

I'm not a bot



WHO drug information provides an overview of current topics related to medicine development and regulation. It is a quarterly journal that covers recent news and trends in the field, targeting health professionals, policymakers, and pharmaceutical manufacturers. Launched in 1987, WHO Drug Information aims to communicate new developments and challenges affecting the production, prescribing, and access of medicines globally. The journal presents diverse perspectives on how current issues impact medicine development and highlights newly-released guidance documents. WHO develops guidelines for various medicinal products, including medicines, biologicals, vaccines, medical devices, herbals, and related substances. It also publishes lists of proposed International Nonproprietary Names for Pharmaceutical Substances (INN) to ensure clear communication among healthcare professionals worldwide. In 2022, approximately 60 million people globally used non-medical opioids, leading to significant health concerns. The World Health Organization (WHO) has published guidelines for the psychosocially assisted pharmacological treatment of opioid dependence and community management of opioid overdose to address this issue. These guidelines recommend a range of treatment options for opioid dependence, including medication-assisted therapy with methadone or buprenorphine, as well as psychosocial support. WHO also emphasizes the importance of training individuals on naloxone use in case of an emergency. A guideline development group (GDG) is convening to review and update these guidelines, aiming to improve treatment accessibility and reduce opioid overdose-related deaths. The World Health Organization (WHO) has established a guideline development group composition in line with the WHO guidelines for developing recommendations. This group comprises members from various WHO teams, including departments directly working on drug policy, access to medicines, and global HIV programs. The Guideline Development Group is composed of experts from all regions, serving individually rather than representing affiliated organizations. Members were selected based on their technical expertise, role as end-users, and representation of affected communities. To ensure transparency and inclusivity, WHO invites public members and interested organizations to review the biographies of the GDG members and provide feedback. Comments can be submitted via email by February 25, 2025. This process helps WHO develop high-quality guidelines that reflect diverse perspectives and address community needs worldwide. The World Health Organization (WHO) plays a vital role in promoting universal health coverage, ensuring that people have access to quality healthcare without facing financial hardship. With six key programmatic divisions at its headquarters, WHO works tirelessly to address the triple billion targets, aiming to improve health and well-being worldwide, particularly for women, children, and adolescents. However, significant challenges persist, including out-of-pocket healthcare costs pushing over 100 million people into extreme poverty annually. To bridge this gap, WHO advocates for universal health coverage as a fundamental human right, emphasizing that everyone should have access to essential healthcare services without financial constraints. Furthermore, the organization recognizes the importance of addressing social, environmental, and behavioural risks that affect health and well-being. This includes combating rising prices for new medicines, shortages of essential medications, and the proliferation of substandard and falsified medical products. To tackle these issues, WHO collaborates with member states to identify priority areas for improving access to quality healthcare. The organization provides authoritative guidance on regulatory practices related to medical products, promoting capacity building, convergence, and harmonization worldwide. In addition, WHO produces leading reports on data trends and analysis related to global health, facilitating progress tracking and informed decision-making. By harnessing the power of science, the organization validates public health guidance and translates innovation into practical solutions that improve lives worldwide. Alongside other significant yet less defined related characteristics, as well as detailed guidelines for identifying them, the latter format is designed to assist researchers in maximizing the consistency of study groups. To achieve this, it outlines criteria that enable the identification of individuals exhibiting clearly comparable symptoms and other traits. 