WHO’s *World Health Statistics*, 2012 showed that many countries have made substantial progress in reducing child and maternal mortality, improving nutrition, reducing morbidity and mortality from HIV infection, tuberculosis and malaria, and increasing access to safe water and sanitation with help from WHO.

In 2012:

- The number of **deaths of children under five** declined worldwide to 6.6 million, a decrease from 7.6 million in 2010. Part of this success is attributable to the international studies coordinated by WHO which defined evidence-based best practices for reducing deaths from pneumonia and diarrhoea. In addition, WHO provided technical support on the basis of this evidence to develop or revise strategies in 72 countries.

- **Born too soon: the global action report on preterm birth** - the first ever estimates of preterm birth at national, regional and global level proposed actions for policy, programs and research by governments, NGOs and the business community - recommending interventions as simple as the promotion of “kangaroo mother care” for babies.

- WHO completed the largest study to date on severe complications and “near misses” in pregnancy. The study concluded that having life-saving interventions available in health facilities will not reduce **maternal mortality** in the absence of overall improvements in the quality of maternal care and emergency services.

- WHO presented evidence to justify the need for urgent action to prevent the spread of **untreatable gonorrhea**.

- A rapid molecular diagnostic test for **tuberculosis** (Xpert® MTB/RIF) was evaluated and endorsed by WHO and implemented in 77 countries. More rapid diagnosis ensured that 57% of the TB patients known to be living with HIV were started on antiretroviral therapy, and 4.1 million people enrolled in HIV care were screened for TB (an increase from 3.5 million in 2011). In addition 77 000 people with multidrug-resistant TB were started on second-line treatment.

**Health-related MDGs**

WHO contributes to improved health outcomes directly and indirectly. Direct ways include technical support to countries; the development of guidelines, norms, and standards; and facilitating the development and dissemination of drugs, vaccines and diagnostics. Indirect contributions stem from the exercise of WHO’s role in health governance and its convening and facilitating power, in defining shared problems and bringing together stakeholders to negotiate binding agreements. WHO also tracks health trends nationally, regionally and globally – alerting the world and individual countries to emerging health threats; tracking resources and results in the interest of accountability; and demonstrating progress in reaching internationally agreed goals.

This report presents a snapshot of achievements in 2012.
A consolidated revision of all WHO AIDS related guidelines was initiated in response to research demonstrating that early initiation of antiretroviral therapy not only improves individual patient outcomes, but reduces the risk of HIV transmission to uninfected partners by 96%. Guidelines on the treatment of sero-discordant couples were launched at the International AIDS conference in Washington DC. The net effect of new guidelines will be to extend the number of people that can be treated with the same level of resources.

An initiative was launched to accelerate progress towards goals for the eradication, elimination or control of 17 neglected tropical diseases, which affect 1.4 billion of the world’s poorest people. WHO convened the expert group that produced the roadmap; developed the five strategies of the initiative; created training and capacity-building activities for the integrated delivery of control strategies; performed monitoring, evaluation and disease surveillance as key tools to verify and improve the quality of interventions throughout implementation; and negotiated major donations of 14 different medicines or therapies (from half a million doses or vials to unlimited supplies for as long as needed).

The WHO World Malaria Report 2012 showed that malaria cases and deaths continued to fall. It indicated that 50 endemic countries are on track to meet targets for malaria reduction by 2015. For the Sahel sub-region of Africa, a new WHO strategy for Seasonal Malaria Chemoprevention was introduced as an inexpensive intervention with the potential to prevent more than 75% of uncomplicated and severe malaria cases in children. Success inspired endemic countries to set more ambitious goals. In sub-Saharan Africa, 8 neighbouring countries announced plans to eliminate malaria within the next few years. The joint elimination strategy drew on a complete set of WHO technical and policy manuals.

Immunization

Much of the success in reducing childhood mortality can be attributed to expanded immunization made possible by GAVI support, with technical guidance from WHO and the strategies adopted by its Member States. In addition, other large WHO studies helped countries make decisions about the introduction of new vaccines in specific epidemiological situations.

