Working for health

An introduction to the

World Health Organization

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WELCOME TO THE WORLD HEALTH ORGANIZATION

Some of the work done by WHO is visible and familiar: the response teams sent to contain outbreaks, the emergency assistance to people affected by disasters, or the mass immunization campaigns that protect the world's children from killer diseases.

Other work is visible because the diseases being addressed – HIV/AIDS, tuberculosis, and malaria – have such a high profile for global health.

The work of WHO is also visible in statistics, as we chart changing trends and sound the alarm when needed. As one example, we need to be concerned about the sharp rise of chronic diseases. Long thought to be the companions of affluent societies, diseases such as heart disease, cancer, and diabetes are now occurring in larger numbers and at an earlier age throughout the developing world.

Some activities undertaken by WHO are largely invisible, quietly protecting the health of every person on this planet, every day. By assigning a single international name to drugs, WHO helps ensure that a prescription filled abroad is what the doctor ordered back home.

Our standards help protect the safety of everyone's food and the quality of medicines and vaccines. When pollution in air or water reaches a dangerous level, it is WHO standards that are used as the measure.

Our greatest concern must always rest with disadvantaged and vulnerable groups. These groups are often hidden, living in remote rural areas or shantytowns and having little political voice.

WHO works to make these people – and their unmet health needs – more visible and thus worthy of our priority concern. In addressing the needs of these populations, we work together with governments and a host of agencies, foundations, nongovernmental organizations, and representatives of the private sector and civil society.

One statistic from these vulnerable groups stands out as especially tragic: more than 500,000 women die each year from complications of pregnancy. To reverse this trend, WHO and its partners must address complex problems that have their roots in social and economic conditions and the failure of health services to reach the poor. These same problems account for many other needless deaths.

All of our efforts – and their prospects for success – are greatly aided by today's unprecedented interest in health as a route to development, accompanied by equally unprecedented energy, initiatives, and funds.

This brochure provides some highlights from our broad range of activities – both high-profile and behind-the-scenes – that are working to improve world health.

Dr Margaret Chan
Director-General

The World Health Organization (WHO) is the directing and coordinating authority on international health within the United Nations' system. WHO experts produce health guidelines and standards, and help countries to address public health issues. WHO also supports and promotes health research. Through WHO, governments can jointly tackle global health problems and improve people's well-being.

193 countries and two associate members are WHO's membership. They meet every year at the World Health Assembly in Geneva to set policy for the Organization, approve the Organization's budget, and every five years, to appoint the Director-General. Their work is supported by the 34-member Executive Board, which is elected by the Health Assembly. Six regional committees focus on health matters of a regional nature.

WHO ARE OUR PARTNERS IN HEALTH?

WHO and its Member States work with many partners, including UN agencies, donors, nongovernmental organizations, WHO collaborating centres and the private sector. Only through new ways of working and innovative partnerships can we make a difference and achieve our goals.

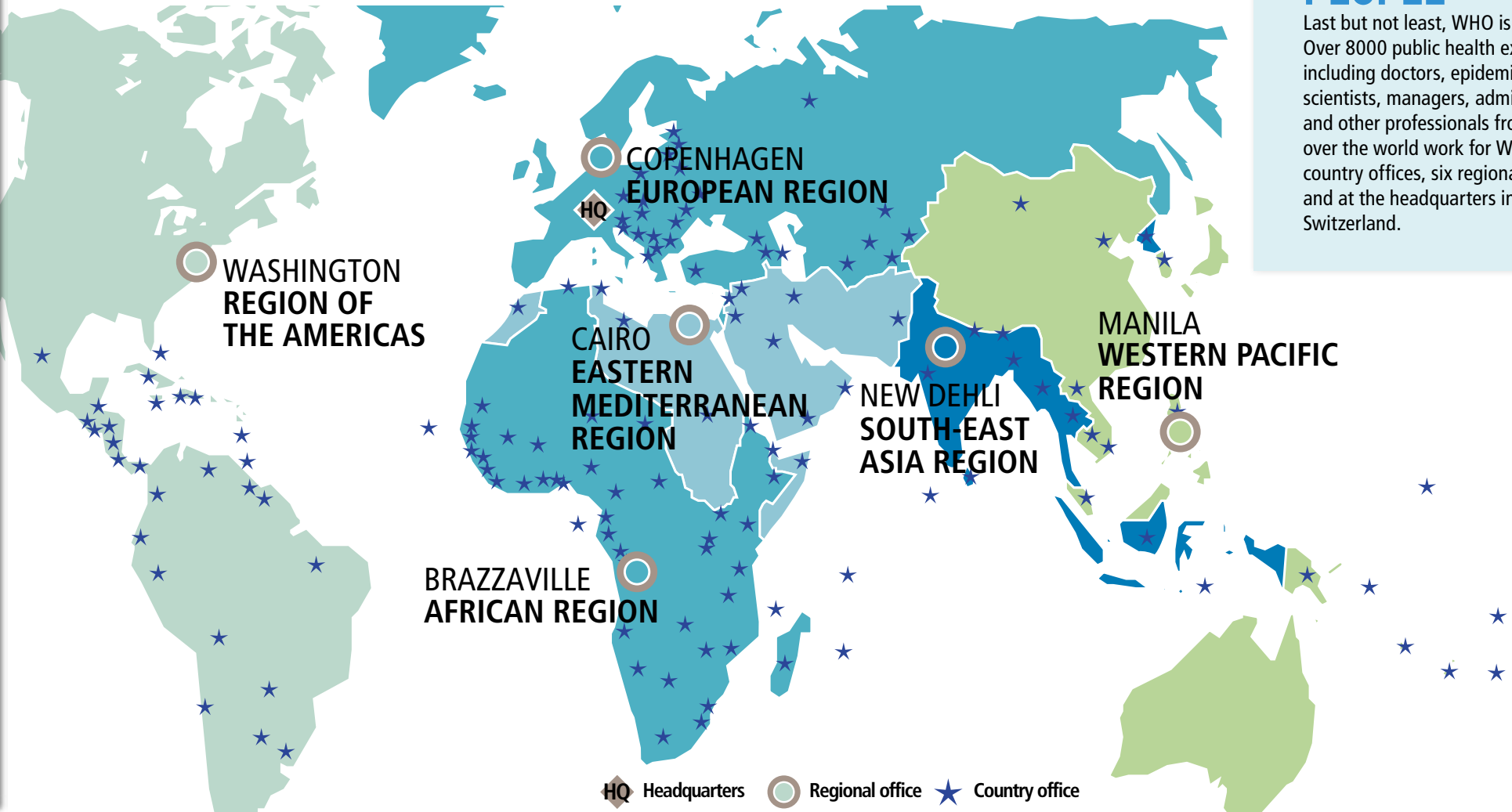
The World Health Assembly. WHO's 193 member countries meet to decide policy for improving health.

