



World Health  
Organization

# 2003 WHO year in review



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# 2003 WHO year in review

## *Report of the Director-General*

I am pleased to present this review of the work of WHO during 2003. Our tasks are dictated by the needs of our members states and by the state of global public health. A detailed description of WHO activities would fill several volumes. This brief document is not intended to be an exhaustive examination of our work, but rather a chronological narrative of some key events and landmarks that highlight the range of issues with which we have been involved in 2003.

Reviewing a year's work helps us to look toward the future and to consider what it holds and how we can shape it. Many countries, particularly developing countries, are still fighting preventable and treatable communicable diseases while now facing the demands of chronic, non-communicable diseases: the "double burden" of disease. WHO is responding to both of these situations in many of our areas of work. Significant examples from 2003 lie in the signing of the Framework Convention on Tobacco Control and the launch of "3 by 5" – a strategy

to provide three million people living with HIV/AIDS antiretroviral therapy by the end of 2005.

Both of these ambitious initiatives will require a sound country infrastructure in order to succeed. In some cases, that infrastructure already exists; in others, our work in support of our members will help to build and strengthen it. Stronger health systems will facilitate success in many other fields of health providing vaccinations, reducing maternal mortality, and maintaining good surveillance against disease outbreaks are just a few examples.

As public health evolves, more and more players, various levels of government, nongovernmental organizations, academia, civil society and the private sector will become increasingly involved. This report illustrates the extent and diversity of some of these interactions. I would like to express my appreciation to all our partners, and to WHO staff, for their strong work throughout the year.

# January

2003

- 01• ● *Researchers in poor countries gain access to up-to-date health information*
- 02•
- 03•
- 04•
- 05•
- 06• ● *WHO promotes fruit and vegetable consumption to prevent disease*
- 07•
- 08•
- 09•
- 10• ● *New Regional Director for the Americas*
- 11•
- 12•



## ***Researchers in poor countries gain access to up-to-date health information***

**H**Health workers, scientists and researchers in another 43 low-income countries gained free or low-cost access to the latest health and scientific information in hundreds of leading science journals through the Health InterNetwork Access to Research Initiative. The aim of this project is to raise the standard of knowledge, research and training for health workers in developing countries. By the end of the year, more than 1000 universities, research institutes and medical schools had joined the network. Scientists, researchers and health professionals have gained access to the most current health information and data, and also have a much better chance of having their work published internationally. The Initiative was created to support a call by the United Nations Secretary-General Kofi Annan to narrow the digital divide.

## International Year of Freshwater

20–28 January  
**111<sup>th</sup> WHO  
Executive Board**



31 January  
**New Regional Director  
for the Americas**



### *WHO promotes fruit and vegetable consumption to prevent disease*

WHO worked with health professionals, industry representatives and nongovernmental organizations to encourage daily consumption of fruit and vegetables through the concept of “5 A Day”. Eating five portions of fruit and vegetables each day helps to prevent chronic diseases including cardiovascular disease, type 2 diabetes, cancer and obesity. Regular consumption of fruit and vegetables also helps to reduce nutritional deficiencies and increases resistance to infectious diseases. The “5 A Day” programme originated in the United States, where it has been clearly shown to boost fruit and vegetable intake. It is a model which can be adapted for use in developing as well as developed countries. Many developing countries are seeing a double burden, with rising levels of chronic disease, as well as infectious diseases. *The World Health Report 2002: Reducing Risks, Promoting Health Life* attributed 2.7 million deaths globally per year to low fruit and vegetable intake.

### *New Regional Director for the Americas*

On 31 January, Dr Mirta Roses Periago was sworn in as the new Regional Director for the Americas. Dr Roses is the first woman and the first Argentinean to hold the post. She began a 30-year career in public health and epidemiology as a door-to-door immunizer in a 1965 vaccination campaign to assist smallpox eradication in the Americas. In her inaugural speech, Dr Roses said she was committed to health for all, to the strategy of primary health care, to health promotion, and to the reduction of inequities and social exclusion. Her main focus will be on work in and with countries. She also said she would give special attention to containing the AIDS epidemic, especially in the countries of the Caribbean.

# February

## 2003

5 February

### India launches largest national polio immunization campaign in history



- 01• ● *New fund to help countries improve food safety*

- 02•
- 03•
- 04•
- 05• ● *Ground-breaking tobacco control deal struck*

- 06•
- 07•
- 08• ● *New vaccine for rare meningitis strain*

- 09•
- 10•
- 11•
- 12•

### *New fund to help countries improve food safety*

A US\$ 40 million trust fund was established to help the world's least-developed countries set food safety standards to protect the health of consumers and ensure fair practices in food trade through the Codex Alimentarius commission. Food standards, when maintained, safeguard the health of consumers. Failure to set or observe them can result in an increased spread of serious food-borne diseases. They have become increasingly important in recent years, as countries face a number of food safety crises, such as "mad cow disease" (bovine spongiform encephalopathy), dioxin contamination of animal feed and listeria contamination of milk products.

