Links to issues covered in this report

Codex Alimentarius
www.who.int/foodsafety/codex

Commission on Social Determinants of Health
www.who.int/social_determinants

Framework Convention on Tobacco Control
www.who.int/tobacco/framework

Global Patient Safety Challenge:
Clean Care is Safer Care
www.who.int/patientsafety/events/05/global_challenge

Global Tuberculosis Control Report
www.who.int/tb

Great Expectations
www.who.int/features/great_expectations

International Health Regulations
www.who.int/csr/ihr

Partnership for Maternal, Newborn and Child Health
www.pmnch.org

Preventing Chronic Diseases: a vital investment
www.who.int/features/2005/chronic_diseases

Water for Life
www.who.int/water_sanitation_health

WHO Forum: making partnerships work for health
www.who.int/mediacentre/events/2005/global_forum

WHO Multi-country Study on Women’s Health and Domestic Violence against Women
www.who.int/gender/violence/who_multicountry_study

WHO Prequalification Programme
mednet3.who.int/prequal/

World Blood Donor Day
www.who.int/bloodsafety

World Health Day 2005
http://www.who.int/world-health-day/2005

List of abbreviations

ART: Antiretroviral treatment

CDC: Centers for Disease Control and Prevention, United States of America

DOTS: Internationally-recommended TB control strategy

FCTC: WHO Framework Convention on Tobacco Control

GIVS: Global Immunization Vision and Strategy

GOARN: Global Outbreak Alert and Response Network

SARS: Severe Acute Respiratory Syndrome

SHOC: Strategic Health Operations Centre

UN: United Nations

UNAIDS: Joint United Nations Programme on HIV/AIDS

UNICEF: United Nations Children’s Fund

WHA: World Health Assembly

WHO: World Health Organization

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I am pleased to present to you a review of the work of WHO in 2005.

It was a year dominated by response to risks, crises and natural disasters. This was the year in which we confronted the potential for a pandemic of human influenza as highly pathogenic H5N1 avian influenza spread relentlessly, decimating domestic poultry flocks and killing wild birds around the world. It opened new chapters in technical partnerships and public health leadership as we responded to disease outbreaks, to the destructive power of the elements - water, wind and earthquakes - and to the repercussions of conflict on health.

Outbreaks of infectious diseases such as Marburg viral haemorrhagic fever in Angola and plague in the Congo needed specialized action and resources. Global efforts to eradicate polio and to combat HIV, malaria and tuberculosis continued and accelerated, supported by a broadening international recognition of the role of health in development.

2005 saw steadily building cooperation, for example, as the World Health Assembly unanimously adopted a revision of the International Health Regulations on 23 May, and as the WHO Framework Convention on Tobacco Control become one of the most widely and rapidly embraced treaties in the history of the United Nations.

Exploration of the role of social determinants in health, and the risks that are leading to the widespread development of chronic disease, shaped plans made in 2005 for the next decade. Throughout the year, partnerships flourished to support work on the Millennium Development Goals, for example, promoting improved maternal health and child survival.

These many achievements reflect work done by the entire global public health community. I thank all our many partners for their work over this past year.
The Indian Ocean tsunami that struck on 26 December 2004 was one of the worst natural disasters in modern history. Approximately 200,000 people died or went missing and more than 5 million were left in shock and mourning, homeless, without drinking water, food or medical services. WHO was actively involved in the world’s largest humanitarian relief operation to help survivors, sending personnel from headquarters and regional offices to support the work of local staff.

As the waters receded, the death toll continued to rise. The WHO Director-General, Dr Lee Jong-wook, flew to Banda Aceh in Indonesia, and Galle and Ampara in Sri Lanka to assess how best to provide health services amidst the debris of homes, schools and hospitals, the wreckage of fishing boats and land drenched with salt water.

Based on the aircraft carrier USS Abraham Lincoln, operating off the coast of Aceh, Indonesia, WHO staff and medical relief teams were
Regional Directors appointed at Executive Board

Dr Luis Sambo, a national of Angola, was appointed by the Executive Board as WHO Regional Director for Africa. Prior to joining the Organization in 1989, Dr Sambo worked at the Ministry of Health and Department of International Health in Angola. Dr Marc Danzon, a national of France, was re-appointed for a second five-year term as Regional Director for Europe.

able to reach the most remote areas. Work began immediately to provide temporary health services, and to rebuild hospitals, clinics, pharmacies and medical stores.

