

**Issue 3/2024**

# **WHO Public Health Report**

**Bosnia and Herzegovina**

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## KEEPING HOSPITALS SAFE IN EMERGENCIES: BUILDING CAPACITY IN LITHUANIA AND BOSNIA AND HERZEGOVINA



When emergencies strike, it is crucial to ensure availability of and access to functioning hospitals. Hospitals help those affected by emergencies while also handling the normal everyday flow of patients, such as those who have had accidents, have a chronic illness or are giving birth. Hospitals play a paramount role in providing health care, but they also help to maintain the population’s trust in the health-care system and state structures.

Moreover, hospital spending accounts for the vast majority of governmental health budgets. This covers the highly qualified personnel needed and the purchase and maintenance of expensive equipment and supplies. A dual-track approach that couples emergency preparedness planning with the strengthening of everyday health systems is therefore in everyone’s best interests.

Protecting flows of water and electricity and the physical structure of buildings are just some of the aspects of hospital resilience; ensuring appropriate financial structures, policies, staffing and up-to-date emergency response plans that are flexible and fit for purpose is no less important. Hospitals must also anticipate increased risk from natural disasters such as flooding and wildfires due to climate change, and the potential for biological outbreaks or the impact of conflict.

With all of this in mind, as part of its Safe Hospital Initiative, WHO has been conducting trainings using specially designed guidance and tools that support hospital staff to address issues of hospital safety and response coordination in times of crisis. Recently, trainings, policy and technical advice, and strategy and guideline development in Lithuania and Bosnia and Herzegovina have helped build resilience into these Member States’ health facilities.

### **Bosnia and Herzegovina: building the capacity of hospitals to mitigate emergencies**

Following the first-ever subregional training in the Western Balkans on the use of the HSI was held in March 2023 in Durrës, Albania, a training was held in Sarajevo, Bosnia and Herzegovina, on 4–5 December 2023, this time focusing on hospital emergency response plans (H-ERPs) in the Federation of Bosnia and Herzegovina. Documenting, routinely reviewing and updating these plans are key elements of the WHO Safe Hospital Initiative.

The training was attended by more than 40 participants from 15 of the 19 hospitals in the Federation of Bosnia and Herzegovina, as well as from the Red Cross, the Agency for Quality and Accreditation in Health Care, and the Civil Protection Administration of the Federation of Bosnia and Herzegovina. Hospitals with existing H-ERPs were shown how to update and revise their plans, and hospitals without H-ERPs were encouraged to develop their plans.

[Hospital Safety Index: guide for evaluators](#)

Full story at: <https://www.who.int/europe/news/item/14-02-2024-keeping-hospitals-safe-in-emergencies--building-capacity-in-lithuania-and-bosnia-and-herzegovina>

## LEADERS CALL FOR SCALE-UP IN IMPLEMENTING ONE HEALTH APPROACH



Adopting a One Health approach that recognizes the health of people is closely connected to the health of animals and our shared environment offers promising solutions for addressing unprecedented challenges.

Speaking at the Second Quadripartite Executive Annual Meeting in Nairobi, Kenya today, WHO's Director-General Dr Tedros Adhanom Ghebreyesus said: *"We need sustained political will to ensure One Health principles are embedded in national and international policies. Implementation in countries; resource mobilization; science and evidence; and political will. These are the four priorities that we must pursue together in the year ahead."*

Leaders of the four organizations of the Quadripartite collaboration on One Health -- the UN Food and Agriculture Organization, the UN Environment Programme, the World Health Organization, and the World Organisation for Animal Health, have worked together to advance the One Health approach worldwide.

In the meeting, the organizations reaffirmed their commitment to further enhance the plan's policy impact and mobilize sustainable resources to support One Health implementation at all levels.

The One Health Joint Plan of Action launched in 2022 is designed to integrate systems and capacity so that we can collectively better prevent, predict, detect, and respond to health threats. Ultimately, this initiative seeks to improve the health of humans, animals, plants, and the environment, while contributing to sustainable development.

The newly launched One Health Joint Plan of Action Implementation Guide is a cornerstone of the global efforts, providing practical guidance for translating One Health theory into action. The One Health High Level Expert Panel collated existing resources and tools developed the One Health inventory list for the Guide.

