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WHO Public Health Report

Bosnia and Herzegovina

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“WE ARE ON THE CUSP OF A DIGITAL HEALTH REVOLUTION YET MILLIONS RISK BEING LEFT BEHIND” – STATEMENT BY DR HANS KLUGE, WHO REGIONAL DIRECTOR FOR EUROPE

Good morning from the beautiful city of Porto in Portugal!

I'd like to start by thanking our generous hosts, the Government of the Republic of Portugal, and in particular the Ministry of Health and my friend, the Health Minister, Dr Manuel Pizarro, as well as Professor Fernando Araujo, the Executive Director of the National Health Service.

Obrigado pela parceria. (Translation: Thank you for your partnership.)

As a leader and early adopter of digital health tools and interventions, Portugal was the natural choice to co-host this Second WHO Symposium on the Future of Digital Health Systems in the European Region.

I'm also pleased to announce we have just signed a letter of intent with the Portuguese Government, to open a new WHO Country Office right here in Porto. Among other things, the new office will be tasked with a special project on health technology and entrepreneurship.

I'm sure my Portuguese counterparts will say more on this in a moment.

We are on the cusp of a digital health revolution.

And as we race towards this digital future, we need to ask ourselves a few important questions.

Will its benefits be inclusive?

Will our data be safe and secure?

How will it affect the health workforce?

It is abundantly clear that digital health is the present and future of our health systems, so we MUST ensure that there are no winners or losers, that everyone benefits, and no one is left behind.

Today, WHO/Europe launches a landmark new report on the state of digital health across our Region.

It shows that, while considerable advances in digital health have been made in recent years, there are significant challenges and gaps that must be addressed to unleash the full potential of digital tools and interventions to improve overall health and well-being, reduce the burden on the health workforce, and safeguard people's privacy.

The European Region can – and should – be a digital health leader because we are starting from a strong position.

Our report shows that the vast majority of countries in the European Region already have a digital health strategy, use some form of electronic health records, and have legislation safeguarding the privacy of personal data.

But our analysis also reveals that only half the countries in the WHO European Region have policies to improve digital health literacy, leaving millions of people behind.

Access to digital health tools is only useful if you know how to use them.

It is a sad irony that people with limited or no digital skills are often the ones who stand to gain the most from digital health tools and interventions – like the elderly, disabled or rural communities. Addressing this imbalance is necessary for the digital transformation of the health sector.

We also found that the COVID-19 pandemic accelerated the adoption of digital health tools, but this adoption was uneven and often on an ad-hoc rather than a long-term strategic basis.

A recurring trend was the lack of financial resources to fund the vital monitoring and evaluation of digital health interventions that is required to improve models and algorithms and, ultimately, patient care.

Only 19 countries have developed guidance on how to evaluate digital health interventions.

And with the rapid rise of artificial intelligence and Big Data, our report shows that only 60% of countries have developed a data strategy regulating the use of Big Data and advanced analytics in the health sector.

Yet artificial intelligence is reshaping the world as we know it – including health care. It offers unprecedented advances in health from more efficient diagnoses to safer treatments to better disease surveillance. It has the potential to enhance patient engagement in their own care, as well as increase the speed and reduce the cost of developing new pharmaceutical treatments.

But AI's rise and adoption need to be carefully regulated and managed to ensure fairness and transparency, and this needs to be done by consensus, to avoid a 'winner takes all' scenario.

So, what do we need to fully realize the potential of digital health to make our health systems fit for the 21st century?

Firstly, we need to ensure that reliable, low-cost broadband can reach every household and every community across our Region. That is an absolute necessity.

Second, governments and health authorities must start viewing digital health as a strategic long-term investment, rather than a luxury for the few. Investing now will pay dividends later.

Third, building trust in digital health is fundamental to its adoption. Without it, the whole system fails. We will only be able to successfully implement digital health tools and tackle digital inequalities if patients, citizens, and health workers believe their data is safe and secure.

Finally, and perhaps most crucially, we need to see much more international collaboration and knowledge-sharing. Digital health tools, including electronic patient records, need to be able to speak to each other across national and international boundaries – what we call interoperability – for them to be cost-effective and impactful.

So, in summary: connectivity, investment, trust, and cooperation.

