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**Note for the media WHO/38
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2006: A YEAR OF CHALLENGES AND ACHIEVEMENTS

World Health Report: working together for health

In 2006, both the World Health Report and World Health Day focused on health workers. The creation by World Health Organization (WHO) and other partners of the Global Health Workforce Alliance and the adoption by the World Health Assembly of resolutions calling for a response to this crisis have paved the way towards better recognition for the vital role health workers play within health systems. There are currently 57 countries with critical shortages of health workers which prevent them from delivering vital interventions such as vaccination of children, ante-natal and obstetric care and treatment of HIV/AIDS, malaria and tuberculosis. Today, the figures speak for themselves. There is a shortage of more than four million physicians, nurses, midwives, support staff and public health workers to meet the needs of these countries, 36 of which are in sub-Saharan Africa.

Treating people with HIV/AIDS

In December 2003, WHO and UNAIDS launched the « 3 by 5 » initiative. Three years later, access to HIV treatment has increased three-fold, but major challenges still remain. In June, 2006, 1.65 million people were receiving treatment in low- and middle-income countries, in comparison with 400 000 in December 2003. Sub-Saharan Africa was the first to benefit from the expansion of treatment. Several lessons learnt from the effort to expand treatment have provided us with valuable guidance for the continuation of efforts towards universal access to treatment. In August 2006, the Sixteenth International AIDS Conference put the accent on the balance between prevention, treatment and care.

In the words of Dr Anders Nordström, WHO Acting Director-General, on World AIDS Day, "The AIDS epidemic provides us with clear evidence that even some of the most complex health and development problems can be successfully addressed. To see this positive pattern repeated everywhere will take greater political will and more resources. ...We do not just need more. We need to commit to clear sightedness about what is working and what is not - and quickly apply that knowledge."

This year, WHO welcomed the launch of UNITAID, the International Drug Purchase Facility established by Brazil, France, Chile, Norway and the United Kingdom. UNITAID is an innovative funding and resource-mobilization mechanism. Its purpose is to guarantee reliable and sustainable supplies of drugs and diagnostics for the most common diseases.

Does male circumcision reduce the risk of HIV infection? Several trials under way in South Africa, Uganda and Kenya appear to show that circumcision does reduce risk. In the light of these findings, WHO and UNAIDS will shortly be organizing a broad consultation to examine the results of the trials and their implications for countries and for AIDS control.

All children worldwide have the potential to grow the same

New international Child Growth Standards for infants and young children were published by WHO. They provide guidance for the first time about how every child in the world should grow. The new standards prove that differences in children's growth to age five are more influenced by nutrition, feeding practices, environment and health care than genetics or ethnicity. It took WHO almost 10 years to develop the new standards, the previous ones having been in existence since the 1970s.

WHO loses its leader, goes through a successful transition and chooses a new Director-General

On 22 May, the World Health Assembly opened in the presence of hundreds of delegates; on the same day Dr LEE Jong-wook died suddenly. Dr Anders Nordström was appointed and served as Acting Director-General during the last six months, thus ensuring continuity in the Organization's work and the organization of the election of a new Director-General. The process is now complete with the election, on 9 November, of Dr Margaret Chan. Dr Chan will officially take office on 4 January 2007.

Good news from Africa

The publication of the first Report on the health of people in Africa underscores the fact that the WHO Africa Region, in which some 738 million people live, is coming up with its own solutions to Africa's health problems. Throughout Africa, innovative solutions are being found to reduce disease and mortality. This is proof that Africa is able to take up the huge challenges it has to face. While drawing attention to the successes achieved, the Report in no way conceals the main problems that still have to be overcome.

Another report, "*Opportunities for Africa's newborns*", showed that Sub-Saharan Africa remains the most dangerous region in the world for a baby to be born — with 1.16 million babies dying each year in the first 28 days of life. Nevertheless, six African countries, Burkina Faso, Eritrea, Madagascar, Malawi, Uganda and the United Republic of Tanzania, have shown that it is possible to reverse the trend. Under the aegis of the Partnership for Maternal, Newborn and Child Health (PMNCH), investigators have shown how simple and low-cost measures can turn the situation round.

From Asia to Africa, from Europe to the Mediterranean: Avian Influenza

Previously, the H5N1 virus had been confined to Asia; however, in February it reached Africa, more precisely Nigeria. Dogubayazit (Turkey- January), Irbil and Suleimaniya (Iraq- February), Salyan (Azerbaijan- March, Qaliubiya (Egypt-March) and Arta (Djibouti - May). What do they have in common? In 2006, each of these countries experienced its first case of H5N1 avian influenza. This demonstrates that avian influenza still has the potential to spread. Indonesia, with 74 cases, 57 of them fatal, is still the country most affected in 2006.