### *Ground-breaking tobacco control deal struck*

After four years of tough discussions, 171 member states finalized negotiations on the WHO Framework Convention on Tobacco Control (FCTC). The treaty was unanimously adopted by the 56th World Health Assembly in May 2003. This first-ever global health treaty reflects the priorities of WHO and the World Bank to reduce global tobacco consumption and cut the number of tobacco-related deaths. At current rates, tobacco deaths will rise to 10 million annually by 2020. Key elements include provisions on taxation; product warning labels; advertising controls; industry liability; national financing of tobacco control programmes; stopping smoking; restricting youth access to tobacco products; and, policies to limit exposure to second-hand smoke.

17–28 February

## Final round of Framework Convention on Tobacco Control negotiations (FCTC)



### *New vaccine for rare meningitis strain*

WHO worked with GlaxoSmithKline and the Bill & Melinda Gates Foundation to develop a new vaccine for people in the African “meningitis belt”, an area covering 21 countries from Ethiopia to Senegal. This new vaccine was necessary to protect against both the typical meningitis strains and a rarer strain which caused an outbreak in Burkina Faso in 2002, affecting more than 14 000 people and killing 1743. Following WHO’s call to manufacturers, GSK developed the vaccine in just a few months, and the

Gates Foundation granted funds to provide it at a purchase price of US\$ 1.50 per dose compared to US\$ 5–50 per dose or more for previously available vaccines. Dr Gro Harlem Brundtland, then Director-General, said the effort was a testimony to how public-private partnerships can work to improve public health.

# March

2003

- *More than 10 million TB patients treated under DOTS*
- *UN agencies work to rebuild Iraqi health system*
- *Unprecedented global collaboration helps to contain the spread of SARS*
- *WHO staff dies in the fight against SARS*



## ***More than 10 million TB patients treated under DOTS***

In the 10 years since WHO declared the rise in tuberculosis prevalence to be a global emergency, more than 10 million TB patients have been successfully treated in programmes using the internationally recommended TB control strategy known as DOTS. This treatment has saved hundreds of thousands of lives and millions of dollars in indirect costs. This major public health achievement was celebrated on World TB Day, 24 March, and with the publication of the 2003 Global Tuberculosis Control Report. The report also showed that although substantial progress has been made, HIV is now fuelling TB epidemics in many areas of the world and threatens to overwhelm already weakened health systems.

## ***UN agencies work to rebuild Iraqi health system***

WHO worked with the United Nations and other international organizations to carry out urgently needed work to rebuild the Iraqi health system. More than two decades of war, economic sanctions and underfunding, followed by extensive looting, had done immense damage to what was once a functioning modern health system. Child death rates were more than twice as high as they had been in 1990. The three biggest

8 March

## **International Women's Day**

12 March

## **WHO issues global alert about cases of atypical pneumonia**

24 March

## **World Tuberculosis Day**

killers, acute respiratory infections, diarrhoeal diseases and measles, are largely preventable with an adequate public health system and civil infrastructure. WHO proposed the “jump start” programme to ensure that basic health services continued to be provided across the country.

### ***Unprecedented global collaboration helps to contain the spread of SARS***

In late February and early March, WHO began investigating reports of several cases of atypical pneumonia in Viet Nam, the first signs of what was to become known as severe acute respiratory syndrome (SARS). In a short period of time, people began showing symptoms of SARS in the Hong Kong Special Administrative Region of China and in Canada. Many of the early cases were hospital staff, putting more pressure on health systems struggling to cope with the emergence of a new disease. The causative agent was unknown, several people had died, and no treatment was working. By mid-March, cases had been reported from Canada, China, Indonesia, the Philippines, Singapore, Thailand and Viet Nam, prompting WHO to issue a global alert about the new disease.

From the early days of the outbreak, an unprecedented level of global cooperation, coordinated by WHO, allowed scientists to identify and learn how to contain SARS. Through the collaboration of scientists, clinicians, laboratory chiefs and public health officials, within a month a new coronavirus was identified as the cause of the disease, and lessons learnt about how to contain its spread. WHO analysed the SARS situation around the world daily, rapidly communicating the latest information via an extensive website.



### ***WHO staff dies in the fight against SARS***

Dr Carlo Urbani, a Viet Nam-based WHO medical officer and expert on communicable diseases, died on 29 March of SARS. He was the first person to identify the outbreak of this new disease and alert the global community of the danger it presented. Thanks to his work, global surveillance was heightened and many new cases were identified and isolated before SARS spread further. Based in Hanoi, Viet Nam, he had worked in public health programmes in Cambodia, Lao People's Democratic Republic and Viet Nam.

