

Issue 5/2024

WHO Public Health Report

Bosnia and Herzegovina

8 April 2024

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Disclaimer: The document was developed by WHO Country Office in Bosnia and Herzegovina. WHO CO BIH provides scientific and technical advice to public health authorities and health care providers. WHO CO BIH work is guided by the current best available evidence at the time of publication.

WHO MEMBER STATES AGREE TO RESUME NEGOTIATIONS AIMED AT FINALIZING THE WORLD'S FIRST PANDEMIC AGREEMENT



WHO Member States agreed to resume negotiations aimed at finalizing a pandemic agreement during 29 April to 10 May 2024. The decision came at today's end of two weeks of intensive country-led discussions on critical subjects aimed at making all countries of the world better prepared for, and able to effectively and equitably respond to, future pandemics.

This ninth meeting of the Intergovernmental Negotiating Body (INB9) started on 18 March 2024. Government negotiators discussed all articles from the draft agreement, including adequate financing for pandemic preparedness, equitable access to medical countermeasures needed during pandemics and health workforce strengthening.

“Our Member States are fully aware of how important the pandemic agreement is for protecting future generations from the suffering we endured through the COVID-19 pandemic,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus. *“I thank them for their clear commitment to finding common ground and finalizing this historic agreement in time for the World Health Assembly.”*

Next month's resumption of INB9 will be a critical milestone ahead of the Seventy-seventh World Health Assembly, starting 27 May 2024, at which Member States are scheduled to consider the proposed text of the world's first pandemic agreement for adoption.

[Intergovernmental Negotiating Body](#)

[Draft agreement](#)

More on this: <https://www.who.int/news/item/28-03-2024-who-member-states-agree-to-resume-negotiations-aimed-at-finalizing-the-world-s-first-pandemic-agreement>

WHO UNVEILS A DIGITAL HEALTH PROMOTER HARNESSING GENERATIVE AI FOR PUBLIC HEALTH



Ahead of World Health Day, focused on 'My Health, My Right', the World Health Organization (WHO) announces the launch of S.A.R.A.H., a digital health promoter prototype with enhanced empathetic response powered by generative artificial intelligence (AI).

S.A.R.A.H. is a Smart AI Resource Assistant for Health that represents an evolution of AI-powered health information avatars, using new language models and cutting-edge technology. It can engage users 24 hours a day in 8 languages on multiple health topics, on any device.

WHO's digital health promoter is trained to provide information across major health topics, including healthy habits and mental health, to help people optimize their health and well-being journey. It aims to provide an additional tool for people to realize their rights to health, wherever they are.

S.A.R.A.H. – also known as Sarah – has the ability to support people in developing better understanding of risk factors for some of the leading causes of death in the world, including cancer, heart disease, lung disease, and diabetes. She can help people access up-to-date information on quitting tobacco, being active, eating a healthy diet, and de-stressing among other things.

The S.A.R.A.H. project strives for continuous learning and development of a prototype that can inspire reliable, responsible and accessible information.

WHO continues to use many digital [tools and channels](#) to disseminate and amplify health information including social media, chatbots, channels and text messaging.

[S.A.R.A.H. is a Smart AI Resource Assistant for Health](#)

[World Health Day 2024: My health, my right](#)

More on this: <https://www.who.int/news/item/02-04-2024-who-unveils-a-digital-health-promoter-harnessing-generative-ai-for-public-health>

STATEMENT BY DR HANS HENRI P. KLUGE, WHO REGIONAL DIRECTOR FOR EUROPE – AHEAD OF US LIES A FUTURE FREE OF TB

“Dear colleagues and friends,

Today, tuberculosis is preventable, treatable and curable.

On the one hand, this knowledge saddens me when I think of the many people falling ill with TB in the WHO European Region – some 230 000 every year, according to most recent data.

On the other hand, it sparks hope knowing that ahead of us lies a future free of TB.

Under the latest WHO guidelines, most TB patients find the treatment process more comfortable and easier to complete.

They are mainly treated at home, avoiding lengthy hospitalization or daily visits to a clinic; instead they receive video calls from health workers to support them taking their medicines – now all oral. This puts people at the centre of care and eliminates stigma and discrimination.

Drug-resistant TB treatment used to take 18 months with only a 55% success rate. Treatment now takes only 6 months in most cases and success rates are set to rise, thanks to new drugs. This is a revolution!

