### List of abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy</td>
</tr>
<tr>
<td>AMRO</td>
<td>WHO Regional Office for the Americas</td>
</tr>
<tr>
<td>CAC</td>
<td>Codex Alimentarius Commission</td>
</tr>
<tr>
<td>DOTS</td>
<td>Internationally-recommended TB control strategy</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>EURO</td>
<td>WHO Regional Office for Europe</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
</tr>
<tr>
<td>FCTC</td>
<td>Framework Convention on Tobacco Control</td>
</tr>
<tr>
<td>HLS</td>
<td>Health Leadership Service</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VPA</td>
<td>Violence Prevention Alliance</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
</tbody>
</table>

### Useful links

- Violence Prevention Alliance
- WHO's 2004 Global TB Control Report
- Commission on Intellectual Property Rights, Innovation and Public Health
- WHA resolution on the global strategy on diet, physical activity and health
- WHA resolution on reproductive health
- 10 health questions about the ten
  [http://www.who.dk/eprise/main/who/InformationSources/Publications/Catalogue/20040607_1](http://www.who.dk/eprise/main/who/InformationSources/Publications/Catalogue/20040607_1)
- Health in the Millennium Development Goals
- 3 by 5 Progress Report
- The Health Leadership Service
  [http://www.who.int/health_leadership/en/](http://www.who.int/health_leadership/en/)
- Great Expectations
- The Atlas of Heart Disease and Stroke
- WHO Guidelines for Drinking-water Quality, third edition
- WHO Framework Convention on Tobacco Control
I am pleased to present a review of the work of WHO during 2004. This booklet provides a chronological narrative of key events that give an idea of the scope and diversity of the organization’s work across regions and countries.

It includes progress on ongoing work in areas such as HIV/AIDS, tuberculosis and malaria. It highlights milestones such as the 40th country ratifying the WHO Framework Convention on Tobacco Control, enabling it to come into force. It tells how polio eradication efforts got back on track after a difficult year.

WHO continued its response to the growing burden of noncommunicable diseases. Significant examples include the adoption of the Global Strategy on Diet, Physical Activity and Health at the World Health Assembly, the launch of the Atlas of Heart Disease and Stroke, and an initiative to tackle diabetes.

Our capacity to help countries to respond to disease outbreaks and to help people during a humanitarian crisis was significantly improved by the new Strategic Health Operations Centre. The centre played a vital role in coordinating information-gathering and actions in response to the tsunami disaster.

In 2004, we increased and strengthened our partnerships and reached more of the people who are most in need. I would like to thank all our partners and staff for their hard work in contributing to these many achievements.
On 12 January, WHO announced the launch of the Violence Prevention Alliance (VPA), formed by 10 organizations aiming to reduce the 1.6 million annual deaths resulting from violence. VPA is an opportunity for groups and individuals to unite around a shared vision and approach to violence prevention that works both to tackle the root causes of violence and to improve services for victims. VPA efforts will concentrate on developing policies, programmes and tools to implement the recommendations in WHO’s *World Report on Violence and Health* published in 2002.

**WHO continues support in Bam**

On 26 December 2003, an earthquake struck Bam, in the Islamic Republic of Iran, killing close to 30,000 people and leaving more than 75,000 homeless. WHO responded immediately and worked with partners to reduce the threat of diseases such as meningitis, measles, tetanus.
and malaria. Donors responded to WHO’s appeal, offering more than US$ 3.6 million to help the local government meet immediate health needs. WHO still remains active in Bam, supporting the Ministry of Health and Medical Education by rehabilitating health centres, training medical staff, and building public health programmes.

**Outbreak of Severe Acute Respiratory Syndrome (SARS) keeps WHO on alert**

Since July 2003, SARS has reappeared four times resulting in 17 cases. Three of the events were associated with breaches in laboratory biosafety and the remaining incident followed animal-to-human transmission. Only one of the laboratory-associated incidents was associated with secondary transmission and hospital-based spread, indicating the high level of vigilance countries are maintaining for the detection and containment of patients with a SARS-like illness. With the experience gained from the unprecedented outbreak of SARS in 2003, WHO prepared and distributed new surveillance guidelines and a risk assessment and preparedness framework for SARS. WHO continues to encourage health authorities to be on the lookout for this new disease.