# April

- *Polio eradication narrows focus to seven countries*

- *World cancer report highlights rising rates in developing countries*

- *Healthy environments for children promoted on World Health Day*

- *3000 children still die every day of malaria in Africa*

2003



## ***Polio eradication narrows focus to seven countries***

The Global Polio Eradication Initiative shifted its strategy to focus more sharply on the seven countries where polio transmission continued: Afghanistan, Egypt, India, Niger, Nigeria, Pakistan, and Somalia. The shift in tactics was decided on to ensure that the wild poliovirus is eradicated as quickly as possible, while protecting the human and economic investments made in areas that are now polio-free. The top priority at this point was India, and specifically the northern state of Uttar Pradesh, which alone saw 64% of the polio cases around the world in 2002. In April, WHO, UNICEF and their partners began a campaign to vaccinate more than 80 million children in six Indian states in just six days.

## ***World cancer report highlights rising rates in developing countries***

The World Cancer Report, published by WHO International Agency for Research on Cancer, highlighted the rising number of cancer cases, particularly in developing countries where diagnosis is often late and treatment limited. The report said that in the year 2000, 12% of global deaths were due to malignant tumours and that without further action, cancer rates could increase by another 50% to 15 million new cases by the year 2020. Once thought of as a Western disease, more than half of the world's cancer cases and deaths now occur in developing countries. While the probability of being diagnosed with cancer is more than twice as high in some developed countries, patients are often diagnosed earlier, providing greater opportunity for effective treat-

7 April  
**World Health Day**

16 April  
**Coronavirus identified  
as cause of SARS**

25 April  
**Africa Malaria Day**

ment. In developing countries, 80% of cancer patients are diagnosed in the late stages of the disease when treatment options, and thus survival, are more limited. Given existing knowledge, action by governments and the health care system could prevent one-third of cancers, cure another third, and provide good, palliative care for the remaining patients who need it.

### ***Healthy environments for children promoted on World Health Day***

To call attention to the environmental threats to children's health and the simple measures which can prevent them, WHO dedicated World Health Day 2003 to ensuring healthy environments for children. More than five million children die every year from diseases such as acute respiratory infections, malaria, and diarrhoea, as well as accidents. Children under five, who make up only 10% of the world population, currently account for 40% of these environment-related deaths. Strategies to combat these threats are often inexpensive. Yet they can reap great benefits for the children who live, play and grow up in those settings.



### ***3000 children still die every day of malaria in Africa***

The WHO/UNICEF Africa malaria report stated that 3000 children were still dying every day in Africa from malaria, and highlighted the need to make effective means of prevention and treatment available to those most at risk. It underlined the fact that new and more effective antimalarial drugs are not universally accessible and that only a small portion of children at risk of malaria are protected by highly effective insecticide-treated nets. The proper use of treated nets combined with prompt treatment for malaria in every community can reduce transmission by as much as 60% and the overall young child death rate by at least one fifth.

# May

2003

19–28 May  
**56<sup>th</sup> World Health  
Assembly**

29–30 May  
**112<sup>th</sup> WHO  
Executive Board**

- *LEE Jong-wook elected as new Director-General*

- *New analysis of chronic disease risks*

- *Major progress towards measles elimination in the Americas*

- *WHO budget 2004–2005 adopted*

### ***LEE Jong-wook elected as new Director-General***

The World Health Assembly, which brings together all 192 Member States, elected LEE Jong-wook of the Republic of Korea as Director-General of WHO. He is the first person from the Republic of Korea to head a United Nations agency. Dr Lee announced that results at country level would be the principal focus for his five-year term. He said this would be achieved through measurable health objectives, shifting resources to countries, increasing efficiency and accountability, and strengthening human resources. "The world today needs leadership in the ongoing struggle for security and justice," Dr Lee told the Assembly, "Security from infections, and justice for those afflicted by the diseases of poverty."

### ***New analysis of chronic disease risks***

The key chronic disease risk factors for 170 member states were profiled in the first Surveillance of Risk Factors Report. The report and its accompanying searchable CD-Rom contain current data for each country on risk factors such as tobacco and alcohol use, patterns of physical inactivity, low fruit and vegetable intake, obesity, blood pressure, cholesterol and diabetes. The report was produced from the WHO Global Noncommunicable Diseases InfoBase, an interactive database available on the WHO website <[www.who.int](http://www.who.int)>. Tools such as these are especially useful in developing countries, as many are battling with the combination of infectious diseases and a growing prevalence of chronic diseases, such as diabetes and stroke, and where accurate sources of information may be limited.