6C40 Disorders linked to alcohol consumption 6C41 Disorders related to cannabis use 6C42 Disorders caused by synthetic cannabinoids 6C43 Disorders from opioid use 6C44 Disorders due to sedatives, hypnotics, or anxiolytics 6C45 Disorders from cocaine use 6C46 Disorders associated with stimulants, including amphetamines, methamphetamine, or methcathinone 6C47 Disorders from synthetic cathinones 6C48 Disorders linked to caffeine consumption 6C49 Disorders due to hallucinogen use 6C4A Disorders related to nicotine 6C4B Disorders caused by volatile inhalants 6C4C Disorders from MDMA or related substances, including MDA 6C4D Disorders linked to dissociative drugs, such as ketamine and phencyclidine [PCP] 6C4E Disorders from other specified psychoactive substances, including medications 6C4F Disorders from multiple specified psychoactive substances, including medications 6C4G Disorders from unknown or unspecified psychoactive substances 6C4H Disorders from non-psychoactive substances 6A41 Catatonia induced by substances or medications 6C4Y Other specified disorders from substance use 6C4Z Disorders from substance use, unspecified 6C5Y Other specified disorders from addictive behaviors 6C5Z Disorders from addictive behaviors, unspecified A recent report from the World Health Organization (WHO) emphasizes that 2.6 million deaths annually are tied to alcohol use, representing 4.7% of all deaths, with 0.6 million deaths linked to psychoactive drug use. Notably, 2 million of these are among men. WHO's Global status report on alcohol and health, along with treatment for substance use disorders, offers an updated analysis based on 2019 data regarding the public health impact of alcohol and drug use, as well as the global situation concerning alcohol consumption and treatment for substance use disorders. The report indicates an estimated 400 million people globally live with alcohol use disorders. Of these, 209 million experience alcohol dependence. "Substance use severely impacts individual health, raising the risk of chronic diseases, mental health issues, and tragically leading to millions of preventable deaths yearly. It imposes a heavy burden on families and communities, increasing exposure to accidents, injuries, and violence," stated Dr. Tedros Adhanom Ghebreyesus, WHO Director-General. "To create a healthier, more equitable society, we must urgently commit to bold actions that reduce the negative health and social consequences of alcohol consumption and ensure treatment for substance use disorders is accessible and affordable." The report underscores the urgent need to accelerate global efforts toward achieving Sustainable Development Goal (SDG) target 3.5 by 2030, focusing on reducing alcohol and drug consumption and improving access to quality treatment for substance use disorders. Health impacts of alcohol consumption The report highlights that despite some decline in alcohol-related death rates since 2010, the total number of deaths due to alcohol remains unacceptably high, totaling 2.6 million in 2019, with the highest numbers in the European and African regions. Alcohol-related death rates per litre consumed are highest in low-income countries and lowest in high-income countries. Of all alcohol-attributable deaths in 2019, an estimated 1.6 million were from non-communicable diseases, including 474,000 from cardiovascular diseases and 401,000 from cancer. Around 724,000 deaths were due to injuries, such as those from traffic accidents, self-harm, and interpersonal violence. Another 284,000 deaths were connected to communicable diseases. For example, alcohol consumption increases the risk of HIV transmission through unprotected sex and by weakening immune responses against TB infection and mortality. The highest proportion (13%) of alcohol-attributable deaths in 2019 occurred among young people aged 20–39 years. Alcohol consumption trends Total alcohol per capita consumption worldwide slightly decreased from 5.7 litres in 2010 to 5.5 litres in 2019. The highest levels... The European Region and the Region of Americas showed per capita consumption levels in 2019, with WHO reporting at 9.2 litres and 7.5 litres respectively. A daily average of 27 grams of pure alcohol was seen among drinkers, roughly equivalent to two glasses of wine or two bottles of beer. This level of drinking is linked to increased health risks and mortality. ###ARTICLEThe growing problem of medicines no longer working effectively is a significant threat to public health, causing increased disease spread, illness and deaths. The misuse and overuse of antibiotics are the main drivers of this issue. The updated list provides new information and expert opinions to help research and development of new antibiotics, as well as international cooperation to encourage innovation. "By studying the global impact of antibiotic-resistant bacteria on public health, this list is crucial for guiding investments and addressing the lack of new antibiotics in the pipeline," said Dr Yukiko Nakatani, WHO's Assistant Director-General for Antimicrobial Resistance ad interim. "Since the first Bacterial Priority Pathogens List was released in 2017, the threat of antibiotic resistance has increased, making many antibiotics ineffective and putting modern medicine at risk." The most critical priority pathogens, such as bacteria that are resistant to last-resort antibiotics and Mycobacterium tuberculosis, pose a major global threat due to their high burden and ability to resist treatment. These bacteria can also spread resistance to other bacteria. High priority pathogens, such as Salmonella and Shigella, have a high disease burden in low- and middle-income countries, along with Pseudomonas aeruginosa and Staphylococcus aureus, which pose significant challenges in healthcare settings. Other high priority pathogens, such as antibiotic-resistant Neisseria gonorrhoeae and Enterococcus faecium, present unique public health challenges, including persistent infections and resistance to multiple antibiotics. Medium priority pathogens include Group A and B Streptococci, Streptococcus pneumoniae, and