

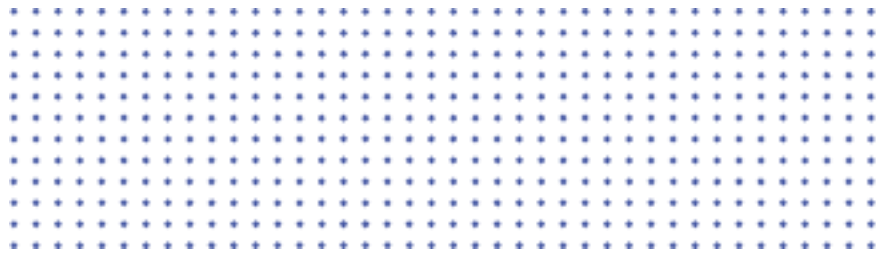


PUBLIC HEALTH REPORT

World Health Organization in Bosnia and Herzegovina

11 December 2025



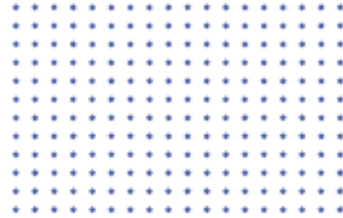


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NOW IS THE TIME: TURNING THE PROMISE OF AI INTO HEALTH FOR ALL



Comment by Hans Henri P. Kluge, Natasha Azzopardi-Muscat, and David Novillo-Ortiz

Artificial intelligence (AI) is no longer a distant vision; it is already transforming health systems across the WHO European Region.

Through case studies documented by the World Health Organization, we know that in Türkiye, AI strengthens breast cancer screening, improving accuracy and equitable access to early detection. In the United Kingdom, AI is helping clinicians safely deploy life-saving technologies such as AI-driven stroke diagnostics. Finland is pioneering secure use of anonymized health data through public-private partnerships that enable research while protecting privacy. Hungary is using AI-assisted pathology to enhance colorectal cancer screening, and Slovakia has introduced AI-enabled radiotherapy planning that cuts preparation time in half and improves precision.

Together, these advances show a region on the move, harnessing AI to save time, improve quality and extend the reach of care. Yet, countries remain at very different stages of preparedness to govern these technologies safely, ethically and fairly.



Between June 2024 and March 2025, WHO conducted a survey on AI for health across the 53 Member States of the WHO European Region. Respondents were officially nominated national coordinators and government-embedded experts from ministries of health, digitalization, and related public institutions, ensuring authoritative and policy-relevant perspectives. Three Member States did not participate despite formal invitations and were therefore excluded from the analysis. The findings reveal both progress and disparity across the Region. Only 8% of countries (4 out of 50) have a dedicated, health-specific AI strategy, and 14% are developing one. Two-thirds (66%) have cross-sectoral AI strategies that often lack the focus required for health. Nearly nine in ten countries recognize legal uncertainty as the main barrier to adoption, while eight in ten cite financial constraints. Only 8% have liability standards defining responsibility when AI fails. Fewer than one-quarter provide in-service AI training for health workers, and just 20% include AI content in medical or nursing education. Less than one third of countries have guidance on the secondary use of health data, vital for innovation, but still uneven.

At the same time, the momentum is clear. Sixty-four per cent of Member States (32 out of 50) already use AI-assisted diagnostics, particularly in imaging. Half have introduced chatbots for patient engagement, and over half have identified national priority areas for AI in health, though only one-quarter have allocated funding to act on them. Countries cite improving patient care (98%), reducing pressure on the health workforce (92%) and improved efficiency (90%) as their top motivations.

To fully realize the promise of AI, countries in the European Region must now act decisively. Technology alone will not close the gap; values, vision and political will must guide its use.

We must invest in robust governance frameworks, ensure that ethical standards evolve alongside innovation and make digital skills part of every health worker's education. We must also build data ecosystems which people can trust, knowing that their privacy is safely protected. This is how we will unlock the potential of health data for research, prevention and better care.

Under the forthcoming European Programme of Work 2026–2030 (EPW 2.0), digital transformation and AI stand at the core of our shared goal of Health for All, by All. WHO/Europe will continue supporting Member States in developing national roadmaps for the safe, ethical and sustainable use of AI, anchored in transparency, inclusion and public trust.

But this is not only a technical challenge; it is a moral one. The choices we make today will determine whether AI becomes a trusted ally for clinicians and patients, or a source of new inequities and mistrust in health care. Governing AI means governing our values: fairness, solidarity, accountability and human dignity.

That is why we call on every Member State, health leader and innovator to unite around a common vision, one that puts people, not technology, at the centre. Together we must:

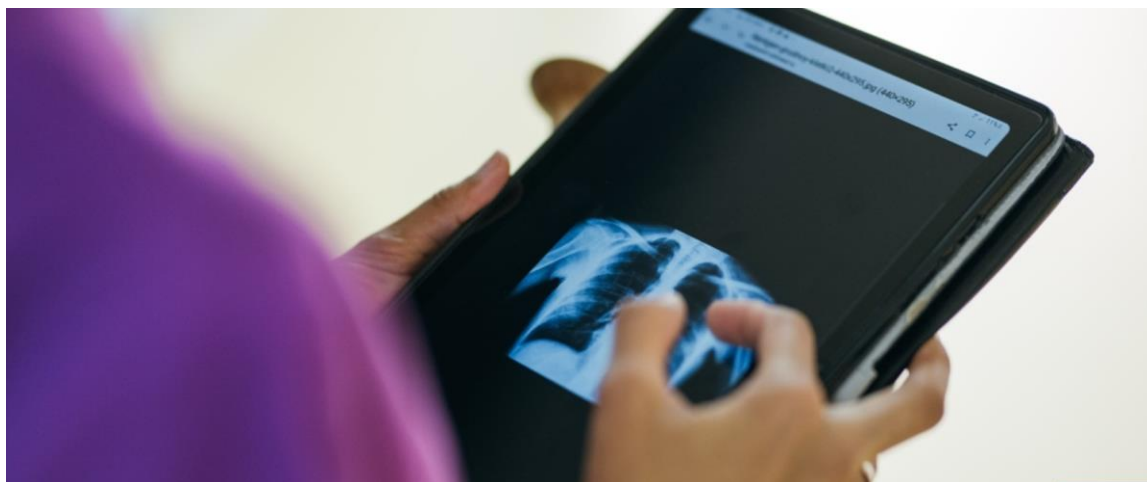


- ✓ Invest in people by equipping the health workforce with the digital and ethical literacy needed for this new era.
- ✓ Develop and implement clear national strategies that align AI with health priorities and the public good.
- ✓ Strengthen ethical and legal guardrails to ensure safety, accountability and trust.
- ✓ Build interoperable and secure data systems that allow equitable cross-border collaboration.
- ✓ Champion inclusion and equity, ensuring that every community, large or small, benefits from AI's promise.

Artificial intelligence is reshaping health systems before our eyes. The question is not whether it will transform care, but how and for whom. With courage, cooperation and foresight, Europe can lead the world in showing how AI can strengthen, not fragment, the vision of Health for All, by All.



IS YOUR DOCTOR'S AI SAFE?



Stronger legal and ethical safeguards needed as AI in health accelerates, warns WHO/Europe

Artificial intelligence (AI) is already helping doctors spot diseases, reduce administrative tasks and communicate with patients across the WHO European Region. But who is responsible when an AI system makes a mistake or causes harm? A [new report](#) from WHO/Europe – Artificial Intelligence in Health: State of Readiness across the WHO European Region – warns that the rapid rise of AI in health care is happening without the basic legal safety nets needed to protect patients and health workers. Based on responses from 50 of the Region's 53 Member States, it provides the first comprehensive regional picture of how AI in health is being adopted and regulated.

“AI is already a reality for millions of health workers and patients across the European Region,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. *“But without clear strategies, data privacy, legal guardrails and investment in AI literacy, we risk deepening inequities rather than reducing them.”*

Impressive progress but persistent gaps

While nearly all countries in the European Region recognize the potential of AI to transform health care – from diagnostics to disease surveillance to personalized medicine – readiness remains uneven and fragmented. Only 4 countries (8%) have a dedicated national AI strategy for health, and a further 7 (14%) are developing one.

“We stand at a fork in the road,” said Dr Natasha Azzopardi-Muscat, Director of Health Systems, WHO/Europe. *“Either AI will be used to improve people’s health and well-being, reduce the burden on our exhausted health workers and bring down health-care costs, or it could undermine patient safety, compromise privacy and entrench inequalities in care. The choice is ours.”*

Some countries are already taking proactive steps: Estonia links electronic health records, insurance data and population databases into a unified platform that now supports AI tools; Finland has invested in AI training for health workers; and Spain is piloting AI for early disease detection in primary health care.

Legal uncertainty remains top barrier to adoption

Across the Region, regulation is struggling to keep pace with technology. Nearly 9 out of 10 countries (86%) say legal uncertainty is the primary barrier to AI adoption. Eight out of 10 countries (78%) cite financial constraints as a major obstacle. Meanwhile, less than 1 in 10 countries (8%) have liability standards for AI in health, which determine who is responsible if an AI system makes an error or causes harm.

“Without clear legal standards, clinicians may be reluctant to rely on AI tools and patients may have no clear path for recourse if something goes wrong,” said Dr David Novillo Ortiz, Regional Advisor on Data, Artificial Intelligence and Digital Health. *“That’s why WHO/Europe urges countries to clarify accountability, establish redress mechanisms for harm, and ensure that AI systems are tested for safety, fairness and real-world effectiveness before they reach patients.”*

AI already in action – but investment lags behind

AI tools are increasingly present in the Region’s health systems. Thirty-two countries (64%) are already using AI-assisted diagnostics, especially in imaging and detection. Half of the countries in the Region (50%) have introduced AI chatbots for patient engagement and support, while 26 (52%) have identified priority areas for AI in health. However, only a quarter of countries have allocated funding to implement those priority areas. On their top motivations for adopting AI in health, countries most frequently cited improving patient care (98%), reducing workforce pressures (92%) and increasing efficiency and productivity (90%).

Why this matters to you

For the general population, the use of AI in health care is associated with three core concerns: patient safety, fair access to care, and digital privacy. When seeking care, people expect their doctor or nurse to be responsible and accountable for any mistakes, but AI changes that dynamic. AI relies on data to learn and make decisions. If that data is biased or incomplete, the AI’s decisions may be too, which could lead to missed diagnoses, incorrect treatments or unequal care. The report urges countries to develop AI strategies that align with public health goals, invest in an AI-ready workforce, strengthen legal and ethical safeguards, engage the public transparently and improve cross-border data governance.

“AI is on the verge of revolutionizing health care, but its promise will only be realized if people and patients remain at the centre of every decision,” concluded Dr Kluge. *“The choices we make now will determine whether AI empowers patients and health workers or leaves them behind.”*



WHO LAUNCHES NEW FRAMEWORK TO TACKLE HIV, HEPATITIS B AND C, AND STIs DRUG RESISTANCE



The World Health Organization (WHO) has released the [Integrated drug resistance action framework for HIV, hepatitis B and C and sexually transmitted infections, 2026–2030](#), a landmark roadmap to address the growing threat of drug resistance and safeguard progress toward ending AIDS and the epidemics of hepatitis B, hepatitis C and sexually transmitted infections (STIs) as public health concerns.