If we collectively address these four points, we can – and will – take our digital health systems to the next level.

Thank you. Obrigado.

DIGITAL HEALTH DIVIDE: ONLY 1 IN 2 COUNTRIES IN EUROPE AND CENTRAL ASIA HAVE POLICIES TO IMPROVE DIGITAL HEALTH LITERACY, LEAVING MILLIONS BEHIND

Landmark report from the WHO Regional Office for Europe calls for urgent investment, innovation and inclusion to reap the rewards digital health has to offer



At the Second WHO Symposium in Porto, Portugal, a new report titled “**Digital health in the European Region: the ongoing journey to commitment and transformation**” was introduced. Covering all 53 Member States, it reveals that while the COVID-19 pandemic has fast-tracked the use of digital health tools like telemedicine and health apps, there are significant gaps remaining. A primary concern is the "digital health divide" where many cannot access or utilize digital health solutions. Despite most countries having a national digital health strategy and data privacy legislation, only 19 have guidance on evaluating digital health interventions, and just over half have implemented a digital inclusion plan. The report emphasizes three main recommendations: universal access to low-cost broadband, ensuring health data security, and making digital health tools inter-operable. Dr Hans Henri P. Kluge, WHO Regional Director for Europe, stressed the importance of viewing digital health as a long-term strategic investment, urging nations to act now to achieve equity and health for all.

More about digital health: https://www.who.int/europe/health-topics/digital-health#tab=tab_1 and <https://www.who.int/europe/initiatives/empowerment-through-digital-health>.

The new report is available at: <https://www.who.int/europe/publications/m/item/digital-health-in-the-who-european-region-the-ongoing-journey-to-commitment-and-transformation>.

The future of health is digital (video): https://www.youtube.com/watch?v=ezOQ-ev_ZCs&ab_channel=WHORegionalOfficeforEurope.

LEFT BEHIND IN PAIN – EXTENT AND CAUSES OF GLOBAL VARIATIONS IN ACCESS TO MORPHINE FOR MEDICAL USE AND ACTIONS TO IMPROVE SAFE ACCESS



Morphine is crucial in the medical field for alleviating moderate to severe pain, treating refractory severe breathlessness, and other medical uses. Despite its importance, there is a significant disparity in access to morphine across countries.

The Lancet Commission on Palliative Care and Pain Relief notes morphine's essential role, especially in palliative care. Data from 2021 indicates that over 80% of global morphine distribution was consumed by countries in the WHO's Americas and European Regions, mainly high-income nations. High-income countries had a median morphine consumption of 125.9 DDD (defined daily dose) per million people per day, significantly higher than the rates in middle- and low-income countries. This consumption disparity doesn't align with the actual medical need as based on days in pain or dyspnoea per capita. A WHO survey found that 50% of low-income country respondents reported 8 out of 10 people didn't receive necessary morphine or other strong opioids.

The primary barriers to morphine access include availability issues, especially in lower-income countries, and the financial burden associated with its purchase, forcing patients in some countries to skip essential medications, including morphine.

More information is available at: <https://www.who.int/publications/i/item/9789240075269>.

To complement this important work, WHO is hosting three webinars to share country experiences and discuss the policy landscape for bringing about safe access to medical morphine on 12 and 14 September 2023 (see [WHO EVENTS](#) section).

WHO LAUNCHES GROUNDBREAKING AIR POLLUTION TRAINING FOR HEALTH WORKERS ON INTERNATIONAL DAY OF CLEAN AIR



The United Nations-established **International Day of Clean Air for Blue Skies**, marked on 7 September, serves as a reminder of the pressing global challenge posed by air pollution. This year's theme, "Together for Clean Air", emphasizes that tackling air pollution is not an isolated task but requires collective efforts from communities, nations, and international bodies alike. The World Health Organization (WHO) has sounded the alarm, revealing that a staggering 99% of the world's population is exposed to polluted air. Such dire statistics spotlight the importance of collaboration, substantial investment, and a shared sense of responsibility to address this worldwide health and environmental crisis.

