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Abortion Abuse of older people Adolescent and young adult health Adolescent pregnancy Ageing and health Alcohol Ambient (outdoor) air pollution Anaemia Animal bites Antimicrobial resistance Anxiety disorders Arsenic Asbestos Assistive technology Asthma Autism Bacterial vaginosis Biodiversity Bipolar disorder Blindness and vision impairment Blood safety and availability Botulism Breast cancer Brucellosis Burns Buruli ulcer (Mycobacterium ulcerans infection) Campylobacter Cancer Candidiasis (yeast infection) Cardiovascular diseases (CVDs) Cervical cancer Chagas disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality (under 5 years) Childhood cancer Chlamydia Cholera Chromoblastomycosis Chronic obstructive pulmonary disease (COPD) Civil registration and vital statistics Climate change Colorectal cancer Commercial determinants of health Community-based health insurance Condoms Congenital disorders Coronavirus disease (COVID-19) Corporal punishment and health Crimean-Congo haemorrhagic fever Deafness and hearing loss Deliberate events Dementia Dengue and severe dengue Depressive disorder (depression) Diabetes Diarrhoeal disease Dioxins Diphtheria Disability Dracunculiasis (Guinea-worm disease) Drinking-water Drowning E. coli Ebola disease Echinococcosis El Niño Southern Oscillation (ENSO) Electricity in health-care facilities Electronic waste (e-waste) Emergency contraception Endometriosis Epilepsy Essential medicines Falls Family planning/contraception methods Female genital mutilation Food additives Food safety Foodborne trematode infections Fragility fractures Free health care policies Gambling Gonorrhoea (Neisseria gonorrhoeae infection) Guillain-Barré syndrome Health literacy Health-care waste Healthy diet Heat and health Hepatitis A Hepatitis B Hepatitis C Hepatitis D Hepatitis E Herpes simplex virus HIV and AIDS HIV drug resistance Household air pollution Human papillomavirus and cancer Human rights Human T-lymphotropic virus type 1 Hypertension ICD-11 Immunization coverage Infant and young child feeding Infertility Influenza (avian and other zoonotic) Influenza (seasonal) Injuries and violence Ionizing radiation and health effects Japanese encephalitis Lassa fever Lead poisoning Legionellosis Leishmaniasis Leprosy Listeriosis Low back pain Lung cancer Lymphatic filariasis Malaria Malnutrition Marburg virus disease Maternal mortality Measles Meningitis Menopause Mental health Mental health at work Mental health in emergencies Mental health of adolescents Mental health of older adults Mercury Middle East respiratory syndrome coronavirus (MERS-CoV) Migraine and other headache disorders Millennium Development Goals (MDGs) Mpox Multi-drug resistant gonorrhoea Multiple sclerosis Musculoskeletal health Mycetoma Mycotoxins Natural toxins in food Newborn mortality Newborns: improving survival and well-being Nipah virus Noma Noncommunicable diseases Nursing and midwifery Obesity and overweight Occupational health: health workers Older children and young adolescent mortality (5 to 14 years) Onchocerciasis One Health Opioid overdose Oral health Oropouche virus disease Osteoarthritis Palliative care Parkinson disease Patient safety Pesticide residues in food Physical activity Plague Pneumonia in children Podoconiosis (non-filarial lymphoedema) Poliomyelitis Polycystic ovary syndrome Post COVID-19 condition (long COVID) Post-traumatic stress disorder Pre-eclampsia Prequalification of medicines by WHO Preterm birth Primary health care Protecting workers' health Quality health services Rabies Radon Refugee and migrant health Refugee and migrant mental health Rehabilitation Respiratory syncytial virus (RSV) Rheumatic heart disease Rheumatoid arthritis Rift Valley fever Ringworm (tinea) Road traffic injuries Rubella Salmonella (non-typhoidal) Sand and dust storms Sanitation Scabies Schistosomiasis Schizophrenia Self-care for health and well-being Sepsis Sexually transmitted infections (STIs) Shingles (herpes zoster) Snakebite envenoming Social determinants of health Sodium reduction Soil-transmitted helminth infections Spinal cord injury Sporotrichosis Substandard and falsified medical products Sugars and dental caries Suicide Syphilis Taeniasis/cysticercosis Tetanus The top 10 causes of death Tobacco Trachoma Trans fat Trichomoniasis Trypanosomiasis, human African (sleeping sickness) Tuberculosis Tungiasis Typhoid Ultrasound Ultraviolet radiation Universal health coverage (UHC) Urban health Vector-borne diseases Violence against children Violence against women West Nile virus White phosphorus Yaws Yellow fever Youth violence Zika virus Zoonoses Skip to main content · Select language العربية Français русский español português 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 An estimated 1.28 billion adults aged 30–79 years worldwide have hypertension, most (two-thirds) living in low- and middle-income countriesAn estimated 46% of adults with hypertension are unaware that they have the condition.Less than half of adults (42%) with hypertension are diagnosed and treated.Approximately 1 in 5 adults (21%) with hypertension have it under control.Hypertension is a major cause of premature death worldwide.One of the global targets for noncommunicable diseases is to reduce the prevalence of hypertension by 