Drug resistance is a major challenge to prevention and treatment efforts. Without urgent, coordinated action, it could lead to increased new infections and treatment failures, higher preventable morbidity and mortality, and undermine global elimination goals. The new framework proposes a unified approach to prevent the emergence and spread of resistance and reduce its impact through integrated, people-centred strategies.

The Framework outlines five strategic areas of work: (i) prevention and response; (ii) monitoring and surveillance; (iii) research and innovation; (iv) laboratory capacity; and (v) governance and enabling mechanisms. It emphasises antimicrobial stewardship, stronger surveillance systems, and equitable

access to high-quality prevention, diagnosis and treatment services across HIV, hepatitis B and C and STIs.

“Drug resistance threatens decades of progress in HIV, hepatitis and STI control. This framework is a call to action for countries, communities and partners to unite around a shared agenda,” said Dr Tereza Kasaeva, Director of WHO’s Department for HIV, Tuberculosis, Hepatitis and Sexually Transmitted Infections. *“Together, we can preserve the effectiveness of life-saving antimicrobial drugs and accelerate progress toward ending these epidemics.”*

The Framework builds on WHO’s Global health sector strategies and aligns with the Sustainable Development Goals and the Global Action Plan on Antimicrobial Resistance. It responds to renewed political commitment following the 2024 UN High-level Meeting on Antimicrobial Resistance and provides a multisectoral roadmap for implementation.



ON UHC DAY, WHO CALLS FOR URGENT ACTION TO REDUCE OUT-OF-POCKET COSTS



Universal Health Coverage Day 2025 shines a spotlight on the devastating human impact of unaffordable health costs.

Despite numerous high-level political commitments to achieve Universal Health Coverage (UHC) by 2030, more than half of the world's population still lacks access to essential health services. One in four people face financial hardship when paying for health care out of their pockets, often at the expense of basic needs such as food, education or housing.

Health for all is a prerequisite for achieving the sustainable development goals (SDGs). Healthier populations foster communities that are more resilient, productive, peaceful and prosperous. When people delay or forego health care due to costs, they risk worsening health outcomes and longer-term health and financial burden. Conversely, when governments prioritize to ensure people have access to affordable health care, they lay the groundwork for sustainable progress across all sectors.

On UHC Day, WHO calls for urgent action to implement financial protection measures and eliminate out-of-pocket health costs for those most in need, including people with low incomes or chronic conditions.

MOST COUNTRIES MAKE PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE, BUT MAJOR CHALLENGES REMAIN, WHO–WORLD BANK REPORT FINDS



Since 2000, most countries – across all income levels and regions – have made concurrent progress in expanding health service coverage and reducing the financial hardship associated with health costs, according to a new joint report from the World Health Organization (WHO) and the World Bank Group. These two indicators are the foundation of universal health coverage (UHC) – the global commitment that everyone, everywhere can access the care they need without financial hardship by 2030.

The [UHC Global Monitoring Report 2025](#) shows that health service coverage, measured by the Service Coverage Index (SCI), rose from 54 to 71 points between 2000 and 2023. Meanwhile, the share of people experiencing financial hardship due to large and impoverishing out-of-pocket (OOP) health payments declined from 34% to 26% between 2000 and 2022.

The report, however, cautions that the poorest populations continue to bear the greatest burden of unaffordable health costs, with 1.6 billion people further pushed into poverty. Overall, an estimated 4.6 billion people worldwide still lack access to essential health services and 2.1 billion people experience financial hardship to access health care, including the 1.6 billion people living in poverty or pushed deeper into it due to health expenses.

"Universal health coverage is the ultimate expression of the right to health, but this report shows that for billions of people who cannot access or afford the health services they need, that right remains out of reach," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. *"In the context of severe cuts to international aid, now is the time for countries to invest in their health systems, to protect the health of their people and economies. WHO is supporting them to do that."*

Financial hardship in health is defined as households spending more than 40% of their discretionary budget on OOP health expenses. Cost of medicines is a major driver of financial hardship: in three-quarters of countries with available data, medicines account for at least 55% of people's OOP health expenses. The burden is even greater among people living in poverty who allocate a median of 60% of their OOP health expenses on medicines diverting their scarce resources from other essential needs.

While the burden of OOP health costs falls mostly on poorer people, it also affects better-off segments of the population that allocate a large share of their budgets to health expenses, particularly in middle-income countries where this group of people is growing.

Without faster progress, full-service coverage without financial hardship will remain out of reach for many: the global SCI is projected to reach only 74 out of 100 by 2030, with nearly 1 in 4 people worldwide still facing financial hardship at the end of the Sustainable Development Goals (SDG) era.

Encouraging progress in low-income countries with largest gaps

Despite positive direction, the global progress rate has slowed since 2015 with only one-third of countries improving in both increasing health coverage and reducing financial hardship. All WHO regions have improved service coverage, but only three regions – Africa, South-East Asia, the Western Pacific – also reduced financial hardship. Low-income countries achieved the fastest gains in both areas but are still facing the largest gaps.

The global increase in health service coverage has been driven largely by advances in infectious disease programmes. Coverage for noncommunicable diseases (NCDs) has shown steady improvement, while gains in reproductive, maternal, newborn, and child health have been modest.