Haemophilus influenzae, which require increased attention, especially in vulnerable populations such as paediatric and elderly populations, particularly in resource-limited settings. The updated list emphasizes the need for a comprehensive public health approach to address antibiotic resistance, including universal access to quality and affordable measures for prevention, diagnosis, and appropriate treatment of infections. Changes between the 2017 and 2024 lists saw the removal of five pathogen-antibiotic combinations that were included in BPPL 2017, and the addition of four new combinations. The fact that third-generation cephalosporin-resistant Enterobacterales are listed as a standalone item within the critical priority category emphasizes their burden and need for targeted interventions. WHO welcomes FDA approval of lenacapavir for HIV prevention, paving way for expanded access to innovative treatment option The World Health Organization (WHO) has welcomed the approval by the United States Food and Drug Administration (FDA) of injectable lenacapavir for HIV prevention. This milestone follows promising 2024 results from the PURPOSE 1 and PURPOSE 2 trials, which demonstrated the safety and efficacy of lenacapavir across diverse populations and settings. Administered just twice a year, lenacapavir offers sustained protection and adds to the growing range of HIV prevention options. WHO currently recommends oral PrEP, the dapivirine vaginal ring, and long-acting injectable cabotegravir (CAB-LA) as options for HIV pre-exposure prophylaxis (PrEP). Lenacapavir's discreet, long-acting formulation may help overcome key barriers such as daily pill burden, frequent clinic visits, and stigma associated with HIV prevention. "This regulatory milestone brings us one step closer to expanding access to an innovative HIV prevention option in lenacapavir," said Dr Meg Doherty, Director of WHO's Global HIV, Hepatitis and STI Programmes. "WHO plays a key role in supporting countries through guideline development, prequalification, and regulatory processes. We are working with partners and national authorities to ensure lenacapavir reaches people who need it most - quickly, safely and equitably." WHO guidelines for injectable lenacapavir will be released on 14 July 2025, during the International AIDS Conference in Kigali. FDA approval also paves the way for WHO prequalification, which can accelerate national regulatory approvals following endorsement by a stringent regulatory authority (SRA) and procurement by donor agencies like the Global Fund. In parallel, WHO is working with the European Medicines Agency (EMA) to support the Medicines 4 All (M4All) mechanism, which facilitates regulatory pathways in countries adopting lenacapavir, is growing concern about substance use and road safety on a global scale. The connection between drinking alcohol and driving is a well-documented risk factor for traffic crashes. ... These guidelines contain recommendations on identifying and managing substance use and disorders in healthcare services which... An estimated 69,000 people die each year from opioid overdoses. Opioid overdose can be easily reversed with naloxone and basic life... Manuals for the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the ASSIST-linked brief interventionsThe ASSIST package, which... WHO released new guidelines on TB treatment today, consolidating previous ones into one document. These guidelines introduce significant improvements in treatment options for people with drug-resistant tuberculosis (TB). A key update includes a new recommendation for an all-oral, 6-month regimen - BDLLFXC - for treating MDR/RR-TB, with or without fluoroquinolones resistance. Modified 9-month regimens are also recommended for MDR/RR-TB cases where fluoroquinolones resistance is excluded. "Drug-resistant TB is a major driver of the global antimicrobial resistance crisis and poses a serious threat to global health security," said Dr Tereza Kasaeva, Director of WHO's Global Programme on TB and Lung Health. "We call on national programmes, technical partners, donors, civil society and all stakeholders to implement these new guidelines. Every person affected by drug-resistant TB deserves access to effective treatment options." These recommendations are based on recent clinical trials, including the BEAT-Tuberculosis Trial (South Africa) and endTB Clinical Trial, which provided evidence supporting the WHO review.To support countries in responding to TB challenges, including extensively drug-resistant TB (XDR-TB), WHO regularly issues guidelines The WHO consolidated guidelines on tuberculosis bring together recommendations on drug-susceptible tuberculosis, drug-resistant tuberculosis and patient care. These guidelines will be complemented by a practical operational handbook providing guidance for implementing WHO recommendations at scale.WHO acknowledges the work of the guidelines development group members, evidence reviewers, national TB programmes, technical partners, community representatives, data contributors, patients and their caregivers, and all those who contributed to this guideline update.To encourage adoption of the new regimen, WHO hosts an online discussion platform bringing together high MDR/RR-TB burden countries, civil society, technical partners, and donors.

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