WHAT IS THE WORLD

More about WHO
www.who.int/about/en/

PEOPLE

Last but not least, WHO is people. Over 8000 public health experts including doctors, epidemiologists, scientists, managers, administrators and other professionals from all over the world work for WHO in 147 country offices, six regional offices and at the headquarters in Geneva, Switzerland.



HEALTH ORGANIZATION?

WHAT ARE OUR

A SHORT HISTORY

When diplomats met in San Francisco to form the United Nations in 1945, one of the things they discussed was setting up a global health organization. WHO's Constitution came into force on 7 April 1948 – a date we now celebrate every year as World Health Day.

Delegates from 53 of WHO's 55 original member states came to the first World Health Assembly in June 1948. They decided that WHO's top priorities would be malaria, women's and children's health, tuberculosis, venereal disease, nutrition and environmental sanitation – many of which we are still working on today. WHO's work has since grown to also cover health problems that were not even known in 1948, including relatively new diseases such as HIV/AIDS.

1948

International Classification of Disease

WHO took over the responsibility for the International Classification of Disease (ICD), which dates back to the 1850s and was first known as the International List of Causes of Death. The ICD is used to classify diseases and other health problems and has become the international standard used for clinical and epidemiological purposes.

1952 Dr Jonas Salk (US) develops the first successful polio vaccine.

1967 South African surgeon Christiaan Barnard conducts the first heart transplant.

1952–1964

Global yaws control programme

One of the first diseases to claim WHO's attention was yaws, a crippling and disfiguring disease that afflicted some 50 million people in 1950. The global yaws control programme, fully operational between 1952-1964, used long-acting penicillin to treat yaws with one single injection. By 1965, the control programme had examined 300 million people in 46 countries and reduced global disease prevalence by more than 95%.

1974

Onchocerciasis control programmme

WHO worked for 30 years to eliminate onchocerciasis – or river blindness – from West Africa. 600 000 cases of blindness have been prevented and 18 million children spared from the disease. Thousands of farmers have been able to reclaim 25 million hectares of fertile river land that had been abandoned because of the risk of infection.

1974 The World Health Assembly adopts a resolution to create the Expanded Programme on Immunization to bring basic vaccines to all the world's children.

1977 The first Essential Medicines List appeared in 1977, two years after the World Health Assembly introduced the concepts of "essential drugs" and "national drug policy". 156 countries today have a national list of essential medicines.

ACHIEVEMENTS?

Mr Ali Moallin (left), from Somalia, was the last person known to be infected with smallpox. Here he stands with the doctor who treated him more than 25 years ago. Ali has since worked on polio eradication campaigns.

1979

Eradication of smallpox

The eradication of smallpox – a disease which had maimed and killed millions – in the late 1970s is one of WHO's proudest achievements. The campaign to eradicate the deadly disease throughout the world was coordinated by WHO between 1967 and 1979. It was the first and so far the only time that a major infectious disease has been eradicated.

1983 Institut Pasteur (France) identifies HIV.

2003

WHO Framework Convention on Tobacco Control

21 May 2003 was a historic day for global public health. After nearly four years of intense negotiations, the World Health Assembly unanimously adopted WHO's first global public health treaty. The treaty is designed to reduce tobacco-related deaths and disease around the world.

2004 Adoption of the Global Strategy on Diet, Physical Activity and Health.

1978 The International Conference on Primary Health Care, in Alma-Ata, Kazakhstan sets the historic goal of "Health for All" – to which WHO continues to aspire.

1988

Global Polio Eradication Initiative established

Since its launch in 1988, the Global Polio Eradication Initiative has reduced the number of cases of polio by more than 99% – from more than 350 000 per year to 1956 in 2006. Spearheaded by national governments, WHO, Rotary International, the US Centers for Disease Control and Prevention and UNICEF, it has immunized more than two billion children thanks to the mobilization of more than 20 million volunteers and health workers. As a result, five million children are today walking, who would otherwise have been paralysed, and more than 1.5 million childhood deaths have been averted.

THE GOAL IS TO ERADICATE POLIO WORLDWIDE SO THAT NO CHILD WILL EVER AGAIN BE PARALYZED BY THIS DISEASE.

2003 Severe Acute Respiratory Syndrome (SARS) first recognized and then controlled.

2005 World Health Assembly revises the International Health Regulations.

WHO's people bring unparalleled expertise, experience and dedication to global public health. They are WHO's most valued asset.

Nearly 8000 people from more than 150 countries work for the Organization. In addition to medical doctors, public health specialists, researchers and epidemiologists, WHO staff include administrative, financial, and information systems specialists, as well as experts in the fields of health statistics, economics and emergency relief.

Works in Washington DC, United States

- Medical doctor specialized in social medicine and organization of health services
- PhD in integrated prevention and control of noncommunicable diseases
- Regional Adviser for the Americas for prevention and control of chronic diseases

"Participating in the response to new challenges that countries face as a result of globalization, ageing, and new rules in the market is very exciting. For example I have worked to bring together government, multinational companies, international agencies and mass media in a campaign that promotes eating more fruit and vegetables.
WHO has given me an opportunity to develop a global and comprehensive view of heath issues, and the possibility to work on solving them locally. That fulfils all that I have ever wished as a professional."