The report notes that improved sanitation has supported service coverage gains. At the same time, inclusive economic growth, rising incomes, and stronger social protection mechanisms have driven poverty reduction, especially in low-income countries, contributing to declines in financial hardship. However, health costs have increasingly become a source of financial hardship among the poor.

Inequalities are getting starker

Despite progress, persistent gaps and inequalities are on the rise. In 2022, 3 out of 4 people among the poorest segment of the populations faced financial hardship from health costs, compared with fewer than 1 in 25 among the richest.

Women, people living in poverty, or in rural areas, or with less education, reported greater difficulty accessing essential health services. The gap between women in the richest and poorest quintiles narrowed slightly, from about 38 to 33 percentage points over the past decade. Even in high-performing



regions such as Europe, vulnerable groups – including the poorest and people with disabilities – continue to report higher unmet health needs.

These findings likely underestimate the true extent of health inequalities, as the most vulnerable groups – such as displaced populations and people living in informal settlements – are often missing in data sources used to monitor progress toward UHC.

Actions leading to 2030

Achieving the UHC goal by 2030 is central to realizing the human right to health. With five years remaining on the SDG agenda, urgent action is now needed to drive progress. The report underscores the critical role of political commitment in every country and community, and calls for action in six core areas:

- ensure essential health care is free at the point of care for people living in poverty and vulnerable situations;
- expand public investments in health systems;
- address high OOP spending on medicines;
- accelerate access to essential NCD services, especially as the disease burden rises;
- strengthen primary health care to promote equity and efficiency; and
- adopt multisectoral approaches, recognizing that determinants of health and UHC drivers extend beyond the health sector.

Editor's note

This edition of the UHC Global Monitoring Report 2025 reflects the first round of UHC tracking to incorporate revised SDG indicators for health service coverage (SDG 3.8.1) and financial hardship (SDG 3.8.2), introduced in 2025. Using the revised indicators, and reproduction of the full time series, the report has presented global and regional trends in service coverage from 2000 to 2023, based on time series data for 195 countries or territories, and global and regional trends in financial hardship from 2000 to 2022, based on primary country time series for 168 countries. [More about monitoring universal health coverage.](#)

The Report is presented at the UHC High-Level Forum, jointly hosted by the Government of Japan, the World Bank Group, and WHO, in Tokyo, Japan. The Forum will also mark the official launch of the UHC Knowledge Hub in Tokyo, established by WHO and the World Bank Group with the support of the Government of Japan. The Hub offers capacity strengthening programmes for Ministries of Health and Finance to support health financing reforms. [More about the Universal Health Coverage \(UHC\) High-level Forum 2025.](#)



NEW WHO/EUROPE RESOURCE SHOWCASES PROVEN PRACTICES TO ADVANCE DISABILITY-INCLUSIVE HEALTH ACROSS THE REGION



A new WHO/Europe resource launched on this year's International Day of Persons with Disabilities (3 December 2025) highlights concrete real-world examples of how countries across the European Region are working to close persistent health gaps faced by the more than 135 million people with disabilities living in Europe and central Asia. The report, [“Good practices on disability-inclusive health”](#), showcases diverse approaches, from national legislative reforms to local service innovations, that show how health systems can embed disability inclusion into everyday care provision and public health programming.

Despite important progress in many countries, people with disabilities continue to face stark and preventable inequities, including dying on average up to 20 years earlier than people without disabilities. The new resource shows how governments, health providers and organizations of persons with disabilities are working together to change this reality.

“Across all case studies, the message is clear: disability inclusive health cannot be treated as a segregated project,” said Shirin Kiani, WHO/Europe's Technical Officer for Disability, Assistive Technology, Rehabilitation, and Ear and Eye Care. *“When countries take a health systems approach – backed by sustained financing and clear governance structures in partnership with organizations of people with disabilities – improvements are durable and transformative.”*

Innovative practices making a difference

The report draws on case studies from across the WHO European Region, including:

- real-time sign language interpretation services in Azerbaijan, enabling seamless communication between deaf people and health workers;
- tailored breast cancer outreach and screening for women with intellectual disabilities in Ireland, helping address long-standing barriers to early detection;
- inclusive sports and physical activity programmes in Turkmenistan, supporting health, participation and community inclusion; and
- disability-inclusive emergency preparedness in Iceland, ensuring people with disabilities are protected and supported during crises.

These examples are aligned with the shared strategic principles of the WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities, endorsed by all 53 Member States of the Region at the Seventy-second session of the WHO Regional Committee for Europe. At their core, these principles are: rights-based approaches, coproduction with organizations of people with disabilities, and integration across health, social protection, education and community services.

Key recommendations for Member States

The report provides concrete guidance to help countries make lasting progress, including by:

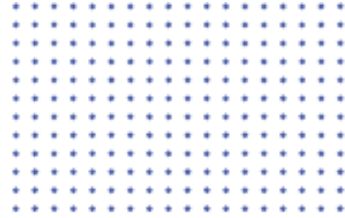
- embedding disability inclusion into mainstream health systems, national benefit packages and provider contracting – ensuring inclusion is financed and sustained over time;
- institutionalizing shared governance by giving organizations of people with disabilities formal roles in decision-making, monitoring and evaluation;
- investing in disability competencies across the health and care workforce through education, licensing and continuing professional development;
- strengthening disability-disaggregated data systems to identify inequities and measure progress;
- coordinating policies beyond the health sector, recognizing that inclusion requires whole-of-government planning;
- ensuring disability-inclusive emergency preparedness, continuity-of-care systems and recovery planning;
- allocating dedicated funding streams for disability inclusion in all health programmes.
- Forward together: championing disability inclusion in health systems

The findings underscore that raising awareness of the health gaps of persons with disabilities is not enough. Infrastructure upgrades, while important, do not lead to sustained change if they are not supported by strong data systems, clear accountability for accessible health systems, and inclusive service standards.