33% between 2010 and 2030.OverviewHypertension (high blood pressure) is when the pressure in your blood vessels is too high (140/90 mmHg or higher). It is common but can be serious if not treated.People with high blood pressure may not feel symptoms. The only way to know is to get your blood pressure checked.Things that increase the risk of having high blood pressure include:older age geneticsbeing overweight or obese not being physically active high-salt dietdrinking too much alcoholLifestyle changes like eating a healthier diet, quitting tobacco and being more active can help lower blood pressure. Some people may still need to take medicines.Blood pressure is written as two numbers. The first (systolic) number represents the pressure in blood vessels when the heart contracts or beats. The second (diastolic) number represents the pressure in the vessels when the heart rests between beats.Hypertension is diagnosed if, when it is measured on two different days, the systolic blood pressure readings on both days is ≥140 mmHg and/or the diastolic blood pressure readings on both days is ≥90 mmHg.Risk factorsModifiable risk factors include unhealthy diets (excessive salt consumption, a diet high in saturated fat and trans fats, low intake of fruits and vegetables), physical inactivity, consumption of tobacco and alcohol, and being overweight or obese. In addition, there are environmental risk factors for hypertension and associated diseases, where air pollution is the most significant. Non-modifiable risk factors include a family history of hypertension, age over 65 years and co-existing diseases such as diabetes or kidney disease.SymptomsMost people with hypertension don't feel any symptoms. Very high blood pressures can cause headaches, blurred vision, chest pain and other symptoms. Checking your blood pressure is the best way to know if you have high blood pressure. If hypertension isn't treated, it can cause other health conditions like kidney disease, heart disease and stroke. People with very high blood pressure (usually 180/120 or higher) can experience symptoms including:severe headacheschest paindizzinessdifficulty breathingnauseavomitingblurred vision or other vision changesanxietyconfusionbuzzing in the earsnosebleedsabnormal heart rhythmIf you are experiencing any of these symptoms and a high blood pressure, seek care immediately.The only way to detect hypertension is to have a health professional measure blood pressure. Having blood pressure measured is quick and painless. Although individuals can measure their own blood pressure using automated devices, an evaluation by a health professional is important for assessment of risk and associated conditions.TreatmentLifestyle changes can help lower high blood pressure. These include:eating a healthy, low-salt dietlosing weightbeing physically activequitting tobacco. If you have high blood pressure, your doctor may recommend one or more medicines. Your recommended blood pressure goal may depend on what other health conditions you have. Blood pressure goal is less than 130/80 if you have:cardiovascular disease (heart disease or stroke)diabetes (high blood sugar)chronic kidney diseasehigh risk for cardiovascular disease.For most people, the goal is to have a blood pressure less than 140/90. There are several common blood pressure medicines: ACE inhibitors including enalapril and lisinopril relax blood vessels and prevent kidney damage.Angiotensin-2 receptor blockers (ARBs) including losartan and telmisartan relax blood vessels and prevent kidney damage.Calcium channel blockers including amlodipine and felodipine relax blood vessels.Diuretics including hydrochlorothiazide and chlorthalidone eliminate extra water from the body, lowering blood pressure.PreventionLifestyle changes can help lower high blood pressure and can help anyone with hypertension. Many who make these changes will still need to take medicine. These lifestyle changes can help prevent and lower high blood pressure. Do: Eat more vegetables and fruits.Sit less.Be more physically active, which can include walking, running, swimming, dancing or activities that build strength, like lifting weights.Get at least 150 minutes per week of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity.Do strength building exercises 2 or more days each week.Lose weight if you're overweight or obese.Take medicines as prescribed by your health care professional.Keep appointments with your health care professional.Don't eat too much salty food (try to stay under 2 grams per day)eat foods high in saturated or trans fatSmoke or use tobaccoDrink too much alcohol (1 drink daily max for women, 2 for men)miss or share medication.Reducing hypertension prevents heart attack, stroke and kidney damage, as well as other health problems. Reduce the risks of hypertension by: reducing and managing stressregularly checking blood pressuretreating high blood pressuremanaging other medical conditionsreducing exposure to polluted air.Complications of uncontrolled hypertensionAmong other complications, hypertension can cause serious damage to the heart. Excessive pressure can harden arteries, decreasing the flow of blood and oxygen to the heart. This elevated pressure and reduced blood flow can cause: chest pain, also called angina;heart attack, which occurs when the blood