«It may be », said Dr Margaret Chan at a global meeting in March, « that containment efforts would only slow the spread of a pandemic. But even that will buy us time so that countries can begin activating their pandemic preparedness plans and companies can begin on the lengthy process of manufacturing an effective human pandemic vaccine. »

WHO Member States decided to begin immediate and voluntary implementation of certain parts of the International Health Regulations, which were adopted in 2005. The concern generated by

avian influenza undoubtedly played a part. The Regulations provide for rapid and transparent notification of cases, assistance for countries that wish to receive it and the communication of essential information, including recommendations on appropriate control measures.

Malaria: a clear recommendation for treatment combinations

Each year, malaria affects 500 million people and kills at least one million. Today, the parasite has become resistant to antimalarials that contain only artemisinin and WHO has requested laboratories to end the marketing and sale of single drug treatments. When used correctly, in combination with other anti-malarial drugs in Artemisinin Combination Therapies (ACTs), artemisinin is nearly 95% effective in curing malaria and the parasite is highly unlikely to become drug resistant. So far, 17 pharmaceutical laboratories have agreed to apply this recommendation and WHO is still negotiating with others.

In September, WHO announced that indoor spraying with DDT and other insecticides would once again play a major role in its efforts to fight the disease. WHO is encouraging countries to consider appropriate preventive measures. One of the most effective means of preventing malaria is by associating indoor spraying with residual insecticide and widespread use of insecticide-impregnated bednets, especially long-lasting insecticidal nets that remain effective for up to five years without retreatment.

Just four more countries: Polio eradication is within reach!

This is a historic moment for all those who, since 1988, have been looking forward to seeing poliomyelitis forever eradicated. The disease is no longer endemic in Egypt or Niger, leaving Nigeria, India, Pakistan and Afghanistan as the only countries in which indigenous poliomyelitis is still present. "Polio has been endemic in our country for all of recorded history," said Egyptian Minister of Health Dr. Hatem Mostafa El-Gabaly. "The best tools of our age finally defeated this enemy who has been with us from pharaonic times." Interruption of circulation of wild polio virus in endemic zones is vital in order to avert transmission to countries currently free from polio.

Female genital mutilation

A new study published by WHO has shown that women who have had Female Genital Mutilation (FGM) are significantly more likely to experience difficulties during childbirth and that their babies are more likely to die as a result of the practice. Researchers found there was an increased need to resuscitate babies whose mothers had had FGM. It is estimated that in the African context an additional 10 to 20 babies die per 1000 deliveries as a result of the practice. The reliable evidence regarding its harmful effects, both for mothers and their babies, should contribute to the abandonment of the practice.

After drug-resistant tuberculosis, now XDR

Studies of extensively drug-resistant (XDR) tuberculosis in an HIV-positive population in Kwazulu-Natal in South Africa have shown alarmingly high mortality rates. If this were to become a durable phenomenon, the progress made year after year against tuberculosis could be jeopardized, not only as regards tuberculosis control, but also HIV/AIDS, as together they form a fearsome enemy.

Cervical cancer: towards a preventive vaccine?

Cancer of the cervix is the second most common cancer in women, with about 500 000 new cases and 250 000 deaths in 2005. Almost 90% of cases occur in developing countries. If untreated, cervical cancer is almost always fatal. In 2006, a vaccine that protects against infection and the disease associated with HPV received its marketing authorization and another vaccine could also shortly be authorized. In addition to being a new means of preventing a very common form of cancer, the introduction of effective vaccines has other potentially beneficial

consequences for health systems in general. The introduction of such vaccines could help to develop synergies between vaccination, cancer control and sexual and reproductive health. It could also yield valuable experience for the future introduction of a vaccine against HIV.

WHO one of five partners in global Bloomberg initiative for tobacco control

In August, Michael R. Bloomberg, Mayor of New York City, announced his commitment to donate US\$125 million towards an initiative to end the global tobacco epidemic. Mr Bloomberg's contribution is many times larger than any prior donation for global tobacco control, and more than doubles the total of private and public donor resources devoted to fighting tobacco use. This initiative presents an opportunity to immediately scale up tobacco control efforts in developing countries where more than two thirds of the world's smokers live and the health burden from tobacco use is the highest. WHO's Tobacco-Free Initiative joins four key partners in the initiative: the Campaign for Tobacco-Free Kids, Centers for Disease Control and Prevention Foundation, the Johns Hopkins Bloomberg School of Public Health, and the World Lung Foundation.

Health emergencies and WHO action

WHO was on the alert in those parts of the world experiencing humanitarian crises, such as the Horn of Africa, Sudan and in particular Darfur, the Occupied Palestinian Territories, Iraq, the Democratic Republic of the Congo and elsewhere. WHO provides technical assistance, supplies of drugs and equipment, coordination among health partners and disease surveillance. During the war in the Lebanon, which displaced thousands of people and caused damage to the health infrastructure, especially in the south, WHO mobilized to provide its assistance and to mitigate the suffering of the population.

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