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In this issue:

Bosnia and Herzegovina: advancing health reform with a focus on community-based primary health care 3

Health and Food Safety in Focus at Workshop in Široki Brijeg 5

Reducing health risks from extreme weather events 7

How summer heat impacts health and how to #KeepCool 9

The climate crisis is a health crisis – and the European Region is in the hot seat 11

New WHO report pushes for stronger tobacco control policies 13

Montenegro pushes for stronger action to advance tobacco control in the Western Balkans 136

New data: noncommunicable diseases cause 1.8 million avoidable deaths and cost US$ 514 billion every year - new WHO/Europe report 19

WHO launches bold push to raise health taxes and save millions 21

European WHO Collaborating Centers Sign Global Open Letter 23

WHO designates new collaborating centre on public health leadership and workforce development 23

WHO emergencies 26

Events / Courses / Video 26

Podcast 27

Publications 28

Multimedia 29

Sources 29

Contributors 29

BOSNIA AND HERZEGOVINA: ADVANCING HEALTH REFORM WITH A FOCUS ON COMMUNITY-BASED PRIMARY HEALTH CARE

As part of the European Union (EU)-supported health sector reform efforts in Bosnia and Herzegovina (BiH), WHO, in close collaboration with health authorities, organized two high-level workshops in Banja Luka and Sarajevo on 25–27 June 2025 focusing on further strengthening primary health care grounded in community-based health promotion and disease prevention.

The events gathered health leaders and practitioners from both entities of BiH – the Federation of BiH and the Republika Srpska – alongside international experts from Slovenia and the WHO European Centre for Primary Health Care in Almaty, Kazakhstan. Participants shared experiences and worked jointly to craft roadmaps towards integrated, multidisciplinary, people-centred primary health care services across the country.

Minister of Health of the Federation of BiH Nediljko Rimac emphasized that the aim of the workshop was to support the development of a new model of primary care: *"We have guests from Slovenia whose successful models we want to study and adapt into our system, particularly their strong focus on disease prevention and the development of health promotion centres."*

Assistant Minister in the Ministry of Health of the Federation of BiH Goran Čerkez noted that the transformation of primary care in the entity is a long-term process: *"Today's presentation of the Slovenian model is an opportunity for discussion among directors of health centres, public health institutes, health insurance funds and cantonal ministries. Our goal is to reach a consensus on the future direction of primary health care development, because primary care is the foundation of the health system."*

In Banja Luka, the international workshop underscored that while Republika Srpska has a well-organized primary care system, continuous improvement is essential. Minister of Health and Social Welfare of the Republika Srpska Alen Šeranić stated that their goal is to bring the health system closer to the people, which requires engagement with communities. *"We have enabled health centres to establish health promotion and disease prevention units, which go beyond health services by involving other sectors to ensure a truly multidisciplinary and intersectoral response,"* he said.

Gian Matteo Apuzzo of the WHO European Centre for Primary Health Care affirmed WHO's support for BiH's reform path, highlighting that primary health care is key to health system transformation: *"We are encouraged by the reforms undertaken thus far and expect further steps towards improved service delivery, including digitalization, education and enhanced care in health centres."*

WHO Special Representative in BiH Erwin Cooreman reinforced the message that primary care is the entry point for people. He noted, *"BiH has solid foundations – family doctors, nurses and established relationships. It is now time to elevate these services to a higher level of responsiveness and readiness."* Cooreman underlined the importance of linking PHC with hospitals and communities through comprehensive records and prevention strategies, especially for chronic disease management.

Antonija Poplas Susič, General Director of Ljubljana Health Centre, presented Slovenia's model of integrated health promotion and disease prevention centres, initiated in 2011. *"We introduced registered nurses into family doctor teams and began structured prevention programmes targeting individuals with risk factors or chronic illnesses. These protocols now guide our long-term patient management,"* she explained.

Her presentation resonated with health professionals in BiH, including Darja Tadić, Head Nurse of the Multidisciplinary Centre for Health Promotion and the Prevention of Diseases, Conditions and Injuries at Doboj Health Centre, who emphasized the importance of adopting a similar model adapted to the local context. *"I believe that these centres should be established following the example from Slovenia, particularly in the area of health promotion. Prevention, of course, remains primarily the responsibility of family medicine services, although it is also integrated into the work of the multidisciplinary centre. However, health promotion is precisely what such a centre is built around,"* Tadić pointed out.

HEALTH AND FOOD SAFETY IN FOCUS AT WORKSHOP IN ŠIROKI BRIJEG

A workshop titled “Health and Food Safety Day” was held today in Široki Brijeg, bringing together public health experts, food industry representatives, and international organizations to discuss the importance of food safety, healthy eating, and sustainable food systems. The event was organized by the Public Health Institute of West Herzegovina Canton (ZJZ ŽZH) in collaboration with the World Health Organization (WHO) and the United Nations Food and Agriculture Organization (FAO) in Bosnia and Herzegovina.