**Executive Board appoints two Regional Directors**

The WHO Executive Board appointed Dr Samlee Plianbangchang as the Regional Director for the WHO South-East Asia Region. A national of Thailand, Dr Plianbangchang replaced Dr Uton Muchtar Rafei, who served from 1994 to 2004. The Board also re-appointed Dr Shigeru Omi as Regional Director for the WHO Western Pacific Region. A national of Japan, Dr Omi first took office as Regional Director in 1999.
February

Avian influenza – source of the next flu pandemic?

The largest recorded outbreak of avian influenza, or “bird flu”, affected nine countries in Asia. The outbreaks, caused by the highly pathogenic H5N1 strain, were unprecedented in geographical spread and economic consequences for the agricultural sector. Reports of human cases in Thailand and Viet Nam raised fears of a global influenza pandemic, due to the potential for the virus to change into a form which could easily spread between people. WHO coordinated efforts with affected countries and other agencies to agree on measures to slow the spread amongst animals, and to reduce human deaths and social disruption. Between January 2004 and February 2005, 55 cases of H5N1 infection in humans were reported of which 42 were fatal. WHO continues to assess the risk for an influenza pandemic and support national and international action in pandemic preparedness.
WHO Director-General Dr LEE Jong-wook joined former U.S. President Jimmy Carter and UNICEF Deputy Executive Director Kul C. Gautam in Ghana to urge the interruption of transmission of guinea-worm disease. Since the launch of the global eradication campaign in 1986, the incidence of the disease has been reduced by 99% worldwide. Ghana alone reported 47% of the new global cases in 2004. Eradication strategies focus on three main measures: making water safe, managing and containing cases, and providing health education.

Growing AIDS threat in Europe

At a Ministerial Conference held in Dublin, participants discussed the worsening situation in Eastern Europe and Central Asia, where over 1.5 million people are now living with HIV, compared to 30,000 in 1995. They agreed that it was crucial to focus on both prevention and treatment, and urged political leaders to transform their verbal commitments into concrete action.

Roadmap to reduce maternal and newborn mortality in Africa

To help reduce the high rates of maternal and child deaths in sub-Saharan Africa, the WHO Regional Office for Africa organized a meeting for relevant partners, health officials from six countries, and representatives from organizations including UNFPA and UNICEF. The participants agreed on a regional framework for action to reduce the deaths of mothers and their babies, focusing on two areas: the provision of skilled attendants at all levels of care, and the strengthening of individual, family and community capacity to improve maternal and newborn health. Reducing child mortality by two thirds and maternal mortality by three quarters are targets of Goals 4 and 5, respectively, of the UN Millennium Development Goals (MDGs).
Editors from leading medical journals joined WHO in an effort to encourage publication of more mental health research from developing countries. Only 2% of all mental health studies published in leading journals come from developing countries. This has resulted in an imbalance of knowledge of the demographics, burden of disease, resource availability and long-term economic impact of mental health — which is a neglected area of health. To reverse this trend, the editors and WHO technical staff agreed on a catalogue of ideas to galvanize mental health research and its publication in leading scientific journals. Suggestions included providing training in research methodology and scientific writing, and increasing access to mental health research publications, for example by providing free online access and supporting journals from developing countries to improve their quality.
More than 13 million TB patients treated under DOTS since 1995

According to the WHO 2004 Global Tuberculosis Control Report, 180 countries had adopted DOTS and 13.3 million patients were treated under DOTS from 1995 to 2002. In India, by March 2004, the 3 millionth patient had been treated under DOTS, as reported by the Indian Prime Minister at the 2nd Global Stop TB Partners Forum in New Delhi. Globally, detection of infectious TB patients reached 37% in 2002, against the 2005 case detection target of 70%. Treatment success was at 82% relative to the 85% target for 2005. 13 of the 15 countries with the highest estimated TB incidence rates were in Africa and most faced high HIV-infection levels as well, as HIV is a main driver of the TB epidemic in that region.