That is why I urge all countries to make the most of the latest WHO patient-centred guidelines, helping people to stay with their loved ones and continue to earn a living and stay active.

Our Region is still suffering the after-effects of the COVID-19 pandemic, which caused 7000 extra deaths from TB in 2021 and 2022. Investment to get back on track and protect TB services from future pandemics is badly needed.

Sadly, community organizations tell us that TB patients feel misunderstood and pushed to society’s margins while health workers caring for people with TB feel ignored and unappreciated.

*In response, today, on World TB Day 2024, I’m here to tell **everyone** involved in prevention and treatment that the World Health Organization deeply appreciates your contribution to overcoming this disease.*

*And to the TB patients out there; **thank you** for your courage for completing your treatment.*

I can’t say it in stronger terms; it is every TB patient’s right to have access to safe, quality, affordable care – free of charge and stigma.

Remember; every cured TB patient brings us a step closer to a future free of tuberculosis.

As a doctor who spent years focusing on tackling TB, I am filled with hope that, yes, we can end TB, together.”

Full statement: <https://www.who.int/europe/news/item/22-03-2024-statement---ahead-of-us-lies-a-future-free-of-tb>

ONE IN SIX SCHOOL-AGED CHILDREN EXPERIENCES CYBERBULLYING



WHO/Europe released the second volume of the Health Behaviour in School-aged Children (HBSC) study, which focuses on patterns of bullying and peer violence among adolescents across 44 countries and regions.

While the overall trends in school bullying have remained stable since 2018, cyberbullying has increased, magnified by the increasing digitalization of young people's interactions, with potentially profound impacts on young lives.

Some of the key findings include the following.

- Bullying others at school. An average of 6% of adolescents engage in bullying others at school. This behaviour is more prevalent among boys (8%) compared to girls (5%).
- Being bullied at school. Approximately 11% of adolescents have been bullied at school, showing no significant difference between boys and girls.
- Cyberbullying others. About 12% (1 in 8) of adolescents report cyberbullying others. Boys (14%) are more likely to report cyberbullying than girls (9%). Notably, this reflects an increase from 2018, with boys up from 11% and girls from 7%.
- Being cyberbullied. 15% of adolescents (around 1 in 6) have experienced cyberbullying, with the rates closely aligned between boys (15%) and girls (16%). This represents an increase from 2018, from 12% to 15% for boys and 13% to 16% for girls.
- Physical fighting. 1 in 10 adolescents has been involved in physical fights, with a noticeable gender difference: 14% of boys versus 6% of girls.

Gender-specific trends and solutions

The findings reveal gender differences in bullying behaviour. Boys exhibit a higher tendency towards aggression and engagement in physical fights, underscoring the urgent need for interventions focused on emotional regulation and positive social interactions. Conversely, the increase in bullying among girls, especially through cyberbullying, calls for targeted gender-sensitive solutions that promote digital safety, empathy, and inclusive school cultures.

[Second volume of the Health Behaviour in School-aged Children \(HBSC\) study](#)

More on this: <https://www.who.int/europe/news/item/27-03-2024-one-in-six-school-aged-children-experiences-cyberbullying--finds-new-who-europe-study>

INFLUENZA HEALTH WORKER VACCINATION PROGRAMMES: PLATFORMS FOR PANDEMIC PREPAREDNESS



WHO recommends that health workers be vaccinated against a number of antigens. Globally, countries have most frequently reported vaccinating health and care workers (HCWs) against hepatitis B, seasonal influenza and measles. In particular, the COVID-19 pandemic has drawn global attention to the importance of vaccinating HCWs. Countries are expressing interest in building from their experiences deploying COVID-19 vaccination to develop or strengthen national HCW vaccination

programmes.

WHO headquarters, regional, and country offices have worked closely with ministries of health to document examples from Argentina, Mongolia, Oman, Paraguay and Thailand. These vignettes provide illuminating snapshots of national HCW vaccination programmes and have been published here: [Influenza health worker vaccination programmes: platforms for pandemic preparedness](#)

This new publication documents countries' experiences leveraging HCW vaccination for seasonal influenza and other vaccine-preventable diseases to support COVID-19 vaccine introduction. In addition, it provides insight into the structure, motivations, and value of the HW vaccination programmes. A brief overview of key themes identified in the five country vignettes include:

- **Legal basis:** In Argentina, the introduction of a national legal framework for HCW vaccination was a key enabler of seasonal influenza vaccination and supported COVID-19 vaccine introduction.
- **Community buy-in:** In Mongolia, HCWs are important drivers of seasonal influenza vaccination uptake, as they can communicate the importance and safety of annual seasonal influenza vaccination to their patients. HCWs are critical champions of influenza vaccination who encourage uptake of seasonal influenza vaccines (and COVID-19 vaccines) by other target populations.
- **Nudge:** Oman has a seasonal influenza vaccination programme goal of achieving and maintaining at least 95% coverage among high-risk groups. HCW vaccination against seasonal influenza is voluntary. However, non-vaccinated HCWs are required to sign a refusal form, moved to non-critical care functions, and must use their annual leave instead of their sick leave if they become sick with influenza.
- **All day, all night delivery:** In Paraguay, health institutions have a vaccinator and an immunization programme manager who are responsible for checking the vaccination status of HCWs, promoting uptake of the vaccines and providing vaccination. Vaccination is provided to both day and night shifts to enable access for all HCWs.
- **Pandemic preparedness:** In Thailand, using existing influenza vaccine management strategies and structures enabled the country to quickly reach high coverage rates for COVID-19 vaccination as soon as the COVID-19 vaccine supply was sufficient.

More on this: <https://www.who.int/news/item/30-03-2024-influenza-health-worker-vaccination-programmes--platforms-for-pandemic-preparedness>

THE SELF-CARE WHEEL: AN AWARD-WINNING INNOVATION TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



The Self-Care Wheel, which recently won the World Health Organization (WHO) internal Director-General's Excellence Award for Innovation 2023, is now set to help demystify self-care and increase understanding of WHO's recommended self-care interventions in several countries.

Aimed at both the general public and health and care workers, the Self-Care Wheel is a combined paper and digital tool that illustrates the evidence-based recommendations in the WHO guideline on self-care interventions for health and well-being in a straightforward and an easy-to-understand way. It promotes a shared language on self-care for health and care workers and clients, and helps to strengthen links with the health system by using a simple colour-coded traffic light system to show which interventions can be accessed without the support of a health and care worker and those that need their support.

A staggering 4.2 billion people – around half the world's population – lack access to essential health services, including for sexual and reproductive health and rights. Self-care interventions can help expand access to such services and include ovulation predictor kits, HIV self-testing, self-managed medical abortion, self-administered injectable contraception, and self-sampling to screen for human papillomavirus (HPV).

The idea for the Self-care Wheel was sparked by a call for entries for WHO's 2023 LEAD Innovation Challenge. Taking the concept of the Medical Eligibility Criteria Wheel as a starting point, a joint team from WHO headquarters and the WHO Country Office for India adapted and expanded upon that concept to create a hybrid paper and digital solution for self-care. Up against more than 50 entries, the Self-Care Wheel successfully progressed through several elimination rounds before being chosen as one of the five winners of the challenge. Each of the winners were given US\$ 50 000 and four months to take their ideas further.

[WHO guideline on self-care interventions for health and well-being](#)

More on this: <https://www.who.int/news/item/04-04-2024-the-self-care-wheel-an-award-winning-innovation-to-advance-sexual-and-reproductive-health-and-rights>

HARD TRUTHS ABOUT UNDER-5 MORTALITY: CALL FOR URGENT GLOBAL ACTION



Since 2000, the global rate of mortality in children younger than five years (hereafter referred to as under-5 mortality) has decreased by over 50%, down from 76 deaths per 1000 live births in 2000 to 37 per 1000 live births in 2022, based on new estimates by the UN Inter-agency Group for Child Mortality Estimation (UN IGME; a consortium of UNICEF, WHO, UN Department of Economic and Social Affairs, and the World Bank Group). The annual number of children dying before the age of five years is lower than ever recorded, decreasing to 4.9 million

(90% uncertainty interval 4.6-5.4 million) in 2022 from 9.9 million (9.8-10.1 million) in 2000. These encouraging shifts have been observed across economic settings, including in low-income and middle-income countries.

But the global community must not forget that millions of preventable child deaths still occur every year. From 2000 to 2022, 162 million children younger than five years died, along with 59 million children, adolescents, and young people aged 5–24 years.

Many of these children would be alive today if interventions known to save young lives had been available to them. This enormous death toll signals the pressing need to secure political commitment, mobilise resources, and deliver solutions in places where under-5 mortality remains stubbornly high.

To end preventable child deaths, a focus on equity is crucial, as demonstrated by the troubling national-level and regional-level disparities in the latest UN IGME findings.