The World Health Organization has identified a significant gap in health professionals' training regarding the health impacts of air pollution. Only 11% of global medical schools formally address it. To bridge this gap, WHO, in collaboration with over 30 experts, developed the first **Air Pollution and Health Training toolkit (APHT)**. This toolkit is designed for health workers to understand air pollution's health risks and advocate for cleaner air interventions. It employs a train-the-trainer approach and promotes collaboration for policy implementation. The toolkit's initial offering is an [OpenWHO](#) online course comprised of four modules on air pollution and its health effects. Targeted at health professionals worldwide, this course is set to launch alongside this year's International Day of Clean Air for blue skies. The overarching goal is to empower health workers to understand, communicate, and address the profound health consequences of air pollution, which causes approximately 7 million premature deaths annually and has massive economic implications. The initiative also aims to spotlight and support the pivotal role health workers play in advocating for clean air and healthier global communities.

More information about International Day of Clean Air for Blue Skies: <https://www.un.org/en/observances/clean-air-day>.

Air pollution and health training toolkit for health workers (APHT): <https://www.who.int/tools/air-pollution-and-health-training-toolkit-for-health-workers>.

OpenWHO course on Air pollution and health is available at: <https://openwho.org/courses/air-pollution-health-workers>.

WHO INITIATIVE SIGNS NEW LICENCING AGREEMENTS ON COVID-19 TECHNOLOGIES



The COVID-19 Technology Access Pool (C-TAP), a collaboration initiated to promote the sharing of intellectual property (IP) and knowledge for COVID-19-related advancements, has announced three new licensing agreements facilitated by the Medicines Patent Pool (MPP). Among these, Medigen Vaccine Biologics Corp. has shared its patent and knowledge for a COVID-19 vaccine which has been administered in seven countries. The Spanish National Research Council (CSIC) is providing a license for a vaccine prototype, while the University of Chile offers its technology for a COVID-19 assay to quantify neutralizing antibodies. C-TAP, launched by WHO and the Government of Costa Rica in 2020, operates on the principles of the Solidarity call to action and works towards accelerating innovation and expanding global production capacity.

During the pandemic's peak, only the CSIC and the United States National Institute of Health chose to share their crucial COVID-19 technologies with C-TAP. However, the three new licenses represent a significant step forward in the global effort against the pandemic. They are available to all manufacturers and can be viewed on the C-TAP website. As part of its commitment to transparency, C-TAP has created a publicly accessible database, linking to other platforms where associated data is available. The WHO is set to share a review of C-TAP's contributions and a proposal for an updated technology access model.

C-TAP, backed by multiple countries and global agencies, aims to ensure broad and affordable access to vital COVID-19 health tools. The Medicines Patent Pool (MPP), which played a key role in the mentioned licensing agreements, is an UN-supported organization that focuses on enhancing access to life-saving drugs for low- and middle-income countries. It achieves this by collaborating with various stakeholders, licensing essential medicines, and pooling intellectual property to foster generic production and new formulations.

WHO COVID-19 Technology Access Pool: <https://www.who.int/initiatives/covid-19-technology-access-pool>.

WHO Technology Access Pool Database: <https://tap-database.who.int/>.

Healthy products policy and standards: <https://www.who.int/teams/health-product-and-policy-standards/medicines-selection-ip-and-affordability/review-gspa>.

Medicines Patent Pool: <https://medicinespatentpool.org/progress-achievements/licences> and <https://www.vaxpal.org/?page=1>.

EVIDENCE-BASED POLITICS: WHO AND THE EUROPEAN PARLIAMETARY FORUM FOR SEXUAL AND REPRODUCTIVE RIGHTS SIGN MEMORANDUM OF UNDERSTANDING



The World Health Organization (WHO), the UN Special Research Programme HRP, and the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) have entered into a Memorandum of Understanding (MoU) to bolster the integration of science and policy in promoting sexual and reproductive health and rights universally. The agreement focuses on three main pillars: offering technical support for evidence-backed policies in line with WHO guidelines, advocacy for raising awareness on reproductive health, especially in low- to middle-income nations, and enhancing the collaboration between WHO and lawmakers. WHO acknowledges the critical role parliamentarians play in health, through legislation, advocacy, and budget allocations. This MoU underlines a commitment to ensuring sexual and reproductive health issues are prioritized in global political discussions, aligning with WHO's Triple Billion goals and specific Sustainable Development Goal targets. The partnership between EPF, WHO, and HRP has been ongoing since 2014, addressing various health and rights issues. This collaboration comes as WHO marks its 75th anniversary, HRP its 50th, and as the global community anticipates the 30th anniversary of the International Conference on Population and Development in 2024.