Health facilities in Haiti

The WHO Regional Office for the Americas (AMRO) responded quickly to the humanitarian crisis linked to civil unrest in Haiti, where people lacked access to water, essential medicines and gasoline and where power shortages and security concerns closed Haiti’s hospitals. AMRO, which set up an emergency centre in Washington DC, sent WHO staff to Haiti to coordinate the distribution of supplies needed to restore service in Haitian hospitals. AMRO also issued news bulletins on local radio stations to advise which hospitals were operating. A second emergency hit Haiti in September when Hurricane Ivan struck the island. AMRO once again assisted with the recovery efforts, shipping water treatment supplies and emergency kits with essential drugs for tens of thousands of people.

Combating gender inequality to tackle AIDS

To mark International Women’s Day, WHO hosted a panel discussion which focused on the specific problems women face in the HIV/AIDS epidemic and how gender inequality is fuelling the spread of the disease worldwide. The panel discussed how women and girls are biologically, economically, socially and culturally more vulnerable to HIV infection than men and how to tackle these issues.
Road crashes kill 1.2 million people every year and are the second leading cause of death globally among people aged five to 29. To raise awareness of this public health problem and to urge leaders to take action, WHO designated road safety as the theme of World Health Day 2004. Clear evidence-based recommendations to reduce the death toll on the roads were highlighted in a new World Report on Road Traffic Injury Prevention. Thousands of people marked the day in hundreds of events in more than 130 countries. As an immediate follow-up to World Health Day, the UN General Assembly passed a resolution on improving global road safety, and invited WHO to coordinate road safety issues within the UN system.

WEB PARTNERSHIP CONTAINS MENINGITIS THREAT

In 2002, a rare strain of meningitis known as W135 emerged in Burkina Faso. Around 13,000 people were infected and 1,500 died. One year later, the same strain of meningitis re-emerged, but thanks to prompt action...
by the government with WHO support, the strain was rapidly identified and a mass vaccination campaign controlled the epidemic. Success was due to a partnership led by WHO, which worked to build a mass intervention system to combat W135. A new anti-meningococcal vaccine was developed, epidemiologists and laboratory technicians were trained so that W135 could be rapidly detected and confirmed. A regional surveillance centre was set up, and an emergency stockpile of the newly produced vaccine purchased. The partnership included the Ministry of Health, the WHO meningitis collaborating centres in Atlanta and Oslo, Epicentre, Institut Pasteur, Association pour la Médecine Préventive and GlaxoSmithKline.

First meeting of the Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH)

CIPIH was established in February 2004 as a result of a World Health Assembly resolution which called for a time-limited body to produce an analysis of intellectual property rights, innovation, and public health. The Commission will summarize evidence on the prevalence of diseases of public health importance, review the volume and distribution of existing research, and analyse proposals for improvements to the current incentive and funding regimes. The Commission has 10 members and is chaired by Ruth Dreifuss, former President of Switzerland. It will formulate a final report with concrete and practical proposals, to be presented in 2006.

Train explosion in Democratic People’s Republic of Korea

On 22 April, train wagons filled with ammonium nitrate and fuel exploded after coming into contact with electric wires in Ryongchon County in the Democratic People’s Republic of Korea. The explosion levelled everything in a 500-meter radius and killed 156 people, 76 of them children in a nearby school. WHO, which has an office in the capital Pyongyang, coordinated support to the government for the overall health response, mobilized medical equipment from the central warehouse and delivered medical supplies and equipment to treat people with eye injuries in Ryongchon and Sinuiju. WHO also worked with local authorities to prevent outbreaks of infectious disease and to establish a proper surveillance system.
WHO and the International Diabetes Federation launched their joint programme “Diabetes Action Now” on 5 May. Diabetes has become one of the major causes of premature illness and death, mainly through the increased risk of cardiovascular disease. According to a publication released to mark the new programme, 3.2 million deaths can be attributed to diabetes every year, with the disease having the biggest impact on adults of working age in developing countries. The main focus of “Diabetes Action Now” will be on low- and middle-income communities, particularly in developing countries. It will aim to stimulate the adoption of effective measures for the surveillance, prevention and control of diabetes by increasing awareness of the disease among international and national health policy-makers.
The World Health Report 2004 calls for a comprehensive HIV/AIDS strategy linking prevention, treatment, care and support for people living with HIV/AIDS. The report states that the world has an opportunity to change the course of history and open the door to better health for all through coordinated efforts in controlling one of the worst global epidemics, which has killed at least 20 million people and currently affects 38 million more.