*"The ultimate goal and value of our One Health collaboration lie in effecting positive changes at the country level,"* said Dr Amina Benyahia, Head a.i. of WHO's One Health Initiative. *"By empowering countries, strengthening health systems, and fostering cross-sectoral collaboration, we have the opportunity to drive transformative change from the ground up to achieve improved health and well-being globally."*

### [One Health Initiative](#)

More on this: <https://www.who.int/news/item/29-02-2024-leaders-call-for-scale-up-in-implementing-one-health-approach>

## MESSAGE FROM THE DIRECTOR - OUTLOOK FOR 2024

“A year to unify and collaborate, knowing and harnessing our strengths” by Dr Pascale Allotey, Director, Department of Sexual and Reproductive Health (SRH) including the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

**"We have a vision of a world in which the productive years, right from childhood, hold boundless opportunities for all."**

In 2024 we mark 30 years since the International Conference on Population and Development in Cairo established the contemporary rights-based approach to sexual and reproductive health that guides us today, importantly moving away from the earlier concerns of population control. Ten years later, in 2004, WHO's first strategy on reproductive health, the *Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets*, was adopted by the Fifty-seventh World Health Assembly.

Providing the foundation for our work in HRP, comprehensive sexual and reproductive health services encompass a wide range of health needs beyond just reproduction. These services cover access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections (STIs), protection from sexual and gender-based violence, and education on safe and healthy relationships. By addressing these various aspects of health, primary health care systems demonstrate a commitment to holistic care that considers the physical, mental, and social well-being of individuals.

The provision of comprehensive sexual and reproductive health services serves as an indicator of the overall strength and effectiveness of a primary health care system within the context of Universal Health Coverage. A health system that is capable of delivering comprehensive SRH services effectively demonstrates capacity in areas such as service delivery, workforce training, infrastructure development, access to products and devices and health information systems. By assessing the availability, accessibility, and quality of these services, health systems can determine areas for improvement and allocate resources more effectively to strengthen primary health care systems.

It is in this context of celebrating hard-won gains based on evidence that brought a focus to the interests and needs of the individual and health systems that HRP will continue to expand global understanding of comprehensive reproductive health and rights, and sexual health. This is the moment to take a forward-looking assessment of where we are, and where we need to go in order to achieve global goals and commitments.

For full statement, please visit: <https://www.who.int/news/item/29-02-2024-message-from-the-director-february-2024>



## WOMEN LEAD THE WAY IN THE HIV RESPONSE



March 8 marks International Women's Day—the annual event that gives focus to issues including gender equity and inclusion, reproductive rights, and violence against women. In the field of HIV, the concerns posed by International Women's Day resonate particularly strongly. Women are disproportionately affected by HIV globally, and in some of the hardest hit regions, women bear the brunt of the epidemic in terms of both disease burden and care for those affected. [UNAIDS estimates](#) that 53% of people living with HIV in 2022 were women and girls. 46% of all new HIV infections worldwide were in women and girls. Every week in 2022 an estimated 4000 adolescent girls and young women acquired HIV globally, 3100 in sub-Saharan Africa, where almost 77% of new HIV infections among people aged 15–24 years were in adolescent girls and young women.

The HIV response, perhaps more than any other effort in health care, has been built on the ideals of equity, fair access, and community engagement, with women playing both prominent and unsung roles in the response since the earliest days of the pandemic.

Despite challenges and inequities, women are helping to drive many of the most important gains in the fight against HIV. Among people living with HIV, 76% of women have suppressed viral loads compared with 67% of men. Between 2010 and 2022, new HIV infections fell by 50% in adolescent girls and young women and by 44% in adolescent boys and young men. And the improved uptake of treatment by women has helped to reduce the number of new paediatric infections by almost 60% in the same period.

Although adolescent girls and young women face a disproportionate risk and a high burden of HIV, the population has been historically under-represented and underserved in HIV research and HIV programmes. In 2022, [Chloe Orkin and Vanessa Apea](#) wrote a Comment published in *The Lancet HIV* that outlined some of the shortfalls in representation of women in HIV research, both in terms of participation in trials and as researchers. The authors highlighted how conventions in trial design and regulatory approval excluded many women from trials, particularly affecting pregnant and lactating women who regularly experience delayed access to new drugs. It is therefore even more impressive that uptake of treatment in this population outstrips that in men.

Full text is available here: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(24\)00040-7/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00040-7/fulltext)

## ACCELERATING PROGRESS TOWARDS GENDER EQUITY IN HEALTH AND SCIENCE



Since 2000, women's representation in health professions has increased steadily across the globe. In 2019, nearly half of all doctors in countries of the Organisation for Economic Co-operation and Development were women. Labour force survey data from 57 countries indicate that the majority of health-care workers in higher wage occupations under the age of 40 years are women. Although progress in women's representation is worth celebrating, numerical parity belies the challenges women

continue to confront in medicine.

Women medical researchers receive smaller and fewer peer-reviewed grants than men and face barriers such as hostile work environments, discrimination, and unreliable work support structures.

