

# The Global Guardian of Public Health



World Health  
Organization



# WHO at a glance

- ▶ 194 Member States
  - ▶ Headquarters in Geneva
  - ▶ 6 regional offices
  - ▶ More than 150 country offices
  - ▶ More than 7000 staff
- ▶ More than 700 institutions supporting WHO's work
  - ▶ Close partnerships with UN agencies, donors, foundations, academia, nongovernmental organizations and the private sector



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# The Global Guardian of Public Health

*Our goal at the World Health Organization (WHO) is to build a better, healthier future for people all over the world. Working through offices in more than 150 countries, WHO Secretariat staff work side by side with governments and other partners to ensure the highest attainable level of health for all people.*

*Together we strive to combat diseases – infectious diseases like influenza and HIV and noncommunicable ones like cancer and heart disease. We help mothers and children survive and thrive so they can look forward to a healthy old age. We ensure the safety of the air people breathe, the food they eat, the water they drink – and the medicines and vaccines they need.*

*WHO keeps a close eye on health trends, looking out for new threats and for new opportunities to improve public health. We gather the world's top experts to examine critical health issues, define the best solutions and deliver and implement the strongest recommendations. We help countries prepare for emergencies and act when they strike. Underpinning all we do, is a shared effort to build strong health systems and achieve universal health coverage.*

*Because at WHO, we believe that no one should miss out on the opportunity to live a healthy life.*

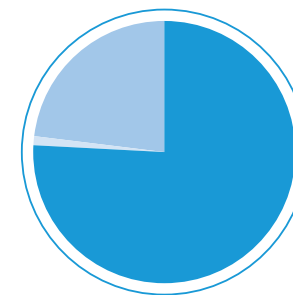


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## Who pays for WHO?

WHO is financed in part by dues paid by Member States. The amount each Member State must pay is calculated relative to the country's wealth and population.

Additional financing comes from voluntary contributions which, in recent years, have accounted for more than three-quarters of the Organization's financing. Voluntary contributions come from Member States and partner organizations such as foundations and civil society. Contributions from the private sector, usually in the form of in-kind donations, provide less than 1% of WHO's financing.



Assessed contributions  
from Member States

Voluntary contributions from  
Member States and partners

Contributions  
from private sector

# Our priorities

*WHO has been at the forefront of improving health around the world since its founding in 1948. Because the challenges confronting public health are continually changing, we must be constantly ready to evolve to meet new demands, and adapt the ways we go about our work.*

*In recent years, WHO has undergone a profound reform process. Our aim: an organization that pursues a higher degree of excellence, contributes to greater coherence in global health and, most important of all, achieves better health outcomes.*

*WHO has six leadership priorities. Progress on these priorities will accelerate progress towards the new Sustainable Development Goal for health: Ensure healthy lives and promote well-being for all at all ages.*

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## **Advancing universal health coverage: enabling countries to sustain or expand access to all needed health services and financial protection, and promoting universal health coverage.**

WHO works with governments to promote universal health coverage to ensure that all people receive the health services they need without suffering financial hardship when paying for them. We are responding to a groundswell of demand from countries seeking practical advice on how to tailor this to their own national circumstances. One key focus is on integrating health services, and on meeting the growing desire for services that address the needs of individuals, as well as improving efficiency and value for money.

## **Achieving health-related development goals: addressing unfinished and future challenges relating to maternal and child health; combating HIV, malaria, TB, and completing the eradication of polio and a number of neglected tropical diseases.**

WHO Member States are in the process of approving a series of new global strategies and targets, based on the best evidence available. The Secretariat is working alongside governments and other partners to implement these strategies and meet the new targets.

## **Addressing the challenge of noncommunicable diseases and mental health, violence and injuries and disabilities.**

WHO oversees a global framework to track progress in preventing and controlling major noncommunicable diseases (NCDs). We strive to help countries reduce the health impacts of the toll of tobacco use, harmful use of alcohol, sedentary lifestyles and unhealthy diets. We also work to improve access to services to control and treat NCDs.