Ten questions about 10 countries

Marking the enlargement of the European Union (EU) on 1 May, the WHO Regional Office for Europe (EURO) published an overview of the essentials of health in the 10 new EU countries. “10 health questions about the 10” reviews health indicators in each of the 10 countries and compares them to the indicators of the 15 older EU members, summarizing key aspects of each country’s health system and describing what it has achieved following a decade of health reforms.

World Health Assembly adopts two global strategies

The 57th World Health Assembly adopted the global strategy on diet, physical activity and health, which aims to combat cardiovascular disease, diabetes, cancers and obesity-related conditions. The strategy emphasizes the need to limit the consumption of saturated fats and trans fatty acids, salt and sugars, and to increase consumption of fruit and vegetables and levels of physical activity. The Health Assembly also adopted a global strategy on reproductive health which targets priority aspects of reproductive and sexual health. These include improving antenatal, delivery, postpartum and newborn care, providing high-quality services for family planning including infertility services, eliminating unsafe abortion, combating sexually transmitted infections, cervical cancer and other gynaecological conditions, and promoting sexual health.
Codex adopts 19 new and amended international food standards

At its 27th session, the Codex Alimentarius Commission (CAC), an international food standards-setting body established by the Food and Agriculture Organization of the United Nations (FAO) and WHO, adopted 19 new and amended international food standards aimed at protecting consumers’ health worldwide. The CAC welcomed the new FAO/WHO Trust Fund for Enhanced Participation in Codex, initiated and managed by WHO, which became operational in 2004, enabling the increased participation of developing countries in Codex work. The CAC also decided to further consider how to address problems related to antimicrobial resistance, based on the outcome of two FAO/WHO expert meetings held in 2003/2004.

NEW ATLAS ILLUSTRATES IMPACT OF ENVIRONMENT ON CHILDREN’S HEALTH

WHO’s first-ever Atlas of Children’s Health and the Environment shows how polluted air and water, and other
environment-related hazards, result in the deaths of many children under the age of five each year. Children are the main sufferers of environmental hazards because they take in more harmful substances in relation to body weight, and because they have less physical strength and knowledge to protect themselves. The atlas paints a picture of neglect and urges immediate action to address the hazards, which include unsafe water, lack of sanitation, and indoor air pollution. Tackling these will help achieve the fourth UN Millennium Development Goal (MDG), to reduce the under-five mortality rate by two-thirds by 2015.

WHO cosponsors first-ever World Blood Donor Day

On 14 June, WHO, the International Federation of the Red Cross and Red Crescent Societies, the International Federation of Blood Donor Organizations and the International Society of Blood Transfusion cosponsored the first-ever World Blood Donor Day. The day, celebrated in over 70 countries, honoured voluntary blood donors for their contribution to their communities. It also raised awareness of the importance of giving blood voluntarily and regularly. Blood transfusion saves the lives of millions of people each year but safe blood is not yet available for millions more who need it.

Monitoring the quality of medicines

Twelve new products were prequalified during the course of the year, nine of which were for HIV/AIDS (four antiretrovirals), one for malaria and two for tuberculosis. From mid-2004, WHO initiated systematic inspections of contract research organizations which had carried out bioequivalence studies for prequalified medicines, starting with priority medicines for treating HIV/AIDS. This is part of a continuous effort to maintain and increase the strength of the prequalification project and to ensure that only quality medicines are used to treat HIV/AIDS. These inspections resulted in WHO removing five AIDS medicines from the prequalification list between June and August. In November, two drug manufacturers announced the removal of all their antiretroviral medicines from the WHO list, citing discrepancies in the documentation relating to proof of the products’ bioequivalence. In December, two medicines previously removed from the list were re-instated on the basis of new, high quality studies carried out by the manufacturer.
July