To help reduce the risk of disease outbreaks, WHO distributed kits for testing water quality, millions of tablets to purify water, and pesticides to eliminate mosquitoes and reduce the number of flies, especially at relief camps with poor sanitation. The WHO-led Global Outbreak Alert and Response Network (GOARN) put in place an early warning system to trigger a response to reports of infectious disease. As a result, major disease outbreaks were avoided.

The focus rapidly shifted from the emergency phase to recovery, rehabilitation and self-reliance. No single event has ever before provoked such an overwhelming outpouring of money worldwide. As part of the United Nations Flash Appeal, WHO requested US$ 70 million to fund health activities. For the first time, WHO sought online donations using the WHO web site as a vehicle to raise funds. Governments and individuals everywhere dug deep into their pockets and the international response to this disaster was generous, with a total donation of US$ 67 million to WHO.
Global tobacco treaty enters into force

On 27 February, the WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force for its first 40 contracting Parties. This marked an historic moment in public health and demonstrated the commitment of governments to control tobacco use and save millions of lives. The treaty provisions contain effective measures, including tobacco advertising bans, tobacco price and tax increases, health warning labels on tobacco products and restrictions to protect people from second-hand tobacco smoke.

Tobacco is presently the second leading cause of death globally, causing 5 million deaths a year. This toll is predicted to nearly double by 2020 if trends are not reversed. Evidence shows that smoking harms nearly every organ of the body and is the cause of 90% of lung cancers. It is also linked
to cervical and kidney cancer cases among others. Additional health risks associated with tobacco use and second-hand tobacco smoke include heart attacks, stroke and other cardiovascular diseases, among many more.

Diamond mine outbreak of pneumonic plague

In early February, 61 people were reported to have died at a remote diamond mine in a conflict-affected area in the Bas-Uele district, in the north of the Democratic Republic of the Congo. Within three days, a WHO-led medical team from the Global Outbreak Alert and Response Network (GOARN) left to investigate the suspected outbreak of pneumonic plague. The mission faced many challenges in getting to the region which had been cut off from humanitarian aid. Pneumonic plague, the most virulent and least common form of plague, can be transmitted from human to human. If left untreated, it is always fatal but it can be effectively treated with antibiotics. The mine, which employed approximately 7 000 workers, was a high-risk environment. The WHO/GOARN team quickly isolated and treated cases, provided intensive surveillance and traced possible contacts to prevent further spread of the disease. WHO donated a total of 500 kilogrammes of equipment, including drugs and materials for treating people, and for laboratory sampling and diagnosis.
Senegalese celebrity Youssou N’Dour and 150 of Africa’s finest musicians performed for 50 000 spectators in Dakar and one billion viewers worldwide. The two-day music event (12–13 March) included a mix of Senegalese mbalax (traditional music), with eclectic influences from samba to hip hop, jazz, and soul. The Roll Back Malaria Concert: AFRICA LIVE resulted in a commitment to reinforce the fight against malaria. Public and private support brought in close to US$ 1 million, together with thousands of long-lasting insecticide-treated mosquito nets. The concert was repeated in Geneva in October with the United Nations Secretary-General, Kofi Annan, and other senior United Nations staff present, to commemorate the 60th birthday of the United Nations. “Music touches people’s hearts and minds”, said Youssou N’Dour, a Roll Back Malaria Partnership Special Envoy and UNICEF Goodwill Ambassador. “We must continue to use our music to tell the world about malaria: that it can be prevented, it can be treated, and it can be beaten if everyone joins the fight.”
Supermodel appointed Goodwill Ambassador

Ms Liya Kebede, Ethiopian supermodel and mother of two young children, was appointed as WHO Goodwill Ambassador for Maternal, Newborn and Child Health. More than half a million women die each year during pregnancy and childbirth and nearly 11 million children die each year before reaching their 5th birthday.