31 May

## World No-Tobacco Day



### *Major progress towards measles elimination in the Americas*

The countries of the Americas completed 26 weeks, as of mid-May, with no new reported cases of measles. The absence of cases shows significant progress towards measles elimination in the region and the success of strategies recommended by WHO Regional Office for the Americas. Efforts to strengthen routine immunization services continue, however, as most countries in the region do not have 95% vaccination coverage, the level necessary to maintain the interruption of measles transmission. Success in the Americas demonstrates how measles can be controlled globally.

### *WHO budget for 2004–2005 adopted*

The World Health Assembly adopted a regular budget of US\$ 880 million and noted that estimated expenditure from other sources was US\$ 1825 million, leading to a total effective 2004–2005 budget of US\$ 2705 million under all sources of funds. This represents an increase of 21% from the corresponding figures adopted for the 2002–2003 biennium.

2003



- 01• ● *New partnership to combat neglected diseases*

- 02•
- 03•
- 04•
- 05• ● *New study on child survival*

- 06•
- 07•
- 08• ● *Major vaccination effort in the Americas*

- 09•
- 10•
- 11• ● *First countries sign tobacco control convention*
- 12•

## ***New partnership to combat neglected diseases***

The WHO Tropical Disease Research programme (TDR) began collaborative work with the newly established Drugs for Neglected Diseases initiative (DNDi). The initiative, comprising the Indian Council of Medical Research, Médecins Sans Frontières and four eminent public research institutes from around the world, aims to promote research and development in drugs for neglected diseases. Neglected diseases include leishmaniasis (kala azar), human African trypanosomiasis (sleeping sickness) and Chagas disease. Millions of people, often in deeply impoverished areas, die each year from these tropical diseases, but they fail to attract the research and development dollars necessary to find affordable cures. DNDi and TDR will also work to strengthen existing research and development capacity in the developing countries affected by the diseases, and highlight the importance of public sector responsibility for providing access to medicines.

## ***New study on child survival***

The Bellagio Child Survival Study Group coordinated by WHO and made up of scientists and policy-makers, including WHO staff, gave new focus to work being done to improve child survival rates. The study gave four urgent reasons for bringing child survival to the forefront of public health: advances in child epidemiology; 63% of all child deaths are

5 June

## **World Environment Day**

16–20 June

## **Norway first to ratify and 41 governments sign FCTC**

26 June

## **International Day against Drug Abuse and Illicit Trafficking**

preventable; 98% of under-five deaths are in developing countries; and the huge gaps in services for mothers and children who are poor. WHO's strategy for child survival includes preventing communicable diseases in children through the Expanded Programme on Immunization, promoting the Integrated Management of Childhood Illness, country implementation of the Global Strategy for Infant and Young Child Feeding, conducting specific activities to prevent mother-to-child transmission of HIV, and reducing rates of HIV among young people.

### ***Major vaccination effort in the Americas***

**M**ore than 200 000 health workers travelled to remote villages, border zones and marginal urban areas to vaccinate children during the first-ever Vaccination Week in the Americas. Nineteen countries from South and Central America and the Caribbean participated in the campaign, which focused especially on children who have never been vaccinated or who needed to complete their vaccinations. Major objectives were to continue immunization against measles as well as to maintain polio eradication and protect children from other vaccine-preventable diseases.



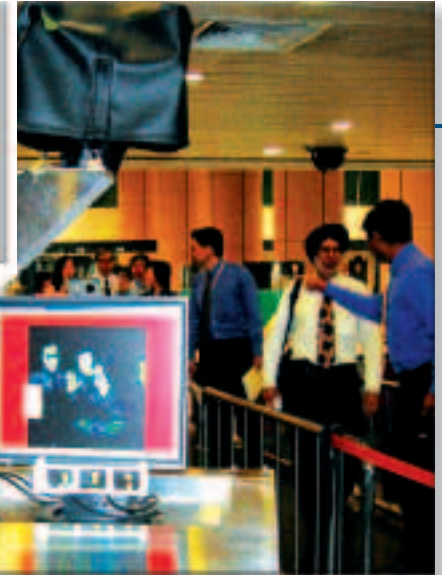
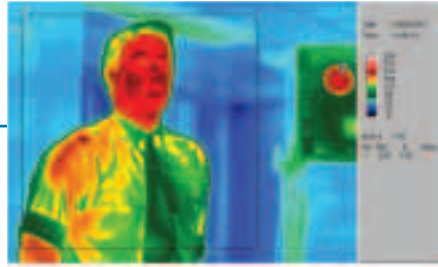
### ***First countries sign tobacco control convention***

**T**he historic WHO Framework Convention on Tobacco Control, adopted by the World Health Assembly on 21 May, opened for signature on 16 June 2003. In Geneva, 28 countries and the European Community signed on this first opportunity, and Norway became the first country to ratify the Convention. Once the treaty has been ratified by 40 countries, it will become legally binding for those countries and for all those that ratify and accede to it after that date. By the end of 2003, 84 countries and the European Community, had signed and five countries had ratified the Convention.