Women physicians more often face external demands on their time from caregiving, are more likely to work part-time than men with children, are more likely to experience burnout, and are more likely than male peers to permanently exit medical practice. The income of women physicians is lower on average than their male colleagues. This gender pay gap partly reflects how women physicians are over-represented in lower paying specialties such as obstetrics and family medicine, get fewer referrals for higher paying procedures in fee-for-service settings, are less likely to be promoted, and are constrained to work fewer hours because of caregiving responsibilities at home. Importantly, women are under-represented in leadership positions in medicine. For example, in the USA women make up only 18% of hospital chief executive officers and 16% of deans and department chairs of medical schools.

Globally, women comprise 70% of the health workforce but occupy only 25% of global health leadership roles.

Such challenges are often amplified for women of colour, transgender women, people who do not identify as cisgender or heterosexual, and people with disabilities, who face intersecting inequities embedded in medical culture, from educational training to the workplace.

The persistence of these barriers has society-wide consequences because certain kinds of research may be neglected. Women researchers are more likely to work on inventions related to women's health, yet have fewer opportunities to do this work because of constrained resources and barriers in research and the patenting system. Research indicates that if biomedical patents in the USA invented between 1976 and 2010 had been produced by men and women equally, there would have been an estimated 3500–6500 more female-focused inventions

Researchers who manage to develop inventions for women's health face the additional challenge of securing the funding they need to develop these products. Products and services in areas such as menstruation, breastfeeding, and pelvic-floor health remain vastly underfunded worldwide

Full article at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00404-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00404-5/fulltext)

## SHOULDN'T WE KNOW THIS ALREADY? THE LINK BETWEEN ALCOHOL AND BREAST CANCER



Many people across the WHO European Region will celebrate 8 March, International Women's Day, by raising a glass of an alcoholic beverage – oblivious to the fact that drinking alcohol is a major risk factor for the most common cancer among women, breast cancer. Low awareness of this link represents a significant barrier to cancer prevention and a challenge to women's health across Europe.

According to a recent study, only 21% of women across 14 European countries were aware of the connection between alcohol consumption and the risk of developing breast cancer. Awareness was even lower among men – just 10% of the men surveyed knew of this link.

This fact is even more worrying given that the biological mechanisms linking alcohol to cancer are well-established and substantiated by decades of evidence from across the world.

### How does alcohol cause breast cancer?

The biological mechanisms through which alcohol causes cancer are complex and varied. The most important one involves the metabolism of ethanol into acetaldehyde, a metabolite that causes DNA damage and mutations that potentially result in cancer. In the case of breast cancer, alcohol consumption also affects estrogen levels. Estrogen plays a significant role in the development and progression of many breast cancers, and alcohol's impact on these hormone levels could partly explain the heightened risk.

Additionally, substances often affect men and women differently due to differences in metabolism and body composition between the sexes. These distinctions underscore the need for gender-specific approaches in public health strategies related to alcohol consumption and reducing cancer risk.

### Breast cancer cases in Europe higher than ever

Breast cancer represents a major health concern for women across the WHO European Region, with more than 600 000 cases in 2022. The role of alcohol as a preventable risk factor for breast cancer is critical. For women in Europe, breast cancer is the primary cancer caused by alcohol, making up 66% of all cases of alcohol-attributable cancers.

Research indicates that even relatively low levels of alcohol consumption can contribute to the risk of developing breast cancer. More than half of all breast cancer cases attributable to alcohol in Europe are not due to heavy drinking, and about one third of new cases every year are due to drinking the equivalent of up to 2 small glasses of wine per day.

Countries of the WHO European Region must protect their populations from alcohol-attributable cancers as the deadline to achieve the global targets for noncommunicable diseases (NCDs) is closing fast.

More on this: <https://www.who.int/europe/news/item/07-03-2024-shouldn-t-we-know-this-already--the-link-between-alcohol-and-cancer>



## WAVE OF NEW COMMITMENTS MARKS HISTORIC STEP TOWARDS THE ELIMINATION OF CERVICAL CANCER



Governments, donors, multilateral institutions, and partners announced major new policy, programmatic and financial commitments, including nearly US\$ 600 million in new funding, to eliminate cervical cancer. If these ambitions to expand vaccine coverage and strengthen screening and treatment programmes are fully realized, the world could eliminate a cancer for the first time.

These commitments were made at the first-ever *Global Cervical Cancer Elimination Forum: Advancing the Call to Action* in Cartagena de Indias, Colombia, to catalyse national and global momentum to end this preventable disease.

Every two minutes, a woman dies from cervical cancer, although the knowledge and the tools to prevent and even eliminate this disease already exist. Vaccination against human papillomavirus (HPV) – the leading cause of cervical cancer – can prevent the vast majority of cases and, combined with screening and treatment, provides a path to elimination.

