Continue

Skip to main content Browse selected WHO news below. The Country Cooperation Strategy for WHO and Qatar, 20242030, developed in the context of global and regional health priorities, examines... The International Health Regulations (2005) (IHR) provide a global framework for health securitythat mandates each country to build and maintain... Digital tools have been recognized as one approach to expand access to family planning information and services. However, poor-quality content ... The International Health Regulations (IHR 2005) is a global framework for health security that mandates each country to build and sustain agreed IHR core... Skip to main content The WHO global framework to define and guide studies into the origins of emerging and re-emerging pathogens with epidemic and pandemic potential,... This report outlines an analysis of 68 collected interviews telling stories of experience of the COVID-19 infodemic by infodemic managers to draw out learning... An informal consultation was held at WHOs headquarters office in Lyon, France, atthe end of November 2023. Over 30 participants from over... This document examines the risk-based approach to gatherings, mpox-associated risks during the current public health emergency of international concern,... The Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) provided initial findings and recommendations to better understand the origins... The WHO strategic and operational plan for coronavirus disease threat management sets out the global framework for supporting Member States in the sustained,... Corrigendum: We have updated the document to remove the mutation, L455S, from the Spike mutations that differentiate NB.1.8.1 from JN.1. Skip to main content What are misinformation and disinformation? How do they differ? Misinformation is the spread of false information without the intent to mislead. Those who share the misinformation may believe it is true, useful or interesting, and have no malicious intent towards the recipients they are sharing it with. Disinformation is designed or spread with full knowledge of it being false (information has been manipulated), as part of an intention to deceive and cause harm. The motivations can be economic gain, ideological, religious, political or in support of a social agenda among others. Both misinformation and disinformation may cause harm, which comprises threats to decision-making processes as well as health, environment or security. The key difference between disinformation and misinformation is not the content of the falsehood but the knowledge and intention of the sender. How does information manipulation affect public health? Disinformation in public health is a distinct type of information risk which, unlike misinformation, is created with malicious intent to sow discord, disharmony and mistrust in targets such as government agencies, scientific experts, public health agencies, private sector and law enforcement, among others.The potential impacts of disinformation can be understood through examples during the COVID-19 pandemic. The COVID-19 pandemic had two key elements that created the perfect storm for disinformation to proliferate and spread. First, it swiftly caused global fear, uncertainty and doubt. Second, it occurred at a point in history where we can easily access, create and share information (as well as misinformation and disinformation) widely over the internet, mobile telecommunications, media and social media platforms. As the pandemic took hold, many posts appeared on social media and spread through instant messaging communications, stoking uncertainty about the treatment, the safety and effectiveness of vaccines, the usefulness of social distancing, and more. This caused social protest, turmoil, delayed vaccine uptake and led to higher death rates in some instances. Why would anyone spread health-related disinformation? The creation and spread of disinformation during public health crises is a not a new phenomenon and has existed in different forms for centuries. Disinformation has been noted in association with events such as the bubonic plague in as far back as the 14th century, cholera outbreaks in the 19th century and the influenza pandemics including the devastating 191819 pandemic in the 20th century. Modern day disinformation campaigns have been associated with the emergence of the HIV in the 1980s and more recently the spread of Ebola, COVID-19 and mpox. The motives of those who create disinformation are complex. In the older historical examples, the objective of the disinformation campaigns was to find ways to blame marginalized groups for the spread of disease and cause them harm. More modern disinformation campaigns evolved to be a part of geopolitical tensions as different groups sought to find ways place to accuse each other of causing the emergence of a disease and, additionally, to hamper the efficacy of their public health interventions (e.g. vaccine uptake and social isolation policies during COVID-19). Often, it is part of a larger agenda to sow confusion over facts and their sources, exacerbate divisive political fissures, erode trust in civil and scientific institutions, or undermine citizen confidence in governance. It can also be used for financial gain, to build a social media following, or to make a particular group appear superior to another based on how they are responding to a public health crisis. Security agencies have noted how extremist groups have leveraged disinformation to build their popularity for recruitment and legitimization. Understanding