BRANKA LEGETIC, OF SERBIA AND MONTENEGRO

Works in Manila, Philippines

- Medical Doctor with Master of Public Health focusing on epidemiology
- PhD on HIV in the area of medical sociology
- Works on immunization programmes against polio and tetanus

"Working for WHO gives me great opportunities to work with many different kinds of people in diverse environments; this allows me to continuously learn – not just about the technical aspects of my work but life in general. I enjoy the team spirit that develops – regardless of cultural, economic or educational backgrounds – as we are all sharing a goal. Immunization services should always aim as their first priority at the most vulnerable people – young children and women – and contribute to better development and more equity. Serving people is the core of our mandate and the main reason I chose to become a doctor in the first place."

SIGRUN ROESEL, GERMAN

S. RAGUPATHI, INDIAN

Works in New Delhi, India

- Has worked in WHO's Regional Office for South-East Asia since 1983
- Administrative Assistant in Personnel Unit since 1994

"As a service provider, I am passionate about disseminating the correct knowledge and information. In the process, I try to be innovative; learn from my experiences; and develop myself to match the changing expectations of the Organization. I believe WHO's human resources are key to attaining its mandate. As a member of the HR team, I contribute to the efforts to attract, retain and motivate WHO's staff members in our Regional Office. In doing so I make a contribution to the improvement of public health."

THE MANY FACES OF

DESALEGN SEIFU, ETHIOPIAN

Works in Addis Ababa, Ethiopia

- Joined WHO in 2001 as a driver for polio eradication programme
- As transport assistant, manages vehicles/drivers, inspects vehicles, and monitors radio communication

"As a driver, I transported WHO officers working on surveillance for polio, and also helped with translation. Driving in Ethiopia is challenging because road conditions are bad, and there are people, animals and vehicles all sharing the same road. Some days you can drive up to 8 hours to find that there is no accommodation at your destination and you have to stay in tents instead.
I am lucky to be working for WHO. I like working with different people from different corners of the world and learning about their culture and their language. Our staff in our country office are very helpful and believe in team spirit."

WILFRED NKHOMA, MALAWIAN

Works in Harare, Zimbabwe

- Doctor of Public Health specializing in epidemiology, health and health care
- Regional Adviser for Africa for Tuberculosis

"Public health work teaches us to be aware of our own shortcomings as health problems demand the participation of a wider constituency of workers. Having been in it for over 20 years, everything else pales in comparison.
I cherish the goal of creating conditions that restore well-being to TB patients. Having witnessed the transformation of many moribund patients through TB treatment makes me want to give everybody a chance to access services. Working for WHO means being a servant for those who can benefit from what you know, even if they may not know that you exist."

Dr Wilfred Nkhoma (left) with Dr Eugène Nyarko, WHO Representative in Liberia

WINNIE MPANJU-SHUMBUSHO, TANZANIAN

Works in WHO/HQ, Geneva, Switzerland.

- Medical doctor; specialties in Public Health, Paediatrics and Child Health
- Senior Adviser to the Assistant Director General, HIV/AIDS, Tuberculosis and Malaria

"Having worked with global and regional health organizations, national health systems, training institutions, health providers and donors, I'm convinced that WHO's neutral and convening role is indispensable in addressing health priorities, especially among the poor and under-privileged. From our policy guidelines and standard setting to our work with other UN agencies and partners - all our work at HQ must add value in countries and benefit the people we serve. That is why we are here, plain and simple."

EIGIL SÖRENSEN, NORWEGIAN

Works in Boroko, NCD, Papua New Guinea

- Medical Doctor specialized in public health, epidemiology, internal medicine and paediatrics
- WHO Representative to Papua New Guinea and former WHO Representative to the Democratic People's Republic of Korea

"I enjoy contributing to tackling major public health problems in countries. Working as WHO Representative is a challenge. It requires the use of personal and technical skills and knowledge, and provides many opportunities to influence important health programmes.
I enjoy finding the right balance between working with the country while also being an independent observer and advocate for people's health needs. It is good to work for a global public health agency without being linked to a specific political and religious agenda. I therefore feel strongly that WHO must be able to work in all countries where its presence is required, irrespective of political systems and local conditions."

PUBLIC HEALTH

WHO STAFF ARE UNITED BY THE COMMON GOAL OF IMPROVING PEOPLE'S HEALTH EVERYWHERE.

WHO STAFF LOCAL, REGIONAL AND GLOBAL

HOW DO WE GET

COUNTRY TEAMS

WHO has dedicated HIV/AIDS staff working in over 85 countries worldwide. They advise Ministries of Health on technical issues and provide assistance in scaling-up essential prevention, treatment and care services through the health sector. They work with other players including other UN agencies, nongovernmental organizations and affected communities to help plan, implement and monitor programmes. These country teams also help with advocacy and fundraising efforts in countries.

REGIONAL TEAMS

Regional HIV/AIDS teams in each of WHO's six regional offices are the first point of contact for country offices that need extra technical or financial help. Regional offices also give special attention to adapting global HIV/AIDS policies to fit specific needs in their regions. For example, the response to HIV/AIDS requires different interventions in sub-Saharan Africa, where the epidemic is largely spread by heterosexual sex, from those in eastern Europe, where injecting drug use is the primary mode of HIV transmission.

HEADQUARTERS TEAM

The HIV team at WHO headquarters in Geneva supports and builds on all of these regional and local efforts. It sets global policies and standards, facilitates technical support to regions and countries, monitors and publicizes progress, and helps mobilize political and financial support.

THE JOB DONE?

A disease outbreak can cause a crisis for a country, for an entire region or even the world. Conflicts or natural disasters can also have repercussions that affect millions of people. WHO works through relief and restoration to save lives and reduce the impact of crises on people's health.