Ms Kebede is focusing on improving the access of women and children to health care during these crucial stages of life. Ms Kebede said of her new role: “As an Ethiopian and a mother, I was shocked to learn that so many women and children continue to die unnecessarily each year. I am completely committed to using my profile to help ensure that these deaths no longer go unnoticed and unchallenged”. In October, Ms Kebede received the 2005 United Nations Day Award from the United Nations Association of New York for her work to raise awareness globally of the importance of healthy mothers and children. She is continuing to work with WHO to “make every mother and child count”.

GLOBAL COMMISSION LAUNCHED IN CHILE

In Santiago, Chile, the then Chilean President Ricardo Lagos Escobar and the WHO Director-General, Dr Lee Jong-wook were present at the first meeting of a new commission aimed at improving the health of poor and marginalized people. The Commission on Social Determinants of Health is chaired by Sir Michael Marmot, Professor of Epidemiology and Public Health at University College London. It is supported by a team of 20 global leaders in public health, politics and action for social change. The Commission will work for three years to research and raise awareness of factors that affect health, such as early child development, education, environment and employment. The Commission will report to WHO, outlining opportunities for action and recommending policy and institutional changes to tackle the “poverty equals ill-health” cycle.

WORLD TB DAY

Tuberculosis cases in Africa have reached alarming proportions, with increasing numbers linked to HIV. Nevertheless, the Global Tuberculosis Control report for 2005 found incidence rates falling or stable in the other five WHO regions. Major progress was made in China and India, which together accounted for one third of the global burden. Between 2002 and 2003, these two countries rapidly scaled up the use of DOTS, the highly cost-effective and internationally recommended approach for controlling TB. During 2005, WHO developed the Stop TB Strategy, building on DOTS to speed up progress towards 2015 targets. WHO houses the Stop TB Partnership, which now has approximately 450 members committed to eliminating TB as a public health problem. In 2005, the Partnership’s Global TB Drug Facility procured enough medicine to treat 1.6 million patients. Since its creation in 2001, the Partnership has procured sufficient medicine for 6.8 million patients.

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April

MOTHERS AND CHILDREN COUNT

Hundreds of millions of women and children around the world have no access to potentially life-saving care, often with fatal results. Worldwide, four million children die in the first four weeks of life. Out of a total of 136 million births globally, less than two thirds of women in less developed countries and one third in least developed countries have a skilled birth attendant present. “Make every mother and child count”, the theme for World Health Day and the World Health Report 2005, was inspired by the need to save lives and achieve access for all mothers and children to a range of treatments and care. The report was launched at a global celebration of World Health Day in New Delhi, attended by the Prime Minister of India, Dr Manmohan Singh.

POLIO OUTBREAK SPREADS ACROSS YEMEN – NEW VACCINE USED IN OUTBREAK RESPONSE.
Great expectations

Throughout 2005, a WHO series entitled Great Expectations opened a window on the very personal experience of pregnancy, birth, and life with a newborn told by six women from different countries around the globe. From Bolivia, Egypt, Ethiopia, India, Lao People’s Democratic Republic and the United Kingdom, the story highlights sharp contrasts between the support and care available to each family. Brought to life with dramatic photographs, this Internet reportage revealed the mothers’ feelings about breastfeeding, immunization, their children’s health and development, and about returning to work. Although geographically and economically diverse, all six stories reflect the central importance of maternal and child health to our families, communities and societies. They also draw attention to the pressing need to meet the Millennium Development Goals of reducing maternal deaths by three quarters, and reducing child mortality by two thirds by 2015. Great Expectations continued to document the progress of the six families until the children reached their first birthdays in early 2006.
Enhanced rules to protect against the international spread of disease

The World Health Assembly approved the revised International Health Regulations to manage public health emergencies of international concern. The IHR(2005) are designed to prevent, protect against, control and provide a public health response to the international spread of disease, while avoiding unnecessary interference with international traffic and trade. They include a decision process to guide countries in the assessment of those health events that must be notified to WHO as potential public health emergencies of international concern. Events such as outbreaks are classified according to whether or not they are serious, unusual or unexpected, whether there is a significant risk of international spread and/or whether there is a significant risk of restrictions on international travel or trade. There is also a list of diseases whose occurrence must be also be notified.
Mr Gates, whose family Foundation has provided generous funding for a number of WHO programmes, described an approach to improve global health by applying the results of advances in science and technology. In particular, he emphasized the potential of technology to strengthen health information systems in developing countries.