At the same time, investment in structural reforms – including workforce training and strengthened care pathways for persons with disabilities – has the power to deliver long-term, system-wide improvements that make it easier for people with disabilities to be healthy.



EUROPE'S HIDDEN HIV CRISIS



Half of all people living with HIV in Europe are diagnosed late, threatening to undermine the fight against AIDS

Europe is failing to test and treat HIV early, with over half (54%) of all diagnoses in 2024 made too late for optimal treatment. New data released today by the European Centre for Disease Prevention and Control (ECDC) and WHO/Europe warn that this critical testing failure, combined with a growing number of undiagnosed cases, is severely jeopardizing the 2030 goal of ending AIDS as a public health threat.

According to the [annual HIV/AIDS surveillance report](#), 105 922 HIV diagnoses were made in the WHO European Region in 2024. While overall reported numbers show a slight decrease compared to 2023, the available data suggest that testing and diagnosis gaps remain.

The high proportion of late diagnoses means that many people are not accessing life-saving antiretroviral treatment and health care early enough, which increases the risk of developing AIDS, the risk of death and onward HIV transmission.

In the 30 countries of the European Union and European Economic Area (EU/EEA), 24 164 HIV diagnoses were reported, representing a rate of 5.3 per 100 000 people. Key findings from the 2024 data show that 48% of HIV diagnoses in the EU/EEA are late. Sex between men remains the most common mode of transmission in the EU/EEA (48%), but diagnoses attributed to heterosexual transmission are rising, accounting for nearly 46% of the HIV diagnoses reported.



Dr Pamela Rendi-Wagner, ECDC Director, emphasized, *“In the EU/EEA, nearly half of all diagnoses are made late. We must urgently innovate our testing strategies, embrace community-based testing and self-testing, and ensure rapid linkage to care. We can only end AIDS if people know their status.”*

Across the WHO European Region, 54% of diagnoses were late. This proportion was highest among people infected through heterosexual transmission (especially men) and people who inject drugs. Nearly 1 in 3 HIV diagnoses in 2024 were among people born outside the country where they were diagnosed. In the EU/EEA, migrants accounted for more than half of new diagnoses, highlighting the need for tailored, accessible and culturally competent prevention and testing services.

Dr Hans Henri P. Kluge, WHO Regional Director for Europe, noted, *“Our data paint a mixed picture. Since 2020, HIV testing across the European Region has rebounded, resulting in a higher volume of reported tests and a corresponding rise in HIV diagnoses in 11 countries in 2024. In 2024 alone, 105 922 people were diagnosed with HIV, with an overall 2.68 million diagnoses reported since the 1980s. However, the number of people living with undiagnosed HIV is growing – a silent crisis that is fuelling transmission.”* Dr Kluge also underlined, *“We are not doing enough to remove the deadly barriers of stigma and discrimination that prevent people from seeking out a simple test. An early diagnosis is not a privilege but a gateway to a long, healthy life and the key to stopping HIV in its tracks.”*

ECDC and WHO/Europe are calling for urgent efforts to routinize, normalize and scale up testing, including through wider access to self-testing and community-based options, which can reach people who do not access facility-based health-care services.

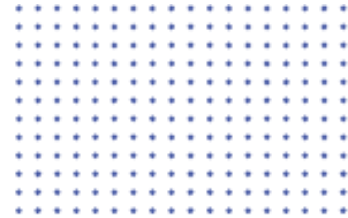
The 2030 goal to end AIDS as a public health threat is within reach, but only if the European Region acts now to eliminate the testing gap.

About the report

The report “HIV/AIDS surveillance in Europe 2025” is a joint publication by ECDC and WHO/Europe based on 2024 data. Late diagnosis is defined as a person having a CD4 cell count below 350 cells/mm³ at the time of diagnosis. This indicates that their immune system is already compromised.



INFLUENZA SEASON UNDERWAY ACROSS THE WHO EUROPEAN REGION: WHO CALLS FOR VIGILANCE AND VACCINATION



Influenza season has started about four weeks earlier than usual in the WHO European Region. However, this is not extra-ordinary and current trends are similar to those observed in the 2022–2023 influenza season. Influenza activity varies across countries, and some countries in the Region have seen flu cases rising relatively early, while others have not. Alongside influenza, countries are seeing continued circulation of pathogens such as COVID-19, respiratory syncytial virus (RSV) and others. Together, these viruses reinforce the need for heightened vigilance during the winter months.

Tracking the season: what the data show

WHO conducts year-round surveillance of respiratory illnesses through its Global Influenza Surveillance and Response System, a network of over 170 laboratories worldwide. From early October, Member States intensify reporting so that WHO can determine when the seasonal influenza epidemic has officially begun and monitor its progression.

“Careful monitoring of virus circulation allows health systems to prepare and respond to the annual winter respiratory illness season in the most effective way possible,” explained Dr James Fielding, respiratory virus surveillance lead at WHO/Europe.

As of mid-November 2025, influenza test positivity in primary care (a key indicator of influenza activity) stands at 17% across the Region. Based on previous trends, this season is expected to peak at around 50% positivity in late December or early January.



Why vaccination matters – even when viruses evolve

Influenza evolves constantly, largely driven by the evolutionary pressure of human immunity, through small, incremental changes or mutations. This requires constant monitoring to update the seasonal vaccine. In June 2025, scientists detected an increase in a new H₃N₂ strain with seven new mutations, and of a new H₁N₁ strain, although there are no signs as yet of either causing more severe illness.