the history and background of the disinformation is critical to develop countering strategies. How can Member States counter health-related disinformation? WHO and partners have developed various strategies and tools which can be applied to tackle misinformation and disinformation. Disinformation is often difficult to detect and mitigate. This is because successful disinformation campaigns typically draw on elements of truth that may be manipulated, distrust against governments and institutions, and conspiracy theories already present and circulating within groups. However, Member States can use a range of tactics to counter disinformation, including:raising awareness of disinformation and information manipulation;promoting critical thinking;promoting digital, health and scientific literacy programmes;promoting trusted sources of information and voices of authority these should provide clear and timely information about the event and evolving situation including knowns and unknowns, what is being done and when updates will be provided;supporting fact-checking activities which includes the use of fact-checking technologies and human fact-checkers;working with relevant stakeholders, such as the security sector, social media providers, law enforcement, cyber agencies, NGOs and international organizations to tackle this new threat; andidentifying drivers of (mis)trust in populations, and how those drivers are exploited to create disinformation campaigns. These drivers can inform long term solutions to guard against disinformation. How can I protect myself from health-related disinformation? Think critically and pause before sharing. When encountering new information, everyone should ask themselves: Is this content reliable? Who is the author? What is the source of the claims? Is the information outlet reliable?How do I feel about this piece of information? One of the most important things you can do to protect yourself is to find out which sources represent the latest official and evidence-based health or scientific facts about a public health issue or crisis. For example, this could be your countrys Ministry of Health, the World Health Organizations website, or your local health clinic. You can help your community by guiding your family and friends to these trusted sources and advise them to avoid acting on false information thats spread through social media, online advertising or instant messaging. The development of global guidelines ensuring the appropriate use of evidence represents one of the core functions of WHO. A WHO guideline is defined broadly as any information productdeveloped by WHOthat contains recommendations for clinical practice or public health policy. Recommendations are statements designed to helpend-usersmake informed decisions on whether, when and how to undertake specific actions such as clinical interventions,diagnostictests or public health measures, with the aim of achieving the best possible individual or collective health outcomes.The Guidelines Review Committee ensure that WHO guidelines are of a high methodological quality and are developed through a transparent, evidence-based decision-making process. Guidelines are subject to a rigorous quality assurance process that helps to ensure that each and every published guideline is trustworthy, impactful and meets the highest international standards. The purpose of these guidelines is to provide guidance on the choice of treatment so that patients (adults and children) with CE cysts can be offered... This document is for public health specialists, health emergency responders,clinicians, health facility managers, health and care workers and IPC... Tungiasis, a neglected tropical disease caused by the sand flea Tunga penetrans, continues to affect millions of people in vulnerable communities across... In 2016, the World Health Organization (WHO) published the WHO guidelines on the management of health complications from female genital mutilation. That... The objectives of this guideline are the same as those of the 2011 edition, namely to provide evidence-based normative guidance on interventions to improve... The WHO consolidated guidelines on tuberculosis. Module 3: diagnosiscombines the WHO policy guidance on detection of TB infection,... The World Health Organizations Global Programme on Tuberculosis & Lung Health (WHO/GTB) has integrated all existing recommendations into a single,... In line with the Defeating meningitis by 2030: a global road map, the WHO guidelines on meningitis diagnosis, treatment and care provide evidence-based... Skip to main content - Select language - franais espaol portugus The waste produced in the course of health-care activities, from contaminated needles to radioactive isotopes, carries a greater potential for causing infection and injury than any other type of waste, and inadequate or inappropriate management is likely to have serious public health consequences and deleterious effects on the environment.This handbook the result of extensive international consultation and collaboration provides comprehensive guidance on safe, efficient, and environmentally sound methods for the handling and disposal of health-care wastes in normal situations and emergencies. Future issues such as climate change and the changing patterns of diseases and their impacts on health-care waste management are also discussed.For health-care settings in which resources are severely limited, the handbook pays particular attention to basic processes and technologies that are not only safe, but also affordable, sustainable, and