International cooperation helped to detect and stop the SARS virus before it gained a real foothold in the world. Always on the alert, scanning and following up on rumours, WHO and its partners in the Global Outbreak Alert and Response Network prepare for outbreaks of all kinds. This includes preparing for a new pandemic influenza. Over the past century, influenza and other outbreaks have killed tens of millions of people and seriously damaged economies.

"The Asian Disaster Preparedness Center relies extensively on WHO guidelines and other health-related publications to keep participants in our public health training courses as well-informed as possible as they plan their health programmes and interventions."

– Janette Lauza-Ugsang, Project Manager,
The Asian Disaster Preparedness Center, Thailand

HEALTH ACTION IN CRISES

As many as two billion people around the world face health threats every day.

People in more than 45 countries are currently experiencing emergencies as a result of natural disasters, economic crises, or conflict. The Health Action in Crises team works with Member States and other partners to minimize suffering and death in all crisis situations – whether they are highly publicized, such as the Tsunami in South Asia, or hidden and forgotten, such as the ongoing conflict in the Democratic Republic of Congo.

WHO works in countries to help national authorities and communities to prepare by strengthening overall capacity to manage all types of crises; to respond by ensuring effective and timely action to address public health priorities; to recover by ensuring that local health systems are functioning; and to mitigate against the effects of crises on public health.

In preparation for possible epidemics and other crises that can affect health, WHO has pre-positioned items such as emergency medical kits in Kinshasa, Democratic Republic of Congo.

ENHANCING GLOBAL

INTERNATIONAL HEALTH REGULATIONS

One critical tool in the fight against the global spread of infectious disease is the International Health Regulations (IHR). Negotiated by WHO's Member States, the IHR establish rules that countries must follow to identify disease outbreaks and stop them from spreading.

In 2005, the IHR were expanded to cover new diseases such as SARS, and new strains of influenza, along with established diseases such as polio. Coming into force June 2007, the revised IHR ask countries to build up their capacity to prevent, protect against and control disease outbreaks. The new rules also give WHO a more direct role in investigating and stopping outbreaks. WHO is working closely with countries to ensure they have the skills and people in place to carry out this work and to provide training and expertise where it is needed.

WHO team member Raoul Kamanda hands out information leaflets about the Marburg virus. During a disease outbreak, WHO community outreach is an important way to share information, demystify health issues and reassure people – particularly with a virus as deadly as Marburg which kills almost everyone it infects.

WHO staff used the Strategic Health Operations Centre to coordinate the health response to the Tsunami disaster.

STRATEGIC HEALTH OPERATIONS CENTRE

Another recent innovation is WHO's Strategic Health Operations Centre. Using the latest technology, the centre is used during disease outbreaks and humanitarian emergencies to coordinate information and response between countries, WHO and other partners.

Epidemic and Pandemic Alert and Response
http://www.who.int/csr/en/
Health Action in Crises
http://www.who.int/hac/en/

HEALTH SECURITY

PREVENTING CHRO

Changes in diet, physical activity, and tobacco use in both rich and poor countries have dramatically increased the risks of chronic diseases such as heart disease, stroke, cancer and diabetes. More than half of all deaths worldwide each year – about 35 million out of 58 million – are caused by chronic disease.

Global Strategy on Diet, Physical Activity and Health

WHO's Global strategy on diet, physical activity and health is meant to help fight heart disease, stroke, diabetes, cancer and obesity-related conditions. The strategy encourages people to be more physically active and eat healthier diets.

WHO Global Treaty on Tobacco Control

Tobacco use kills about five million people every year. A growing number of countries are giving people a better chance at a healthy life by signing up to the WHO Framework Convention on Tobacco Control – the first ever global health treaty negotiated by WHO. The treaty is now in force, and sets international standards on tobacco control measures such as tobacco prices and tax increases, advertising and sponsorship, product warning labels, smuggling and second-hand smoke.

MYTH: CHRONIC DISEASE AFFECTS ONLY THE WEALTHY

Reality: Four of every five people who die of chronic disease live in low and middle-income countries.

MYTH: CHRONIC DISEASE MAINLY AFFECTS OLDER PEOPLE

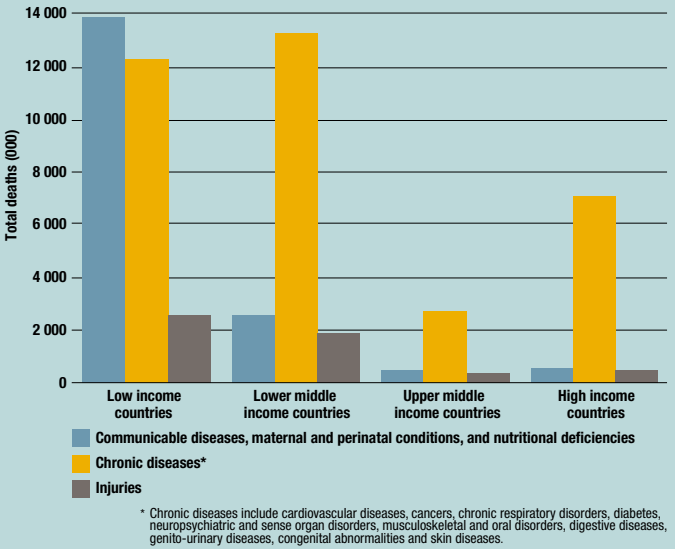
Reality: One quarter of the men and women who die each year are under age 60. Chronic disease cuts lives short, takes mothers and fathers away from their children and costs economies billions of dollars.

The good news is that people can largely prevent and control chronic disease by reducing three risks – tobacco use, unhealthy diets and lack of physical activity. As a top priority, WHO – together with countries, the private sector, civil society and others – is working on several key initiatives to stop the growing chronic disease epidemic.

