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GLOBAL CHILDHOOD IMMUNIZATION LEVELS STALLED IN 2023, LEAVING MANY WITHOUT LIFE-SAVING PROTECTION

New data reveal nearly 3 in 4 infants live in countries where low vaccine coverage is driving measles outbreaks



Global childhood immunization coverage stalled in 2023, leaving 2.7 million additional children un- and under-vaccinated compared to pre-pandemic levels in 2019, according to data published today by the World Health Organization (WHO) and UNICEF.

The latest WHO and UNICEF estimates of national immunization coverage (WUENIC) – which provide the world's largest and most comprehensive dataset on immunization trends for vaccinations against 14 diseases – underscore the need for ongoing catch-up, recovery and system-strengthening efforts.

According to the findings, the number of children who received three doses of the vaccine against diphtheria, tetanus and pertussis (DTP) in 2023 – a key marker for global immunization coverage – stalled at 84% (108 million). However, the number of children who did not receive a single dose of the vaccine increased from 13.9 million in 2022 to 14.5 million in 2023.

More than half of unvaccinated children live in the 31 countries with fragile, conflict-affected and vulnerable settings, where children are especially vulnerable to preventable diseases because of disruptions and lack of access to security, nutrition, and health services.

Additionally, 6.5 million children did not complete their third dose of the DTP vaccine, which is necessary to achieve disease protection in infancy and early childhood.

These trends, which show that global immunization coverage has remained largely unchanged since 2022 and – more alarmingly – has still not returned to 2019 levels, reflect ongoing challenges with disruptions in healthcare services, logistical challenges, vaccine hesitancy and inequities in access to services.

Low vaccine coverage already driving measles outbreaks

In 2023, only 83% of children worldwide received their first dose of the measles vaccine, while the number of children receiving their second dose modestly increased from the previous year, reaching 74% of children. These figures fall short of the 95% coverage needed to prevent outbreaks, avert unnecessary disease and deaths, and achieve measles elimination goals.

Over the last five years, measles outbreaks hit 103 countries – home to roughly three-quarters of the world's infants. Low vaccine coverage (80% or less) was a major factor. In contrast, 91 countries with strong measles vaccine coverage did not experience outbreaks.

More on this: <https://www.who.int/news/item/15-07-2024-global-childhood-immunization-levels-stalled-in-2023-leaving-many-without-life-saving-protection>

CENTRAL ASIA HEALTH INVESTMENT PLAN AGREED



Ministers, policy-makers, and investment and development partners from across Central Asia and beyond have agreed to a range of initiatives that will strengthen investment in health across the five Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and take forward the Roadmap for Health and Well-being in Central Asia (2022–2025).

This consensus was reached at the Central Asia International Health Investment Forum, held on 26-27 June 2024 in Bishkek,

Kyrgyzstan. Speaking at the Forum on behalf of His Excellency Mr Sadyr Japarov, President of the Kyrgyz Republic, Mr Edil Baisalov, Deputy Prime Minister, underlined the concept of “shared prosperity” – that Central Asian countries grow and prosper together, benefitting from mutual trade, peace and security, with health at the centre.

The initiatives agreed by delegates present at the Forum include the establishment of a Health Investment Group, comprising country leaders and investment partners from Central Asia who will meet regularly to guide progress on the Roadmap, and the creation of a Health Investment Plan to channel more resources into 11 priority areas for health.

The new Health Investment Plan will place specific focus on advancing universal health coverage through investing in primary health care and improving financial protection and health equity. It will promote health and well-being through investment in initiatives to reduce the burden of noncommunicable diseases and to create healthy and green environments. The Plan will also gather resources to protect people from health emergencies, through further investment in mitigating, detecting and responding to health emergencies as well as combatting antimicrobial resistance.