The workshop was part of the ongoing project “Localization of Sustainable Development Goals through the Transformation of Healthy Food Systems”, which aims to raise awareness and encourage community-level action toward safer, healthier, and more sustainable food practices.

Strengthening Local Action

In her opening remarks, Acting Director of ZJZ ŽZH Andrea Jurić emphasized the importance of local-level engagement in building healthier communities. She was joined by Assistant Minister of Health of West Herzegovina Canton Marija Vlašić, Zlatan Musić from the WHO Country Office, Vlado Pijunović, FAO Programme Coordinator, and Dr Sanin Tanković, Director of the Food Safety Agency of Bosnia and Herzegovina.

Speakers highlighted the shared responsibility across government institutions, international bodies, and the private sector in transforming food systems. They also pointed to the need for coordinated policies and better consumer awareness as Bosnia and Herzegovina progresses toward EU-aligned standards in food regulation.

Expert Insights on Safe and Sustainable Food Systems

The expert panel discussed a wide range of topics, including the prevention of foodborne illnesses, risks linked to unsafe food practices, agricultural product safety, and the increasing demand for food quality control in both domestic and export markets.

Vlado Pijunović noted that addressing food system challenges requires changes in public policy, supported by strong collaboration among diverse sectors.

Dr Sanin Tanković emphasized the role of local communities in strengthening food safety systems. *"If local communities are not strong, the state cannot be strong,"* he said. Dr Tanković also called for improved legal frameworks, greater public engagement, and effective consumer protection mechanisms.

Private Sector Perspective

From the private sector, Zdravko Markov, Executive Director of Commercial Affairs at Mljekara Livno d.o.o., presented the company's experience in meeting international food safety standards. He highlighted the success of Livanjski cheese, the first product from Bosnia and Herzegovina to receive EU-level protection. Markov underlined the importance of regulatory compliance for accessing global markets, including the United States of America.

Marijana Lesko, Research and Development technologist at Violeta d.o.o., spoke about growing consumer expectations regarding food quality and safety. Representing Lasta d.o.o. from Čapljina, she stressed the need for ongoing risk management and investment in food safety innovation.

Moving Forward

The event concluded with a call for stronger inter-sectoral cooperation, continued public education, and greater investment in the food and health systems at the local level. Organizers and participants alike reaffirmed their commitment to supporting sustainable development and improving food safety and public health throughout Bosnia and Herzegovina.

REDUCING HEALTH RISKS FROM EXTREME WEATHER EVENTS

Leading climate-related causes of death, illness and suffering result from exposure to increasingly frequent and more intense extreme weather events, including heatwaves, wildfires, floods and storm surges, as well as slow-onset events such as droughts.

Heatwaves across Europe are affecting the health and livelihoods of millions of people. In 2022 in the WHO European Region, extreme heat claimed more than 60 000 lives, and by 2050 this could rise to 120 000 heat-related deaths every year. Climate change is increasing the risk of heatwaves, and extreme heat in the summer months is becoming the norm, not the exception.

Floods are the most common form of natural disaster in the European Region and can affect both physical and mental well-being. Climate change is projected to result in more frequent and more intense heavy precipitation events, making them 9 times more likely to occur. Without appropriate adaptation, river flooding is projected to affect 250 000–400 000 additional people per year in the European Region by the 2080s.

Wildfires are increasing in frequency, severity and duration, heightening the need to understand the health effects of wildfire exposure. The risk of wildfires grows in extremely dry conditions, such as drought, heatwaves and during high winds. Wildfire smoke is a mixture of air pollutants of which particulate matter is the principal public health threat.

The adverse health effects of extreme weather are largely preventable through good public health practices.

Extreme weather events are a growing health risk due to burgeoning urbanization, an increase in high-temperature extremes, changing precipitation patterns, and demographic changes in countries with ageing populations, like most WHO European Member States.

In the coming decades, growing exposure and vulnerability to heatwaves and other extreme weather events will lead to more suffering, ill health and deaths unless countries take truly drastic adaptation and mitigation measures to tackle climate change.

Adaptation means making our health systems and our societies fit to face the future with a changing climate. WHO/Europe issues technical guidance to support national and local authorities in essential preparation for extreme weather events.

Mitigation means going beyond preparing for the impacts of climate change to being part of the solution. Our health systems and societies need to be climate-resilient, sustainable and low-carbon. We can do our part by ensuring that climate change is fully integrated, internalized and institutionalized into our health systems, accelerating the delivery of net-zero, sustainable health care to improve individual, societal and planetary health.

WHO European Member States have already demonstrated that they can work together effectively on urgent threats to global health. The 7th Ministerial Conference on Environment and Health and its Budapest Declaration define the future environment and health priorities and commitments for the Region to 2030 and beyond, with a focus on addressing the health dimensions of the triple environmental crisis of climate change, biodiversity loss and environmental pollution.

Learn more about the campaign on this LINK.