Humanitarian crisis in Darfur, Sudan

By June 2004, more than 1.2 million people had been displaced by the humanitarian crisis in Darfur, Sudan. In July, WHO Director-General Dr Lee went on an assessment mission to camps and hospitals in south and west Darfur. He underlined the urgent need for more funds, people and supplies to prevent a health catastrophe. WHO provided health services, rehabilitated hospitals and worked to improve sanitation and other basic needs in camps for internally displaced people. The organization also worked with partners to prevent communicable disease outbreaks by launching various health interventions, including a mass measles vaccination campaign which reached more than 2 million children, and a cholera immunization campaign using oral cholera vaccines. WHO also conducted a mortality survey in Darfur, which reported that diarrhoea was linked to half to three-quarters of the deaths of children under the age of five. This report was used to provide concrete evidence of the needs of the people of Darfur and to urge the international community to multiply their humanitarian efforts.
Cambodia achieves parasite control target

Cambodia became the first country to reach WHO’s target of covering at least 75% of school-aged children by 2010 with regular treatment against intestinal parasites. These parasites aggravate malnutrition and anaemia rates, which contribute to retarded growth and make the child more vulnerable to other diseases. Five years ago, more than 70% of Cambodian children were infected with intestinal worms. The number has been dramatically reduced by a nationwide campaign in which teachers in all 24 provinces distributed pills to students in classrooms. This success was due to political will combined with financial support from donors and partners.

Building blocks for “3 by 5” in place

WHO’s first “3 by 5” Progress Report, published during the International AIDS Conference in Bangkok, summarized work done during the first six months since the target of providing treatment to three million people living with AIDS by the end of 2005 was declared on World AIDS Day 2003. The report said that the building blocks for increasing the availability of AIDS treatment were coming into place. In January 2005, WHO released a second report documenting a sharp rise in uptake at treatment programmes in several high-burden countries. The report stressed the need for an additional 100 000 health and community workers, and for funds to provide countries with technical assistance in capacity-building and drug procurement and distribution.

31 July – Kano resumes polio immunization after one-year halt

Kano state in northern Nigeria resumed polio vaccination one year after false rumours about the safety of the vaccine derailed the campaigns. By this time the wild poliovirus had re-infected 14 previously polio-free countries, 5 of which re-established transmission.
WHO, the Massoud Foundation and HealthNet International began a unique intervention in Kabul, Afghanistan, to stop a leishmaniasis epidemic. The emergency initiative, funded by a grant from the Belgian government, included drug treatment and 16,000 insecticide-treated nets to help families prevent further transmission of the disease. The intervention was aimed at curtailing transmission during the peak season from September to October. This intervention was in Kabul, which has the highest rate of cutaneous leishmaniasis in the world. Additional funds have been requested to provide stability to the programme by reinforcing the national team through a number of training activities, focusing on health education with the participation of the community, and by re-launching the National Programme of Leishmaniasis Control.
Leprosy prevalence in the WHO Region of Africa has dropped by 70% in the last decade, from more than 190,000 cases in 1992 to fewer than 60,000 in 2003. During the same period, the cumulative number of people cured of leprosy increased from 240,000 to 800,000. Such success comes as a result of work done by the Global Alliance for Elimination of Leprosy created in November 1999. Core members of the Alliance are governments of leprosy-endemic countries, the Nippon Foundation, Novartis, and WHO. The Alliance is cooperating with other national and international organizations to provide better access to information, diagnosis and treatment of leprosy with multidrug therapy. It continues its work in particular in India, the country which continues to have the highest leprosy prevalence.

WHO health leadership programme under way

More than 2500 people submitted applications for WHO’s new Health Leadership Service (HLS) in 2004. The new programme aims to train the next generation of health leaders. It has received a grant of US$ 5 million as seed funding from the Bill & Melinda Gates Foundation. The HLS recruited the first batch of young health professionals in the latter half of 2004 to a two-year work and training programme, which aims to strengthen the knowledge and skills essential for leadership roles in public health. HLS officers will spend a month at WHO headquarters for their introduction course, followed by a short orientation at a Regional Office, and 22 months in country offices where they will tackle challenging assignments and special missions. The first class of HLS officers began their course in March 2005 and will graduate in 2007. This young professionals’ programme is designed to make a continued contribution to strengthening national public health capacity.
Ensuring safe drinking-water for all

The third edition of the WHO Guidelines for drinking-water quality offers regulators and water service providers a new approach to pre-empting drinking-water contamination. Traditionally, drinking-water regulations focused on testing water samples for levels of chemical and biological contaminants – which meant problems were detected after water was consumed. The new Guidelines focus on a preventive approach, by stressing the importance of managing drinking-water quality in a systematic fashion, from the source to tap.