In brief: Central Asia International Health Investment Forum

- ✓ The Forum was hosted by WHO/Europe together with the Ministry of Health of the Kyrgyz Republic, under the auspices of His Excellency Mr Sadyr Japarov, President of the Kyrgyz Republic.
- ✓ Over 200 delegates, including ministers, ambassadors, representatives of ministries of health and foreign affairs, international development banks, public health organizations, and multilateral bodies, youth representatives and health professionals, met in Bishkek, Kyrgyzstan, on 26-27 June 2024.
- ✓ Discussions were facilitated through a series of five round tables on rethinking rural health, the power of communities and inclusive digital solutions; a future free of TB and the vertical transmission of HIV, syphilis and viral hepatitis; preparing Central Asia for emergencies; implementing the NCD-related Sustainable Development Goals; and accelerating progress in addressing environment, health and climate change challenges.
- ✓ Delegates signed an Outcome Statement committing them to establish a Health Investment Group and Health Investment Plan.

[Outcome statement: Central Asia International Health Investment Forum: 26 June 2024, Bishkek, Kyrgyzstan](#)

WHO/EUROPE'S ACCESS TO NOVEL MEDICINES PLATFORM BUILDS CONSENSUS



In an effort to move from words to concrete actions, WHO/Europe's Novel Medicines Platform (NMP) has convened its first-ever regional meeting, bringing together its working groups and major stakeholders to find consensus around key issues and move forward with concrete policy recommendations.

Held at WHO/Europe in Copenhagen on 2-3 July 2024, patients, payers, Member States and industry representatives met to discuss progress made so far.

Some of the issues tackled include the intersection of risks and rewards in regional and global pharmaceutical markets, horizon scanning (which aims to identify upcoming health technologies, medicines, and therapies before they enter the market, so policy-makers can be better prepared), and pooled procurement, among others — all, ultimately, with the main objective of improving people's access to these life-saving, though often prohibitively expensive, medicines.

"Countries in the WHO European Region have raised serious concerns about medicine shortages, rising prices and the impact of medicines on health-care budgets. Health-care budgets are stretched even further, and too many families are facing a cost-of-living crisis and dealing with out-of-control inflation," said WHO Regional Director for Europe, Dr Hans Henri P. Kluge.

Consensus in an open, transparent forum

Recent years have seen significant progress made in biopharmaceutical research. Advancements in the fields of prevention, screening, diagnosis and treatment of many diseases have taken place thanks largely to investments in both the public and private sectors.

At the same time, there is growing concern among governments about the steep prices of promising novel medicines. These high costs, particularly worrisome for smaller countries in the Region, have widened existing inequalities and resulted in people's inability to access treatments and, in many cases, financial distress.

Established in 2023 as a unique, multistakeholder collaboration mechanism to promote dialogue and knowledge exchange between all stakeholders in the area, NMP is working to tackle these challenges. It does so by working across four key areas, or working groups: transparency, solidarity, sustainability, and novel antimicrobials.

[WHO/Europe Access to Novel Medicines Platform](#)

[The Novel Medicines Platform](#)

More on this: <https://www.who.int/europe/news/item/10-07-2024-who-europe-s-access-to-novel-medicines-platform-builds-consensus>

WHO LAUNCHES NEW NETWORK FOR ADVANCING DATA AND DIGITAL SOLUTIONS FOR HEALTH



WHO/Europe has launched the Strategic Partners' Initiative for Data and Digital Health (SPI-DDH), a collaboration network that brings together the 53 Member States of the WHO European Region and leading partners in the fields of data and digital health.

The SPI-DDH aims to tackle issues related to the digital transformation of health systems and foster a future where all patients and health-care workers can benefit from safe, affordable and person-centred digital technologies for health.

Multisectoral collaboration

The newly established network will convene over 100 representatives of Member States; governmental, intergovernmental and nongovernmental organizations; WHO collaborating centres for data and digital health; the private sector; and academic institutions.