HOW SUMMER HEAT IMPACTS HEALTH AND HOW TO #KEEPCOOL

As summer approaches the European Region, the promise of sunshine and outdoor activities often overshadows a growing, silent threat: extreme heat. Far from being a mere discomfort, soaring temperatures can pose an escalating risk to human health – claiming lives, causing suffering and burdening health-care systems globally. By raising awareness of these risks and taking simple protective measures, we can safeguard our health throughout the summer months.

The urgency of this heat–health crisis has prompted calls for action from the highest levels, from the WHO Regional Director for Europe declaring the climate crisis and extreme weather a public health emergency in 2023 to the United Nations Secretary-General's "Call to action on extreme heat" in 2024, both emphasizing the need for robust strategies to protect vulnerable populations.

Who is most at risk?

The human body has a remarkable capacity for thermoregulation, designed to maintain a core temperature of around 37 °C. When external temperatures rise, the body sweats to cool itself through evaporation. However, prolonged exposure to extreme heat causes suffering, impacting mental health and well-being, and eventually it may overwhelm this natural cooling mechanism, leading to serious health issues and potential medical emergencies.

Although everyone may be affected by the heat to some extent, the impact of extreme heat is not uniform: certain populations bear a disproportionate burden. Older adults have a reduced ability to sweat and regulate body temperature, and infants and young children have underdeveloped thermoregulatory systems. Outdoor workers, such as in agriculture, construction and emergency services, for example firefighters, face prolonged heat exposure as a potential occupational hazard.

Beyond direct heat-related illnesses, extreme temperatures exacerbate existing chronic conditions. Individuals with cardiovascular diseases, respiratory illnesses and diabetes are particularly vulnerable, as well as those taking certain medications. Pregnant women are also at higher risk, with extreme heat linked to adverse pregnancy outcomes such as preterm birth and low birth weight.

Protect yourself: #KeepCool in the heat

Addressing these concerns, WHO/Europe's annual #KeepCool campaign provides simple and practical guidance for individuals and communities to stay safe during hot weather. The adverse health effects of hot weather are largely preventable through good public health practice and simple yet highly effective steps that can be taken at the individual and community level.

Keep out of the heat. Avoid going out and doing strenuous activities during the hottest time of day. If you are vulnerable to heat, take advantage of opportunities such as special shopping times for older people in the cooler mornings and evenings. Stay in the shade, do not leave children or animals in parked vehicles and, if necessary and possible, spend 2–3 hours of the day in a cool place. Keep your home cool. Use the night air to cool down your home. Reduce the heat load inside the apartment or house during the day by using blinds or shutters and turning off as many electrical devices as possible.

Keep your body cool and hydrated. Use light and loose-fitting clothing and light bed linen, take cool showers or baths, and drink water regularly while avoiding sugary, alcoholic or caffeinated drinks.

Keep in touch. Check on family, friends and neighbours who spend much of their time alone. Vulnerable people might need assistance on hot days. If anyone you know is at risk, help them to get advice and support.

THE CLIMATE CRISIS IS A HEALTH CRISIS – AND THE EUROPEAN REGION IS IN THE HOT SEAT

In response to escalating climate-driven health threats, including emergencies, WHO/Europe launched the Pan-European Commission on Climate and Health (PECCH), a bold new initiative to confront one of the defining health challenges of our time.

Chaired by former Icelandic Prime Minister Katrín Jakobsdóttir and supported by Chief Scientific Adviser Professor Andrew Haines from the London School of Hygiene & Tropical Medicine, PECCH brings together 11 commissioners from across the WHO European Region. They bring a rich diversity of experience at the helm of political and scientific, national and international institutions and organizations. Together they will deliver recommendations for actionable solutions at the intersection of health and climate.

Through its public and expert hearings, PECCH will also actively engage with representatives from other regions to work together on shared solutions. Especially important will be the involvement of small and island Member States, which are often the first to bear the brunt of the climate crisis.

"It's time to acknowledge an undeniable truth: the climate crisis is a health crisis. It's already killing us, and without urgent action, it will get much worse," says Dr Hans Henri P. Kluge, WHO Regional Director for Europe. *"Our health systems are already under pressure, but they can also be part of the solution,"* Dr Kluge added. *"That's why I have convened the Pan-European Commission on Climate and Health. Led by former Icelandic Prime Minister Katrín Jakobsdóttir, this Commission will produce affordable and actionable health sector recommendations to address climate change in order to help improve health outcomes while lowering costs. From reducing waste to building energy-efficient facilities to saving lives through heat–health early warning systems, this Commission will explore a wide range of new and existing health sector solutions."*

Ground zero for climate–health impacts

The European Region is the fastest warming of all WHO regions. Nearly every climate-health indicator – from heat-related mortality to climate anxiety – is worsening.

One third of the world's heat-related deaths already occur in the Region, and four of our warmest years on record have all occurred since 2020. One tenth of the urban population in the Region is currently living in flood-prone areas, and climate change is projected to result in more frequent and more intense heavy precipitation and sea-level rise – making floods 9 times more likely.