# July

2003

- *Global coordination stops SARS*



- *New Director-General takes office*



- *Bringing epilepsy "out of the shadows" in China*

## ***Global coordination stops SARS***

Following a four-month globally coordinated effort, WHO reported that the human-to-human transmission of SARS had been broken worldwide. From the Guangdong province in China, the SARS virus had travelled in humans to 29 countries, and particularly affected China, Viet Nam, Singapore, and Canada. A total of 8099 infections and 774 deaths were attributed to SARS from November 2002 through July 2003.

SARS was contained using classic public health measures of case detection, isolation, infection control and contact tracing. Although the 2003 outbreak was contained, WHO warned that disease surveillance systems should continue to be sensitive to SARS, and investigations should continue as the disease was possibly seasonal with the original source still in the environment. In the months following containment, a SARS Scientific Research Advisory Committee was formed and began work on laboratory issues, clinical research and possible vaccine development. Preparing for any future outbreak will require strengthening public health infrastructures globally.

- *WHO focuses on AIDS*

5 July

## **WHO declares worldwide containment of SARS outbreaks**

### *New Director-General takes office*

Dr LEE Jong-wook took office as Director-General of the World Health Organization. In his first address to WHO staff, Dr Lee said that team-building and information-sharing would be stressed in all WHO work.

### *Bringing epilepsy “out of the shadows” in China*

A demonstration project of the Global Campaign Against Epilepsy screened 55 616 people in five provinces of China. Nearly 2000 new patients were identified and successfully treated. Similar demonstrational projects are being carried out in six countries of four WHO Regions. Through the Campaign, WHO, the International Bureau for Epilepsy and the International League Against Epilepsy have partnered to bring epilepsy “out of the shadows”. The Campaign will assist governments worldwide to make sure that diagnosis, treatment, prevention and social acceptability of epilepsy are improved.

21 July

## **Dr LEE Jong-wook begins five-year term as Director-General**



### *WHO focuses on AIDS*

July saw the beginning of new strategies to control the AIDS epidemic worldwide. WHO convened a workshop in Harare, Zimbabwe of 17 eastern and southern African countries on scaling up access to care and treatment for HIV/AIDS. WHO experts helped countries to develop specific “road-maps” detailing the policy, infrastructure and financing required to achieve these targets. Recognizing the links between HIV and tuberculosis, WHO called for wider access to anti-TB drugs alongside antiretroviral therapy for HIV. Complementing these efforts to increase access to medicines, a report was released by WHO on the problem of adherence to medicines for chronic conditions including HIV. The report showed how non-adherence was a threat to patients, health budgets and health-care systems, and urged public health experts to look to tuberculosis and other illnesses for examples of effective strategies to improve adherence.

# August

2003

- 01• ● *Health gradually improves in Angola*
- 02•
- 03•
- 04• ● *Heatwave in Europe*
- 05•
- 06•
- 07• ● *UN and WHO staff killed in Baghdad bombings*
- 08•
- 09•
- 10•
- 11• ● *International agreement on pharmaceutical imports*
- 12•



## *Health gradually improves in Angola*

Four and a half million Angolans were displaced during three decades of civil conflict, and now, 2.4 million of them are returning. With resettlement comes the need for basic health services and rebuilding of infrastructure at the community level. For over a year, WHO and partners have been supporting Angola by providing a minimum health care package which includes vaccinations and disease control activities for HIV, malaria, TB, leprosy and trypanosomiasis. Dr Lee travelled to Angola to help launch the national polio immunization campaign. The campaign was aimed at vaccinating more than five million children under five years of age, as part of the global effort to eradicate the disease.

## *Heatwave in Europe*

The extreme heat in Europe during the summer months of 2003 was responsible for at least a 15% increase in deaths over the previous years in France, Italy, Portugal and the United Kingdom. Those most vulnerable to heat stress are the elderly, those with cardiovascular and chronic respiratory diseases, and children under the age of four. In the latter part of 2003, WHO worked with the United Nations Environment Programme (UNEP), the World Meteorological Organization (WMO) and the US Environmental



August

## **Beginning of Regional Committee Meetings**

28 August

## **50<sup>th</sup> country signs FCTC**

Protection Agency to produce a study entitled *Climate change and human health: risks and responses*. Further, the WHO Regional Office for Europe in collaboration with Health Canada, UNEP and WMO, released a report on practical approaches for governments, health agencies and science institutions to assessing climate variability and potential policy needs.