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### **Ensuring that all countries can detect and respond to acute public health threats under the International Health Regulations.**

WHO supports countries to prepare for and respond to all kinds of health emergencies, including disease outbreaks and humanitarian crises. When countries don't have the resources to deal effectively with an emergency on their own, WHO works with governments and partners to coordinate the international health response including overseeing joint operational planning, developing evidence-based guidance, managing and supporting field operations and monitoring and communicating risks. And when the emergency is over, WHO helps countries to recover and rebuild their health systems, and better respond to future health emergencies.

### **Increasing access to quality, safe, efficacious and affordable medical products (medicines, vaccines, diagnostics and other health technologies).**

We promote rational procurement and prescribing of medicines, and work to improve access to safe, quality, affordable and efficacious medicines, including through the promotion of generics. Our emphasis on innovation is matched by the measures we are taking to prevent the further development and spread of antimicrobial resistance.

### **Addressing the social, economic and environmental determinants of health as a means to promote health outcomes and reduce health inequalities within and between countries.**

This area includes our work on social health protection, disaster preparedness, setting standards in relation to environmental hazards, climate change, energy and transportation policy, food safety, nutrition, access to clean water and sanitation and many others. We also seek to increase equity both in access to health services and in improved health outcomes.







# Stories from our six Regions

①

VANUATU

## Moving towards an end to yaws

Yaws is a contagious infection transmitted by skin contact that leads to disfigurement and disability, especially in children. The disease was once widespread in tropical countries. Campaigns in the 1950s and 1960s, in which yaws was treated with one shot of penicillin, led to a 95% decline worldwide. Half a century later yaws made a comeback, including in Vanuatu. A 2011 WHO-supported survey revealed an urgent need for renewed action and that the Tafea province was especially hard hit. In 2013 Vanuatu's Ministry of Health, assisted by WHO, reached 96% of Tafea's population with needed treatment.

②

FINLAND

## Reducing childhood obesity

Overweight children are likely to remain overweight in adulthood, putting them at risk of heart disease, stroke, diabetes and other illnesses. In Finland, with one in five children overweight or obese, the government is working, with advice from WHO, to foster fitness and better diets through such actions as improving school playgrounds, providing advice on exercise at annual school physical exams and working with schools and day care centres to making lunches and snacks healthier.

③

PERU

## Feeding babies what's best

WHO promotes breastfeeding as the best source of nourishment for babies and one of the most effective ways to ensure child health and survival. Yet worldwide, only 38% of babies are breastfed as their sole source of nourishment for 6 months, as WHO recommends. Peru has been a pathfinder. The proportion of infants exclusively breastfed increased from one in five in 1992 to more than half in 2000 – thanks to a nationwide effort to implement an initiative sponsored by WHO and UNICEF.

④

LIBERIA

## Rebuilding health systems

Liberia, one of the countries hardest hit by the Ebola outbreak that began in 2014, already faced challenges in managing its health system because of prior civil strife. Ebola left it in a critically weakened state. WHO staff are working with national authorities and their partners to develop integrated approaches to reactivating health services with a specific focus on immunization, malaria, infant and child health and maternal and reproductive health. Improving surveillance so that an effective response can be activated earlier in any future outbreaks is another key element.

⑤

INDIA

## Polio free

From the time the first vaccine against polio was introduced in the 1950s, elimination of this crippling disease has been one of WHO's greatest aspirations. India brought this goal closer to realization when the country was certified as being no longer endemic for polio (meaning the country had no transmission of wild poliovirus within its borders) in 2012. India was once recognized as the world's epicentre of polio. Today only a few countries remain polio-endemic - a historical low.

⑥

SYRIAN ARAB REPUBLIC

## Addressing mental illness

In conflict-torn Syria, as in all countries affected by humanitarian crises, the toll of mental illness has risen steadily. Since 2013 WHO has worked closely with Syrian health authorities to train health workers to diagnose and treat mental and substance abuse disorders in non-specialized settings. In 2015 WHO, together with the UN Refugee Agency UNHCR, launched a humanitarian intervention guide specifically targeted at generalist health professionals working in humanitarian emergencies.