Cervical cancer is the fourth most common cancer in women worldwide, and continues to disproportionately impact women and their families in low and middle-income countries (LMICs). In an important shift, the World Health Organization (WHO)'s 2022 global recommendation for one-dose HPV vaccine schedules significantly reduced barriers to scaling up vaccination programs. It was reinforced by a similar recommendation in the Americas Region in 2023. The WHO's Regional Office for Africa has just followed suit with its own recommendation for countries in the region to adopt the single-dose vaccination schedule. To date, 37 countries have reported switching or intent to switch to a one-dose regimen.

The commitments announced at the forum mark a watershed moment to accelerate progress on a promise made in 2020, when 194 countries adopted WHO's global strategy to eliminate cervical cancer.

*"We have the knowledge and the tools to make cervical cancer history, but vaccination, screening and treatment programmes are still not reaching the scale required,"* said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *"This first global forum is an important opportunity for governments and partners to invest in the global elimination strategy and addressing the inequities that deny women and girls access to the life-saving tools they need."*

WHO's [global strategy to eliminate cervical cancer](#)

[Cervical cancer factsheet](#)

More on this: <https://www.who.int/news/item/05-03-2024-wave-of-new-commitments-marks-historic-step-towards-the-elimination-of-cervical-cancer>

## STI CASES ON THE RISE ACROSS EUROPE

The European Centre for Disease Prevention and Control (ECDC) has published its latest Annual Epidemiological Reports shedding light on the state of sexually transmitted infections (STIs) in the European Union/European Economic Area (EU/EEA).



The findings reveal a troubling surge in cases of syphilis, gonorrhoea, and chlamydia, indicating a pressing need for heightened awareness of STI transmission, and the need to enhance robust prevention, access to testing, and effective treatment to address this public health challenge.

In 2022, the number of reported cases saw a significant increase compared to the previous year, with gonorrhoea cases rising by 48%, syphilis cases by 34%, and chlamydia cases by 16%. In addition, cases of lymphogranuloma venereum (LGV) and congenital syphilis (caused by transmission from mother to foetus) have also substantially increased.

These trends underscore the urgent need for immediate action to prevent further transmission and mitigate the impact of STIs on public health.

In light of the rise in STI cases across Europe, individuals should take proactive steps to protect themselves and their partners. Testing for STIs, especially for those persons with new or multiple sexual partners, is essential for early detection and prompt treatment. Given that some of these infections can be asymptomatic and transmitted further without knowledge, it is important for sexual partners to get tested before having sex without a condom. If someone suspects they may have contracted an STI, they should immediately seek medical advice, as timely treatment is vital for preventing further transmission and potential complications of the disease.

More on this find: <https://www.ecdc.europa.eu/en/news-events/sti-cases-rise-across-europe>

## INCLUSION OF NONCOMMUNICABLE DISEASE CARE IN RESPONSE TO HUMANITARIAN EMERGENCIES WILL HELP SAVE MORE LIVES



Noncommunicable diseases (NCDs), such as cardiovascular disease, cancer, chronic respiratory disease and diabetes, are responsible for 75% of deaths worldwide. People affected by humanitarian emergencies are at increased risk of NCDs. It is estimated that strokes and heart attacks are up to 3 times more likely following a disaster. However, care and treatment for NCDs are often not included as a standard part of humanitarian emergency preparedness and response, which focus on the most immediate needs.

To support integration of essential services for NCDs into emergency preparedness and humanitarian response, the World Health Organization (WHO), the Kingdom of Denmark, the Hashemite Kingdom of Jordan, the Republic of Kenya, and the United Nations High Commission for Refugees (UNHCR) jointly convened a global high-level technical meeting on NCDs in humanitarian settings on 27-29 February 2024 in Copenhagen, Denmark.

Humanitarian emergencies in recent years are becoming more complex and interconnected. Hunger and shortages of essential goods exacerbate geopolitical conflicts, ecological degradation and climate change, resulting in more frequent and extreme natural disasters.

The number of crises impacting people's health has been increasing. During 2023, WHO responded to 65 graded health emergencies worldwide, up from 40 a decade earlier. In the same year, UNHCR issued 43 emergency declarations to scale up support in 29 countries – the highest number in decades. United Nations estimates show that 300 million people will need humanitarian assistance and protection in 2024 with over half (165.7 million) in need of emergency health assistance.

*“People living with NCDs in humanitarian crises are more likely to see their condition worsen due to trauma, stress, or the inability to access medicines or services. The needs are enormous, but the resources are not,”* said WHO Director-General Dr Tedros Adhanom Ghebreyesus. *“We must find ways to better integrate NCD care in emergency response, to protect more lives from these avoidable tragedies and improve health security.”*

The global high-level technical consultation provided a critical platform to share best practices for effectively supporting Member States in delivering NCD prevention and control services within humanitarian responses. The outputs of this meeting will contribute to the 2024 progress report to the UN Secretary-General, informing plans for the Fourth UN High-level Meeting on NCDs scheduled for 2025.