WHO Sexual and Reproductive Health and Research (SRH): [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/human-reproduction-programme](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/human-reproduction-programme).

EPF for Sexual & Reproductive Rights: <https://www.epfweb.org/>.

Investing in sexual and reproductive health and rights: <https://www.who.int/publications/m/item/investing-in-sexual-and-reproductive-health-and-rights-essential-elements-of-universal-health-coverage>.

CURRENT COVID-19 SITUATION IN BOSNIA AND HERZEGOVINA

Bosnia and Herzegovina has recorded a total of 442,877 confirmed COVID-19 cases (FBIH – 305,501, RS – 121,100, BD* – 16,276) and 16,350 COVID-19 deaths (FBIH – 9,138, RS – 6,667, BD* – 545). In Week 35/2023 (ended 3 September 2023), a total of 9 confirmed cases and zero deaths were reported.

The R_t value started at 0.75 in Week 32 but escalated, crossing the threshold of 1 in Week 33, with a value of 1.10. It stabilized slightly in Week 34 at 1.06 and increased slightly to 1.11 by Week 35. An R_t value greater than 1 suggests that the disease is spreading. The number of tests conducted saw fluctuations, decreasing from 29 in Week 32 to 23 in Week 33. However, there was a notable increase in Week 34 with 64 tests, and this number further rose to 90 by Week 35. Despite this increase in testing, the number of positive cases detected remained relatively stable, showing a marginal decrease from 4 to 2 between Weeks 32 and 34. In the last week there were 9 positive cases. The test-positivity rate, which reveals the proportion of tests that are positive, showed inconsistencies. While it was at 12.9% and 13.1% for Weeks 32 and 33, respectively, it dipped sharply to 5.7% in Week 34. However, there was an increase in Week 35, reaching a high of 35.2%. The 7-day incidence, potentially indicating the rate of new cases per population, remained consistent at 0.1 from Weeks 32 to 34 but saw a threefold increase in Week 35, reaching 0.3. The number of hospitalizations at the end of each week remained zero for Weeks 32 and 33, but there was a noticeable increase in Week 34 with 4 hospitalizations, which almost doubled by Week 35, increasing to 7. However, the number of ventilators in use remained constant at zero across all four weeks, suggesting that while hospitalizations increased, the severity of the cases might not have demanded ventilatory support. Lastly, the number of deaths, a grim metric, decreased from 8 in Week 32 to 6 in Week 33, but spiked to 10 in Week 34, before decreasing again to 3 in Week 35.

Table 1. Key weekly indicators as at end-week

Indicators	Week 32	Week 33	Week 34	Week 35	Change Weeks 33-34	Change Weeks 34-35
R_t	0.75	1.10	1.06	1.11	ΔR : -0.04	ΔR : +0.05
#Tests	29	23	64	90	+178%	+40.6%
#Cases	4	3	2	9	-33.3%	+350%
Test-positivity (%)	12.9%	13.1%	5.7%	35.2%	-56.5%	+518%
7-day incidence	0.1	0.1	0.1	0.3	0.0%	+200%
#Hospitalizations as at end-week	0	0	4	7	---	+75.0%
#Ventilators in use as at end-week	0	0	0	0	---	---
#Deaths	0	0	0	0	---	---

Overall message: COVID-19 cases and hospital resources in use increased overall in Bosnia and Herzegovina, over the past week. While testing increased and there was a spike in positivity rate in Week 35, the rise in hospitalizations is concerning, although the use of ventilators might indicate less severe cases. Surveillance must be strengthened to ensure early detection of cases and COVID-19 vaccination coverage, including uptake of booster doses, must be expanded in vulnerable populations. The R_t value underscores the need for caution, as it suggests increasing transmission.

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.

Suicide - Key facts:

- More than 700 000 people die due to suicide every year.
- For every suicide there are many more people who attempt suicide. A prior suicide attempt is an important risk factor for suicide in the general population.
- Suicide is the fourth leading cause of death among 15–29-year-olds.
- Seventy-seven per cent of global suicides occur in low- and middle-income countries.
- Ingestion of pesticide, hanging and firearms are among the most common methods of suicide globally.