FACT: GLOBAL DEATHS FROM CHRONIC DISEASE ARE EXPECTED TO RISE BY 17% WORLDWIDE OVER THE NEXT TEN YEARS

NIC DISEASES

PROJECTED DEATHS BY MAJOR CAUSE AND WORLD BANK INCOME GROUP, ALL AGES, 2005



* Chronic diseases include cardiovascular diseases, cancers, chronic respiratory disorders, diabetes, neuropsychiatric and sense organ disorders, musculoskeletal and oral disorders, digestive diseases, genito-urinary diseases, congenital abnormalities and skin diseases.

Chronic disease and health promotion
Global Strategy on Diet, Physical Activity and Health
http://www.who.int/chp/en/
WHO Framework Convention on Tobacco Control
http://www.who.int/tobacco/framework/en/

"To help us tackle the unacceptable numbers of mothers and children dying in our country each year, Zambia has adopted a series of strategies developed by WHO. The guidelines will help our country attain the MDGs by 2015."

Miriam Chipimo, Adolescent & Reproductive Health Specialist, Ministry of Health, Zambia

At the United Nations Millennium Summit in 2000, 191 countries set themselves the ambitious task of tackling poverty and ill-health and improving people's lives by 2015. Derived from the Millennium Declaration, these tasks are what became known as the Millennium Development Goals (MDGs). Health is at the heart of this agenda. Three of the eight goals – cutting child deaths, improving maternal health, and combating HIV/AIDS, malaria and other diseases – are directly about health. Better health is also key to the other goals, such as eradicating extreme poverty and hunger and achieving environmental sustainability.

WHO and the MDGs
http://www.who.int/mdg/en/
Family and community health
http://www.who.int/fch/en/
Water, sanitation and health
http://www.who.int/water_sanitation_health/en/

GOAL 4
CUT CHILD DEATHS
CLOSE TO 11 MILLION CHILDREN UNDER-FIVE DIE EVERY YEAR.

Almost 90% of all child deaths are attributable to just six conditions: diarrhoea, HIV/AIDS, malaria, measles, neonatal causes and pneumonia. Malnutrition increases the risk of dying – over half of all child deaths occur in children who are underweight. Some countries have made progress, but in 14 countries, 10 of them in Africa, more young children are dying now than in 1990.

In Niger and elsewhere, WHO works with countries to dramatically reduce the appalling rates of child deaths with technical advice and policy support – all with the goal of cutting child deaths by two thirds.

GOAL 5
IMPROVE MATERNAL HEALTH
MORE THAN HALF A MILLION WOMEN DIE EACH YEAR IN PREGNANCY AND CHILDBIRTH.

Most of them die because there is not enough skilled regular and emergency care. More and more women have access to skilled birth care in some parts of the world, such as South-East Asia and North Africa. However, in sub-Saharan Africa, 1 in 16 women have the risk of dying during pregnancy or childbirth over a lifetime, compared with about 1 in 2800 women in the rich world.

WHO provides guidelines for safe pregnancy and childbirth and encourages countries to use them, with the aim of cutting maternal mortality by three quarters by 2015, saving close to 400 000 women's lives every year.

HEALTH AT THE HEART OF THE MI

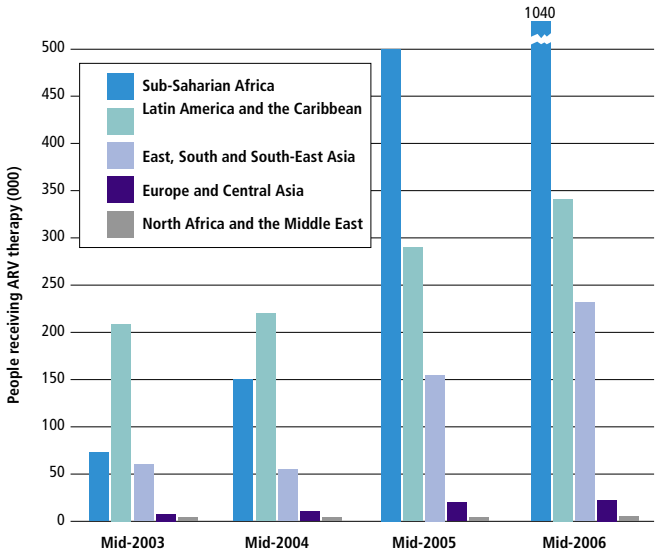
GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

WHO is working to achieve global water and sanitation targets.

WHO IS WORKING TO ENSURE PEOPLE HAVE UNIVERSAL ACCESS TO LIFE-SAVING DRUGS

Number of people receiving ARV therapy in low- and middle income countries, mid-2003 to mid-2006



HEALTH IS CLOSELY LINKED WITH ALL THE MDGS

Ensuring environmental sustainability is essential for improving people's health – through the water we drink, the air we breathe and the food we grow. In the same way, the goal of eradicating extreme poverty means addressing diseases that cripple workers, ravage families and kill children before they can contribute to a better future.

GOAL 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

LLENNIUM DEVELOPMENT GOALS

Malaria
http://www.who.int/topics/malaria/en/
Tuberculosis
http://www.who.int/topics/tuberculosis/en/
HIV infections
http://www.who.int/topics/hiv_infections/en/

HIV/AIDS – HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE SPREAD OF HIV/AIDS

This year, five million people will be newly infected with HIV and more than three million people will die of HIV/AIDS-related illnesses. Today, just one in five people at risk of HIV has access to the information and tools they need to prevent it, and millions are in urgent need of antiretroviral medicines.

WHO is working with countries:

- To prevent people becoming infected with HIV – helping them change their behaviours to reduce HIV risks and making prevention commodities, such as condoms and sterile injecting equipment, widely available.
- To expand the availability of treatment. WHO advises on the most effective HIV/AIDS treatments. The WHO AIDS Medicines and Diagnostic Service helps countries procure and deliver affordable, quality health supplies.
- To provide the best care for people living with HIV/AIDS and their families. WHO promotes greater involvement of communities and primary health care services in care delivery.