“Our shared purpose that brings us together today is to create a new dialogue that engages the right stakeholders around the topics that matter most. No single entity can unleash the full potential of digital health and data. But through the knowledge and understanding cultivated through this platform, we can work together to ensure that the values of equity and human rights are at the core of health systems in a digital era,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe, at the SPI-DDH launch event in Copenhagen, Denmark, on 13 June 2024.

“Today marked the beginning of a truly transformative journey,” said Dr Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems at WHO/Europe, in her closing remarks. *“The diversity of expertise here, as well as the conversations that took place today, assure me that we are on the right path to creating robust and person-centred health systems in the digital era.”*

WHO/Europe's report “Digital health in the WHO European Region: the ongoing journey to commitment and transformation” found that only up to 2% of the total national health budget was allocated to digital transformation in the few countries who were even able to report this expenditure.

Only 35% of Member States have policies addressing the use of big data and advanced analytics in the health sector. Moreover, patients and health workers report low levels of trust for digital solutions, with concerns related to privacy and security.

[Strategic Partners' Initiative for Data and Digital Health](#)

Strategic Partners' Initiative for Data and Digital Health: <https://youtu.be/n2FwYP2mrhl>

More on this: <https://www.who.int/europe/news/item/09-07-2024-who-launches-new-network-for-advancing-data-and-digital-solutions-for-health>

WHO RELEASES FIRST-EVER CLINICAL TREATMENT GUIDELINE FOR TOBACCO CESSATION IN ADULTS



The World Health Organization (WHO) recommends a comprehensive set of tobacco cessation interventions, including behavioural support delivered by health-care providers, digital cessation interventions and pharmacological treatments in a first guideline on tobacco cessation.

The guideline focuses on helping the more than 750 million tobacco users who want to quit all forms of tobacco. The recommendations are relevant for all adults seeking to quit various tobacco products, including cigarettes, waterpipes, smokeless tobacco products, cigars, roll-your-own tobacco, and heated tobacco products (HTPs).

“This guideline marks a crucial milestone in our global battle against these dangerous products,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *“It empowers countries with the essential tools to effectively support individuals in quitting tobacco and alleviate the global burden of tobacco-related diseases.”*

Over 60% of the world's 1.25 billion tobacco users – more than 750 million people – wish to quit, yet 70% lack access to effective cessation services. This gap exists due to challenges faced by health systems, including resource limitations.

“The immense struggle that people face when trying to quit smoking cannot be overstated. We need to deeply appreciate the strength it takes and the suffering endured by individuals and their loved ones to overcome this addiction,” said Dr Rüdiger Krech, Director of Health Promotion at WHO. *“These guidelines are designed to help communities and governments provide the best possible support and assistance for those on this challenging journey.”*

[WHO clinical treatment guideline for tobacco cessation in adults](#)

More on this: <https://www.who.int/news/item/02-07-2024-who-releases-first-ever-clinical-treatment-guideline-for-tobacco-cessation-in-adults>

NEW REPORT HIGHLIGHTS STRATEGIES FOR AGE-FRIENDLY CITIES IN POST-PANDEMIC ERA



during the COVID-19 pandemic and other emergencies.

How to create resilient, adaptive, and inclusive urban environments for older citizens is the subject of a newly launched policy brief by WHO/Europe and the Healthy Ageing Task Force (HATF) from the WHO Healthy Cities Network. “City leadership for age-friendly environments in the post-pandemic era” is targeted at planners, policy-makers, and politicians, and draws on lessons learned

The COVID-19 pandemic and other health emergencies disproportionately impacted older populations, prompting cities to develop innovative solutions to address survival, equity, adaptation, and inclusion. The report identifies five crucial lessons to inform future health emergency responses.