Factsheet on [Noncommunicable diseases](#)

More on this at: <https://www.who.int/news/item/27-02-2024-inclusion-of-noncommunicable-disease-care-in-response-to-humanitarian-emergencies-will-help-save-more-lives-1>

## ONE IN EIGHT PEOPLE ARE NOW LIVING WITH OBESITY



A new study released by the Lancet shows that, in 2022, more than 1 billion people in the world are now living with obesity. Worldwide, obesity among adults has more than doubled since 1990, and has quadrupled among children and adolescents (5 to 19 years of age). The data also show that 43% of adults were overweight in 2022.

The study also shows that even though the rates of undernutrition have dropped, it is still a public health challenge in many places, particularly in South-East Asia and sub-Saharan Africa.

Countries with the highest combined rates of underweight and obesity in 2022 were island nations in the Pacific and the Caribbean and those in the Middle East and North Africa.

Malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight and obesity. Undernutrition is responsible for half of the deaths of children under 5 and obesity can cause noncommunicable diseases such as cardiovascular diseases, diabetes and some cancers.

WHO has contributed to the data collection and analysis of this study. The full dataset is now also disseminated through the Global Health Observatory.

Obesity is a complex chronic disease. The causes are well understood, as are the interventions needed to contain the crisis, which are backed by strong evidence. However, they are not implemented. At the World Health Assembly in 2022 Member States adopted the WHO Acceleration plan to stop obesity, which supports country-level action through 2030. To date, 31 governments are now leading the way to curb the obesity epidemic by implementing the plan.

[Global Health Observatory](#)

[WHO Acceleration plan to stop obesity](#)

[Full Lancet study](#)

[Obesity and Overweight Factsheet](#)

## WHO ISSUES GUIDANCE TO IMPROVE ACCESS TO HEARING CARE IN LOW- AND MIDDLE-INCOME SETTINGS



For World Hearing Day, marked on 3 March, the World Health Organization (WHO) has released new technical guidance on hearing aid service delivery approaches for low- and middle-income settings. This document is designed to provide practical guidance to countries in developing hearing aid services in areas that lack human resources for assessing hearing, as well as fitting and maintaining hearing aids.

The guidance, developed with support from the ATScale Global Partnership for Assistive Technology, is based on the principle of task sharing among specialists and trained non-specialists. It includes two approaches, one targeting adults and the other for children 5 years and over, and is accompanied by resources with tips for healthy ear care practices, use of hearing aids and how to support people living with hearing loss.

*“Over 400 million people with hearing loss could benefit from using hearing devices. However, less than 20% of these needs are fulfilled,”* said Dr Bente Mikkelsen, Director of the Department for Noncommunicable Diseases, WHO-HQ. *“Unaddressed hearing loss is a global public health challenge and incurs an estimated cost of over US\$ 1 trillion annually. Given the global shortage of ear and hearing care specialists, we have to rethink how we traditionally deliver services.”*

The release of the new guide coincides with World Hearing Day. The theme for 2024 was: “Changing mindsets: Let’s make ear and hearing care a reality for all”, highlighting the importance of correcting misconceptions of hearing loss that are common among the general public and primary health providers.

The first of two key challenges in ear and hearing care is the lack of health system capacity for the provision of integrated ear and hearing care throughout people’s lives, as evidenced by a lack of policies, human resources and dedicated finances. The service delivery approaches detailed by WHO aim to overcome this challenge by better utilizing non-specialists in providing hearing care to increase capacity.

The second key challenge relates to misperceptions and stigmatizing mindsets about hearing loss and ear diseases, which are deeply ingrained within societies and often limit the success of efforts to improve hearing care. Common misperceptions include the idea that hearing loss is an inevitable part of old age and that hearing aids do not work well or are too expensive.

[Deafness and hearing loss factsheet](#)

More on this topic: <https://www.who.int/news/item/01-03-2024-who-issues-guidance-to-improve-access-to-hearing-care-in-low--and-middle-income-settings>



## TÜRKIYE-SYRIA: PROTECTING THE OVERLOOKED AND VULNERABLE IN THE WAKE OF THE EARTHQUAKES



How do health workers respond when a massive earthquake hits the city they live in? What is the immediate response and what comes second? What is the role of the World Health Organization in a large-scale natural disaster like the one that struck Türkiye and Syria approximately a year ago?

The February 2023 earthquakes quickly became an unprecedented challenge for the WHO team in Gaziantep – a border city between the two countries and the location from which WHO operates its

cross-border operations into northwest Syria.