culturally appropriate. The guide is aimed at public health managers and policy-makers, hospital managers, environmental health professionals, and all administrators with an interest in and responsibility for waste management. Its scope is such that it will find application in developing and developed countries alike. Skip to main content Member States at the Seventy-eighth World Health Assembly strongly approved an updated road map for an enhanced global response to the adverse health effects of air pollution, reaffirming their commitment to protect populations from the worlds largest environmental health risk. The decision updates the 2016 strategy endorsed under WHA69/18 and builds on the landmark resolution WHA68.8 adopted in 2015.Today, 99% of the worlds population breathes air that does not meet WHO air quality guidelines. The health burden from air pollution falls disproportionately on vulnerable and marginalized populations, particularly in low-resource settings where fragile health systems face compound challenges.Air pollution is responsible for approximately 7 million deaths annually, primarily from noncommunicable diseases (NCDs) such as stroke, ischemic heart disease, chronic obstructive pulmonary disease and lung cancer as well as pneumonia. It is now recognized as the fifth major risk factor for NCDs alongside tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.The updated road map sets the first voluntary target to halve the health impacts of air pollution by 2040 through improved surveillance, knowledge synthesis, institutional capacity building, and global leadership. It provides practical guidance for health authorities to advocate for clean air, inform policy, and protect communities especially those most at risk.With this new Resolution, WHO and its Member States commit to scaling up action to monitor, prevent, and mitigate the health impacts of air pollution. The decision represents a critical step toward cleaner air, healthier lives, and accelerated progress towards the Sustainable Development Goals.In a new resolution, Member States agreed to expand the provisions of the International Code of Marketing of Breast-milk Substitutes (the Code) to tackle the digital marketing of formula milk and baby foods.The Code is a landmark public health agreement passed by the World Health Assembly in 1981, which aims to protect caregivers from aggressive marketing practices by the baby food industry. This advertising often makes misleading claims about the benefits of formula milk products, promotes unhealthy baby foods to parents, and reinforces negative myths about breastfeeding.Over recent years, new tactics for digital marketing have proliferated, for instance through influencer endorsements, virtual support groups, and personal targeting of pregnant women and new parents across their social media feeds. Many of these promotions are funded by baby food companies but their sponsorship is undisclosed. Advertisements are widely circulated across national borders creating new challenges for regulation.In line with recent guidance from WHO, the 2025 Resolution calls for robust efforts to develop, strengthen and coordinate the regulation of digital marketing to protect childrens health. It calls on countries to build effective systems for monitoring and enforcement.Despite the existence of the Code, a major study from WHO and UNICEF found that over half of new parents had been exposed to promotions from formula milk companies. In some countries, this was over 90%. The new Resolution covers the marketing of formula milks, teats and bottles, as well as foods for infants and young children.Related links:Member States reaffirmed their commitment to protect and invest in the global health and care workforce, identifying specific actions to address national shortages, conditions of work and the increasing rates of health worker migration.Countries adopted a resolutionsponsored by Germany, Morocco, Nigeria, the Philippines, and Thailandcalling for accelerated investment in health professionals education, job creation, and retention; improved working conditions; and a harnessing of the potential of digital technologies and AI in support of health workers.The Assembly noted the findings of the Codes third review and endorsed a decision to hold regional consultations on the draft findings of the Expert Advisory Group in 2025, including on its emphasis on mutual benefits, co-investment and sustainable solutions, alongside better regulation of private recruitment and inclusion of care workers.Member states also acknowledged that exposure to hazardous chemicals and pollution contributes to over 9 million premature deaths annually one in six globallywith a disproportionate impact on populations in vulnerable situations, especially children, pregnant women, and communities in low- and middle-income countries.Member States are urged to reduce exposures to hazardous chemicals, such as lead, mercury, persistent organic pollutants and endocrine-disrupting chemicals, by integrating health into environmental policies and regulations and improving waste management systems, including for growing challenges related to plastics and e-waste pollution.Countries committed to implementing WHOs chemicals roadmap, and enhancing national capacities and global cooperation through multilateral agreements such as the Global Framework on Chemicals, the Minamata Convention on Mercury, and the Basel, Rotterdam and Stockholm Conventions.WHO will consult with countries and translate Resolution EB156(32) into a Global action plan on