Ms Ann Veneman thanked WHO for its focus on maternal, newborn and child health throughout 2005, and stressed the importance of the partnership between the two Organizations in this neglected area. Recent collaboration between WHO and UNICEF has resulted in the Global Immunization Vision and Strategy (GIVS), an approach to protect more people and introduce new vaccines. GIVS sets several immunization goals. It also offers a set of strategies, enabling countries to select and implement those most suited to their specific needs.
Water for life

Entering the International Decade for Action 2005–2015, WHO and UNICEF launched a report, *Celebrating Water for Life*, to accelerate efforts towards the attainment of the Millenium Development Goal target to halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation. If this target is achieved, 1.4 billion additional people will have access to an improved sanitation facility and one billion people will have access to an improved source of drinking water. Water and sanitation will bring health and dignity to the lives of many millions of the world’s poorest people. In Africa and Asia, disease, domestic chores and the lack of sanitation facilities deprive children – especially girls – of the opportunity to go to school, and impair their future chances of escaping poverty.
Global leadership programme

The Global leadership programme, aimed at developing core managerial and leadership competencies within WHO, welcomed participants to its fifth workshop, in Tunis. This brought the number of WHO managers who have begun the 18-month programme to 390. Since October 2004, staff from all WHO regions have participated, including the Director-General, Regional Directors, WHO Representatives and Country Liaison Officers. The programme tackles leadership in a new way, by inviting WHO staff to comment on the performance of their peers and managers. It is part of a personal development plan which includes a second set of regional workshops in early 2006.

World Blood Donor Day

Worldwide, 8 out of 10 people do not have access to safe blood. Many developing nations do not test all donated blood for infections such as HIV, hepatitis B and hepatitis C, exposing vulnerable patients who need transfusions to an increased risk of disease and death. HIV-contaminated blood still accounts for about 5% of HIV infections in Africa. Anyone who leads a healthy lifestyle can contribute to saving a life by becoming a regular blood donor. In 2005, World Blood Donor Day, now an official annual event each 14 June, was a time to thank regular, voluntary unpaid donors and to encourage countries to develop safe blood transfusion services.
Angola on outbreak alert

Angola experienced the worst known outbreak of Marburg viral haemorrhagic fever ever recorded, resulting in 374 cases including 329 deaths. From March to July, WHO brought together experts from African technical institutions and the Global Outbreak Alert and Response Network to support health authorities in the northern province of Úíge, where hospitals had been shut down. Local health-care staff were too afraid to work, lacking the most basic protective clothing and equipment. Priority activities focused on building an effective isolation facility and quickly tracing cases and contacts. Luanda and other provinces in Angola were placed on a heightened state of alert and were prepared to deal rapidly with any potential outbreak. Two laboratories were established: a mobile field laboratory in Úíge and another to contain high-risk pathogens in Luanda. The WHO field mission, working with national and local authorities, successfully contained the Marburg virus using tried and tested methods of case-finding, contact tracing and isolation, and provided high quality care for infected people. Helping communities to adopt new behaviours in the face of this threat was a vital aspect of WHO’s work to bring the outbreak under control.
New regulations to protect our food

The Codex Alimentarius Commission, established to protect the health of consumers and set international standards for the trade of food, adopted new guidelines on animal feeding, dairy products and product tracing. New regulations will prevent unhygienic methods of food and milk production. Safe milk production is especially important for infants, children and women who are pregnant or breastfeeding. The Commission has introduced the new rules to help avoid a large-scale crisis in food safety. It will also establish a task force to develop guidelines on ways to reduce risks to human health associated with the presence of antimicrobial-resistant microorganisms in food and feed.