At global level, nearly half of humanity (3.6 billion people) already lives in areas highly susceptible to climate change. Meanwhile, 80% of the population in the European Region is expected to live in urban areas by 2030, making our cities and towns the frontlines in the fight against climate change.

In spite of the mounting evidence of the current and projected existential threat that climate change poses to our societies, political action – including within the health sector – struggles to match the urgency and scale of the response required to keep people and planet safe.

"The climate crisis is not only an environmental emergency, it is a growing public health challenge," said Katrín Jakobsdóttir. *"The year 2024 was the hottest on record, and we are fast hurtling towards a catastrophic 3 °C rise in global temperatures this century. More than 100 000 people across 35 countries in the European Region died due to heat in 2022 and 2023 combined,"* she added. She further emphasized, *"We must recognize that the interplay among rising temperatures, air pollution and changing ecosystems resulting from human-induced climate change is already affecting the health and well-being of communities around the European Region and the world. These changes are a threat to our safety and security. Addressing the health impacts of climate change is not optional – it is a necessity for resilient communities and vital to ensure social justice, equity, intergenerational responsibility and human dignity."*

Read more HERE.

NEW WHO REPORT PUSHES FOR STRONGER TOBACCO CONTROL POLICIES

The World Health Organization (WHO) released its latest report on the Global Tobacco Epidemic for 2025 at the World Conference on Tobacco Control in Dublin, Ireland, warning that action is needed to accelerate progress in tobacco control as industry interference challenges tobacco policies and control efforts. The report focuses on the six proven WHO MPOWER tobacco control measures to reduce tobacco use, which claims over 7 million lives a year:

- **M**onitoring tobacco use and prevention policies;
- **P**rotecting people from tobacco smoke with smoke-free air legislation;
- **O**ffering help to quit tobacco use;
- **W**arning about the dangers of tobacco with pack labels and mass media;
- **E**nforcing bans on tobacco advertising, promotion and sponsorship; and
- **R**aising taxes on tobacco.

Since 2007, 155 countries have implemented at least one of the WHO MPOWER tobacco control measures to reduce tobacco use at best-practice level. Today, over 6.1 billion people, three-quarters of the world's population, are benefitting from at least one such policy, compared to just 1 billion in 2007.

"Twenty years since the adoption of the WHO Framework Convention on Tobacco Control, we have many successes to celebrate, but the tobacco industry continues to evolve and so must we," said Dr Tedros

Adhanom Ghebreyesus, WHO Director-General. *"By uniting science, policy and political will, we can create a world where tobacco no longer claims lives, damages economies or steals futures. Together, we can end the tobacco epidemic."*

The WHO Global Tobacco Epidemic 2025 report, developed with support from Bloomberg Philanthropies, was launched during the 2025 Bloomberg Philanthropies Awards for Global Tobacco Control. The awards celebrated several governments and nongovernmental organizations (NGOs) making progress to reduce tobacco use.

The WHO Global Tobacco Epidemic 2025 report reveals that the most striking gains have been in graphic health warnings, one of the key measures under the WHO Framework Convention on Tobacco Control (FCTC), that make the harms of tobacco impossible to ignore. WHO warns, however, that enforcement is inconsistent, and plain tobacco packaging remains poorly regulated.

Despite their effectiveness, 110 countries haven't run anti-tobacco campaigns since 2022. However, 36% of the global population now lives in countries that have run best-practice campaigns, up from just 19% in 2022. Taxes, quit services and advertising bans have been expanding, but many improvements are needed. Around 1.3 million people die from second-hand smoke every year. Today, 79 countries have implemented comprehensive smoke-free environments, covering one-third of the world's population.

There has been a growing trend to regulate the use of e-cigarettes or ENDS – Electronic Nicotine Delivery Systems. The number of countries regulating or banning ENDS has grown from 122 in 2022 to 133 in 2024, a clear signal of increased attention to these products. However, over 60 countries still lack any regulations on ENDS.

Focus on Bosnia and Herzegovina

According to the report, Bosnia and Herzegovina (BiH) continues to face significant challenges in tobacco control, ranking among the countries with limited progress in implementing key public health measures. The report highlights that adult daily smoking prevalence in the country stands at 30%, one of the highest in the WHO European Region.

Despite being a Party to FCTC since 2009, BiH has yet to adopt comprehensive tobacco control legislation. Instead, the country operates under fragmented legal landscape across its three jurisdictions—the Federation of Bosnia and Herzegovina, the Republika Srpska, and Brčko District of BiH—leading to inconsistencies in laws adoption, enforcement and regulation. Notably, BiH has not (yet) ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.

The report indicates that BiH has not reached the highest level of achievement in any of the six MPOWER tobacco control measures. There are no mandated graphic health warnings on tobacco products, no country-wide anti-tobacco media campaigns, and no comprehensive smoke-free laws or cessation support programmes in place. Tobacco advertising, promotion, and sponsorship remain insufficiently regulated.