### ***UN and WHO staff killed in Baghdad bombings***

On 19 August, 2003, the United Nations headquarters building in Baghdad, Iraq was attacked by a terrorist truck bomb with 23 deaths and many injuries. Among the dead was WHO staff member Ms Nadia Younes,

Executive Director of External Relations and Governing Bodies. Ms Younes had a distinguished career in the UN prior to joining WHO and at the time of the bombing, was on secondment from WHO as Chief of Staff for the UN Special Representative in Iraq, Sergio Vieira de Mello, who also died in the attack. In an earlier bomb attack, on the Jordanian Embassy, Mr Ahmed Shukry, a driver for the WHO Iraq office, was injured and subsequently died.

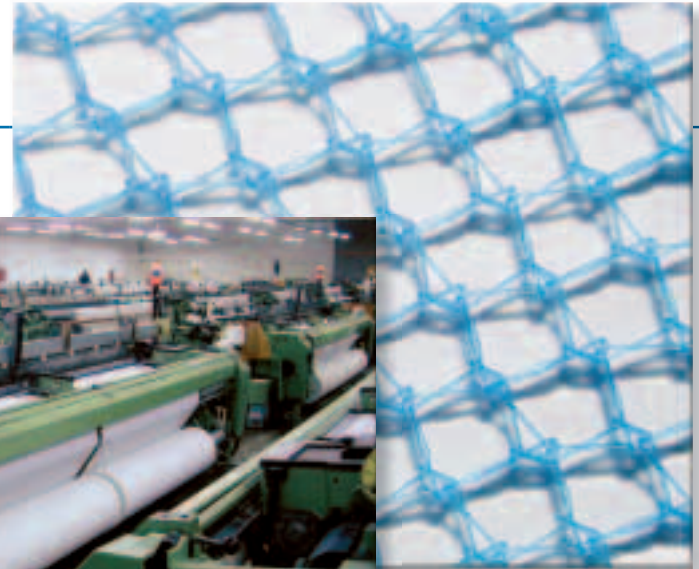
### ***International agreement on pharmaceutical imports***

On 30 August 2003, the World Trade Organization agreed to allow member countries to import pharmaceutical products made elsewhere under compulsory licences. The decision was designed to address one of the public health problems recognized in the Doha Declaration of 2001 on Trade-Related Aspects of Intellectual Property Rights (TRIPS), namely, how countries unable to produce pharmaceuticals domestically can import affordable drugs made under a compulsory license. This decision can increase access to vital drugs and diagnostics that were previously unavailable or unaffordable in the areas where they were most needed.

# September

2003

- 01• ● *Bednets made under international technology transfer deal*
- 02•
- 03•
- 04•
- 05• ● *Failure to treat HIV/AIDS a global emergency*
- 06•
- 07•
- 08• ● *Public health crisis in Liberia*
- 09•
- 10• ● *Regional Directors nominated for South-East Asia and Western Pacific*
- 11•
- 12•



## ***Bednets made under international technology transfer deal***

Tanzania gained a new tool to prevent malaria locally when WHO, UNICEF, the Acumen fund and other private companies agreed to share a new Japanese technology. A Tanzanian company was granted the license to produce a new generation of insecticide-treated bednets that retain their efficacy for more than four years. Properly used, insecticidal nets can cut malaria deaths by at least half and child deaths by 20%. To support local treatment efforts, WHO Regional Office for Africa began providing technical support for the local production of dihydro-artemisinin. The drug is found in a native Tanzanian plant exported to European drug facilities to be processed into antimalarial drugs and sold to countries at the price of US\$ 6–7 per dose. Local production could reduce costs to US\$ 2 per dose.

6 September

### **Suspension of polio immunization leads to outbreaks in Nigeria**

22 September

### **WHO, UNAIDS and the Global Fund declare failure to deliver AIDS medicines a global health emergency**

#### ***Failure to treat HIV/AIDS a global emergency***

On 22 September WHO, UNAIDS and the Global Fund to Fight to AIDS, TB and Malaria called the failure to deliver antiretroviral therapy for HIV/AIDS to the millions of people who need it “a global health emergency.” The detailed plan for the “3 by 5” target (three million people on antiretroviral therapy by the end of 2005) was launched on World AIDS Day in December.

#### ***Public health crisis in Liberia***

Fighting in Liberia displaced thousands of people and resulted in serious health problems. Between July and October 2003, more than 10 000 people were affected by cholera, and essential health services broke down. The national measles immunization campaign suffered during this period, resulting in only 29% of children being vaccinated. Along with its partners, WHO provided more than 1000 kilograms of chlorine to treat water, carried out immunization and vitamin A campaigns reaching 3000 children, and provided emergency health kits to the temporary camps in Monrovia.