From the very onset of the response, it was clear that WHO's staff needed to leverage creativity and embrace unconventional solutions to overcome the many challenges and extent of the earthquakes' impact – on both sides of the border.

### The first 48–72 hours

*“Immediately after the earthquake hit, it became obvious that we needed to distribute all our prepositioned supplies, so that trauma kits and other essential medicines could reach as many people as possible,”* said Dr Abdul Baki Mahmoud, WHO's Technical Officer, who was one of the coordinators of the earthquake response for displaced people in Gaziantep. *“During the first 48–72 hours we were sending out supplies and, at the same time, trying to ensure that our families as well as many of our colleagues, who were also victims of the disaster, were safe,”* Dr Mahmoud recalls.

What then followed was to ensure mental health services for the survivors as well as for the responders; another priority that became obvious in the very first hours after the devastating earthquake.

### Addressing what's often overlooked

With increased dialysis needs after the earthquakes, the Dialysis Task Force is another example of WHO's flexible approach in times of crises. Partnering with external experts, such as from Johns Hopkins University, and being directly accountable to WHO, the Task Force implemented a quality improvement project for dialysis centres, with task force members coordinating and constantly reviewing each step.

This project ensures continuity of care for dialysis patients, a vulnerable group often overlooked in emergencies. At the same time, it enabled a rapid re-establishment of services as well as a capacity to meet increased demand for patients with Crush syndrome – a severe systemic manifestation of trauma and ischemia due to a prolonged crushing of tissues. The aim was to constantly improve the services, concludes Ms Crestani.

### [WHO/Europe preparedness for emergencies](#)

More on this: <https://www.who.int/europe/news/item/27-02-2024-t-rkiye-syria--protecting-the-overlooked-and-vulnerable-in-the-wake-of-the-earthquakes>

## EXERCISE PANPRET-1: WHAT HAVE WE LEARNT FROM APPLYING THIS SIMULATION EXERCISE IN 7 COUNTRIES TO UPDATE PANDEMIC PLANS?



The Preparedness and Resilience for Emerging Threats initiative emphasizes the importance of developing hazard-focused pandemic plans, and subsequently testing and updating these plans using a whole-of-society approach. Following the release of PRET Module 1 with a focus on planning for respiratory pathogen pandemics, WHO developed an adaptable influenza tabletop simulation exercise referred to as Exercise PanPRET-1.

The exercise tested their country's existing plans and advocated for pandemic planning among key multi-sectoral stakeholders. As of December 2023, Cook Islands, Costa Rica, Lebanon, Mexico, Mongolia, Morocco and Nigeria had adapted and implemented Exercise PanPRET-1.

Exercise PanPRET-1 has been successful in facilitating multisectoral pandemic planning across diverse national settings. In 2024 and beyond, WHO plans to further expand this body of work by developing a pathogen agnostic (including an unknown emerging pathogen X) simulation exercise package, developing supplementary injects to address a wide range of technical areas (for example, essential health service continuity, mental health, etc.), and engaging international networks and nongovernmental institutions in simulation exercises to advance whole-of-society pandemic planning.

[Preparedness and Resilience for Emerging Threats initiative](#)

Find more about this and common learnings at: <https://www.who.int/news/item/01-03-2024-exercise-panpret-1-what-have-we-learnt-from-applying-this-simulation-exercise-in-7-countries-to-update-pandemic-plans>

## WHO LAUNCHES A REPOSITORY OF SYSTEMATIC REVIEWS ON INTERVENTIONS IN ENVIRONMENT, CLIMATE CHANGE AND HEALTH



The World Health Organization launched a comprehensive Repository of systematic reviews on interventions in environment, climate change and health. The Repository aims to assess the current state of evidence and to provide a list of systematic reviews on interventions in all major areas of environment, climate change and health (ECH). Areas of ECH covered by the Repository have been defined

based on the Compendium of WHO and other UN guidance on health and environment and include air quality, water, sanitation and hygiene (WASH), climate change, solid waste, chemicals, radiation, nature and health, safe environments and mobility, safe and healthy food, environmental noise, and priority settings for action. Examples of systematic reviews that were considered for inclusion in the Repository include those examining various types of intervention, such as policies, practices, and educational interventions, with the aim to improve health outcomes or reduce harmful exposures.

*“Implementing effective environmental health interventions can save millions of lives every year,”* said Dr Maria Neira, Director, Department of Environment, Climate Change and Health, World Health Organization. *“Policy-makers need to be informed on how to withstand environmental shocks and protect populations. This Repository presents the existing knowledge on the most effective interventions that can be implemented and will help policy-makers to make the right decision.”*

In an era marked by escalating environmental challenges and their profound implications on public health, the launch of this Repository marks a milestone in WHO's ongoing efforts to safeguard global health and well-being. This Repository serves as a catalyst and spotlights existing knowledge and evidence on the most effective interventions to be taken. By highlighting these measures, WHO can assist decision-makers and practitioners at national, regional and municipal levels in identifying and implementing most effective environmental health policies. This Repository may also be used to point out current knowledge gaps and stimulate research in areas in which evidence is needed.