- 1) Build resilience together. City leadership during the pandemic demonstrated the effectiveness of integrated systems combining various sectors and government levels. This collaborative approach is essential for future preparedness and response.
- 2) Adopt a resilience cycle. Experiences from the pandemic should shape a continuous cycle of preparedness, response, and recovery to enhance resilience against future health crises.
- 3) Adopt an all-hazards approach. Given limited resources, cities must employ mechanisms developed during the pandemic to prepare for and respond to a range of health emergencies.
- 4) Invest in community infrastructure. Long-term investment in social, physical, and economic infrastructures is vital for building age-friendly cities, as evidenced by HATF cities.
- 5) Ensure older people have a voice. Effective policies must earn the trust and support of older citizens. Their voices should be heard and acted upon, ensuring their needs are met and their contributions valued.

The report underscores the importance of not leaving the older population behind in city planning and emergency responses.

“Older adults should not always be perceived as vulnerable; they bring a lifetime of experience that is invaluable during crises. By including them in emergency planning and creating age-friendly environments, we ensure no one is left behind and build stronger community resilience even in emergency contexts,” said Dr Yongjie Yon, Technical Officer on Ageing and Health in WHO/Europe’s Division of Country Health Policies and Systems.

[City leadership for age-friendly communities in the post-pandemic era: five lessons for building health emergency resilience from 16 European cities](#)

MEDEVIS PLATFORM ANNOUNCED TO BOOST ACCESS TO MEDICAL TECHNOLOGIES AND DEVICES



The World Health Organization (WHO) has introduced an online platform called MeDeVIS (Medical Devices Information System), the first global open-access clearing house for information on medical devices. It is designed to support governments, regulators and users in their decision-making on selection, procurement and use of medical devices for diagnostics, testing and treatment of diseases and health conditions.

The MeDeVIS platform includes 2301 types of medical devices used for a broad-ranging health issues, including reproductive, maternal, newborn and child health, noncommunicable diseases such as cancer, cardiovascular diseases, diabetes as well as infectious diseases such as COVID-19.

“The number of medical technologies used in health care is growing, as is their complexity, which can make it challenging for health care practitioners and patients to navigate,” said Dr Yukiko Nakatani, WHO Assistant Director-General for Access to Medicines and Health Products. *“We aim to provide a one stop shop of international information, which can be invaluable for those making decisions on life-saving medical technologies, especially in resource-limited settings, and to improve access”.*

There are over 10 000 different medical devices that are being used for protection, prevention, diagnostics, treatment or rehabilitation of health issues globally. These include multiple simple and complex medical technologies ranging from pulse oximeters, digital thermometers, single-use syringes and medical masks to various diagnostic laboratory tests and other medical equipment including electrocardiograms, endoscopes, all imaging radiology technologies, and technologies used for treatments such as haemodialysis units and defibrillators, implantable prosthesis, cardiac stents and complex radiotherapy equipment.

In MeDeVIS, users can check devices they require, including type, level of health care systems to support the device (such as community or specialized hospitals), scope of the device, and infrastructure required, among other categories.

MeDeVIS replaces paper-based literature search across multiple publications with non-standard device names which can add to the complexity. Along with providing a single platform, MeDeVIS also aims to help make the naming of the medical devices simpler.

MeDeVIS references two international naming systems for medical devices: the European Medical Device Nomenclature ([EMDN](#)), mostly used in European countries for registration in the European database; and the Global Medical Device Nomenclature ([GMDN](#)) used in regulatory agencies in Australia, Canada, the United Kingdom, the United States of America and other countries. The naming systems include coding and definitions and can be used in every country to facilitate registration for regulatory approval, procurement and supply, inventories in health facilities, tracking and pricing.

[MeDeVIS](#)

More on this: <https://www.who.int/news/item/08-07-2024-medevs-platform-announced-to-boost-access-to-medical-technologies-and-devices>

WHO PREQUALIFIES THE FIRST SELF-TEST FOR HEPATITIS C VIRUS



The World Health Organization (WHO) has prequalified the first hepatitis C virus (HCV) self-test which can provide a critical support in expanding access to testing and diagnosis, accelerating global efforts to eliminate hepatitis C.