Twice a year, the WHO influenza vaccine composition advisory committee reviews global surveillance data to recommend which strains should be included in upcoming vaccines. Although the composition of seasonal influenza vaccines is updated only in February for the northern hemisphere and in September for the southern hemisphere, vaccination remains the most effective way to protect against influenza and its complications.

“Even when circulating influenza virus strains evolve to develop some differences to the vaccine strains, influenza vaccine can still provide meaningful protection against illness, hospitalization and death,” said Marc-Alain Widdowson, Head of the Pandemic Threats, Communicable Diseases and Antimicrobial Resistance unit at WHO/Europe. *“It remains really important to get vaccinated – particularly for people at higher risk of severe infection.”*

Vaccination also remains vital for COVID-19. A WHO/Europe study showed that vaccines saved an estimated 1.6 million lives in the Region between December 2020 and March 2023. In some countries, RSV vaccines for older adults are also offered; WHO encourages those eligible to take them.

Who is most at risk?

Most severe outcomes from influenza, COVID-19 and RSV occur in:

- older people
- pregnant women
- people with chronic conditions
- immunocompromised people
- infants and young children (particularly for RSV).

Protecting these groups, as well as health workers, remains a top priority.

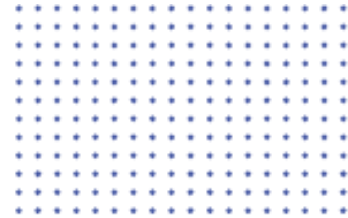
What can you do to protect yourself and others?

The COVID-19 pandemic demonstrated that simple actions can significantly reduce the spread of respiratory viruses. WHO/Europe urges people to apply these lessons broadly:

- get vaccinated if you are eligible – for influenza, COVID-19 and RSV (where offered);
- stay at home when sick;
- maintain good hand and cough hygiene (sneeze or cough into your elbow);
- improve indoor ventilation wherever possible; and
- if you have symptoms, wear a mask.



THE HEALTH SECTOR FAILS NEARLY 1 IN 3 SURVIVORS OF GENDER-BASED VIOLENCE IN THE EUROPEAN REGION



New WHO/Europe report reveals essential services for women and girls fall well below recommended standards

The health sector's response to violence against women and girls is critically inadequate, leaving millions of survivors without access to life-saving and time-sensitive medical and psychological care. This is the stark finding of a landmark new report from WHO/Europe.

Launched at a high-level event hosted by Spain's Ministry of Health in Madrid, the report [“Care, courage, change: health sector leadership in ending violence against women and girls”](#) highlights that in the WHO European Region a staggering 28.6% of women and girls 15 years and older will experience physical and/or sexual violence in their lifetime. Despite this widespread public health crisis, health systems in most countries are failing to mandate the full, essential package of care recommended by WHO.

“Violence against women and girls is at crisis levels, and our health systems are often the first, and only, point of contact for survivors,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. *“Our data show that political commitments to protect the health and well-being of women and girls and end gender-based violence are not translating into safe and accessible care. Health systems are letting survivors down at their most vulnerable moment. Politicians need to move beyond lip service and fully*



implement the WHO-recommended package of care, especially time-sensitive post-rape services and access to safe abortion,” Dr Kluge added.

Key findings

The report highlights significant policy gaps in essential health services that should immediately be made available to survivors of sexual assault and/or intimate partner violence.

Of the 53 Member States in the Region:

- only 7 (13%) offer safe abortion services;
- only 17 (32%) offer emergency contraception;
- only 17 (32%) offer HIV post-exposure prophylaxis;
- only 20 (38%) offer prophylaxis for sexually transmitted infections;
- only 20 (38%) offer mental health assessment;
- only 23 (43%) offer mental health referrals.

In addition, nearly one third of countries (32%) still require health-care workers to report domestic or intimate partner violence to police without the consent of adult survivors. WHO strongly advises against this practice because it violates survivor autonomy, breaches confidentiality and has been known to deter women from seeking help.

The report also notes some areas of progress and hope. For example, 75% of countries in the Region have policies supporting the training of health professionals on violence against women and girls. This reflects a growing recognition of the health sector’s role in identification, response and referral.

In addition, more than two thirds (68%) of countries now include first-line support for survivors – a minimum standard of compassionate, nonjudgmental care. However, the lack of clinical resources and political will to mandate the full package of essential services undermines this progress.

“As someone who has worked closely with survivors for many years, and as a survivor myself, I know how critical it is that every part of the health system responds with compassion and competence,” said Ms Melanie Hyde, the report’s author and WHO/Europe’s Technical Officer for Gender, Equality and Human Rights. She continued, *“We know that survivors will use health services for conditions related to violence, even if they do not disclose that to health providers. That is why it is so important for health workers across all levels of the health system to learn about the different forms of violence, their health impacts and how to respond in a nonjudgmental way. Simply hearing ‘I believe you and I am here to help’ from a trusted health worker can go a long way in the healing process.”*

Immediate action needed

WHO/Europe is calling on Member States to immediately take the following 3 actions.



- ✓ **Mandate the full package of essential services:** Ensure national health policies explicitly require the provision of the full WHO-recommended package of care, especially time-sensitive post-rape services.
- ✓ **Remove barriers to care:** Eliminate policies that undermine survivor-centred care, most urgently by removing blanket mandatory reporting requirements that require health workers to report adult survivors to police without their consent.
- ✓ **Invest in implementation:** Mobilize resources to ensure that more than half of countries that currently lack the full package of essential health services adopt them immediately.