supply to the heart is blocked and heart muscle cells die from lack of oxygen. The longer the blood flow is blocked, the greater the damage to the heart;heart failure, which occurs when the heart cannot pump enough blood and oxygen to other vital body organs; andirregular heart beat which can lead to a sudden death.Hypertension can also burst or block arteries that supply blood and oxygen to the brain, causing a stroke.In addition, hypertension can cause kidney damage, leading to kidney failure.Hypertension in low- and middle-income countriesThe prevalence of hypertension varies across regions and country income groups. The WHO African Region has the highest prevalence of hypertension (27%) while the WHO Region of the Americas has the lowest prevalence of hypertension (18%). The number of adults with hypertension increased from 594 million in 1975 to 1.13 billion in 2015, with the increase seen largely in low- and middle-income countries. This increase is due mainly to a rise in hypertension risk factors in those populations.WHO responseThe World Health Organization (WHO) supports countries to reduce hypertension as a public health problem.In 2021, WHO released a new guideline for on the pharmacological treatment of hypertension in adults. The publication provides evidence-based recommendations for the initiation of treatment of hypertension, and recommended intervals for follow-up. The document also includes target blood pressure to be achieved for control, and information on who, in the health-care system, can initiate treatment. To support governments in strengthening the prevention and control of cardiovascular disease, WHO and the United States Centers for Disease Control and Prevention (U.S. CDC) launched the Global Hearts Initiative in September 2016, which includes the HEARTS technical package. The six modules of the HEARTS technical package (Healthy-lifestyle counselling, Evidence-based treatment protocols, Access to essential medicines and technology, Risk-based management, Team-based care, and Systems for monitoring) provide a strategic approach to improve cardiovascular health in countries across the world. In September 2017, WHO began a partnership with Resolve to Save Lives, an initiative of Vital Strategies, to support national governments to implement the Global Hearts Initiative. Other partners contributing to the Global Hearts Initiative are the CDC Foundation, the Global Health Advocacy Incubator, the Johns Hopkins Bloomberg School of Public Health, the Pan American Health Organization (PAHO) and the U.S. CDC. Since implementation of the programme in 2017 in 31 countries low- and middle-income countries, 7.5 million people have been put on protocol-based hypertension treatment through person-centred models of care. These programmes demonstrate the feasibility and effectiveness of standardized hypertension control programmes. 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 product developed by WHO that contains recommendations for clinical practice or public health policy. Recommendations are statements designed to help end-users make informed decisions on whether, when and how to undertake specific actions such as clinical interventions, diagnostic tests 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. 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: diagnosis" combines the WHO policy guidance on detection of TB infection... The World Health Organization's Global Programme on Tuberculosis & Lung Health (WHO/CTB) 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... This document provides a summary of all WHO recommendations on maternal health based on guidelines approved by the WHO Guidelines Review Committee. The... Skip to main content Caring for burns patients from the incident scene to definitive treatment can be a complex, resource-consuming process with the potential to overwhelm... The H3 Package defines a set of prioritized health interventions that can feasibly be delivered to populations affected by humanitarian crises during protracted... Efforts to strengthen health systems to deliver emergency care are intensifying against the backdrop of increasing humanitarian crises. The simple integration of a checklist in clinical care has been shown to be affordable, effective to improve patient care and decrease medical errors... Resuscitation areas are created to be hubs for life-saving interventions for the acutely ill and injured in the Emergency Unit and at times, on the wards... Systematic facility-based data collection on acute illness and injury helps identify gaps in care. Standardized analyses and audits allow high-yield targeted... The WHO dataset for injury (DSI) provides a standard set of variables that are defined in a consistent way and ensure that all important data elements... 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 WHO's headquarters office in Lyon, France, at the 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 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. During the four-week reporting period from 6 January to 2 February 2025, weekly SARS-CoV-2 PCR percent test positivity changed from 7.3% in the beginning... During the four-week reporting period from 9 December 2024 to 5 January 2025, weekly SARS-CoV-2 PCR percent test positivity changed from 8.5% in the...