"Ukraine always relies on WHO support in HIV-related areas such as opportunistic infections treatment, HIV surveillance, laboratory diagnostic skills, Post Exposure Prophylaxis and others. We continue to consider WHO assistance as critical and vital for the expanded national response to the HIV/AIDS epidemic."

Professor Alla Shcherbinskaya,
Director of the Ukrainian AIDS Center,
Member of the National HIV/AIDS Coordination Council, Ukraine

GOAL 6: COMBAT HIV/AIDS, MA

TUBERCULOSIS

The global TB epidemic causes nearly nine million cases of disease and kills about two million people each year.

The good news is that the prevalence of TB cases has dropped by 20% since 1990 and all regions of the world are on track to meet the MDG targets of halving TB prevalence and deaths by 2015 – except sub-Saharan Africa and Eastern Europe. The bad news is that the TB situation in Africa is now so grave that it was declared a WHO emergency by African Ministers of Health.

In China between 1990 and 2000, the prevalence of pulmonary TB fell by one third in the part of the country covered by DOTS services, compared to the other part of the country not using DOTS.

WHO – in collaboration with the Stop TB Partnership – leads the global drive to expand the use of DOTS, the internationally recommended strategy to fight TB. The DOTS Strategy can cure up to 95% of patients, even in the poorest countries, and is now being used in 187 countries.

WHO is also working to adapt DOTS to meet the special challenges of multidrug-resistant TB and co-infection with TB and HIV. HIV is driving the TB epidemic in sub-Saharan Africa.

MALARIA

Target: Halt by 2015 and have begun to reverse the incidence of malaria and other major diseases.

Malaria kills more than one million people a year – most of them children under five in Africa. In fact, on average a child in Africa dies every 30 seconds from a malaria infection caused by the bite of a mosquito.

WHO urges four main strategies to tackle malaria:

- prevention, through protection against mosquito bites;

- rapid treatment with effective anti-malarial medicines;
- a special effort to protect pregnant women and young children;
- pre-empting epidemics by detecting them and acting swiftly to stop them.

WHO's target, and that of the Roll Back Malaria Partnership, is to cut malaria by half by 2010, with the goal of reaching the MDG target by 2015.

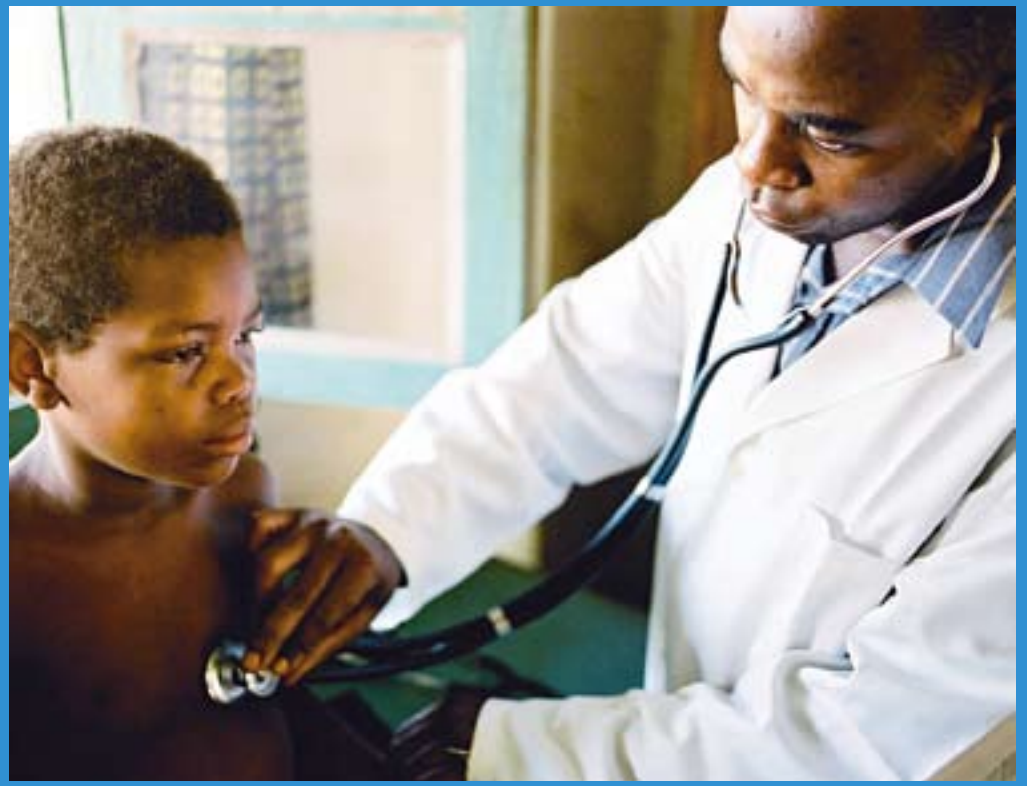
In KwaZulu Natal, South Africa, cases of malaria plummeted by a remarkable 90% between 2000 and 2004. This was due to a combination of political commitment, health education in schools and on the radio, involvement of traditional leaders, community groups, NGOs and industry and a government-led programme of indoor spraying with insecticides. The lesson is that success is possible with the right strategy and political will.

ALARIA AND OTHER DISEASES

HEALTH CARE

WHO is working to ensure that everyone has access to quality health care. In many countries, there is little money available to spend on health. This results in inadequate hospitals and clinics, a short supply of essential medicines and equipment, and a critical shortage of health workers. Worse, in some parts of the world, large numbers of health workers are dying from the very diseases which they are trying to prevent and treat. WHO works with countries to help them plan, educate and manage the health workforce, for example, by advising on policies to recruit and retain people working in health.