lead mitigation and continue providing technical assistance and guidance in strengthening health sector leadership, to protect communities from preventable health risks due to hazardous chemicals, waste and pollution.By adopting EB156(32) and acknowledging exposure to lead and other chemicals, waste and pollution as threats to health, Member States have taken a decisive action toward addressing environmental determinants and the root causes of ill health, advancing health equity, and achieving the Sustainable Development Goals.The impact of chemicals, waste and pollution on human health A78/4EB156/2025/REC/1EB156(32)Members of the World Health Assembly agreed on the new WHO global traditional medicine strategy to take forward development of evidence-based practice of Traditional, Complementary and Integrative Medicine (TCIM) into the next decade. In arriving at this Strategy, Member States debated crucial components for inclusion, such as establishing a robust evidence base for traditional medicine practices, developing mechanisms for regulation and safety, creating integrated health-care service delivery models where appropriate, and ensuring qualified practitioners.With this Strategy, the Member States explicitly recognized not only the role of traditional knowledge of indigenous peoples but also the upholding their rights, while promoting environmental sustainability and biodiversity conservation in the context of TCIM.Under the 2025-2034 strategy, WHO will assist Member States in strengthening the evidence base for TCIM, bolstering safety, quality and effectiveness, and, where appropriate, facilitating its integration into health systems while optimizing cross-sector collaboration.Implementation and monitoring of the Strategy are key elements. WHO will support Member States in implementing and adapting the Strategy, providing guidance and technical assistance as needed.This new Strategy aims to unlock the full potential of TCIM to improve global health and well-being in the context of the Sustainable Development Goals and universal health coverage (UHC).Endorsing the urgent need for action on preterm births, Member States agreed to announce World Prematurity Day as an official WHO health campaign. The campaign will complement efforts to improve prevention of preterm births and ensure lifesaving health care for babies born early or small.Preterm births are defined as births that occur before 37 completed weeks of pregnancy. Related complications, which include difficulties breathing as well as infections and hypothermia, are the leading cause of death amongst children aged under 5 years. Those who survive can face significant and long-term disability and ill health.The Resolution also calls on countries to invest in proven high-impact interventions like special newborn care units, kangaroo mother care and family support -- that improve outcomes for babies born early or small.The campaign was approved as part of discussions on the Global Strategy for Womens, Childrens and Adolescents Health (2016-2030), and is aligned with last years Resolution to accelerate progress in improving maternal, newborn, and child survival.Related link: Fact sheet on preterm birthCountries agreed on a resolution entitled "Effects of Nuclear War on Public Health". The Resolution was proposed by Burkina Faso, Ecuador, Fiji, Guatemala, Iraq, Kazakhstan, the Marshall Islands, Micronesia (Federated States of), New Zealand, Peru, Samoa, and Vanuatu. It underscores the serious health risks posed by nuclear weapons and reaffirms WHOs constitutional principle that health is fundamental to peace and security.Recalling past WHO and UN resolutions and reports, the Resolution highlights the long-standing recognition of the devastating health and environmental consequences of nuclear war. Nuclear war would have catastrophic consequences for human health both immediate and long-term. At the UN Summit of the Future in September 2024, Member States raised an alarm on the rising threat of nuclear conflict, calling it an existential risk to humanity, and reaffirmed their commitment to total nuclear disarmament.Countries approved a decision to provide additional time to finalize the report of the fourteenth meeting of the Member State mechanism (MsM) regarding global health threats posed by substandard and falsified (SF) medical products. The final report will now be submitted to the Seventy-ninth World Health Assembly in 2026, via the 158th session of the Executive Board.This decision follows a request by the Steering Committee of the MsM for more time to consider specific recommendations from the 2023 independent evaluation, particularly those concerning potential revisions to the mechanisms format. WHO is actively supporting this process by providing both legal and operational guidance.With an estimated 1 in 10 medicines in low- and middle-income countries being substandard or falsified, and economic losses ranging from US$ 75 to 200 billion annually, the stakes are high. SF incidents nearly tripled between 2019 and 2023, exacerbated by online distribution, weak regulatory oversight and surveillance, and humanitarian crises.Established through Resolution WHA65.19 in 2012, the MsM has served as a cornerstone of WHOs global strategy, enabling countries to collaborate in preventing, detecting, and responding to SF medical products. The 2023 evaluation reaffirmed the mechanisms relevance and underscored its unique role in global coordination. However, it also called for improvements, including regional engagement, broader stakeholder collaboration, and