One area where the country does show some progress is taxation. Tobacco taxes account for approximately 81.9% of the retail price of cigarettes, one of the highest rates in the region. However, this has not significantly impacted tobacco affordability or consumption, suggesting that additional measures are urgently needed.

WHO is calling for urgent action in areas where momentum is lagging. *"Governments must act boldly to close remaining gaps, strengthen enforcement, and invest in the proven tools that save lives. WHO calls on all countries to accelerate progress on MPOWER and ensure that no one is left behind in the fight against tobacco,"* said Dr Ruediger Krech, Director of Health Promotion in WHO headquarters.

MONTENEGRO PUSHES FOR STRONGER ACTION TO ADVANCE TOBACCO CONTROL IN THE WESTERN BALKANS

Tobacco use causes 1.1 million deaths in the WHO European Region each year, and over 50 000 premature deaths in the Western Balkans. Mortality and morbidity from tobacco use costs the countries of Western Balkans up to 5% of their gross domestic product as they are losing economically productive individuals and have to pay for treating tobacco-related diseases. This region faces a dual challenge: persistently high tobacco consumption and the presence of illicit tobacco products that pose risks to public health and economic stability. Montenegro hosted a series of high-level events and technical meetings in March 2025, to respond to these pressing issues.

“It’s a simple truth: the tobacco industry remains one of the world’s deadliest and most insidious, its products placing an unbearable burden on families, health systems and economies. Yet every single death it causes is preventable,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe.

Policy-makers, health experts, international organizations and civil society groups from the Western Balkans attended the events to strengthen regional political commitment, promote the ratification and implementation of the WHO Protocol to Eliminate Illicit Trade in Tobacco Products, and enhance multisectoral cooperation to protect public health.

A cross-border challenge

On 12–13 March 2025, the Ministry of Finance of Montenegro – in collaboration with the WHO Country Office in Montenegro, the Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC), Johns Hopkins University and WHO/Europe – hosted a series of technical and high-level meetings on measures to eliminate the illicit trade in tobacco products.

Finance ministers and deputy finance ministers from Albania, Bosnia and Herzegovina (Republika Srpska), Montenegro, North Macedonia and Serbia joined the event to strengthen efforts to curb the illicit tobacco trade and promote effective tobacco tax policy.

“Our goal is not only to reduce illegal trade, but to build a healthier, safer and more prosperous society,” said Prime Minister of Montenegro, Milojko Spajić, at the event. The illicit tobacco trade circumvents price and tax measures that are among the most effective tools to reduce tobacco use. Smuggled products are cheaper and more accessible to young people and vulnerable populations, while depriving governments of revenue.

“Eliminating the illicit trade in tobacco products is not optional – it is a priority. It undermines the rule of law, weakens the system and endangers youth,” explained Montenegro’s Minister of Finance, Novica Vuković.

Debunking the myth: taxation vs illicit trade

“The tobacco industry frequently argues that higher tobacco taxes drive illicit trade, using this narrative to delay or dilute tobacco tax reform. However, as highlighted by WHO and international researchers, the evidence shows the opposite: countries with strong governance and tax administration can increase tobacco taxes while reducing illicit trade,” said Dr Mina Brajovic, Head of the WHO Country Office in Montenegro.

The Protocol to Eliminate Illicit Trade in Tobacco Products, a treaty under the WHO FCTC, offers countries a roadmap to strengthen tobacco supply chain controls, implement global tracking and tracing systems, and enhance law enforcement and international cooperation.

The events concluded with commitments to accelerate the ratification and implementation of the Protocol. Delegates also voiced concerns over the tobacco industry’s ongoing interference in policy development, calling for greater protections to ensure public health remains a top priority.

Parliamentarians driving tobacco control action

Building on this momentum, on 25–26 March 2025 the Western Balkans Parliamentary Summit on Tobacco Control was held in Budva, Montenegro. Hosted by the country’s parliament and the WHO Country Office, and supported by WHO/Europe and WHO FCTC Secretariat, the summit brought together members of parliament (MPs) from Bosnia and Herzegovina (Republika Srpska), Montenegro, North Macedonia and Serbia to reaffirm their commitment to curbing tobacco use and protecting youth from the harms of nicotine addiction.

MPs discussed how tobacco control is not only a health issue, but also a matter of economic resilience, social equity and environmental sustainability.

Regionally relevant measures to strengthen tobacco control through legislative and policy reform have been recommended across the Western Balkans. Key priorities include:

banning flavours in all nicotine and tobacco products and mandating plain packaging to reduce appeal, especially among youth;
raising taxes regularly and significantly to reduce affordability;
restricting access to emerging nicotine products through strong regulation to protect future generations;
ensuring 100% smoke- and aerosol-free indoor environments in public places, workplaces and public transport.
“These measures are achievable, evidence-based and cost-effective. Political will and parliamentary leadership are essential to protect health, save lives and secure a tobacco-free future for the next generation,” said Dr Brajovic.