Dr Mónica García, Health Minister of Spain, explained, *“In Spain, we have sought to make primary health care one of the key pathways to identify violence against women and girls and offer appropriate treatment and support. This is because primary health care is where many women come into contact with the health system for the first time.”* She added, *“We are strengthening systematic screening, specialized training for professionals, and coordination with judicial, forensic and social resources. In this way, we guarantee a consistent, empathetic health response focused on their safety and recovery.”*

A survivor from the United Kingdom attending the launch event in Madrid shared, *“A health system that is built around our rights and needs as women and girls is a health system that will enable us all to thrive. I believe I have the right to be safe, to not to be harmed by telling you what has happened to me, to be valued as the person who knows most about my experience, to have a voice, and choice, to be at the heart of your response, to be treated justly and fairly, with compassion and respect, and to expect accountability for your decision-making.”*

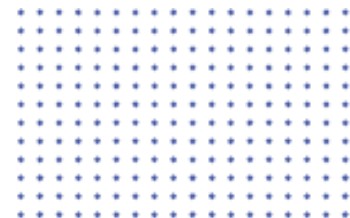
Dr Kluge concluded, *“My message to every health worker is clear: we can no longer be bystanders to the public health crisis of gender-based violence. People in power must now translate commitments into funded action and ensure that every woman and girl is met with essential life-saving care, dignity and choice. We have the knowledge; now let’s summon the courage to make the health sector the first responder that every survivor deserves.”*

About the report

The report analyses 241 policies across the 53 Member States in the Region, providing a roadmap for the health sector to strengthen its role within the multisectoral system of prevention and response to violence against women and girls.



ON AND BEYOND THE SCREEN: THE REALITY OF DIGITAL VIOLENCE



ON AND BEYOND THE SCREEN: THE REALITY OF DIGITAL VIOLENCE

JOINT OP-ED BY UN WOMEN, UNFPA, UN DCO AND WHO

#NOEXCUSE FOR ONLINE ABUSE

Joint Op-Ed by:

- Belén Sanz Luque, **UN Women**, Regional Director for Europe and Central Asia
- Florence Bauer, **United Nations Population Fund (UNFPA)**, Regional Director for Eastern Europe and Central Asia
- Gwi-Yeop Son, **United Nations Development Coordination Office (UNDCO)**, Regional Director for Europe and Central Asia
- Hans Kluge, **World Health Organization (WHO)**, Regional Director for Europe

Violence against women and girls remains one of the most pervasive human rights violations of our time. Despite decades of progress in laws, services, and prevention, nearly one in three women around the world continues to experience physical or sexual violence in her lifetime. In 2023, a woman was killed every ten minutes by someone in her own family. In the Europe and Central Asia region alone, an estimated 24 million women have experienced physical or sexual violence by an intimate partner in the past year.

The truth is as sobering as it is unacceptable: intimate partner violence against women and girls has declined a meagre 0.2% annually over the past 20 years globally. In some ways, the challenge is deepening. We are witnessing an alarming rise in pushback against women's rights, with anti-rights movements targeting women in public life, including human rights defenders and journalists. At the same time, the rapid growth of artificial intelligence is enabling new and complex forms of violence and harassment online. Misogynistic narratives in digital spaces – fuelled by the so-called “manosphere” –



are seeping into mainstream culture, normalizing discrimination and shaping harmful social norms, especially among young audiences.

As our lives have increasingly moved online, technology has become both a new frontier and a new battlefield. Violence has spread to a new domain, exacerbating existing forms of violence against women and girls. Violence that is facilitated by digital technologies includes sextortion, image-based abuse, unwanted sharing of intimate photos, doxing, cybergrooming, cyberstalking, and using technology to locate survivors of offline abuse to inflict further violence. According to a UN Women report, more than half of women over 18 across Europe and Central Asia who use digital technologies have experienced at least one form of digital violence. Among women who had experienced digital violence in the region, the most prevalent forms include receiving unwanted or offensive content or messages (40 %), receiving inappropriate sexual advances or content on social networking (30%), and hacking women’s accounts and web pages (25%). A large proportion of women experienced digital violence once (40%), while one in seven women experiences such violence daily or weekly.

“I had a private Instagram account since the age of 13. Everyone had one, so I thought I should too,” Lina, now 18, told us. *“All was fine until I started receiving unwanted photos and threats that I would be raped and killed if I didn’t send my own.”* Age is, in fact, the strongest risk factor. Young women between 18 and 24 are four times more likely to experience digital violence than women over 65. Many of them are also more likely to experience abuse offline: harassment, stalking, and sexual or physical violence, often from the same perpetrators who targeted them online. Women from ethnic, religious minorities, LGBTQIA+ women, non-binary individuals, and women with disabilities are also attacked and discriminated against at higher rates and in distinct forms.

What happens on a screen does not stay there. Digital violence inflicts real harm: anxiety, depression, loss of livelihood, and sometimes life itself. It is an attack on women’s bodily autonomy and mental health, eroding their sense of safety in both public and private life. *“He started contacting me, then my friends. He monitored my accounts. I blocked him, but he made fake ones. Once, he found out from my Facebook profile that I would attend a literary event. He came there and met my friends. Luckily, I wasn’t there. I stopped posting anything, but he still found me [...],”* recalls Dina, 26.

Technology is not neutral. It reflects the biases, priorities, and blind spots of those who design and fund it. Ninety to ninety-five per cent of deepfakes online are sexualized images of women. The digital world mirrors the same gendered power dynamics that disadvantage women offline, and at times, magnifies them. The rise of online hate movements and gendered disinformation are not isolated phenomena. They are an extension of the same harmful norms that justify and normalize violence against women everywhere.