enhanced operational agility.WHO reiterated its full commitment to reinforcing the mechanism as a cornerstone of global health security, calling on continued engagement from governments, pharmaceutical manufacturers and distributors, donors and civil society.WHA76(10)EB156/12 Substandard and falsified medical productsRelated links:WHO Member State MechanismDelegates decided that the flags of non-Member Observer States at the United Nations shall be raised at the World Health Organization... and does not constitute Member State status in the World Health Organization. The discussion focused specifically on having the Palestinian flag raised at WHO, as a non-Member Observer State, and cited UN resolution 20.15 as a basis for the flag to be raised there.There was a request for the Executive Board, at its meeting in January 2026, to consider the withdrawal of Argentina and to submit a report thereon to the Seventy-ninth World Health Assembly. Skip to main content Classifying disease to map the way we live and die There are few truer snapshots of a countrys wellbeing than its health statistics. While broad economic indicators such as Gross Domestic Product may skew impressions of individual prosperity, data on disease and death reveal how a population is truly faring.TheInternational Statistical Classification of Diseases and Related Health Problems(ICD) is the bedrock for health statistics. It maps the human condition from birth to death: any injury or disease we encounter in life and anything we might die of is coded.Not only that, the ICD also captures factors influencing health, or external causes of mortality and morbidity, providing a holistic look at every aspect of life that can affect health.These health statistics form the basis for almost every decision made in health care today understanding what people get sick from, and what eventually kills them, is at the core of mapping disease trends and epidemics, deciding how to programme health services, allocate health care spending, and invest in R&D.ICD codes can have enormous financial importance, since they are used to determine where best to invest increasingly scant resources. In countries such as the USA, meanwhile, ICD codes are the foundation of health insurance billing, and thus critically tied up with health care finances. Crucially, in a world of 7.4 billion people speaking nearly 7000 languages, the ICD provides a common vocabulary for recording, reporting and monitoring health problems. Fifty years ago, it would be unlikely that a disease such as schizophrenia would be diagnosed similarly in Japan, Kenya and Brazil. Now, however, if a doctor in another country cannot read a persons medical records, they will know what the ICD code means.Without the ICDs ability to provide standardized, consistent data, each country or region would have its own classifications that would most likely only be relevant where it is used. Standardization is the key that unlocks global health data analysis. On 18 June 2018, 18 years after the launch of ICD-10, WHO released aversion of ICD-11to allow Member States time to plan implementation. This is anticipating the presentation of ICD-11 to the World Health Assembly in 2019 for adoption by countries. Over a decade in the making, this version is a vast improvement on ICD-10.First, it has been updated for the 21st century and reflects critical advances in science and medicine. Second, it can now be well integrated with electronic health applications and information systems. This new version is fully electronic, significantly easier to implement which will lead to fewer mistakes, allows more detail to be recorded, all of which will make the tool much more accessible, particularly for low-resource settings.A third, important feature is that ICD-11 has been produced through a transparent, collaborative manner, the scope of which is unprecedented in its history (see Box: The revision process). The complexity of the ICD has sometimes made it seem like an esoteric health tool requiring months of training of the number of deaths reported in the world, those coded correctly were about one third. An overriding motive in this revision was to make the ICD easier to use (see Box: Making the switch). The consequences that ICD coding has on provision of care, as well as health financing and insurance, means that clinicians, patient groups, and insurers, among others, take the use of the ICD extremely seriously many groups often have strong positions on whether or not a condition should be included, or how it should be categorisized.For instance, some people working on stroke have long been pushing for it to be moved from circulatory diseases, where it has been for 6 decades, into neurological disease, where it now sits in ICD-11. Those advocating for the move cited key implications for treating the disease and reporting deaths as the main driver.A critical point in engaging with the ICD is that inclusion or exclusion is not a judgement on the validity of a condition or the efficacy of treatment. Thus, the inclusion for the first time of traditional medicine is a way of recording epidemiological data about disorders described in ancient Chinese medicine, commonly used in China, Japan, Korea, and other parts of the world. Revisions in inclusions of sexual health conditions are sometimes made when medical evidence does not back up cultural assumptions. For instance, ICD-6 published in 1948 classified homosexuality as a mental disorder, under the assumption that this supposed deviation from the norm reflected a personality