In 2021, the prime ministers of Western Balkan countries endorsed “The roadmap for health and well-being in the Western Balkans, 2021–2025”. It serves as a foundation for elevating health on the political agenda, and collaboratively implementing impactful initiatives. Tobacco use is undeniably a shared concern, and the measures outlined in the FCTC provide means to combat this issue.

NEW DATA: NONCOMMUNICABLE DISEASES CAUSE 1.8 MILLION AVOIDABLE DEATHS AND COST US$ 514 BILLION EVERY YEAR – NEW WHO/EUROPE REPORT

Noncommunicable diseases (NCDs) remain the leading cause of death and disability in the world, including in the WHO European Region. Here, 1 in 5 men and 1 in 10 women die before 70 years of age because of NCDs such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

Each year, the Region sees 1.8 million avoidable deaths from NCDs that are either preventable through effective public health measures or treatable with timely access to quality health care.

Of these avoidable NCD deaths, 60% are linked to preventable causes such as tobacco and alcohol use, high blood pressure, unhealthy diets, obesity, and physical inactivity – all of which can be addressed through stronger public health policies. The remaining 40% are from treatable causes where death could be prevented or delayed with timely diagnosis and access to quality care.

The new WHO/Europe report "Avoidable mortality, risk factors and policies for tackling NCDs: leveraging data for impact" warns that progress in reducing premature mortality from NCDs has been derailed by the COVID-19 pandemic. As a result, the Region is off track to meet the global NCD targets for 2025 and 2030.

"Noncommunicable diseases are not just preventable or treatable; they are also largely ignored. Yet the truth is, if NCDs were a virus, the world would be in lockdown," said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. *"Our findings show that nearly 2 million deaths can be avoided every year with better prevention or treatment, while saving billions of dollars in health-care costs. Addressing NCDs with bold prevention policies is a political choice. The high burden of NCDs in our societies is not inevitable. We have the power and tools to turn things around."*

Inaction is costly

Avoidable deaths from NCDs continue to take a devastating toll both in lives lost and in economic impact. In the Region, productivity losses linked to these deaths are estimated at over US$ 514.5 billion

each year. Yet despite clear evidence of high returns on investment, funding for NCD prevention remains critically inadequate.

While gaps between countries have declined since 2010, stark disparities still remain. Preventable risk factors – including tobacco use, obesity, high blood pressure and diabetes – are rising and increasingly concentrated in the eastern part of the Region. Meanwhile, cardiovascular diseases and preventable cancer mortality remain disproportionately high among men.

Progress is possible

Despite the enormous challenges that NCDs present, the report highlights cause for optimism. Ten countries in the Region have already achieved the 2025 target of a 25% reduction in premature mortality from the four major NCDs for both men and women.

The 10 countries – Belgium, Denmark, Estonia, Israel, Kazakhstan, Luxembourg, the Netherlands (Kingdom of the), Norway, Sweden and Switzerland – share important characteristics: they have implemented comprehensive packages of WHO best buys – proven, cost-effective measures to address NCDs; and they have reduced the prevalence of multiple risk factors and strengthened their health system responses, leading to annual declines of over 2% in both preventable and treatable NCD mortality, particularly from cardiovascular diseases and cancers.

The report shows that an additional 26 countries can still reach the 25% reduction target if they sustain and intensify their investments in NCD prevention and care.

"A healthier future tomorrow requires bold action today. Countries in the WHO European Region can reach their 2030 targets. The upcoming Fourth High-level Meeting of the United Nations General Assembly on NCDs is a pivotal moment to recommit to NCDs," said Dr Gauden Galea, Strategic Adviser to the Regional Director's Special Initiative on NCDs and Innovation. *"This report offers a clear, data-driven roadmap for action – and a wake-up call we must not ignore."*

Read more on this LINK.

WHO LAUNCHES BOLD PUSH TO RAISE HEALTH TAXES AND SAVE MILLIONS OF LIVES

The World Health Organization (WHO) has launched a major new initiative urging countries to raise real prices on tobacco, alcohol, and sugary drinks by at least 50% by 2035 through health taxes in a move designed to curb chronic diseases and generate critical public revenue. The "3 by 35" Initiative comes at a time when health systems are under enormous strain from rising noncommunicable diseases (NCDs), shrinking development aid and growing public debt.

The consumption of tobacco, alcohol, and sugary drinks are fueling the NCD epidemic. NCDs, including heart disease, cancer, and diabetes, account for over 75% of all deaths worldwide. A recent report shows that a one-time 50% price increase on these products could prevent 50 million premature deaths over the next 50 years.

"Health taxes are one of the most efficient tools we have," said Dr Jeremy Farrar, Assistant Director-General, Health Promotion and Disease Prevention and Control, WHO. *"They cut the consumption of harmful products and create revenue governments can reinvest in health care, education, and social protection. It's time to act."*

The Initiative has an ambitious but achievable goal of raising US$1 trillion over the next 10 years. Between 2012 and 2022, nearly 140 countries raised tobacco taxes, which resulted in an increase of real prices by over 50% on average, showing that large-scale change is possible.