The product, called OraQuick HCV self-test, manufactured by OraSure Technologies, is an extension of the pre-qualified, OraQuick® HCV Rapid Antibody Test which was initially prequalified by WHO in 2017 for [professional use](#). The self-test version, specifically designed for use by lay users, provides individuals with a single kit containing the components that are needed to perform the self-test.

[WHO recommended HCV self-testing \(HCVST\) in 2021](#), to complement existing HCV testing services in countries. The recommendation was based on evidence demonstrating its ability to increase access to and uptake of services, particularly among people who may not otherwise test.

National-level HCVST implementation projects, largely supported by Unitaid, have shown high levels of acceptability and feasibility, as well as empowering people through personal choice, autonomy and access to stigma-free self-care services.

“Every day 3500 lives are lost to viral hepatitis. Of the 50 million people living with hepatitis C, only 36% have been diagnosed, and 20% have received curative treatment by the end of 2022,” says Dr Meg Doherty, WHO Director for the Department of Global HIV, Hepatitis and STI Programmes. *“The addition of this product to the WHO prequalification list provides a safe and effective way to expand HCV testing and treatment services, ensuring more people receive the diagnoses and treatment they need, and ultimately contributing to the global goal of HCV elimination.”*

[Hepatitis C](#)

More on this: <https://www.who.int/news/item/10-07-2024-who-prequalifies-the-first-self-test-for-hepatitis-c-virus>

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](#)

[Mpox](#)

[Ukraine emergency](#)

[Coronavirus disease \(COVID-19\) pandemic](#)

[Syrian crisis: WHO's response in and from Turkey](#)

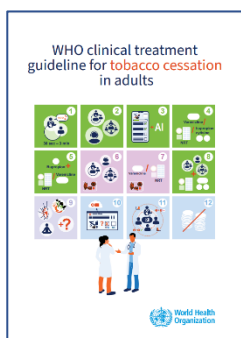
[Ukraine's humanitarian crisis 2014-2022](#)

[Measles emergency in the European region](#)

[Middle East respiratory syndrome coronavirus \(MERS-CoV\) and the risk to Europe](#)

PUBLICATIONS

WHO clinical treatment guideline for tobacco cessation in adults



Supporting tobacco users to quit is core demand-reduction measure of the WHO Framework Convention on Tobacco Control (WHO FCTC) and a key component of WHO MPOWER policy package. This guideline provides technical guidance on a thorough set of tobacco cessation interventions for adults, and to support WHO Member States to use evidence-based behavioural interventions and pharmacological treatments for tobacco cessation as part of a comprehensive tobacco control approach.

This guideline is primarily intended for use by health care providers working in clinical and community settings where tobacco users may present and be managed. The recommendations on system-level interventions and policies contained in this guideline are to inform policy makers and health service managers on how to enhance the adoption and implementation of effective tobacco cessation interventions.

<https://www.who.int/publications/i/item/9789240096431>

Laboratory biosecurity guidance



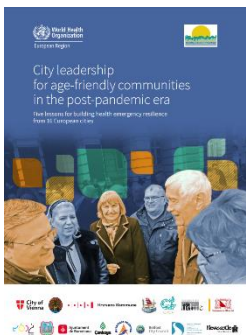
The WHO laboratory biosecurity guidance follows and complements the revision of the Laboratory biosafety manual, fourth edition and provides principles and measures to prevent lapses and incidents throughout the whole value chain of handling high-consequence biological material, technology and information. The document shares global best practice and covers the biosecurity part of the biological risk management lifecycle, starting from collection, transportation, storage and experiment, and in specific context such as every type of biomedical laboratory, research activities, repository and biobank. It also provides key considerations and best practices for institutional, national and international levels, including regulatory oversight.