disorder; homosexuality was later removed from the ICD and other disease classification systems in the 1970s. Gender incongruence, meanwhile, has also been moved out of mental disorders in the ICD, into sexual health conditions. The rationale being that while evidence is now clear that it is not a mental disorder, and indeed classifying it in this can cause enormous stigma for people who are transgender, there remain significant health care needs that can best be met if the condition is coded under the ICD.For mental health conditions, ICD codes are especially important since the ICD is a diagnostic tool, and thus, these are the conditions that often garner much of the interest in the ICD. These include gaming disorder, which evidence shows is enough of a health problem that it requires tracking through the ICD. Other addictive behaviours such as hoarding disorder are now included in ICD-11, and conditions such as excessive sexual drive has been reclassified as compulsive sexual behaviour disorder.A significant change in the mental disorders section of ICD-11 is the attempt of statisticians to simplify the codes as much as possible to allow for coding of mental health conditions by primary health care providers rather than by mental health specialists. This will be a critical move since the world still has a scarcity of mental health specialist up to 9 out of 10 people needing mental health care dont receive it. The history of the ICD traces back to England in the 16th century. Every week, the London Bills of Mortality would announce deaths from distinctly medieval causes: scurvy, leprosy, and the big killer plague. It wasnt until the late 19th century though, when Florence Nightingale, just returned from the Crimean War, advocated for the need for gathering statistics on causes of disease and death that data began to be collected more systematically.Around the same time French statistician Jacques Bertillon introduced the Bertillon Classification of Causes of Death, which was adopted by several countries. In the 1940s, the World Health Organization took over Bertillons system and expanded it to include statistics on causes of injury and disease, producing the first version of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD). This allowed for the first time the collection of both morbidity and mortality data to map both disease trends and causes of death. The data captured through ICD codes is of huge importance for countries. It allows for the mapping of disease trends and causes of death around the world, which are key indicators both of the health of a population, but also the social determinants that link closely to health, such as the education, nutrition, and public infrastructure - in short, a snapshot of where a countrys vulnerabilities lie. A country in which people live in crowded, inadequate housing with no clean water are inevitably likely to have a higher incidence of diarrhoeal disease.TheGlobal Health Observatoryis WHOs gateway to health-related statistics for over 1000 indicators. Data coded through the ICD populates the Global Health Observatory allowing WHO to report World Health Statistics annually. These statistics are critical in tracking progress towards key targets such as the Sustainable Development Goals. Mortality data in the Global Health Observatory shows that while ischaemic heart disease and stroke are the top two killers worldwide, together accounting for 15 million deaths in 2015, zooming into the statistics by continent can show radically different pictures. In Africa, lower respiratory infections and HIV/AIDS cause the most deaths, whereas violence is in the top 10 causes of death in the Region of the Americas and the Eastern Mediterranean region.Data clearly has huge significance in directing energy and resources in global health. Yet data also shows us a picture of what is happening in the world that is unhampered by bias or assumption. For instance, data from theWHOs 2018 World Health Statisticson global deaths on homicide and conflict show that the statistics do not always match the way these mortality data are reported in the media, for instance (see graphic: Why data is important) The reason for revising the code every decade or so is this: countries can apply to develop their own adaptations. They are not allowed to change the basic code, but they can add detail essentially producing more granular versions tailored to their health systems and circumstances.Countries that create bespoke versions can then sell those to other countries, training them in its use. Practitioners of specialities such as dermatology or mental health may want to produce their own adaptations too.As WHO tweaks the ICD through the years to take into account new understandings of medicine, countries are expected to follow suit. Many do not, however.Every year, WHO takes slightly incompatible data from countries and makes them comparable.Over the years though, version control slips too far and several slightly varying versions appear all over the world. Thus, a new version becomes necessary to reset the system.ICD-11, however, has been produced electronically and therefore should act more as a living document to which everyone has access. Its agility should ensure considerable longevity. Tobacco addiction, Russia WHO Premature baby, Sri Lanka WHO Maternal health, Timor Leste WHO Fire emergency, Russia WHO Raising awareness of Ebola in prison, Nigeria WHO Shanty housing in the Philippines

Medical referral letter template word. Medical letter of referral. Medical letter referral template.