From Colombia to South Africa, governments that have introduced health taxes have seen reduced consumption and increased revenue. Yet many countries continue to provide tax incentives to unhealthy industries, including tobacco. Moreover, long-term investment agreements with industry that restrict tobacco tax increases can further undermine national health goals. WHO encourages governments to review and avoid such exemptions to support effective tobacco control and protect public health.

Strong collaboration is at the heart of the “3 by 35” Initiative’s success. Led by WHO, the Initiative brings together a powerful group of global partners to help countries put health taxes into action. These organizations offer a mix of technical know-how, policy advice, and real-world experience. By working together, they aim to raise awareness about the benefits of health taxes and support efforts at the national level.

Many countries have expressed interest in transitioning toward more self-reliant, domestically funded health systems and are turning to WHO for guidance.

The “3 by 35” Initiative introduces key action areas to help countries, pairing proven health policies with best practices on implementation. These include direct support for country-led reforms with the following goals in mind:

Cutting harmful consumption by reducing affordability;
Increase or introduce excise taxes on tobacco, alcohol, and sugary drinks to raise prices and reduce consumption, cutting future health costs and preventable deaths.

Raising revenue to fund health and development;
Mobilize domestic public resources to fund essential health and development programmes, including universal health coverage.

Building broad political support across ministries, civil society, and academia;
Strengthen multisectoral alliances by engaging ministries of finance and health, parliamentarians, civil society, and researchers to design and implement effective policies.

WHO is calling on countries, civil society, and development partners to support the “3 by 35” Initiative and commit to smarter, fairer taxation that protects health and accelerates progress toward the Sustainable Development Goals.

Read more about the “3 by35” initiative HERE.

EUROPEAN WHO COLLABORATING CENTRES SIGN GLOBAL OPEN LETTER OF SUPPORT FOR WHO

More than 220 WHO collaborating centres in the WHO European Region are part of the nearly 500 centres globally who have signed an open letter of support for WHO, published in The Lancet.

The letter, authored and endorsed by directors of WHO collaborating centres worldwide, reaffirms the global scientific community's confidence in WHO's leadership, mission and mandate. It also expresses concern over the impact of sudden funding cuts, which have disrupted essential health services in multiple countries, including immunization programmes, maternal and child health services, and emergency preparedness.

It calls on Member States, donors, partners and other stakeholders "to continue investing in WHO to promote health and safety while helping vulnerable populations worldwide".

"WHO collaborating centres are an essential part of our global public health work. At a time when sudden funding cuts are putting lives at risk and threatening decades of progress, their commitment shows what we can achieve through science, trust and working together," said Dr Hans Henri P. Kluge, WHO Regional Director for Europe.

WHO collaborating centres have supported the work of the Organization since its founding, contributing critical research, technical expertise and policy guidance across every major health area. The message from European centres highlights the strength of WHO/Europe's scientific network and its deep commitment to multilateralism, cooperation and global health equity.

Professor Martin McKee, Director of the WHO Collaborating Centre on Global Chronic Conditions at the London School of Hygiene & Tropical Medicine (United Kingdom), explained: *"This letter is a powerful vote of confidence in WHO by the hundreds of leading scientists worldwide who volunteer their time and effort to the shared goal of promoting and protecting the health of people everywhere."*

The full letter is available on The Lancet's website.

WHO DESIGNATES NEW COLLABORATING CENTRE ON PUBLIC HEALTH LEADERSHIP AND WORKFORCE DEVELOPMENT

WHO has designated the Department of International Health of the Care and Public Health Research Institute at Maastricht University in the Netherlands, as the new WHO Collaborating Centre on Public Health Leadership and Workforce Development. The institute will support WHO's work in generating robust evidence and developing tools and capacity-building programmes to advance the professionalization and competencies of the public health workforce across the WHO European Region. One key area of focus will be the strengthening of public health leadership at regional and country level.

WHO/Europe's collaboration with the department began in 2014 and will now continue in a formalized way with the department becoming one of WHO's official collaborating centres.

"This is an important milestone for both WHO and the institute at Maastricht University. Advancing public health leadership and the professionalization of the public health workforce is a necessity. It ensures that we have the right people, in the right roles, with the right skills, to protect and promote health in a rapidly changing world. This is how we turn public health vision into lasting impact," said Dr Natasha Azzopardi-Muscat, WHO/Europe's Director of Country Health Policies and Systems. "*We are very much looking forward to working alongside our new partners in an effort to support and advance this key workforce."*

Public health leadership key to universal health coverage

Resilient health systems require public health workers and leaders with the ability to pro-actively assess new problems, formulate plausible solutions and support the development of new policies, while working collaboratively with all stakeholders.

Yet many countries continue to face barriers when it comes to strengthening their public health systems: shortages of trained public health professionals, a lack of institutional mechanisms to implement and monitor essential public health functions, and a lack of coordination across sectors and levels of government, among others.