In 2012:

- The World Health Assembly, endorsed a landmark Global Vaccine Action Plan - to prevent millions of deaths by 2020 through more equitable access to existing vaccines for people in all communities
- The first-ever World Immunization Week was held in April, with more than 180 countries participating worldwide.
- Lower vaccine prices: in the Region of the Americas, where 46 million persons of all ages were vaccinated, 39 member countries purchased 60 different products through the PAHO/WHO Revolving Fund, which works by pooling member countries’ purchases of vaccines, syringes and immunization supplies and allows all countries to buy a given product at the same low price. In 2012, this included more than 200 million doses of vaccine containing 28 different antigens, including newer vaccines such as rotavirus, pneumococcal and human papillomavirus (HPV) vaccines.
- A strategic plan to control or eliminate measles and rubella was launched - a measure of its success is that Cambodia reported no measles cases that year, down from 722 in 2011.
- In Africa’s meningitis-prone countries, more than 110 million people received the new vaccine developed by WHO and PATH (an international NGO) resulting in the lowest number of confirmed meningitis A cases ever recorded during an epidemic season.
- All poliomyelitis outbreaks dating from 2011 in countries that are free from poliomyelitis were halted. India was removed from the list of polio-endemic countries. National emergency action plans were developed in the three remaining countries where poliomyelitis remains endemic. 223 cases of poliomyelitis were reported globally, the lowest number ever recorded
International Health Regulations

The International Health Regulations (IHR) is the most powerful legal instrument WHO’s Member States have to help protect their populations from public health events of international concern, such as pandemic influenza. Under the IHR framework, WHO monitors thousands of reports of public health events each year, investigates rumours, issues early alerts, and mounts international response.

In 2012:

• Following 15,000 unofficial reports of public health events, WHO tracked 291 events, of which 137 were confirmed as outbreaks or public health risks, including sporadic cases of H5N1 influenza and the emergence of Middle East Respiratory Syndrome (MERS) coronavirus.

• WHO responded to a total of 36 acute and 22 protracted emergencies at the request of Member States, and assumed leadership of the health sector in 29 events.

• The new WHO Emergency Response Framework was applied to graded emergencies in 17 countries; events included natural disasters, famine and cholera outbreaks.

Framework convention on Tobacco Control (FCTC)

Tobacco use continues to be the leading global cause of preventable death. It kills nearly 6 million people every year through cancer, heart disease, respiratory diseases, childhood diseases and others. It also causes hundreds of billions of dollars of economic losses worldwide every year. Over the course of the 21st century, tobacco use could kill up to a billion people unless urgent action is taken.

In 2012:

• Parties to the WHO FCTC adopted a ground-breaking treaty, the Protocol to Eliminate Illicit Trade in Tobacco Products, which aims to eliminate all forms of illicit trade, such as illegal production or smuggling of tobacco products, as part of comprehensive global tobacco control. Illicit trade (which accounts for 9-50% of the global cigarette market) increases the accessibility and affordability of tobacco products, particularly to young people, the poor and other vulnerable groups, placing disproportionate burdens on developing countries. Therefore, a legally enforceable mechanism to eliminate all forms of illicit trade is expected to translate into reduced rates of tobacco use, and to move forward the “endgame” for tobacco.

Dual-use research

Controversy surfaced over fears that research on the transmissibility of H5N1 influenza virus could be used in the creation of a biological weapon, leading to a ban on publication of the findings.

In 2012:

• WHO used its convening power to respond to concerns about laboratory-manipulated influenza H5N1 viruses. A technical consultation led to the overturning of the ban on publication of these results and resulted in a review of the biosafety and biosecurity aspects of this research.
Advancing universal health coverage

The goal of universal health coverage (UHC) is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. Providing UHC requires a strong, efficient, well-run health system; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers.