[Repository of systematic reviews on interventions in environment, climate change and health](#)

[Compendium of WHO and other UN guidance on health and environment](#)

## WHO ACTIVITIES

### Improving infection prevention and control to prevent the spread of antimicrobial resistance

WHO supports countries to reduce antimicrobial resistance (AMR) through the strengthening of infection prevention and control (IPC) measures, such as effective sanitation and hygiene in all settings providing health care.

IPC is essential to fight the development and spread of AMR. Every infection prevented reduces the need for and use of antimicrobials, such as antibiotics.

AMR occurs when bacteria, parasites, viruses and 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.

More information on: <https://www.who.int/europe/activities/improving-infection-prevention-and-control-to-prevent-the-spread-of-antimicrobial-resistance>

### Building a sustainable and fit-for-purpose workforce

WHO works with countries to build a sustainable and fit-for-purpose health workforce.

Health and care workers are the backbone of any health system. Timely and equitable access to quality health and care services depends on having a fit-for-purpose workforce. Countries in the WHO European Region have long recognized the need for a health and care workforce that is better equipped to deal with changing health needs resulting from ageing populations, rising levels of chronic disease, changing expectations and new technologies, and increasing health threats associated with climate change and health emergencies.

The COVID-19 pandemic exposed many challenges, amplifying their impact and exacerbating workforce issues, such as uneven distribution, suboptimal skill mix, and shortages of health and care workers. It also made emerging challenges more acute, for example: (i) exacerbating the increasing difficulties with retention of health and care workers due to pressures from substantial service backlogs, burnout, stress, and concerns about workplace safety and violence; (ii) highlighting the importance of protecting mental and physical health and well-being and strengthening gender equality within the health and care workforce; and (iii) emphasizing the need to attract young people into the health and care professions, given the workforce itself is rapidly ageing.

More information on: <https://www.who.int/europe/activities/building-sustainable-and-fit-for-purpose-workforce>

## 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

### Repository of systematic reviews on interventions in environment, climate change and health



#### About the repository

This workbook contains a repository of systematic reviews on interventions in environment, climate change and health (ECH).

**Aim**

- To highlight the state of evidence on interventions to address ECH topics that improve health outcomes or reduce harmful exposures.
- To identify knowledge and evidence gaps in ECH.

#### Methods used

**Study type**  
Six reviews of systematic reviews.

**Time period**  
March 2005 to June 2023.

**Language**  
English language peer-reviewed publications.

**Data sources**  
Database searches, Published and Unpublished, Cochrane, and other additional studies.

**Population**  
All populations.

**Interventions**  
Interventions targeting the ECH topics outlined in the following table, including impact of health outcomes, risk factor reduction, or other health outcomes. Interventions are not limited to policies, practices, and actions management, guidelines, regulations, standards, risk assessment, and evaluation, and strategies.

**Outcomes**  
The main outcome of interest is the effectiveness of the interventions in improving relevant health outcomes related to address environmental exposures, as measured through changes in incidence, prevalence, risk, exposure, occurrence, impact, effect, and risk factors, prevention and control, health status, and adverse effects of the ECH risk factor/hazard/exposure.

**Types of studies included**  
Systematic reviews, including or not including meta-analyses, overview of systematic reviews.

The Repository of systematic reviews on interventions in environment, climate change and health (ECH) highlights the state of evidence on interventions in major ECH topics that improve health outcomes or reduce harmful exposures. This database may also assist in identifying knowledge gaps in the area of ECH interventions in those areas. Systematic reviews are presented by main ECH topic and can additionally be easily filtered by ECH subtopic such as ambient or household air pollution. The database provides important additional information on each systematic review including on population, type of intervention and health outcome.

More information on: <https://www.who.int/publications/m/item/repository-of-systematic-reviews-on-interventions-in-environment--climate-change-and-health>



## One health joint plan of action (2022–2026): working together for the health of humans, animals, plants and the environment



The Quadripartite Organizations – the Food and Agriculture Organization of the United Nations (FAO), the United Nations Environment Programme (UNEP), the World Organisation for Animal Health (WOAH, founded as OIE), and the World Health Organization (WHO) – collaborate to drive the change and transformation required to mitigate the impact of current and future health challenges at the human–animal–plant–environment interface at global, regional and country level.

Responding to international requests to prevent future pandemics and to promote health sustainably through the One Health approach, the Quadripartite has developed the One Health Joint Plan of Action (2022–2026) (OH JPA).