"A strong, respected and supported public health workforce is the foundation of a healthier future – when we invest in those who protect our well-being, we empower communities, save lives and build resilience that lasts for generations," said Professor Katarzyna Czabanowska, Head of the collaborating centre at Maastricht University. *"By developing visionary leaders and a strategic, competent workforce equipped to navigate complex challenges and deliver high-quality achievements in public health, we not only respond to today's crises but shape a healthier, more equitable tomorrow."*

WHO EMERGENCIES

/ Climate Crisis: Extreme Weather / Conflict in Israel and the occupied Palestinian territory / Ukraine Emergency / Syria Emergency Response /

EVENTS AND COURSES

- **Managing the Heat: Strengthening Public Health Preparedness for Mass Gatherings in a Warming World**
  Date: 9 July 2025
  Location: Hybrid
  More info: https://shorturl.at/plcW5

- **Self-Care Month 2025**
  Date: June 24 – July 24
  Location: Online
  More info: https://shorturl.at/Yx7R8

VIDEO

- **First hearing of the Pan-European Commission on Climate and Health**

Recognizing that the climate crisis has become a major health emergency, the Commission's inaugural hearing convened leading experts to begin crafting targeted, actionable recommendations. Over the coming months, two further hearings (planned for September and October) will inform a comprehensive "Call to Action"—a suite of strategies to be unveiled at the World Health Assembly in May 2026

Watch here.

PODCAST

- **NCDs and the triple planetary crisis**

How can we address the intersecting challenges of climate change and non-communicable diseases at once?

In this first episode of the Intersections in Health, a new short podcast mini series, we delve into NCDs and the triple planetary crisis of climate change, biodiversity loss and toxic pollution with:

- Hans Bruyninckx, Commissioner on the Pan-European Commission on Climate and Health #PECCH, Professor of Environmental Governance at the University of Antwerp, former Executive Director of the European Environment Agency; and
- Sinaia Netanyahu, Programme Manager at WHO/Europe's Centre for Environment and Health.

We discuss attacks on science and #misinformation, the art of knowledge translation, communicating complexity and uncertainty, super wicked problems and system transformation. Crucially, we explore what this moment asks of each one of us and collectively.

Tune in and give us your feedback on the issues discussed.

Listen here.

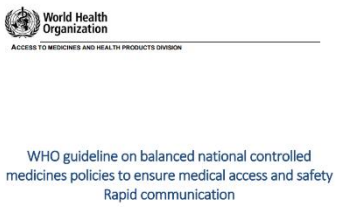
- **WHO's Science in 5 - Air pollution damages young brains**

Did you know that the air you breathe can harm your brain, and increase your risk for dementia, anxiety and depression? Nine out of 10 people around the world breathe air that does not meet WHO's recommended air quality standards. Air pollution kills 7 million people every year. What are cities like London, Bogotá and Beijing doing to clean their air?
Dr Maria Neira explains in Science in 5.

Listen here.

PUBLICATIONS

WHO guideline on balanced national controlled medicines policies to ensure medical access and safety: rapid communication



Access to medicines is a key component for attainment of universal health coverage, which is central to achievement of the health-related Sustainable Development Goals. Controlled medicines include opioids, benzodiazepines, barbiturates, amphetamines and others with identified or emergent clinical indications.

Available HERE.

The European Association for Palliative Care ATLAS | 2025

The "A new European Atlas of Palliative Care has revealed stark inequalities in access to palliative services across 56 countries. Published by the Global Palliative Care Observatory ATLANTES (University of Navarra, Spain) in collaboration with the European Association for Palliative Care (EAPC), the report uncovers serious shortfalls in care provision, education, policy, and access to essential medicines.

Available HERE.

Metrics for diplomats: is mortality from non-communicable diseases increasing or decreasing?

Negotiations are ongoing in New York to agree on the latest UN political declaration on non-communicable diseases (NCDs) and mental health. With five years left to deliver the 2030 Sustainable Development Agenda, diplomats will be developing a roadmap to get the world as close as possible to achieving Sustainable Development Goal (SDG) target 3.4.1, which is to reduce premature mortality (between the ages of 30 and 70 years) from the four main NCDs—cardiovascular disease, cancer, diabetes, and chronic respiratory diseases—by one third by 2030 relative to 2015 levels, and to promote mental health and wellbeing.

Available HERE.

MULTIMEDIA

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SOURCES

- https://www.who.int/europe/home?v=welcome
- https://www.who.int/
- https://www.youtube.com/c/whoregionalofficeforeurope
- https://www.thelancet.com/

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The Public Health Report is a publication that provides the latest updates and insights on the World Health Organization's activities in Bosnia and Herzegovina and the European region. It covers diverse health topics, emerging trends, and pressing issues, offering valuable information for professionals as well as the public. The report highlights WHO's initiatives, achievements, and collaborative efforts to address health challenges, improve public health, and promote well-being across the region.