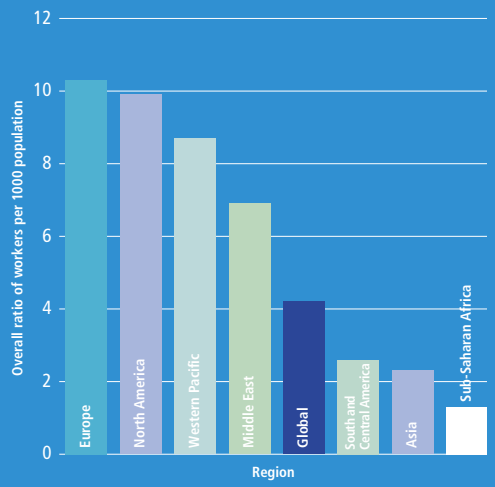
In many countries, particularly in Africa, the shortage of health workers is a crisis. Health workers are dying; they are seeking other jobs because of poor working conditions; they are moving from rural to urban areas; or migrating to other countries that pay better.



Human resources for health
http://www.who.int/hrh/en/
Health Metrics Network
http://www.who.int/healthmetrics/en/
Commission on the Social Determinants of Health
http://www.who.int/social_determinants/en/

PEOPLE WORKING IN HEALTH GLOBALLY

This chart shows the uneven distribution of health workers globally. Today, there are 1.3 health workers for every 1000 people living in sub-Saharan Africa. To achieve the Millennium Development Goals, WHO recommends 2.5 health workers per 1000 people.



COMMISSION ON THE SOCIAL DETERMINANTS OF HEALTH

Throughout the world, poor and vulnerable people have less access to health care, and get sicker and die earlier than people who are more privileged. To address these concerns, WHO set up the Commission on the Social Determinants of Health which brings together leading thinkers on health care and social policy. Their aim is to analyse the social causes of ill-health – such as poverty, social exclusion, poor housing and health systems – and actively promote new policies to address them.

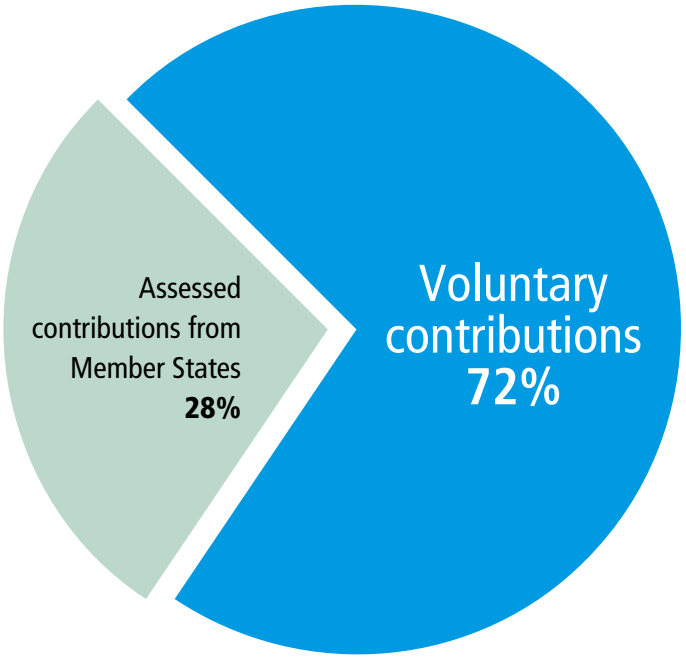
THE HEALTH METRICS NETWORK

Who is born, who is dying, and why? We need to know.

The Health Metrics Network was set up in 2005 to compile health information from across the world. Some countries lack even basic facts such as how many people are born, get sick and die each year – and why. Accurate information helps countries to home in on the exact problems, and leads to better decision making and better health for everyone. Hosted by WHO, the Network brings together health officials, statistical experts and policy planners to pool and share vital national and global health information.

FOR EVERYONE

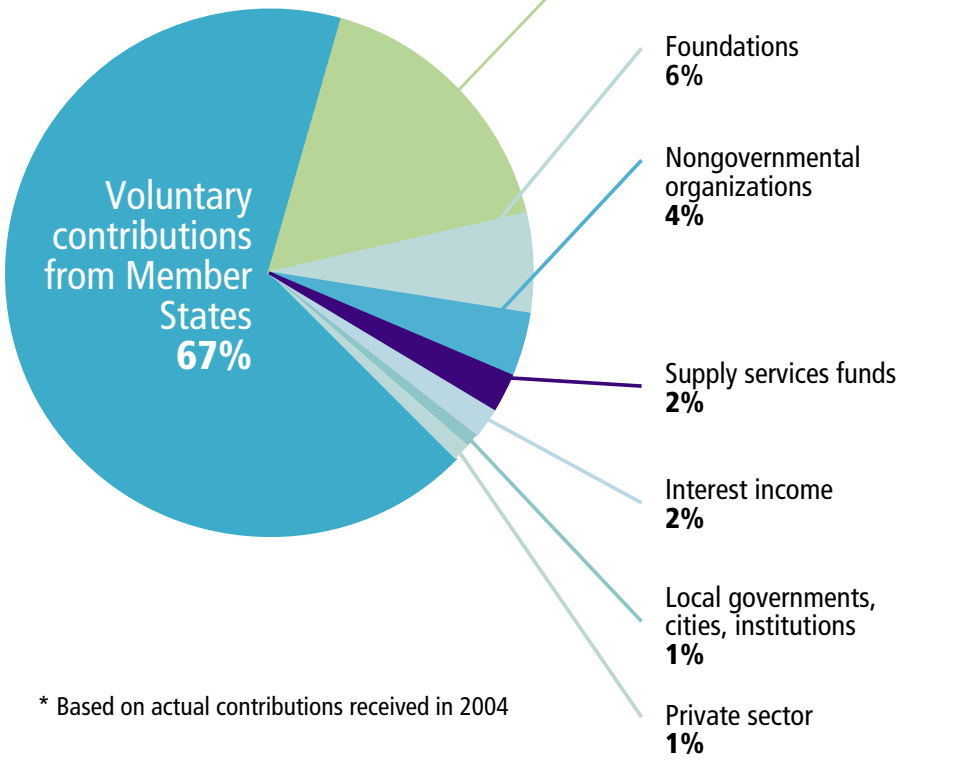
TOTAL RESOURCES 2006—2007



The total WHO budget planned for 2006-2007 is roughly $US 3.3 billion. Of this amount, just over one quarter comes from regular "dues" from WHO's Member States, while more than 70% is money that countries, agencies and other partners give to WHO voluntarily.