Women who dare to speak up – journalists, politicians, human rights defenders, and feminist activists – pay a particularly high price. Globally, one in four women journalists and one in three women



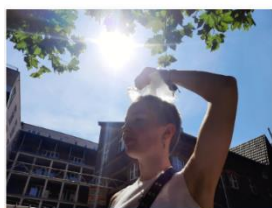
parliamentarians report receiving online threats of physical violence, including death threats. Digital harassment silences women's voices, drives them out of public life, and undermines democracy itself. When half of humanity is intimidated into silence, our societies lose truth, balance, and progress.

Digital violence is not virtual. It is real violence, with real targets and real consequences. It robs women of their voices, rights and choices. It threatens their health, safety and ability to participate fully in society. Ending it requires more than just regulation or better reporting tools; it requires transforming the social norms that make such violence possible, tolerated, and invisible.

Today, we invite you to join us in accelerating this work – to help close data and research gaps, strengthen and uphold normative frameworks, ensure essential services truly meet the needs of survivors, and engage men and boys in transforming the harmful social norms that allow violence to persist. Almost 25 years since we first marked the 16 Days of Activism against Gender-based Violence, the message remains unchanged but more urgent than ever. Technology can be a powerful ally for equality, but only if it is designed, governed, and used with women's rights and safety at its core. There is no excuse for silence, no excuse for complicity, and no excuse for violence – online or offline.



WHO EMERGENCIES



Climate crisis:
extreme weather



Conflict in Israel and the occupied
Palestinian territory



Ukraine emergency



WHO flash appeal:
Syria emergency

[/ Climate Crisis: Extreme Weather](#) / [Conflict in Israel and the occupied Palestinian territory](#) / [Ukraine Emergency](#) / [Mpox](#) /

EVENTS AND COURSES

- **Uniting digital efforts through standards, transparency and networks**
15 December 2025
More info: <https://bit.ly/4oROGGt>
- **Webinar: Actioning data to prevent violence against women**
16 December 2025
More info: <https://bit.ly/4q6LVAr>
- **Global webinar: WHO guidance on maintaining opioid agonist maintenance treatment as an essential health service**
17 December 2025
More info: <https://bit.ly/4rO4MSe>

VIDEO

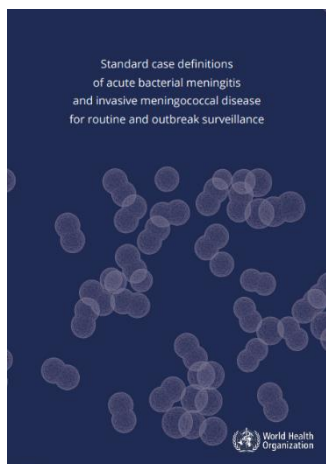
- **AI in Health: Empowering Patients, Enhancing Care**
This video discusses how artificial intelligence (AI) is being used in healthcare to improve services. It highlights how AI tools can support better patient-centred care, strengthen health systems, and empower patients and health professionals through improved diagnostics, personalised care, and more efficient use of resources, based on WHO's work and assessments of AI integration in health across the European Region.
Watch here: <https://youtu.be/aohQ4QSKsTU>

PODCAST

- [WHO's Science in 5 - The Truth About Vaccine Safety](#)

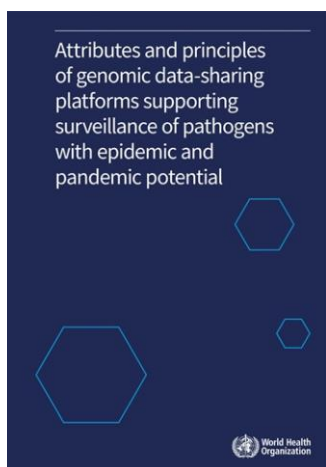
PUBLICATIONS

Standard case definitions of acute bacterial meningitis and invasive meningococcal disease for routine and outbreak surveillance



Acute bacterial meningitis and invasive meningococcal disease are global public health threats that require sustained control efforts. Under the framework of Defeating meningitis by 2030: a global road map, the World Health Organization has developed and updated standard case definitions to strengthen disease surveillance, support timely outbreak detection and response, and ensure consistent data collection and reporting across health care settings and systems. Read [here](#).

Attributes and principles of genomic data-sharing platforms supporting surveillance of pathogens with epidemic and pandemic potential



Sharing pathogen genome data and associated metadata is critical for preventing, detecting, and responding to epidemics and pandemics at national and international levels, and is also important for monitoring and responding to endemic diseases. WHO encourages timely sharing of pathogen genome data on publicly accessible platforms according to the guiding principles published in 2022. Pathogen genomic data repositories are a keystone of data-sharing. However, different repositories may differ in several important features such as data types and metadata accepted, data access policies, and data curation practices.

This document describes attributes and operational principles of pathogen genomic data-sharing platforms to support effective, timely and equitable sharing of genomic data from pathogens with epidemic and pandemic potential. Collectively, these attributes form a comprehensive foundation spanning the technical, governance, and ethical dimensions of pathogen genomic data-sharing platforms, enabling data producers and users to advocate for the implementation of the operational principles. This can, in turn, inform the best-practice development of existing and future platforms, and help steer donor investments towards sustainable funding for platforms that support effective, timely and equitable data-sharing. Read [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.youtube.com/WHO>

CONTRIBUTORS

- Erwin Cooreman
- Zlatan Musić

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.