Unique global photo reportage leads up to World Health Day 2005

In a compelling series of photo reportages titled “Great Expectations”, WHO and the world followed the pregnancies and child births of six women. The women, from countries around the world, tell their own stories, sharing a common experience in very
different circumstances. These differences illustrate the joys and risks of pregnancy and childbirth, and underscore the fact that more than half a million women die in childbirth every year and four million babies do not survive beyond one month. Since the series began, Great Expectations has had almost half a million page views and featured in stories for the BBC and the New York Times. The project was launched in the lead up to World Health Day 2005 which spotlights maternal and child health.

**The new geography of heart disease and stroke**

WHO’s *Atlas of Heart Disease and Stroke*, which details the global epidemic that has become the leading single cause of death worldwide, was launched to coincide with World Heart Day, to encourage prevention of heart disease and stroke. The atlas gives updated statistics by country, including those for number of healthy life years lost to heart disease, the prevalence of smoking, and the status of policies and legislation. The atlas is expected to provide a powerful advocacy tool to stimulate political will and turn it into effective action.

**Regional Directors nominated for Africa and Europe**

The WHO Regional Committee for Africa nominated Dr Luis Gomes Sambo of Angola as the next Regional Director. Dr Sambo joined WHO in 1989 as Chief of the Inter-country strategic support team in Harare, Zimbabwe. The Regional Committee for Europe nominated Dr Marc Danzon of France for a second five-year term as Regional Director. Dr Danzon first took office in 2000.

**New momentum and partners to respond to HIV-associated tuberculosis**

At the International AIDS Conference in July 2004, Nelson Mandela said, “We cannot fight HIV/AIDS unless we do far more to fight TB.” The Stop TB Working Group reviewed the TB/HIV situation with HIV-positive patient advocates and other partners at their meeting in Addis Ababa. They planned the scale-up of TB/HIV interventions based on new WHO policy guidelines and tools. These approaches include testing for HIV among TB patients, access to antiretroviral treatment delivery and referrals, and TB prevention and/or treatment among HIV-positive people.
In a concerted effort to combat the polio epidemic in the region and get polio eradication back on track, African leaders launched the largest-ever synchronized polio immunization campaign, targeting 80 million children in 23 African countries. More than one million polio vaccinators, many of them local volunteers, systematically covered half of the African continent and hand-delivered the polio vaccine to every child under the age of five. This massive effort reflected a renewed commitment from African leaders to stop polio transmission as part of a 16-year, US$ 4 billion global programme to eradicate the disease.

**Accelerating efforts to improve patient safety**

Ministers of health, academics, patients’ groups and WHO joined forces to improve the safety of health care through the new World Alliance for Patient Safety.
Available research from developed countries suggests that one in every 10 patients admitted to hospital suffers some form of preventable harm that can result in severe disability and even death. The situation is likely to be more serious in developing countries, where WHO figures suggest half of all medical equipment is unsafe, and about three quarters of reported counterfeit and substandard drugs incidents occur. In its Forward Programme 2005, the Alliance sets out its work in six main action areas: reducing health-care-associated infection; promoting patient involvement; ensuring consistency in the concepts, norms and terminology used in patient safety; developing tools for countries to assess patient safety challenges; promoting international collaboration on safety solutions; and developing reporting and learning systems to improve patient safety.

**Global meeting of food safety regulators**

WHO and FAO hosted the second Global Forum of Food Safety Regulators, bringing together more than 300 food regulators in an effort to deal with increasingly complex foodborne threats to public health and safe food supplies. Each year, unsafe food is responsible for illness in at least two billion people. The food we eat can become hazardous at any point from where crops are grown or animals are raised to where meals are prepared. During the forum, WHO launched the “5 keys” strategy, which are measures that people can take to reduce the personal risk of foodborne disease. The “5 keys” are: keeping hands and cooking surfaces clean; separating raw and cooked food; cooking food thoroughly; keeping food stored at safe temperatures; and using safe water and raw ingredients.
In November, WHO announced that the increased demand for artemether-lumefantrine, an artemisinin-based combination therapy (ACT) used to treat malaria, had resulted in a shortage of the medicine. ACTs are currently the most effective medicines available to treat the deadliest form of malaria, and artemether-lumefantrine is the only such drug currently available in fixed-dose form. The drug is produced by Novartis, which announced that it would only be able to produce a total of 30 million doses in 2005 due to insufficient supply of the key ingredient artemether from its Chinese suppliers. The amount is half of what WHO expects will be needed to meet public sector demand in 2005. WHO is providing technical assistance to countries facing the consequences of the shortage, and advised countries to increase purchases of second-line treatments, as needed.
WHO approves first international standard for genetic test