#### ***Regional Directors nominated for South-East Asia and Western Pacific***

The WHO Regional Committee for the South-East Asia Region nominated Dr Samlee Plianbangchang of Thailand as the next Regional Director. Dr Samlee began working for WHO in 1984 as a primary health care consultant, subsequently holding the positions of Director of the Integrated Control of Diseases Programme and Deputy Regional Director. The Western Pacific Regional Committee of WHO nominated Dr Shigeru Omi for a second five-year term as WHO Regional Director for the Western Pacific. Dr Omi, a Japanese citizen, was first elected Regional Director in May 1998. In 2003, Dr Omi spearheaded WHO’s successful response in the Region to the SARS outbreak, which was brought under control in July. Pursuant to these nominations, the Executive Board of WHO, in its January 2004 session, re-appointed Dr Omi and appointed Dr Samlee.

# October

2003

6 October

**Emergency response mission to Kenya on scaling up access to antiretroviral treatment for HIV/AIDS**

01• ● *Urgent action needed to prevent measles deaths*

04• ● *More health workers needed to reduce deaths in childbirth*

08• ● *Islamic Conference supports polio eradication campaign*

11• ● *Macroeconomics and health*



## ***Urgent action needed to prevent measles deaths***

Senior ministry of health officials from 45 countries that account for 95% of measles deaths met in Cape Town, South Africa. Together with WHO and UNICEF, they spelled out the expanded efforts that would be needed to reduce measles deaths in a sustainable manner. Of vaccine-preventable diseases, measles is the world's leading killer of children with over 600 000 deaths every year. Use of WHO/UNICEF recommended strategies have already cut the number of children dying by almost 29% in the last three years one of the most dramatic declines in disease mortality in history. Strategies include strengthening routine immunization services, providing a "second opportunity" for measles immunization for all children through periodic supplementary immunization campaigns; ensuring high quality measles surveillance is in place to detect and respond to outbreaks; and improving clinical management of complicated cases.

## ***More health workers needed to reduce deaths in childbirth***

WHO, UNICEF and UNFPA reported that more than 500 000 women died during childbirth in 2000, 95% of these deaths occurred in Africa and Asia. Worldwide, 13 developing countries accounted for 70% of all maternal deaths. Much of this death and suffering could be avoided if women were assisted by a skilled health worker during pregnancy and delivery, and had access to emergency medical care for dealing with complications. To attain the Millennium Development target of reducing maternal

10 October  
**World Mental  
Health Day**



deaths by three quarters between 1990 and 2015, WHO is carrying out a “Making pregnancy safer” strategy. Core elements include promoting strong political will and partnerships at all levels and strengthening mother and infant health care programmes to better ensure care to all pregnant women and newborns.

### ***Islamic Conference supports polio eradication campaign***

The Organization of Islamic Conferences (OIC) joined the fight to eradicate polio. Six OIC Member States Afghanistan, Egypt, Niger, Nigeria, Pakistan, and Somalia are among the seven remaining polio-infected countries worldwide. In a powerful statement, the OIC called on governments to accelerate their efforts to eradicate the disease, and on the international community to provide the necessary funds to stop polio transmission completely by 2005. Simultaneously, hundreds of thousands of volunteers and health workers conducted a massive

24 October  
**75<sup>th</sup> country signs FCTC**

immunization campaign in five west African countries that had been re-infected with poliovirus from Nigeria a danger which persists for as long as any country is still infected.

### ***Macroeconomics and health***

Ministers of Health, Finance and Planning from 40 developing countries came together in Geneva for the “Global Consultation on Increasing Investments in Health Outcomes for the Poor.” Senior representatives from international research, development and donor organizations also participated in the meetings. The meeting issued a declaration pledging to establish and strengthen appropriate national and subregional mechanisms and to give attention within investment plans to human resource constraints.

# November

2003

- 01• ● *Alma-Ata*  
Anniversary points  
the way forward

- 02•
- 03•
- 04• ● *Setting the*  
standard for  
medicines

- 05•
- 06•
- 07•
- 08• ● *Strategy on diet*  
and physical  
activity takes  
shape

11•

12•

## ***Alma-Ata Anniversary points the way forward***

WHO and the public health community held celebrations in many parts of the world to mark the 25<sup>th</sup> anniversary of the Declaration of Alma-Ata on Primary Health Care. In Geneva, four WHO Directors-General – Dr Mahler, Dr Nakajima, Dr Brundtland and Dr Lee – gathered to reflect on the Declaration’s significance for global public health. The Declaration, made in 1978, launched the health-for-all movement, which emphasized universal coverage, intersectoral support and community participation. Those approaches were as much needed today as ever, health leaders agreed, despite the new methods needed in view of new disease patterns, new technologies and the impact of globalization on health systems.