G8 commitment to the people of Africa

In early July, leaders of the G8 countries met at Gleneagles in Scotland where they agreed a comprehensive health package to assist Africa in its progress towards meeting the Millennium Development Goals. Among the highlights from the agreement are: as close to universal access to HIV/AIDS treatments as possible by 2010; funding for treatment and bednets to fight malaria, and funding to eradicate polio from the world. The G8 leaders also focused on the urgent needs of millions of Africans caught up in humanitarian emergencies caused by famine and war, undertaking to ensure that monies are available in time to save lives at risk.

The web widens. The WHO web site www.who.int is a window through which millions of people around the globe can quickly access information on public health. This is especially critical in times of disease outbreaks and disaster. Along with the launch of the WHO web site in the six official languages of the Organization – Arabic, Chinese, English, French, Russian and Spanish – 2005 saw a dramatic increase in both the amount and type of information available. As a result, the number of hits increased by 24 million over the previous year, with average monthly page views reaching 32 million.
At the meeting of the WHO Regional Committee for Africa, held in Mozambique, tuberculosis was declared to be a regional emergency. “Despite commendable efforts by countries and partners to control tuberculosis, impact on incidence has not been significant and the epidemic has now reached unprecedented proportions” said the WHO Regional Director for Africa, Dr Luis Sambo. More than half a million Africans died of TB in 2004. The HIV epidemic has fuelled the rise in TB incidence across Africa, so that the number of TB cases occurring each year has trebled since 1990. The Regional Committee urged African Member States to commit more human and financial resources to strengthen DOTS programmes and harmonize TB/HIV efforts. This will require US$ 2.9 billion in new funding during 2006–2007.
WHO prequalification programme, which aims to save lives and improve health by ensuring the quality, safety and efficacy of medicines, added a total of 31 new antiretrovirals to the list of prequalified products during 2005. WHO also offered six training courses for local manufacturers and governmental officials to help build capacity to produce and assess medicines according to international quality standards. The programme prequalified three laboratories in the African Region which carry out quality control of medicines. These efforts resulted in better medicines reaching patients, as found by a recent quality survey of antiretrovirals in seven African countries, better management of medicines, and a more cost-effective use of available health resources.

Niger food shortage

In Niger, a country whose economy is frequently disrupted by extended droughts, people’s health was further threatened by a dramatic shortage of food. The crisis, a result of the poor harvest in 2004 and an invasion of locusts, affected more than 3.5 million people, including 800,000 children under 5 years of age. The WHO team in Niger concentrated on saving the lives of severely malnourished children, and providing food and essential health-care services. WHO also assisted the national and local authorities to prepare for disease outbreaks and epidemics, and developed an emergency response programme to present to the Government and donors.
Chernobyl – the true scale of the accident

The accident at the Chernobyl nuclear power plant in 1986 was the most severe in the history of the nuclear power industry, causing a huge release of radionuclides over large areas of Belarus, the Russian Federation and Ukraine. It was a human tragedy, for which governments must be prepared in case similar events should occur in the future. Two decades later, United Nations agencies and representatives of the three countries reviewed the health, environmental and socioeconomic consequences. Apart from the immediate deaths from severe radiation exposure, and over 5 000 thyroid cancers resulting from radioiodine contamination shortly after the release of the radioactive clouds, the Chernobyl Legacy report revealed the risk of up to 9000 additional radiation-induced cancer deaths in the highly exposed populations. People who had been rapidly evacuated from their homes, or who were living in contaminated areas suffered high levels of stress and anxiety. The report encouraged local development and community initiatives to give people confidence in their future.
United Nations response to avian and human influenza

As efforts to stop outbreaks of avian influenza were stepped-up, Dr David Nabarro, a senior WHO staff member, was assigned to coordinate the United Nations response to avian influenza and a possible human influenza pandemic. As the world was fast recognizing the risks and taking steps to get ready, WHO issued detailed advice to assist Member States in preparing national influenza plans to manage a pandemic. The WHO stockpile of vaccines was boosted by a donation by Roche of three million treatment courses of the antiviral oseltamivir, which would be dispatched to people in greatest need at the site of an emerging influenza pandemic. The drug could help to reduce illness and death, and when combined with other measures, could potentially contain an emerging pandemic virus or slow its national and international spread. Use of the stockpile is one component of the WHO pandemic influenza draft protocol for rapid response and containment developed in early 2006.