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.

[Ukraine emergency](#)

[Mpox outbreak](#)

[Earthquake in Türkiye and Syrian Arab Republic](#)

[Pakistan crisis](#)

[Drought and food insecurity in the Greater Horn of Africa](#)

WHO CAMPAIGNS

World Suicide Prevention Day 2023; 10 September, “Creating Hope Through Action”

[World Suicide Prevention Day \(WSPD\)](#) was established in 2003 by the [International Association for Suicide Prevention](#) in conjunction with the World Health Organization (WHO). The 10th September each year aims to focus attention on the issue, reduces stigma and raises awareness among organizations, governments, and the public, giving a singular message that suicides are preventable.

“Creating Hope Through Action” is the triennial theme for the World Suicide Prevention Day from 2021-2023. This theme serves as a powerful call to action and reminder that there is an alternative to suicide and that through our actions we can encourage hope and strengthen prevention.

World Patient Safety Day; 17 September, “Engaging Patients for Patients Safety”

World Patient Safety Day calls for global solidarity and concerted action by all countries and international partners to improve patient safety.

The Day brings together patients, families, caregivers, communities, health workers, health care leaders and policy-makers to show their commitment to patient safety.

World Health Assembly Resolution WHA 72.6 ‘Global action on patient safety’ recognizes patient safety as a global health priority and endorses the establishment of World Patient Safety Day to be observed annually on 17 September.

WHO PUBLICATIONS

Digital Health in the WHO European Region: the ongoing journey to commitment and transformation



Digital health has experienced a period of accelerated growth in recent years. The critical role of digital health in attaining universal health coverage and in supporting efforts to make health care more efficient, accessible and effective is now clearly recognized. At the same time, the pressures that have resulted from COVID-19 have thrown into sharp relief the varying abilities of countries to digitally transform their health-care systems.

Drawing on the data gathered through the 2022 Survey on Digital Health in the WHO European Region, this report presents an overview of the situation in the Region. It provides evidence of the substantial progress made and where improvement is still necessary. It highlights a number of policy options, facilitators and barriers to guide the successful implementation of digital health in Member States.

The report includes case examples provided by countries, illustrating a range of digital health applications and practices in various national contexts. Through the proposed priority actions and considerations WHO reaffirms its commitment to support Member States in fulfilling the strategic objectives of the Regional digital health action plan for the WHO European Region 2023–2030.

GLASS manual for antimicrobial resistance surveillance in common bacteria causing human infection



The WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS) was launched in 2015 to foster AMR surveillance and inform strategies to contain AMR nationally, regionally and globally. The system started with surveillance of AMR in bacteria causing common human infections and has expanded its scope to include surveillance of antimicrobial consumption (AMC), invasive fungal infections, and a One Health surveillance model relevant to human health.

The manual is part of a package of documents and tools designed to inform GLASS implementation. It describes the objectives and methodology of GLASS-AMR, the GLASS component dealing with the global surveillance of AMR in selected bacteria causing common human infections. This manual supersedes the “GLASS Manual for Early Implementation” (<https://www.who.int/publications/i/item/9789241549400>). It marks the second phase of GLASS implementation, adopting complementary surveillance and reporting approaches to accelerate empowering countries with representative quality and strategic information for policymaking. This version also proposes monitoring additional sites of infection and pathogens wherever appropriate.

Guidance and tools for conducting a country COVID-19 after action review (AAR)



Following the [declaration of the end of the Public Health Emergency of International Concern for COVID-19](#) (5 May 2023), the first temporary recommendation issued by the Director-General urged state parties to conduct an after-action review (AAR) of their response to COVID-19 in order to improve their country's readiness for future pandemics.

This *Guidance for country COVID-19 after action review (AAR)* aims to support countries in achieving this recommendation to systematically review their respective responses to COVID-19. It provides step-by-step instructions and relevant tools to conduct a country COVID-19 AAR.

Ending the COVID-19 emergency and transitioning from emergency phase to longer-term disease management: guidance on calibrating the response



This document complements the newly released [Strategic Preparedness and Response Plan \(SPRP\)](#). It outlines the essential actions, activities, and approaches of the different pillars of the COVID-19 SPRP operational planning guidelines, which are structured according to the 5C's framework, which represents the Core components of WHO's efforts in enhancing the global architecture for health emergency preparedness, response, and resilience.