The under-5 mortality rate in the highest-mortality country is 80-times that of the lowest-mortality country. In countries classified as a fragile and conflict-affected situation,

the average under-5 mortality rate is nearly three-times that in countries not classified as such.

By [Sustainable Development Goal](#) (SDG) regional groupings, in sub-Saharan Africa, where 57% of global under-5 deaths occurred in 2022 yet only 30% of global live births took place for the same year, the under-5 mortality rate is on average 14-times that of Europe and Northern America, and 18-times that of Australia and New Zealand.

More on this: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)00501-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)00501-4/fulltext)

SUPPORTING UKRAINE'S HEALTH EMERGENCY PREPAREDNESS: WHO PILOTS A NEW TOOL FOR HOSPITAL RESPONSE TO RADIATION EMERGENCIES



With the war in Ukraine entering its third year, the country continues to face risks related to chemical, biological, radiological, and nuclear (CBRN) hazards. To bolster the preparedness of the national health systems for such risks, WHO piloted a new Hospital preparedness checklist for radiation emergency response. This tool complements the All-hazard Emergency Hospital Response Checklist (WHO EURO, 2011) and is centred around a process-oriented approach. It is designed to assist health facilities in evaluating their capacity to manage a mass-casualty event stemming from a radiation

emergency.

The checklist is comprised of five comprehensive modules: (i) incident management; (ii) triage and decontamination procedures; (iii) equipment and supply availability; (iv) clinical management protocols; and (v) detailed operational procedures. The tool was introduced across four regions in Ukraine, including areas hosting nuclear power plants, as well as the Kyiv region, through a series of workshops and field visits conducted in March 2024 in health facilities located in Dnipro, Kyiv, Netishin, Rivne and Zaporizhzhia.

Financial support for the workshops was provided by USAID's Bureau for Humanitarian Assistance (BHA).

[Strengthening global preparedness to radiation emergencies](#)

More on this: <https://www.who.int/europe/news/item/05-04-2024-supporting-ukraine-s-health-emergency-preparedness--who-pilots-a-new-tool-for-hospital-response-to-radiation-emergencies>

UPDATED PUBLIC HEALTH RESOURCE PACK FOR COUNTRIES EXPERIENCING OUTBREAKS OF INFLUENZA IN ANIMALS PUBLISHED

Human infections with animal influenza viruses – though rare – have been reported sporadically. Recently, there have been increasing reports of deadly outbreaks among mammals with mainly influenza A (H₅N₁) viruses. Several countries in Central and South America were confronted for the first time with introduction of H₅N₁ viruses. This resource provides WHO country offices and national institutions with an update of the key information needed to advise countries during influenza outbreaks or detections in animals.

The publication has chapters on the roles of the animal and public health sectors in reducing human exposure to animal influenza viruses and reducing the risk of human infections, risk communication, food safety, surveillance for human cases, and collecting samples from and clinical management of suspected human cases. It was developed with technical input from partners at the United Nations Food and Agriculture Organization (FAO), the World Organisation for Animal Health (WOAH) and the Joint WOAHO-FAO Scientific Network on Animal Influenza (OFFLU), as well as subject matter experts within and outside of WHO.

Prevention and control measures in animals will minimize the circulation of animal influenza viruses, thus reducing the risk of zoonotic human infections and disease. Such measures should be developed and implemented in an integrated way, with the public and animal health sectors working together at all levels, applying a One Health approach.

[Public health resource pack for countries experiencing outbreaks of influenza in animals: revised guidance](#)

More on this: <https://www.who.int/news/item/30-03-2024-updated-public-health-resource-pack-for-countries-experiencing-outbreaks-of-influenza-in-animals-published>

2023: OUTBREAKS OF AVIAN INFLUENZA



The following outbreaks, which occurred last year, illustrate the reality of zoonotic influenza, the fact that all ages can be vulnerable, that those with and without comorbidities can be at risk, and that various exposures can lead to avian influenza infection. It is interesting to note the way scientists are able to analyse the viruses and fit them within a phylogenetic tree showing their relationships and evolution. The diversity of zoonotic influenza viruses that caused human infections in 2023 is alarming and infections of some types of zoonotic influenza viruses caused severe disease with a high mortality rate. In 2023 they did not transmit easily from person to person, although we never know when this may change, and therefore must be ever-ready for a pandemic.