# WHO and global health: historic landmarks

1945

Diplomats meeting in San Francisco, California to form the United Nations agree that throughout modern history, there has been insufficient collaboration between countries to control the spread of dangerous diseases across the world. Together they decide on the need for a global organization overseeing global health and plan for the creation of WHO.



1947

WHO establishes the first ever global disease-tracking service, with information transmitted via telex.



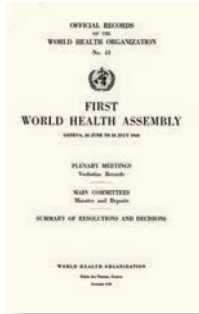
1946

WHO's constitution is drafted and then approved at the International Health Conference in New York City.

1948

WHO's Constitution comes into force on 7 April – a date we now celebrate every year as World Health Day.

Following the mandate established for it by Member States, WHO begins its first two decades with a strong focus on mass campaigns against tuberculosis, malaria, yaws, syphilis, smallpox and leprosy, among other communicable diseases transmitted from person to person or animals to people.



1950

The great era of discovery of present-day antibiotics begins, and WHO begins advising countries on their responsible use.



1952-1957

Jonas Salk and Albert Sabin discover, respectively, the inactivated wild poliovirus vaccine (given by injection) and the attenuated live-virus vaccine (given orally), paving the way for mass global campaigns facilitated by WHO that have led to the near-eradication of polio..

1963

The vaccine against measles becomes available, and the licensing of vaccines against mumps and rubella occurs during the six years that follow.



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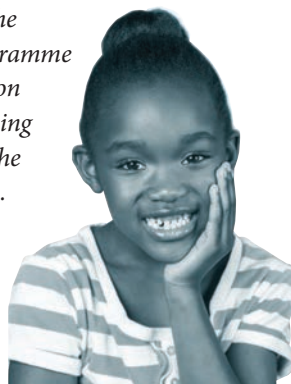


1969

The World Health Assembly establishes the first International Health Regulations, which represent an agreement between WHO Member States to work together to prevent and respond to acute public health risks that have the potential to cross borders and threaten people worldwide.

1974

WHO founds the Expanded Programme on Immunization to bring life-saving vaccines to all the world's children.



1977

The first Essential Medicines List is published. This core list outlines the medicines that a basic health system needs. Each medicine is selected based on evidence for its safety, effectiveness and value for money.



1972

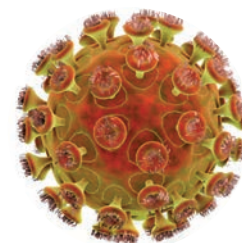
The Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is created at WHO. It is the sole body within the UN system with a global mandate to carry out research into sexual and reproductive health and rights.

1975

WHO founds and begins hosting the Special Programme for Research and Training in Tropical Diseases (TDR), a global programme of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. By 2016, five of the eight diseases the programme was created to tackle are close to elimination.

1978

The International Conference on Primary Health Care, in Alma-Ata, Kazakhstan, sets the aspirational goal, "Health for All", laying the groundwork for WHO's current call for Universal Health Coverage.



1979

Following an ambitious 12-year global vaccination campaign led by WHO, smallpox is eradicated.



1983

Human immunodeficiency virus, which causes AIDS, is discovered.

# WHO and global health: historic landmarks

(Continued)



## 1987

The first antiretroviral medication to control HIV infection and prevent it from progressing to AIDS is licensed, prompting a shift in WHO's priorities.

## 1988

The Global Polio Eradication Initiative is established at a time when polio paralyzed more than 350 000 people a year. Since then, polio cases have decreased by more than 99% because of immunization against the disease worldwide.



## 1995

The DOTS strategy for reducing the toll of tuberculosis (TB) is launched. At end 2013, more than 37 million lives had been saved through TB diagnosis and treatment under this strategy.