A new partnership for maternal, newborn and child health

Building on the World Health Day momentum, a new Partnership for Maternal, Newborn and Child Health was launched in New York in September. The Director of the Partnership, Dr Francisco Songane, is a gynaecologist by training and former Minister of Health of Mozambique. “I have delivered babies in rural areas, and worked to bring the crisis of the world’s dying mothers and children to discussions at the highest level,” he said upon accepting the appointment. “I hope to focus on country activities so that together we can prevent the needless deaths of 11 million women and children in the world every year.”
WHO response in earthquake devastated region

The WHO Strategic Health Operations Centre (SHOC) provided a vital platform for the management of an international health response to the Pakistan earthquake. The earthquake measured 7.6 on the Richter scale, killing 74 000 people and seriously injuring 70 000. WHO was one of the first agencies on the ground and provided emergency health and trauma kits to the Ministry of Health of Pakistan and nongovernmental organizations. WHO helped to coordinate the health response, working with the Ministry of Health to provide sufficient essential medicines and medical supplies to cover the needs of over 200 000 people for the first month, along with enough medicines and surgical equipment to perform 1000 surgical interventions. WHO also helped to set up disease surveillance and supported health clinics to ensure care for survivors during the winter months.

Dr LEE Jong-wook travelled to the region in December to assess progress in providing health care and to promote emergency winter plans among donors, the media and the international community. Three months after the United Nations Flash Appeal was issued, firm pledges and contributions provided approximately 60% of the requested US$ 28 million.
Strategic Health Operations Centre: United Nations Secretary-General’s visit

The United Nations Secretary-General, Kofi Annan, visited WHO headquarters to meet with the Director-General and witness the Strategic Health Operations Centre (SHOC) in action. The SHOC is the eyes and ears of global public health emergencies, a nerve-centre of coordination to contain outbreaks of diseases such as Ebola, SARS, yellow fever, meningitis and avian influenza, and to help respond to crises. Since its inception, the SHOC has served as the communications hub for daily briefings, global response exercises and operations planning. It is linked with WHO regional and country offices as well as other United Nations agencies, Member States and nongovernmental organizations. Dr Lee Jong-wook commissioned the high-technology communications centre shortly after he took office as WHO Director-General in July 2003. The SHOC opened in November 2004 and within weeks was used to help synchronize medical teams following the Indian Ocean tsunami disaster. The SHOC also coordinated WHO support to the Regional Office for Africa and the Angolan Ministry of Health in response to an outbreak of Marburg viral haemorrhagic fever in Angola.

Chronic disease – the new global epidemic

Chronic diseases, such as heart disease, stroke, obesity, cancer and diabetes, are the leading cause of death. Their impact is growing most rapidly in developing countries. For millions of people, poor access to good quality health care often means that chronic disease is not detected until it is too late. To capture the personal experience of chronic diseases, WHO interviewed people in different countries. In Islamabad, Zahida lived with diabetes for 20 years, resulting in ulcers on her foot and subsequent amputation of her leg below the knee. In Dar-es-Salaam, it took Maria more than three years to hear the diagnosis that would explain her pain – breast cancer – and to receive the chemotherapy she desperately needed. In a new report, Preventing Chronic Diseases: A Vital Investment, WHO alerted the world to a global epidemic which kills approximately 17 million people prematurely each year. The report recommends ways to prevent 36 million people dying of chronic diseases in the next 10 years. It describes inexpensive and cost-effective measures that can produce rapid health gains, such as salt reduction in processed foods, improved school meals and taxation of tobacco products.
WHO and partners reported that global measles deaths had fallen by 48% over the past six years, thanks to improvements in routine and supplementary immunization. Sub-Saharan Africa, the region with the highest burden of the disease, reported the sharpest reduction, with countries on target to halve global measles deaths by the end of 2005. Measles remains a leading cause of death among young children: nearly half a million people, most of them children, died from measles in 2004. More than 30 million people are affected each year by the disease, which can lead to lifelong disabilities such as blindness and brain damage. However, suffering, complications and death can easily be prevented through immunization, using an effective and inexpensive vaccine. It costs less than US$ 1 to immunize a child, making measles immunization one of the most cost-effective public health interventions available for preventing deaths.
Global influenza meeting sets key action steps