WHO will continue to strengthen surveillance, jointly with its partners, in both animal and human populations, thoroughly investigate every zoonotic infection, build up pandemic preparedness planning, and get better readiness for the next influenza pandemic.

Summary and more on this: <https://www.who.int/news/item/30-03-2024-2023--outbreaks-of-avian-influenza>

PROMOTING A RISK-BASED APPROACH FOR THE REGULATORY OVERSIGHT OF VACCINES USED IN PANDEMICS



Global guidelines on regulatory preparedness for pandemic influenza vaccines have been revised to strengthen the regulating of vaccines risk-based approaches to vaccine regulation in the event of a pandemic.

During the 2009 H₁N₁ influenza pandemic, the deployment of pandemic influenza vaccines in importing countries was delayed or disrupted due to the lack of regulatory preparedness. This resulted in WHO developing guidelines for non-vaccine producing countries on the appropriate regulatory approaches to the marketing authorization and lot release of pandemic influenza vaccines in public health emergency conditions. These guidelines were developed in the context of the Pandemic Influenza Preparedness (PIP) Framework's Partnership Contribution High Level Implementation Plan, covering regulatory capacity-building and strengthening of pandemic preparedness and response.

However, subsequent public health emergencies such as the Ebola epidemic and COVID-19 pandemic further exposed gaps in regulatory preparedness for other types of pandemic vaccines. The role of national regulatory authorities was not acknowledged in national pandemic preparedness plans, thereby hindering their ability to provide appropriate regulatory oversight.

Using lessons learned from these emergencies, stakeholder feedback, as well findings from WHO Global Benchmarking assessments, WHO initiated the revision of the *Guidelines on regulatory preparedness for provision of marketing authorization of human pandemic influenza vaccines in non-vaccine-producing countries*. The aim was to expand the scope to cover not just influenza but all pandemic vaccines, and to recommend a harmonised, systematic, risk-based approach for regulating vaccines during a pandemic or other public health emergency in importing countries.

More on this: <https://www.who.int/news/item/30-03-2024-promoting-a-risk-based-approach-for-the-regulatory-oversight-of-vaccines-used-in-pandemics>

WHO CALLS FOR GREATER ATTENTION TO VIOLENCE AGAINST WOMEN WITH DISABILITIES AND OLDER WOMEN



Older women and women with disabilities face particular risk of abuse, yet their situation is largely hidden in most global and national violence-related data, according to two new publications released today by the World Health Organization (WHO). The health agency is calling for better research across countries that will help ensure these women are counted, and that their specific needs are understood and addressed.

Where there is evidence on gender-based violence amongst these groups, data shows high prevalence. One systematic review found greater risks of intimate partner violence for women with disabilities compared with those without, while another also found higher rates of sexual violence.

“Older women and women with disabilities are under-represented in much of the available research on violence against women, which undermines the ability of programmes to meet their particular needs,” said Dr Lynnmarie Sardinha, Technical Officer at WHO and the UN Special Programme on Human Reproduction (HRP) for Violence against Women Data and Measurement, and author of the briefs. *“Understanding how diverse women and girls are differently affected, and if and how they are accessing services, is critical to ending violence in all its forms.”*

Intimate partner and sexual violence are the most common forms of gender-based violence globally and affect around [1 in 3 women](#). Older women and women with disabilities are still subjected to these types of violence, but also face specific risks and additional forms of abuse, sometimes at the hands of caregivers or health care professionals. These include coercive and controlling behaviours such as withholding of medicines, assistive devices or other aspects of care, and financial abuse.

Among women aged 60 years and older, a review conducted by WHO found that physical and/or sexual intimate partner violence remained the most frequently experienced forms of abuse. However, as partners aged, some women reported a shift from predominantly physical and/or sexual violence to psychological violence, including threats of abandonment and other controlling behaviours.

Older women and women with disabilities can be extremely isolated when violence occurs, making it more difficult for them to escape and report the abuse. Stigma and discrimination can further reduce access to services or information, or result in their accounts of violence being dismissed by responders.

[Violence against women 60 years and older](#)

More on this: <https://www.who.int/news/item/27-03-2024-who-calls-for-greater-attention-to-violence-against-women-with-disabilities-and-older-women>

WHO LAUNCHES COVINET: A GLOBAL NETWORK FOR CORONAVIRUSES



WHO has launched a new network for coronaviruses, CoViNet, to facilitate and coordinate global expertise and capacities for early and accurate detection, monitoring and assessment of SARS-CoV-2, MERS-CoV and novel coronaviruses of public health importance.