Key elements of the guidance are:

- Consequence-driven biosecurity risk assessment
- Emerging technologies and potential threats (cybersecurity, information security; molecular techniques, artificial intelligence)
- International and national legislation/regulation
- two-tier system of the national body and the institutions using a hybrid approach with risk-based elements of list-based high-consequence material
- Strengthening the role and responsibility of institutional biosafety committees
- Ultimate situations – war, civil unrest, devastating natural disasters

<https://www.who.int/publications/i/item/9789240095113>

City leadership for age-friendly communities in the post-pandemic era: five lessons for building health emergency resilience from 16 European cities



The COVID-19 pandemic hit older people hardest. This policy brief, intended for planners, policy-makers and politicians, was produced by the 16 cities of a Healthy Ageing Task Force and the WHO Regional Office for Europe. During the pandemic, cities provided leadership and innovative programmes to meet the four key challenges of survival, equity, creating conditions for people to adapt and thrive, and ensuring older people have a voice which is listened to and acted upon. Drawn from the experience of the cities, five lessons should inform age-friendly, resilient and adaptive cities for all types of health emergency: building resilience together; using a cycle of preparedness, response and recovery; adopting an all-hazards approach; investing in community infrastructure; and creating systems for feedback from older citizens. Older people should not be left behind when cities prepare for, respond and recover from future crises.

<https://www.who.int/europe/publications/i/item/WHO-EURO-2024-8409-48181-74811>

Support tool to strengthen telemedicine: resource for assessment, strategy development, and strengthening of telemedicine services



This resource presents a comprehensive framework designed to enhance and streamline telemedicine services within health-care systems. It addresses the critical need for accessible and effective telemedicine solutions, especially in the face of global health challenges and the evolving demands on health-care infrastructures. It outlines a multidimensional strategy that includes an assessment of the current health-care ecosystem, strategic visioning for telemedicine integration, organizational change management, development of telemedicine services, and continuous monitoring, evaluation, and optimization. It emphasizes the importance of considering the unique needs of diverse populations and ensuring equitable access to telemedicine technologies. By leveraging global best practices and empirical evidence, the document aims to guide stakeholders through the lifecycle of telemedicine service implementation—from conceptualization to maturity. Intended for health-care decision-makers, policy-makers, and telemedicine practitioners, the framework supports the development of high-quality telemedicine services at various levels of the health system. It facilitates a collaborative approach, encouraging alignment and coordination among different stakeholders to achieve a common goal: building a resilient, patient-centred, and technologically advanced health-care system.

<https://iris.who.int/handle/10665/378200>

WHO EVENTS & COURSES

World Drowning Prevention Day 2024, 25 July

Anyone can drown, but it can almost always be prevented. Yet every year nearly a quarter of a million people lose their lives to drowning, and almost 82,000 of them are children aged 1 to 14 years.

Drowning is abrupt, silent and shocking, with people often not realizing it's happening until it's too late.

What leads to drowning often happens in just a few seconds: a small child slipping unnoticed into a pond or pool on a sunny afternoon; feeling invincible after a few drinks and jumping into the ocean for a swim; accepting that one extra passenger on the boat, despite knowing it might capsize; deciding it's too much of a hassle to put on that lifejacket.

So much can happen in a single moment. But with the right awareness and actions, what happens in those seconds can also be changed – for the better.

<https://www.who.int/campaigns/world-drowning-prevention-day/2024>

Webinar: Quantitative approaches for Vulnerability and Adaptation assessments: sensitivity analyses and projecting future health risks of climate change; 17 July 2024: 9:30-11:00 and 15:00-16:30

WHO is conducting a [series of technical webinars on various climate change and health topics](#) with the aim of building capacity for implementation at country level. These webinars will integrate training, experience sharing, interactive activities and group discussion.