In 2012:

- 56 countries requested technical assistance from WHO on health financing in moving their health systems towards universal health coverage. As this number represents nearly one-third of WHO’s Member States, it is clear that establishing or extending UHC is an urgent priority for many countries.
- United Nations General Assembly resolution 67/81 on global health and foreign policy, prepared in close consultation with WHO, recommended that consideration be given to including universal health coverage in the discussion on the post-2015 UN development agenda in the context of global health challenges.

International Health Partnership

IHP+ is a group of partners committed to improving the health of citizens in developing countries. They include international organizations, bilateral agencies and country governments, and they all sign the IHP+ Global Compact for achieving the health Millennium Development Goals. IHP+ partners work together to put internationally agreed principles for effective aid and development co-operation into practice in the health sector.

In 2012:

- Following independent monitoring of progress, a meeting of partners in Nairobi identified a number of critical areas where international development partners need to change their behaviour in order to accelerate progress on the MDGs.
- These finding have led to meetings chaired by the Director-General of WHO and the President of the World Bank in which global health agency leaders have strongly supported renewed action on seven behaviours which, if implemented, would bring visible results.

Noncommunicable diseases

Noncommunicable diseases (NCDs), such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are the leading cause of mortality in the world. This invisible epidemic is an under-appreciated cause of poverty and hinders the economic development of many countries. The burden is growing - the number of people, families and communities afflicted is increasing.

Common, modifiable risk factors underlie the major NCDs. They include tobacco, harmful use of alcohol, unhealthy diet, insufficient physical activity, overweight/obesity, raised blood pressure, raised blood sugar and raised cholesterol.

In 2012:

- Further to a UNGA resolution on non-communicable diseases in 2011, Member States agreed on nine voluntary global targets (e.g. 25% reduction in premature mortality by 2025) and 25 indicators (for heart disease, cancer, diabetes, chronic respiratory diseases) for action in countries to combat noncommunicable diseases (NCDs). These targets provide a common global framework for tracking progress which in turn is critical for stemming the rise of NCDs.
- World Health Statistics 2012 highlights the growing problem of NCDs. For the first time the report includes data from 194 countries on men and women with raised blood pressure and blood glucose levels.
The WHO global status reports on road safety showed that the second year of the Decade of Action for Road Safety was staring to show promising results. In two provinces of the Russian Federation, where the goal was to increase seat-belt wearing, rates increased to more than 70%.

Medical products

Increased access to affordable medicines, vaccines, and medical products is a critical issue for many of WHO’s Member States. WHO contributes directly to increased access through its Prequalification Programme, which assures the quality, safety, and efficacy of medicines for bulk purchasers. WHO’s list of prequalified medicinal products is used by international procurement agencies and increasingly by countries to guide bulk purchasing of medicines. Four fifths of the eight million people in low- and middle income countries receiving treatment today are taking WHO-prequalified antiretrovirals (ARVs). Worldwide, 65% of babies are immunized using WHO pre-qualified vaccines.

In 2012:

- The cumulative total of WHO prequalified finished pharmaceutical products exceeded 350.
- Under WHO’s prequalification programme, 154 vaccine lots were tested by WHO-contracted laboratories. Five laboratories were prequalified in 2012, as well as China’s national regulatory authority, which opened the way for the prequalification of its vaccines.
- Prequalified HIV rapid diagnostic tests accounted for 85% of the tests procured by key stakeholders. Evaluation began in two new product categories.

Social and environmental determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

In 2012:

- A resolution endorsing the Rio Political Declaration on Social Determinants of Health was adopted by the World Health Assembly.
- The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation issued evidence that the MDG target for drinking water had been met.
- WHO and the World Meteorological Organization jointly issued an Atlas of health and climate as an alert to the direct and indirect health consequences of climate variability and an aid to preparedness.
- The WHO Regional Office for Europe issued a set of documents that drew together considerable evidence on the social determinants of health, intersectoral governance for health, and the economic case for public health action. NCDs were the principal focus of the documents, which offered evidence-based advice on how to implement whole-of-government and whole-of-society approaches, making good use of regulatory and fiscal measures.