CoViNet expands on the WHO COVID-19 reference laboratory network established during the early days of the pandemic. Initially, the laboratory network was focused on SARS-CoV-2, the virus that causes COVID-19, but will now address a broader range of coronaviruses, including MERS-

CoV and potential new coronaviruses. CoViNet is a network of global laboratories with expertise in human, animal and environmental coronavirus surveillance.

The network currently includes 36 laboratories from 21 countries in all six WHO regions.

Representatives of the laboratories met in Geneva on 26-27 March 2024 to finalize an action plan for 2024-2025 so that WHO Member States are better equipped for early detection, risk assessment, and response to coronavirus-related health challenges.

The CoViNet meeting brought together global experts in human, animal, and environmental health, embracing a comprehensive One-Health approach to monitor and assess coronavirus evolution and spread. The collaboration underscores the importance of enhanced surveillance, laboratory capacity, sequencing, and data integration to inform WHO policies and support decision-making.

[WHO Coronavirus Network \(CoViNet\)](#)

More on this: <https://www.who.int/news/item/27-03-2024-who-launches-covinet--a-global-network-for-coronaviruses>

WORKING TOGETHER FOR A HEALTHIER, SAFER WORLD: WHO AND IPU RENEW PARTNERSHIP



The Inter-Parliamentary Union (IPU) and WHO today signed a new Memorandum of Understanding, reaffirming the critical role that parliamentarians play in enabling good health to foster stable and equitable societies.

The new five-year memorandum was signed by Mr Martin Chungong, IPU Secretary-General, and Dr Tedros Adhanom Ghebreyesus, WHO Director-General, at the 148th IPU Assembly, which took place in Geneva from 23 to 27 March 2024. Both organizations commit to continue working together to promote, provide and protect the health and well-being of all people, everywhere. It renews a historic commitment made in 2018 to leverage their respective scientific and political mandates to address persistent and emerging challenges facing populations worldwide.

The memorandum reinforces critical areas of cooperation that align with global health priorities, namely universal health coverage, global health security, health promotion and reducing health inequities, especially in relation to sexual and reproductive health and rights.

It also adds new cross-cutting areas of work, including responding to climate change, support to the government-led negotiations on a new pandemic agreement, and sustainable financing for health. This includes collaboration on this year's first WHO Investment Round to overcome the historic imbalance between assessed and voluntary contributions, the distortions this creates, and the issues WHO faces with insufficiently predictable and flexible financing.

WHO Member States are staging their latest round of negotiations on an international agreement on pandemic prevention, preparedness and response before scheduled consideration of a proposal for adoption at the Seventy-seventh World Health Assembly in May 2024. The proposed agreement aims to provide a basis for international cooperation that was lacking during the COVID-19 pandemic. Parliaments are instrumental in supporting the process towards adoption, as well as in guiding the follow-up considerations at a national level.

Milestones of the IPU and WHO's previous collaboration include a [landmark IPU resolution](#) in 2019 on achieving universal health coverage, a number of practical resources for parliamentarians such as a recent [handbook on universal health coverage](#), and numerous events which have brought together health experts and parliamentarians.

More on this: <https://www.who.int/news/item/25-03-2024-working-together-for-a-healthier-safer-world-who-and-ipu-renew-partnership>

WHO FEATURE STORY

Helping to improve laboratory services in emergencies, through global partnerships

Rapid response mobile laboratories (RRMLs) are invaluable in boosting mobile diagnostic capacities in public health emergencies and in clinical and research settings. A successful emergency response relies on close cooperation between national partners, emergency medical teams (EMTs), rapid response teams (RRTs) and RRMLs.

<https://www.who.int/europe/news-room/photo-stories/item/helping-to-improve-laboratory-services-in-emergencies--through-global-partnerships>

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

Violence against women 60 years and older



This briefing note, which focuses on the measurement of violence against women 60 years and older, is one in a series of methodological briefing notes for strengthening the measurement and data collection of violence against particular groups of women or specific aspects of violence against women. These briefing notes are meant for researchers, national statistics offices and others involved in data collection on violence against women.