WHO approved the first-ever international standard for a human genetic test, setting an important milestone in the field of genetic testing procedures. The newly established standard is for a genetic test for Factor V Leiden, a genetic mutation that is a risk factor for thrombosis (blood clot). The genetic test provides information on susceptibility to venous thrombosis, and ultimately will deliver clinical benefits for people at increased risk of this potentially life-threatening condition.

Mexico Summit takes on the “know-do” gap

The Ministerial Summit on Health Research in Mexico City brought together 20 ministers of health and official delegations from 51 Member States with representatives from academia, nongovernmental organizations, pharmaceutical companies, and research institutions to discuss measures to translate knowledge into action to improve health. During the summit, WHO launched the World Report on Knowledge for Better Health, which highlights aspects of health research that could produce more benefits for public health in the future. The report also illustrates how health systems research can strengthen human resources for health, health financing, the use of information and the delivery of health services.

WHO Tobacco Treaty enters into force

The WHO Framework Convention on Tobacco Control (FCTC) reached a milestone on 29 November, when 40 countries had ratified the Treaty. As a result, the FCTC entered into force 90 days later, on 27 February 2005. Once the treaty came into force, the Contracting Parties (countries that have ratified the Convention) were bound by its provisions. These provisions set international standards on tobacco prices and tax increases, advertising and sponsorship, labelling, illicit trade and second-hand smoke. The WHO Framework Convention is intended to
December

More work needed to attain health-related Millennium Development Goals

Participants at the second WHO/World Bank High Level Forum on the Health-Related Millennium Development Goals held in Abuja, Nigeria, warned that at the current rate of progress, targets set for 2015 would not be met in many parts of the world. The forum was held in advance of the 2005 “report-card year”, when Heads of State and governments will meet to review overall progress on achieving the goals. Members of the Forum mapped out action in several key areas in order to help accelerate progress. These areas include increased funding, better coordination between donors to manage aid, urgent action to tackle the massive shortage of health workers, and greater attention to countries affected by crisis.
WHO responds to tsunami

On 26 December, an earthquake of 9.6 on the Richter scale caused tidal waves to devastate coastal areas of seven countries, killing up to 300 000 people and displacing at least one million others. Within a few hours, WHO staff were on the ground in Sri Lanka and Indonesia, assessing damage and identifying needs. Early work to ensure adequate clean water and sanitation averted potential outbreaks of diarrhoeal diseases. At the beginning of the crisis, WHO responded to two needs: to gather as much information on health needs as possible from the affected areas – by field assessment, by disease surveillance and by coordination with partners – and to build a strong operational platform from which relief work could be done. Through its operations centres in New Delhi and Geneva, WHO worked around the clock to facilitate information gathering and the coordination of relief and recovery efforts related to health.

WHO delivered millions of water purification tablets and health emergency kits. WHO appealed for US$ 67 million to address urgent public health needs and outlined its strategy, which would focus on five key areas: disease surveillance; long-term technical support; assessing and rehabilitating health services; strengthening the health supply chain; and supporting the coordination of medical and other relief staff.

New model for child survival in Africa

Togo launched a landmark campaign to provide all children between 9 and 59 months of age with four life-saving interventions simultaneously: vaccination against polio and measles, long-lasting insecticide-treated nets against malaria, and deworming tablets against intestinal parasites. Thousands of volunteers and vaccinators reached almost 890 000 children with these interventions, representing coverage of more than 96%. This was the first time that public health multi-tasking was carried out at a national level, and provided an effective way to save money, time and, most importantly, lives.
World Health Day 2005:
Make every mother and child count

**Great expectations:** six mothers living in different countries of the world are sharing their experiences of pregnancy and childbirth

http://www.who.int/features/great_expectations/en/