garry Aslanyan's guests are Carmen Barroso, a lifetime advocate, researcher and implementer for sexual and reproductive health, and Dakshitha Wickremarathne, senior technical lead overseeing the implementation of FP2030's Asia Pacific Hub. The discussion highlights how history supports future leaders through intergenerational learning and charts a hopeful path for the evolution of key global health challenges.

## WHO EVENTS

### **Second WHO Symposium on the Future of Digital Health Systems in the European Region.** 5–6 September 2023, Porto, Portugal

Recent advancements in artificial intelligence (AI) in health has sparked public debate on the extent to which technology, and more specifically generative AI, has the potential to infringe upon personal privacy and impact the health of populations. To explore this and other issues impacting current and future European Region health system landscapes, WHO/Europe is hosting the second WHO Symposium on the Future of Digital Health Systems in the European Region on 5-6 September 2023.

To be held in Porto, Portugal, and co-organized with the Portuguese government, the symposium will bring together government representatives, key thought leaders, policy experts, academics, health-care workers, civil society representatives, professional organizations and other partners to help shape actions in support of the "Regional digital health action plan for the WHO European Region 2023–2030" approved at the 72nd session of the WHO Regional Committee for Europe in 2022.

Register [here](#).

### **12<sup>th</sup> HEPA Europe conference: "Implementing health-enhancing physical activity research: from science to policy and practice".** 11-13 September 2023, Louvain, Belgium

The 18<sup>th</sup> annual meeting and 12<sup>th</sup> conference of Health-enhancing Physical Activity (HEPA) Europe will be held in Louvain, Belgium, on 11-13 September 2023.

The organising and scientific committees are preparing an excellent programme with the objective of engaging and connecting scientists, researchers, policy-makers, professionals, leading experts and other stakeholders to facilitate the implementation of knowledge in the field of health-enhancing physical activity.

To register visit [HEPA 12th Conference](#).

**WHO regional meeting on behavioural and cultural insights for health.** 12-14 September 2023, Copenhagen, Denmark

Member State representatives and partners from the WHO European Region will meet in Copenhagen on 12-14 September 2023 to share experiences, tools and approaches on applying behavioural and cultural insights (BCI) for health.

Combining plenary presentations, facilitated discussions and focused topic break-out sessions, the meeting will advance implementation of the 5-year “European regional action framework for behavioral and cultural insights for health”, agreed by Member States at the 72nd session of the WHO Regional Committee for Europe in September last year.

The meeting will also provide an opportunity for BCI stakeholders in ministries of health, public health institutes and academia to discuss the findings of the first regional status report on BCI implementation, and the results of a qualitative study on the barriers and drivers in applying BCI for health. Participants will share case examples and lessons learned in using BCI in their respective countries.

## WHO WEBINARS

### Webinar: Alcohol cultures and stigma

On 4 September 2023, WHO/Europe is holding a webinar in the series Alcohol and Public Health on the topic Alcohol cultures and stigma: overview of key concepts.

Speakers:

- Baroness Finlay of Llandaff, former Chair of the Commission on Alcohol Harm, United Kingdom [TBC]
- Professor Georg Schomerus, Department of Psychiatry and Psychotherapy, University of Leipzig, Germany

The webinar is part of the WHO/EU Evidence into Action Alcohol Project (EVID-ACTION), funded by the European Commission. The project's objective is to use scientific evidence to promote and facilitate the implementation of effective alcohol policies in the EU, Iceland, Norway, and Ukraine.

Register [here](#).

## WHO VIDEOS

Check out our official video channel on YouTube for the latest video news on our work from around the globe:

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



## SOURCES

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