The first series of webinars will explore specific topics related to:

- Conducting a climate change and health vulnerability and adaptation assessment
- Developing a Health National Adaptation Plan
- Accessing climate finance for health
- Climate resilient and environmentally sustainable health care facilities

Register: AM session: https://who.zoom.us/meeting/register/tJEtduirqjwiHtw3nXTe_fz6h7wghpF3puVo

PM session: https://who.zoom.us/meeting/register/tJ0rfuyrrTguE9Fbs1hCmm7mMN1_SHivhceh

<https://www.who.int/news-room/events/detail/2024/07/17/default-calendar/webinar--quantitative-approaches-for-vulnerability---adaptation-assessments--sensitivity-analyses-and-projecting-future-health-risks-of-climate-change>

Enhancing cybersecurity in health: protecting digital health information systems; 18 July 2024, online

WHO/Europe will host a webinar on 18 July to discuss the critical importance of cybersecurity in the health-care sector. This is the 9th webinar in the Decoding Data and Digital Health series, which addresses digital health topics of importance to countries in the WHO European Region.

[Registration](#)

<https://www.who.int/europe/news-room/events/item/2024/07/18/default-calendar/enhancing-cybersecurity-in-health--protecting-digital-health-information-systems>

WHO @ AIDS 2024

WHO will participate in AIDS 2024, the 25th International AIDS Conference, which will take place in Munich, Germany and virtually. WHO Department of Global HIV, hepatitis and sexually transmitted infections Programmes (HHS) will hold several pre-meetings and key satellite sessions to share its latest epidemiological, scientific and normative work, including the launch of the new progress report on the implementation of the Global Health Sector Strategies on HIV, viral hepatitis and STIs, 2022-2030 (GHSS); new directions and country experiences towards HIV integration into primary health care and to present updates on HIV prevention, testing, treatment and care.

Dates and times: Pre-conference: 20–21 July

Conference: 22–26 July

<https://www.who.int/news-room/events/detail/2024/07/20/default-calendar/who-at-aids-2024>

World Breastfeeding Week; 1-7 August 2024

World Breastfeeding Week is held in the first week of August every year, supported by WHO, UNICEF and many Ministries of Health and civil society partners. The theme for 2024 is “Closing the gap: Breastfeeding support for all”.

The campaign will celebrate breastfeeding mums in all their diversity, throughout their breastfeeding journeys, while showcasing the ways families, societies, communities and health workers can have the back of every breastfeeding mum.

<https://www.who.int/campaigns/world-breastfeeding-week/2024>

WHO FACTSHEETS

Tobacco

<https://www.who.int/news-room/fact-sheets/detail/tobacco>

Hepatitis C

<https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>

Bipolar disorder

<https://www.who.int/news-room/fact-sheets/detail/bipolar-disorder>

WHO VIDEOS

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

WHO PODCASTS

Philippe Roux: Europe on the path to beating cancer

For this episode of the Euro Health Podcast, we had the honour of welcoming Philippe Roux, Acting Director for 'Public Health, Cancer and Health Security' Unit, and Head of Unit for 'Cancer, Health in all Policies' at the European Commission Directorate-General for Health and Food Safety (DG SANTE), to have a conversation around the EU's response to cancer.

In the past five years, the fight against cancer has been highly prioritised by the European institutions: both the European Commission and the European Parliament published ambitious initiatives for prevention and treatment. Philippe Roux is in charge of coordinating actions to tackle cancer in the European Commission, including the comprehensive Europe Beating Cancer Plan (EBCP), one of the key initiatives of the Commission in the area of health. One objective: fighting a disease that affects millions of Europeans through the promotion of healthy lifestyles, innovations in treatment, and improved accessibility to diagnosis and quality care.

We asked Philippe Roux to walk us through some of the most important initiatives contained in the Plan, from the improvement of health literacy to the reduction of risky behaviours. What were the biggest achievements reached so far? How are the European institutions working together towards this common goal, and what is the role of the Member States? How is the Commission responding to the suggestions and requests of citizens, collected during the public consultations? Listen to the episode to learn it and much more!

<https://www.youtube.com/watch?v=bGeh8AdbKos>

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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