



STRENGTHENED GLOBAL CAPACITIES ON CLIMATE CHANGE AND HEALTH: WHO TRAINING IN MADRID

29 April 2024 - In Madrid, the recent WHO training covered a wide range of topics on climate change and health, equipping participants with practical tools and insights drawn from diverse country experiences.

The topics covered included climate change vulnerability and adaptation (V&As) assessments, accessing climate finance, integrating health into Nationally Determined Contributions (NDCs), Health National Adaptation Plans (HNAPs), building climate-resilient and environmentally sustainable health systems and facilities, as well as measuring greenhouse gas (GHG) emissions.

Throughout the training sessions, emphasis was placed on peer-to-peer learning, fostering dynamic exchanges, and leveraging the expertise of local and regional experts. The training also drew on a Training of Trainers (ToT) approach to strengthen participants' abilities to provide peer-to-peer training in the future.

The WHO training responded to an urgent need and increasing demand for training on climate change and health. Prior to the training, the top priority areas of work on CCH highlighted by participants were:

Making healthcare facilities more climate-resilient and environmentally sustainable.

Creating action plans for Low Carbon Sustainable Health Systems (LCSHS).

Improving climate-informed health surveillance and Early Warning Systems (EWS).

Post training feedback echoed a strong appreciation for the relevance and impact of the WHO CCH training to their work. Participants underscored the need for continued technical capacity development, including in emerging topics such as, Long-Term Low-Emission Development Strategies (LT-LEDS), action planning for low carbon sustainable health systems (LCSHS), CCH communication and advocacy, and assessing greenhouse gas emissions in healthcare facilities.

Overall, the WHO Training on Climate Change and Health in Madrid served as a vital milestone in advancing global efforts to advance climate change and health work.

Over 160 representatives from 77 countries participated in the WHO Training on Climate Change and Health (CCH), Madrid, 6–7 March 2024. Government officials, academic searchers, technical advisors and WHO regional and country staff enhanced their understanding of WHO-supported methodologies for building climate-resilient and low-carbon sustainable health systems and facilities.

Addressing capacity building needs on climate change and health

The WHO Climate Change and Health Unit continuously strives to develop and facilitate access to capacity building opportunities for the global health community and key stakeholders in climate change and health. In addition to the in-person Training on Climate Change and Health, it recently launched a Technical Webinar Series on Climate Change and Health and a new online course on Climate Change and Health developed in partnership with the WHO Academy. Past and future capacity-building opportunities can be accessed on the dedicated capacity building page.

Available from: <https://www.who.int/news/item/29-04-2024-strengthen-global-capacities-on-climate-change-and-health--who-training-in-madrid>

WHO REPORTS WIDESPREAD OVERUSE OF ANTIBIOTICS IN PATIENTS HOSPITALIZED WITH COVID-19

26 April 2024 - New evidence from the World Health Organization (WHO) shows the extensive overuse of antibiotics during COVID-19 pandemic worldwide, which may have exacerbated “silent” spread of antimicrobial resistance (AMR).

While only 8% of hospitalized patients with COVID-19 had bacterial co-infections requiring antibiotics, three out of four or some 75% of patients have been treated with antibiotics ‘just in case’ they help. Antibiotic use ranged from 33% for patients in the Western Pacific Region, to 83% in the Eastern Mediterranean and the African Regions. Between 2020 and 2022, prescriptions decreased over time in Europe and the Americas, while they increased in Africa.

Highest rate of antibiotic use was seen among patients with severe or critical COVID-19, with a global average of 81%. In mild or moderate cases, there was a considerable variation across regions, with the highest use in the African Region (79%).

WHO classifies antibiotics as per AWaRe (Access, Watch, Reserve) classification, according to the risk of AMR. Concerningly, the study found that ‘Watch’ antibiotics with higher resistance potential were most frequently prescribed globally.

“When a patient requires antibiotics, the benefits often outweigh the risks associated with side effects or antibiotic resistance. However, when they are unnecessary, they offer no benefit while posing risks, and their use contributes to the emergence and spread of antimicrobial resistance,” said Dr Silvia Bertagnolio, WHO Unit Head for Surveillance, Evidence and Laboratory Strengthening, Division for AMR.

“These data call for improvements in the rational use of antibiotics to minimize unnecessary negative consequences for patients and populations.”

Overall, antibiotic use did not improve clinical outcomes for patients with COVID-19. But rather, it might create harm for people without bacterial infection, compared to those not receiving antibiotics. This underscores the urgent need to improve the rational use of antibiotics to minimize unnecessary negative consequences for both patients and populations.

A systematic evidence synthesis and appraisal will complement this work to inform upcoming WHO recommendations on antibiotic use in patients with COVID-19, as part of the guidelines for the clinical management of COVID-19.