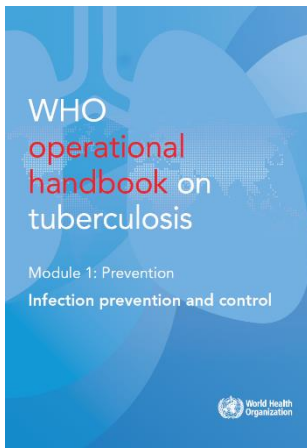
Report of the Meeting of the WHO Global Advisory Committee on Vaccine Safety, 15-16 May 2023



The Global Advisory Committee on Vaccine Safety (GACVS) was established in 1999 as an independent expert advisory body to WHO on policies and issues related to the safety of vaccines. The 46th GACVS meeting held virtually from 15-16 May 2023, brought together global experts to address a range of issues in vaccine safety. A summary of the presentations and recommendations are provided below. The next GACVS meeting will be organized as a joint meeting with the Advisory Committee on Safety of Medicinal Products (ACSoMP) in Geneva, from 13 to 15 November 2023.

WHO's operational handbook on tuberculosis infection prevention and control

Infection prevention and control are vital in the global effort to reduce the tuberculosis (TB) burden, as outlined in the End TB Strategy. The WHO's operational handbook on tuberculosis, specifically Module 1, offers practical guidance on implementing TB infection prevention and control measures, using a comprehensive public health approach. This



handbook is one in a series aimed at assisting in the programmatic management of TB. It underscores the necessity of coordinated actions across multiple sectors and healthcare levels, especially in high-risk settings for *M. tuberculosis* transmission. The guide includes best practices, checklists, and aids for implementing and monitoring interventions and advocates for a cohesive strategy across all settings. It targets a wide audience, from policymakers and program managers to clinicians, health officials, and other key stakeholders in both public and private sectors.

WHO STORIES

Healing amidst adversity in a refugee and migrant camp in Greece

This is one in a sequence of stories related to a WHO consultation with Member States to highlight the complex needs of people living with noncommunicable diseases (NCDs) in emergency situations when they are forced to leave their homes and the care they depend on.

Abamridha Olaiel, a 54-year-old man from Iraq, arrived in Greece in 2018. He was already receiving daily insulin treatment for type 2 diabetes and following a specially catered meal plan. One year after arriving at the refugee and migrant centre in Skaramanga, Athens, he was diagnosed with blood pressure problems through coronary angiography testing. He was then moved to the Schisto refugee and migrant camp, also in Athens.

Salma's path to recovery: Dealing with cancer postpartum

This is one in a sequence of stories related to a WHO consultation with Member States to highlight and understand the complex needs of people living with noncommunicable diseases in emergency situations when they are forced to leave their homes and the care they depend on.

While pregnant with her first child, and in order to escape the cruelty of civil war, Salma fled with her husband from her hometown in South Sudan. "No one can imagine what we experienced there," she says. Fortunately, she managed to reach Greece, although she has not heard from her family since.

Caring for the youngest

This is one in a sequence of stories related to a WHO consultation with Member States to highlight and understand the complex needs of people living with noncommunicable diseases in emergency situations when they are forced to leave their homes and the care they depend on.

Jasmin Bade's family is looking forward to celebrating her first birthday, aware that her first 11 months of life have been marked by numerous challenges.

Baby Jasmin was born in the Transcarpathia Region of Ukraine, next to the Hungarian border. Shortly after her birth in October 2022, her mother, Fanni, noticed that she had some unusual health symptoms. After several blood tests and examinations, Jasmin was diagnosed with valve stenosis and valve underdevelopment.

From conflict to care: Natalia's story

This is one in a sequence of stories related to a WHO consultation with Member States to highlight and understand the complex needs of people living with noncommunicable diseases in emergency situations when they are forced to leave their homes and the care they depend on.

Natalia, 69 years old, had lived in Podilsk, Ukraine for her whole life, where she earned a living making fur hats. Surrounded by her large family, she lived with her daughter, son-in-law and grandchildren. Her cardiovascular health had not been good for a long time, and she took regular medication after suffering a heart attack.