Towards the end of the year, the H5N1 avian influenza virus became firmly established among birds in Asia, and spread west towards Europe. In response, WHO invited experts on animal and human health, economists and industry representatives to discuss virus control in domestic animals and the need to prepare for a potential human influenza pandemic. Four areas were identified as crucial for the prevention of a future global crisis: prevention and containment of the spread of the virus among birds and from birds to humans; strengthening country capacity in surveillance and reporting; research, development and production of vaccines and antivirals; and communication of risks to help people act responsibly. WHO urged Member States to develop national strategies to cope with such a public health emergency. By the end of the year, 120 countries reported that they had plans for pandemic influenza preparedness.

Domestic violence is widespread

A landmark study on domestic violence revealed that intimate-partner violence is the most common form of violence in women’s lives – much more common than assault or rape by strangers or acquaintances. The WHO multi-country study on Women’s Health and Domestic Violence against Women reports on the enormous toll that physical and sexual violence by husbands and partners has on the health and well-being of women around the world, and the extent to which partner violence is still largely hidden. Nearly half of all women who had been physically assaulted said they had suffered not only physical injuries, but also miscarriage, induced abortion or mental problems as a direct result. The WHO-led study is the first of its kind, and includes data from interviews with more than 24,000 women from ten countries in five different regions.
Polio eradication even closer

Thanks to vigorous and effective vaccination campaigns in endemic countries, the introduction of two new monovalent vaccines, and a massive international response to outbreaks of imported polio, the world came much closer to eradicating polio. Egypt and Niger announced confirmation of no indigenous poliovirus for over 12 months, reducing the number of polio-endemic countries to an all-time low of four. In two of the remaining endemic areas, India and Pakistan, the number of children paralysed by polio in the last quarter of 2005 fell by more than half compared with the previous year. The intense international response throughout 2004 and 2005 to the spread of polio from Nigeria stopped the epidemic in all but eight of the re-infected countries. Using new monovalent vaccines that give swifter protection, almost all countries are now on the brink of stopping polio.

December

In 2005 a total of 93 human cases of Avian Influenza A/(H5N1) reported to WHO by Cambodia, China, Indonesia, Thailand and Viet Nam, including 39 deaths.
“3 by 5” achievements

The year 2005 was an important milestone in the global fight against HIV/AIDS as the “3 by 5” initiative developed into a global movement towards universal access. In the two years since the 2003 launch of the strategy to scale-up access to HIV therapy in low and middle income countries, the number of people receiving treatment increased from 400,000 to 1.3 million. Sub-Saharan Africa, the region most seriously affected by the HIV/AIDS epidemic, showed the most significant improvement with access to HIV treatment increasing more than eight-fold in the two-year period. Even so, the efforts made by many partners – donors, governments, technical agencies and nongovernmental organizations – still fell short of the target. The success of the “3 by 5” strategy nevertheless confirmed that large-scale access to HIV treatment is achievable, effective and increasingly affordable, even in the poorest and most challenging settings. The lessons learned in the process will provide a roadmap for continuing to expand access, as the international community moves towards the goal of universal access to HIV/AIDS prevention, treatment and care by 2010.

Reconstruction in the wake of the Tsunami

26 December marked the first anniversary of the Indian Ocean tsunami. Memorial services took place all over the world to remember the dead and the missing. It was also a time to take stock of the tremendous efforts made by survivors and emergency teams, and to acknowledge the funds that had poured in to support rehabilitation work. WHO Regional Director for South-East Asia, Dr Samlee Plianbangchang said “WHO’s work in the six affected countries in the Region saw exceptional collaborative efforts and technical advancements in the health sector. The absence of any disease outbreak is a testimony to the effectiveness of the various national and international initiatives taken”. WHO teams also paid particular attention to the mental health of survivors, who had been traumatized by the event, the loss of family and possessions, and fear of the future. In all, WHO received contributions and firm pledges totalling 95% (US$ 67 million) of the funds requested. The Organization is using lessons from this tragedy and continues to prepare for future emergencies.