<https://www.who.int/publications/i/item/9789240090996>

Related document: [Measuring violence against women with disability](#)

Guidelines for the prevention, diagnosis, care and treatment for people with chronic hepatitis B infection



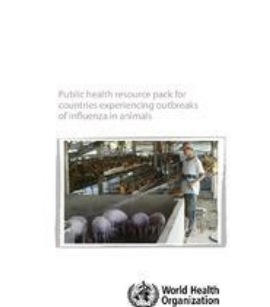
Hepatitis B (HBV) infection is a major public health problem and cause of chronic liver disease.

The 2024 HBV guidelines provide updated evidence-informed recommendations on key priority topics. These include expanded and simplified treatment criteria for adults but now also for adolescents; expanded eligibility for antiviral prophylaxis for pregnant women to prevent mother-to-child transmission of HBV; improving HBV diagnostics through use of point-of-care HBV DNA viral load and reflex approaches to HBV DNA testing; who to test and how to test for HDV infection; and approaches to promote delivery of high-quality HBV services, including strategies to promote adherence to long-term antiviral therapy and retention in care.

The 2024 guidelines include 11 updated chapters with new recommendations and also update existing chapters without new recommendations, such as those on treatment monitoring and surveillance for liver cancer.

<https://www.who.int/publications/i/item/9789240090903>

Public health resource pack for countries experiencing outbreaks of influenza in animals: revised guidance



This resource pack was developed for the country offices of the World Health Organization and national Public Health institutions, as an overview of the key information needed for advising their Member States in response to questions raised on human health due to influenza outbreaks or detections in animals. It assembles the available information from WHO, FAO and WOA, on recommendations and guidelines on influenza that might be relevant to a country experiencing detections or outbreaks of influenza in animals or facing suspicion of human infections with animal-origin influenza viruses. This resource pack updates the information provided in the Summary of Key Information Practical to Countries Experiencing Outbreaks of A(H5N1) and Other Subtypes of Avian Influenza, published in 2016. Additionally, the scope of this current document was broadened to address the risks to public health from all animal influenza viruses, not only avian influenza. Links to existing resources were updated and new resources were added where available.

<https://www.who.int/publications/i/item/9789240076884>

Bilateral agreements on health worker migration and mobility



International migration and mobility of health workers has increased in volume and complexity in recent decades. If not adequately managed, migration of health workers from low-and middle-income countries can exacerbate shortages and weaken health systems in these countries, widening inequities. This in turn can threaten international health security, with grave repercussions for economies and societies globally. Among the different pathways for movement of health workers, government-to-government agreements hold important potential to ensure that health workers and the health systems of participating countries benefit from health worker migration and mobility.

This guidance is a tool for improving the capacity of state actors involved in the development, negotiation, implementation, monitoring and evaluation of agreements related to international health worker migration and mobility, keeping health system priorities at the fore, in alignment with the provisions of the [WHO Global Code of Practice on the International Recruitment of Health Personnel](#). The policy considerations in this document apply to all government-to-government agreements that are focused on, have a component on, or could have an impact on, health worker migration and mobility.

The guidance on bilateral agreements on health worker migration and mobility was developed by the World Health Organization (WHO) and Organisation for Economic Co-operation and Development (OECD) with the International Labour Organization (ILO) as part of the [Working for Health programme](#).

<https://www.who.int/publications/i/item/9789240073067>

A focus on adolescent peer violence and bullying in Europe, central Asia and Canada. Health Behaviour in School-aged Children international report from the 2021/2022 survey. Volume 2

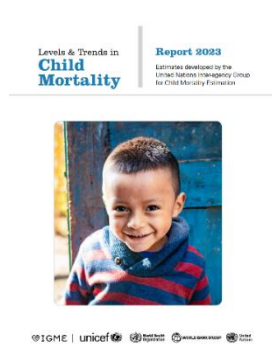


The Health Behaviour in School-aged Children (HBSC) study is a large school-based survey carried out every four years in collaboration with the WHO Regional Office for Europe. HBSC data are used at national/regional and international levels to gain new insights into adolescent health and well-being, understand the social determinants of health and inform policy and practice to improve young people's lives. The 2021/2022 HBSC survey data are accompanied by a series of volumes that summarize the key findings around specific health topics. This report, Volume 2 in the series, focuses on adolescent peer violence and bullying, using the unique HBSC evidence on adolescents aged 11, 13 and 15 years across 44 countries and regions in Europe, central Asia and Canada. It describes the status of adolescent peer violence (bullying, cyberbullying and fighting), the

role of gender, age and social inequality, and how adolescent bullying and fighting behaviour has changed over time. Findings from the 2021/2022 HBSC survey provide an important evidence benchmark for current research, intervention and policy-planning.