WHO PODCASTS

The Fourth Dimension: Transforming health systems towards improving Quality of Care

The second episode of The Fourth Dimension looks into aspects of quality of care at the level of health systems and health sector. This episode's guest Dr Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems at WHO Regional Office for Europe, sheds some light on how quality of care and patient safety can be found and improved across the whole spectrum of health care services – from hospital care to primary care and from rehabilitation services to nursing homes.

WHO EVENTS

WHO Global Conference: Engaging Patients for Patient Safety; 12-13 September 2023

Recognizing the pivotal role that patients, their families and caregivers play in advancing safe care, the theme selected for World Patient Safety Day 2023 is “**Engaging patients for patient safety**” with the slogan “**Elevate the voice of patients!**”. Evidence shows that when patients are treated as partners in their care, significant gains are made in safety, patient satisfaction and health outcomes. An online participation option is available. If you are interested in joining the conference virtually, kindly register [here](#).

What can be done to improve safe access to medical morphine? 12-14 September 2023

In June 2023, WHO published a report, [Left Behind in Pain](#), which describes the extent and causes of global variations in access to morphine for medical use. To complement this important work, WHO is hosting three webinars to share country experiences and discuss the policy landscape for bringing about safe access to medical morphine.

- What can be done to improve safe access to medical morphine? Lessons from countries (Part I) [12 September 2023; 8:30 UTC] - Register here – https://who.zoom.us/webinar/register/WN_4Z6wTa4pTPi-nkCD-e-UvQ#/registration (Flyer)
- Safe access to morphine for people in need- Reflecting backwards and looking forward [12 September 2023; 12:30 UTC] Register here – https://who.zoom.us/webinar/register/WN_Pwx_j4bfSHG1AWzHoQtLBg#/registration (Flyer)
- What can be done to improve safe access to medical morphine? Lessons from countries (Part II) [14 September 2023; 15:00 UTC] - Register here: https://who.zoom.us/webinar/register/WN_4FWT2AjYRMCD7L-S35fw5g#/registration (Flyer)

12th HEPA Europe conference: “Implementing health-enhancing physical activity research: from science to policy and practice”; 11-13 September 2023, Louvain, Belgium

The 18th annual meeting and 12th 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 WEBINARS AND COURSES

EPI-WIN Webinar: Preventing epidemics and pandemics in communities, through the One-Health approach;

13 September 2023, 13:00-14:00 CEST, online

Epidemics and pandemics begin and end in communities. When a community detects health threats and responds to them before they spread, a pandemic can be prevented. It is therefore key to equip communities with the right knowledge and tools to prevent, detect and respond to outbreaks. Co-developing prevention and early interventions with communities to prevent and control outbreaks, with the One-Health approach, is essential to prevent future epidemics and pandemics. The webinar will feature voices from communities, civil society organizations and academia, to discuss ongoing work and opportunities to strengthen the implementation of One-Health within communities, with a view to preventing future epidemics and pandemics.

Register for the event [here](#).

How data can help to end violence against women

A new online course aimed at public servants and policymakers has been launched to instruct on utilizing data to combat violence against women. The course, a collaborative effort by the WHO-UNWOMEN Joint Programme on Violence Against Women Data and Measurement, Apolitical, and the UN's Special Programme of Research, Development and Research Training in Human Reproduction (HRP), will be available for free on Apolitical's peer-to-peer platform, tailored for those in government roles. Violence against women is a universal issue, with 1 in 3 women experiencing violence in their lives, typically from intimate partners. This course emphasizes the crucial role of data in shaping policies, advocating for change, and tracking advancements in eliminating violence. It will encompass topics like understanding violence against women data, data collection and reporting methodologies, highlighting knowledge gaps concerning diverse women's experiences, and addressing challenges in data collection during crises. The course also offers a Q&A feature for discussions and access to more resources.

Click here for the course: <https://apolitical.co/microcourses/en/using-data-to-end-violence-against-women/>.

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

- <https://www.who.int/>
- <https://www.un.org/en/>
- <https://hepaeurope2023.org/>
- <https://www.youtube.com/c/whoregionalofficeforeurope>
- <https://apolitical.co/home/>
- <https://www.epfweb.org/>

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