SOURCE OF VOLUNTARY CONTRIBUTIONS*

Traditionally, the major source of voluntary contributions comes from Member States. Other contributors are highlighted below, based on actual contributions received in 2004. For 2006–2007, WHO is seeking to increase its diversity in funding.



* Based on actual contributions received in 2004

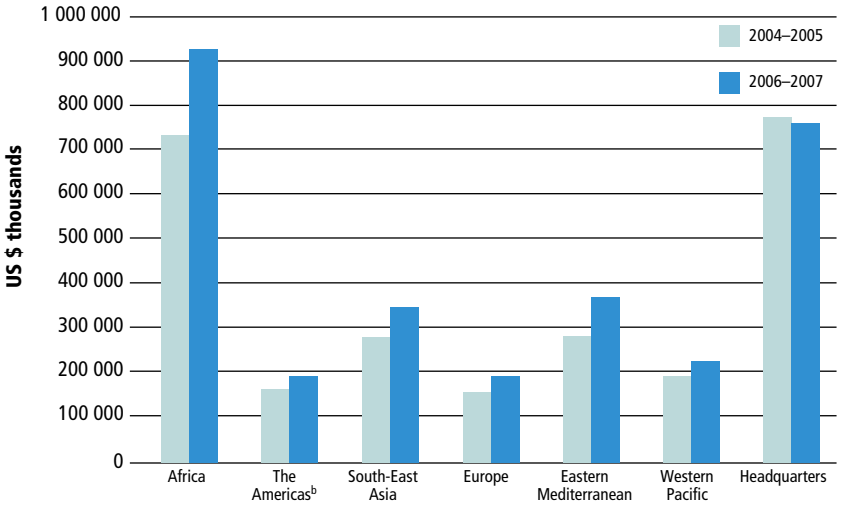
HOW IS WHO FUNDED?

HOW DOES WHO SPEND ITS MONEY?

To achieve results in the four priority areas described in this brochure, the World Health Assembly approved the 2006–2007 budget which divides WHO's spending into four interdependent categories: essential health interventions (such as response to epidemic alerts and reduction of maternal and child mortality); health systems, policies and products (such as the quality of medicines and technologies); determinants of health (such as nutrition and tobacco-use); and effective support for Member States (such as increasing investment in knowledge management and information technology and ensuring staff security).

PROGRAMME BUDGET 2004–2005, 2006–2007, BY OFFICE

all sources of financing[a]



	Africa	The Americas[b]	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	Headquarters
% of total, 2004–2005	28.6	6.3	10.9	6.0	11.0	7.5	29.7
% du total, 2006–2007	30.7	6.3	11.6	6.5	12.3	7.5	25.0

[a] Excluding special programmes and other funds (UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; Kobe Centre; UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction; exchange rate hedging; IT Fund; Real Estate Fund; Security Fund).

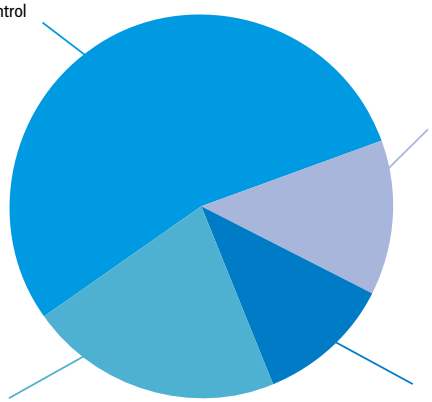
[b] Excludes PAHO budget

ESTIMATED EXPENDITURE

BY GROUPS OF ACTIVITY FOR 2006—2007*

53%
Essential health interventions
- HIV/AIDS
- Child and adolescent health
- Communicable disease prevention and control
- Noncommunicable diseases
- Making pregnancy safer
- Malaria
- Mental health and substance abuse
- Reproductive health
- Tuberculosis
- Emergency preparedness and response
- Epidemic alert and response
- Immunization and vaccine development

13%
Health policies, systems and products
- Health financing and social protection
- Health information, evidence and research policy
- Essential health technologies
- Health systems policies and service delivery
- Human resources for health
- Policy-making for health
- Essential medicines



21%
Effective support for Member States
- WHO's core presence in countries
- Direction
- External relations
- Governing bodies
- Planning resource and coordination
- Knowledge management
- Budget, financial management
- Human resources at WHO
- Infrastructures and logistics

11%
Determinants of health
- Food safety
- Gender, women and health
- Health and environment
- Health promotion
- Nutrition
- Tobacco
- Violence, injuries and disabilities
- Communicable disease research

* Does not total 100% because of 2% set aside for exchange rate hedging, IT Fund, Real Estate Fund and Security Fund

GEOGRAPHIC DISTRIBUTION

The figure below provides a breakdown between the regions and headquarters by all sources of funding for the periods 2004-2005 and 2006-2007. The figures for the regional level combine the proposed amounts for the country and regional budget of the respective region. In order to get the best health results in countries, WHO spends approximately 75% of its funds in regional and country offices, and approximately 25% at WHO headquarters.

HOW DO WE REPORT ON THE MONEY WE SPEND?

WHO uses results-based management. This means that every two years, WHO sets out what it plans to achieve in the future, how it plans to do it, and what funds are needed to meet these goals.

Progress against these goals is reported to the World Health Assembly. In this way, WHO can report regularly on its achievements, improve the targeting of its funds and be as transparent and accountable as possible to its member countries and donors.

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