## 1999

Major players in global immunization, including WHO and other key UN agencies, leaders of the vaccine industry, government representatives and major foundations agree to work together through a new partnership: the Global Alliance for Vaccines and Immunization (GAVI). Its role will be to overcome barriers preventing millions of children from receiving vaccines.

## 2000

At the Millennium Summit in September 2000, the largest gathering of world leaders in history adopts the UN Millennium Declaration, committing nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015. They become known as the Millennium Development Goals (MDGs) and include specific goals for health.

The WHO Global Outbreak Alert and Response Network is established to detect and combat the international spread of outbreaks.

## 2001

The Global Fund to fight AIDS, Tuberculosis and Malaria, a new partnership and funding mechanism initially hosted by WHO, is created in collaboration with other UN agencies and major donors.

## 2003

The World Health Assembly unanimously adopts WHO's first global public health treaty, the WHO Framework Convention on Tobacco Control, which aims to reduce tobacco-related deaths and disease worldwide.

WHO launches the "3 by 5" initiative, which aims to bring treatment to 3 million people living with HIV by 2005 and lays the ground work for reaching 13 million people infected with HIV with antiretroviral treatment by 2013.



## 2004

The Strategic Health Operations Centre is built to serve as the nerve centre of the networks of emergency operations centres and of WHO's global alert and response. It is used for the first time to assist with emergency coordination following the Indian Ocean tsunami disaster.

1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1994 1995 1996 1997 1998 1999 2000

## 2005

The International Health Regulations are revised, giving countries clear and tested guidelines for reporting disease outbreaks and other public health emergencies to WHO and triggering response systems to isolate and contain threats.

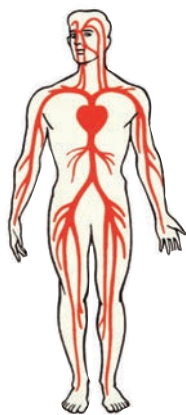
## 2006

The number of children who die before their fifth birthday declines below 10 million for the first time in recent history.



## 2008

The World Health Statistics report notes a global shift from infectious diseases to noncommunicable diseases, with heart disease and stroke emerging as the world's number one killers. This new evidence prompts WHO to strengthen its focus on noncommunicable diseases.



## 2009

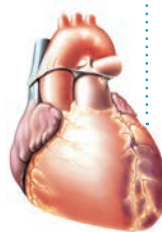
The emergence of the new H1N1 influenza virus sees the world brace itself for the first influenza pandemic since 1968. WHO works with collaborating centres and pharmaceutical industries to develop influenza vaccines in record time.

## 2010

WHO issues a menu of options for raising sufficient resources and removing financial barriers so that all people, especially those who have limited funds to spend on health care, have access to essential health services. The objective is a move towards Universal Health Coverage.

## 2012

For the first time WHO Member States set global targets to prevent and control heart disease, diabetes, cancer, chronic lung disease and other noncommunicable diseases.



## 2014

The biggest outbreak of Ebola virus disease ever experienced in the world strikes West Africa. The WHO Secretariat activates an unprecedented response to the outbreak, deploying thousands of technical experts and support staff and medical equipment; mobilizing foreign medical teams and coordinating creation of mobile laboratories and treatment centres.



## 2015

Delegates from around the world meet at the UN Summit to sign off on 2030 Sustainable Development Goals (SDGs), which apply to all countries worldwide and move beyond the MDGs. The SDGs maintain poverty eradication, health, education, food security and nutrition as priorities but additionally cover a broad range of economic, social and environmental objectives and the promise of more peaceful and inclusive societies.

## 2016

WHO announces zero cases of Ebola in West Africa, but warns that flare-ups of the disease are likely to continue and that countries in the region need to remain vigilant and prepared.

Under the International Health Regulations, WHO convenes the Emergency Committee, which concludes that a cluster of neurological birth defects (underdeveloped brains), that appear to be related to infection with Zika virus among pregnant women, represents a Public Health Emergency of International Concern.







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