<https://www.who.int/europe/publications/i/item/9789289060929>

UN IGME Child Mortality Report 2023



Since 2000, the global rate of mortality in children younger than five years (hereafter referred to as under-5 mortality) has decreased by over 50%, down from 76 deaths per 1000 livebirths in 2000 to 37 per 1000 livebirths in 2022, based on new estimates by the UN Inter-agency Group for Child Mortality Estimation (UN IGME; a consortium of UNICEF, WHO, UN Department of Economic and Social Affairs, and the World Bank Group). The annual number of children dying before the age of 5 years is lower than ever recorded, decreasing to 4.9 million (90% uncertainty interval 4.6–5.4 million) in 2022 from 9.9 million (9.8–10.1 million) in 2000. These encouraging shifts have been observed across economic settings, including in low-income and middle-income countries (LMICs).

<https://childmortality.org/wp-content/uploads/2024/03/UNIGME-2023-Child-Mortality-Report.pdf>

WHO EVENTS & COURSES

World Health Day 2024: “My health, my right”; 7 April 2024

Around the world, the right to health of millions is increasingly coming under threat.

Diseases and disasters loom large as causes of death and disability.

Conflicts are devastating lives, causing death, pain, hunger and psychological distress.

The burning of fossil fuels is simultaneously driving the climate crisis and taking away our right to breathe clean air, with indoor and outdoor air pollution claiming a life every 5 seconds.

The WHO Council on the Economics of Health for All has found that at least 140 countries recognize health as a human right in their constitution. Yet countries are not passing and putting into practice laws to ensure their populations are entitled to access health services. This underpins the fact that at least 4.5 billion people — more than half of the world’s population — were not fully covered by essential health services in 2021.

To address these types of challenges, the theme for World Health Day 2024 is **‘My health, my right’**.

This year’s theme was chosen to champion the right of everyone, everywhere to have access to quality health services, education, and information, as well as safe drinking water, clean air, good nutrition, quality housing, decent working and environmental conditions, and freedom from discrimination.

Reimagining an economy for resilient and healthier societies that leave no one behind; 9 April 2024, Venice, Italy

On 9 April, the WHO European Office for Investment for Health and Development (WHO Venice Office) will convene Italian and international ministers, mayors and decision-makers, as well as key leaders across the fields of economics, health and well-being and sustainable development, for an innovative discussion to reimagine an economy for resilient and healthier societies that leave no one behind.

The event is being held in Venice in cooperation with the host country, Italy, and will be led by WHO/Europe's Regional Director Dr Hans Henri P. Kluge alongside the Head of the Venice Office, Christine Brown. It comes as the United Nations (UN) works to accelerate action on the 2030 Sustainable Development Goals to ensure all people reach their full potential in dignity and equality and within a healthy environment.

<https://www.who.int/europe/news-room/events/item/2024/04/09/default-calendar/reimagining-an-economy-for-resilient-and-healthier-societies-that-leave-no-one-behind>

Communicating about alcohol on social media and writing for peer-reviewed journals – a capacity-building workshop; 11-12 April 2024, Copenhagen, Denmark

On 11-12 April 2024, WHO/Europe is organizing a capacity-building workshop for young advocates, early career researchers, and experts involved in the implementation of the EVID-ACTION project. The first day of the workshop will focus on practical tips for impactfully communicating about alcohol and health on social media and other public communications channels. The second day will focus on writing and publishing scientific articles on alcohol-related topics in peer-reviewed journals.

<https://www.who.int/europe/news-room/events/item/2024/04/11/default-calendar/communicating-about-alcohol-on-social-media-and-writing-for-peer-reviewed-journals---a-capacity-building-workshop>

WHO VIDEOS

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

WHO PODCAST

Episode 34: Bringing health stories to the front page

In an age where misinformation and disinformation are valid threats to global health, reliable and trustworthy journalism is essential. In this episode, host Garry Aslanyan speaks with two health journalists who might tell the same story in different ways because of their respective audiences. Stephanie Nolen, the global health reporter for The New York Times, has reported from more than 80 countries around the world. Paul Adepoju is a Nigeria-based freelance health journalist and scientist who regularly reports for top media and science outlets such as Nature, The Lancet, Devex and CNN. He is also the community manager of the Global Health Crisis Forum, which is part of the International Center for Journalists.

<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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