The OH JPA outlines the commitment of the four organizations to collectively advocate and support the implementation of One Health. It builds on, complements and adds value to existing global and regional One Health and coordination initiatives aimed at strengthening capacity to address complex multidimensional health risks with more resilient health systems at global, regional and national level.

More information on: <https://www.who.int/publications/i/item/9789240059139>

## HIV drug resistance – brief report 2024



This brief report summarizes recent information on HIV drug resistance (HIVDR) in the era of integrase-strand transfer inhibitors (INSTI) for HIV prevention and treatment.

In this report, WHO documents high levels of HIV viral load suppression (>90%) in populations receiving dolutegravir (DTG)-containing antiretroviral therapy (ART). However, recent observational data reveal that HIVDR to DTG is emerging at levels exceeding those observed in clinical trials. Few countries have reported people not achieving viral suppression while receiving DTG-containing ART. However, amongst the surveys reported, levels of DTG resistance ranged from 3.9% to 8.6%, with levels as high as 19.6% observed among highly treatment-experienced people who transitioned to a DTG-containing ART while having high HIV viral loads.

More information on: <https://www.who.int/publications/i/item/9789240086319>

## WHO EVENTS

### **International Women's Day; 8 March 2024**

This year, on International Women's Day, WHO/Europe is calling on Member States and stakeholders to increase their investments in women and women's health. Despite advances, disparities persist in research and treatment for conditions unique to women, opportunities in science, technology, engineering and maths (STEM)-related fields, and the recognition of women's contributions in health-related professions and decision-making. These gender-based gaps persist not only in health-care access and treatment but also in pay. For instance, women in the European Union earn on average almost 12.7% less per hour than men.

While women make up 78% of the health and care workforce, they hold only 25% of senior roles. Moreover, women often find themselves in precarious employment situations characterized by instability, lower wages and fewer benefits.

Women continue to shoulder the bulk of unpaid care work globally and in the European Region. Even before the COVID-19 pandemic, women performed three times more unpaid care and domestic work compared to men. This disparity not only impacts their economic opportunities but also limits their ability to engage in other activities and negatively affects their mental health and overall well-being.

Gender inequality also affects women's capacities to cope with and recover from natural disasters. In most disasters, mortality among women is significantly higher than that of men.

Investing in women's health and health-related research is essential not only for the well-being of women, but for society overall, including its economy. By addressing these issues, we not only promote gender equality but also unlock the full potential of half of the global population, leading to a more robust and equitable society for all.

More information on: <https://www.who.int/europe/news-room/events/item/2024/03/08/default-calendar/international-women-s-day-2024>

### **Photo Exhibit: Siding with science for healthy outcomes; 11-22 March 2024**

Celebrating access to safe abortion care for the health and rights of women and girls. Access to the highest attainable standard of health, including sexual and reproductive health, is a core human right. The year 2024 is a landmark year for sexual and reproductive health and rights, with milestones including 20 years since the [WHO reproductive health strategy](#) and 30 years since the International Conference on Population Development in Cairo established the contemporary rights-based approach to sexual and reproductive health and rights that guides us today.

It is well documented that the ability to decide if and when to have children, and access to safe, timely, respectful and person-centred abortion care, and post-abortion care, when needed, helps to safeguard the health and well-being of women, girls, their families and their communities.

This exhibit, viewable [online](#), was previously on display at WHO headquarters in Geneva, then at the Palais des Nations in Geneva.

More information on: <https://www.who.int/news-room/events/detail/2024/03/11/default-calendar/photo-exhibit-siding-with-science-for-healthy-outcomes>

## WHO VIDEOS

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

## WHO PODCASTS

### Episode #113 – Obesity

Did you know that where you live, the food systems around you and your lack of opportunities to be active increase your risk of developing obesity? How big is this issue? How can you reduce your risk and protect yourself? WHO's Dr Francesco Branca explains in Science in 5.

More information on: <https://www.who.int/podcasts/episode/science-in-5/episode--113---obesity>

### Global Health Matters podcast / Dialogues: a conversation with Olusoji Adeyi

In this episode of Dialogues, host Garry Aslanyan speaks with Olusoji (Soji) Adeyi, a Nigerian global health practitioner, the President of Resilient Health Systems and a Senior Associate at the Johns Hopkins Bloomberg School of Public Health. In his book, "Global health in practice: investing amidst pandemics, denial of evidence and neo-dependency" (World Scientific, 2022), Soji brings together real-life case studies on issues such as development aid, access to medicines and community involvement.

More information on: <https://tdr.who.int/global-health-matters-podcast/dialogues-a-conversation-with-olusoji-adeyi>

## 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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