## ***Setting the standard for medicines***

The newest edition of the International Pharmacopoeia further strengthens WHO’s efforts to help improve the quality, safety and efficacy of medicines, facilitate detection of counterfeit and substandard drugs, and address drug-resistance. At best, poor quality medicines have no therapeutic value, and at worst, they can cause harm or even death. Further, some may contribute to drug-resistant viruses and bacteria. The International Pharmacopoeia provides internationally approved standards on the content, purity and quality of active ingredients of pharmaceuticals. It can be used in any country or setting, as it covers both high-technology areas and alternative, less technically demanding methods of producing medicines.





Dr Brundtland,  
Dr Mahler,  
Dr Nakajima,  
and Dr Lee

23 November

**Meeting of the Ministers of Health  
of newly independent states, on  
the occasion of the 25<sup>th</sup> anniversary  
of primary health care**

***Strategy on diet and physical activity  
takes shape***

Chronic diseases, accounting for almost 60% of deaths every year and 47% of the global disease burden, are increasingly affecting people in developing countries. Of the most prevalent diseases cardiovascular, diabetes, some cancers and respiratory the first three are all diet related. These three are often linked and have overlapping risk factors which include obesity, high blood pressure, high cholesterol, and alcohol and tobacco use. The latest scientific evidence demonstrates that changes in dietary habits, physical activity and tobacco control, can have a major impact on reducing the rates of these chronic diseases, often in a relatively short time. Recognizing this, the World Health Assembly in May 2002 requested the WHO Secretariat to prepare a Global Strategy on Diet, Physical Activity and Health. Following two years of research and consultations with stakeholders, WHO will present the Strategy to the World Health Assembly in May 2004.



# December

1 December

**World AIDS Day WHO and UNAIDS formally launch "3 by 5" strategy**

2003

- 01• ● *World AIDS Day: no more business as usual*
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## ***World AIDS Day: no more business as usual***

WHO and UNAIDS announced an ambitious strategy to provide antiretroviral therapy to three million people living with HIV/AIDS by the end of 2005. The "3 by 5" strategy includes urgent and sustained country support, and standard procedures for delivering antiretroviral therapy. WHO issued simplified treatment guidelines and added three new fixed-dose triple therapy combinations to the growing list of recommended antiretrovirals. In response to over 20 country requests, WHO led emergency missions to several countries to plan the details of local implementation. The "3 by 5" strategy complements bilateral commitments, the work of nongovernmental and faith-based groups, the decision of pharmaceutical companies to reduce the cost of AIDS treatment, the efforts of international agencies, and the measures being taken by national governments to increase access to AIDS treatment.

## ***World Health Report aims at shaping the future***

A girl born in Japan can expect to live for 85 years, while a girl born in Sierra Leone can expect to live only for 36. *The World Health Report 2003: Shaping the Future* examined the reasons for this difference, and the ways in which health programmes could help bridge this gap. Lessons learnt and infrastructure built through work on

8 December

## **Mass polio immunization campaigns initiated in 8 west African countries**

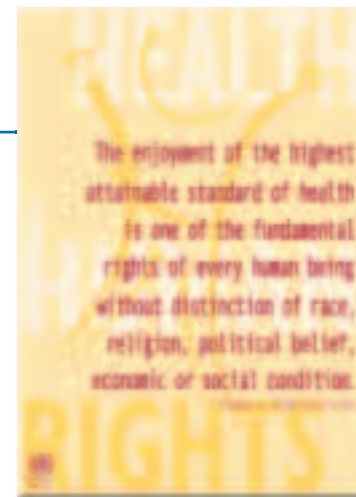
HIV/AIDS, polio eradication, SARS and noncommunicable conditions can all help strengthen health systems and make progress toward the Millennium Development Goals. The report suggested ways in which international support could counter some of the main weaknesses of health care systems, including shortages of health workers, inadequate health information, underfunding, and lack of political support.

### ***Recommendation for SARS control: continued vigilance***

**A**lthough the 2003 SARS outbreak was contained, experts warned of the risk of a recurrence in the winter season. Throughout the second half of 2003, WHO continued to work with its partners on better understanding SARS and its origins, and to discover more effective diagnostic tools and treatment. In August WHO posted guidelines for alert, verification, and public health management of SARS during the post-outbreak period. These helped to

10 December

## **Human Rights Day**



identify and treat three people infected with SARS in China and Singapore. Two of the three infections were due to laboratory accidents. All recovered and none of their known contacts became ill.

### ***Critical health needs after Bam earthquake***

**I**n response to the devastating earthquake in Bam, the Islamic Republic of Iran, WHO immediately sent a team to assist Iranian health authorities. The team included experts in emergency health care, epidemiology, environmental health, disease outbreaks and containment, and health services planning. WHO appealed for US\$ 3.8 million in aid for the Iranian authorities to purchase supplies, rebuild health facilities and provide vital services to people who survived the earthquake. In addition, WHO and the Iranian Ministry of Health and Medical Education are developing a US\$ 44 million reconstruction plan for 2004–2005.



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