

## Chapter V

**World Health Organization (WHO)**

In 2002, the World Health Organization (WHO) continued to implement its corporate strategy towards reducing excess mortality, morbidity and disability; promoting healthy lifestyles and reducing health risk factors; developing health systems that were equitable and responsive to demands; and developing an enabling policy and institutional environment in the health sector and promoting an effective health dimension to development policy. WHO launched the Country Focus Initiative to improve its capacity to implement the strategy at the country level.

The World Health Assembly, WHO's governing body, at its fifty-fifth session (Geneva, 13-18 May), adopted resolutions on health and sustainable development; WHO's contribution to follow-up of the UN General Assembly 2001 special session on HIV/AIDS (see p. 1217) and to the development goals of the 2000 United Nations Millennium Declaration, adopted in General Assembly resolution 55/2 [YUN 2000, p. 51]; access to essential medicines; protection of medical missions during armed conflict; global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affected health; mental health; diet, physical activity and health; and infant and young child nutrition.

The one hundred and ninth session of the WHO Executive Board (Geneva, 14-21 January) endorsed the strategy on diet, physical activity and health; adopted resolutions to strengthen mental health and access to essential medicines; and recommended to the World Health Assembly for adoption resolutions on the global public health response to the deliberate use of chemical and biological agents that caused harm. At its one hundred and tenth session (Geneva, 20-21 May), the Board discussed the assessment of health systems performance; the Global Fund to Fight AIDS, Tuberculosis and Malaria (see p. 1217); and various staffing matters.

In 2002, WHO membership increased to 192; there were also two associate members and four observers.

**2002 activities**

In 2002, WHO continued to work with national health authorities worldwide to establish health care policies, better health systems and provide

improved health care. In its efforts to reduce excess mortality, morbidity and disability, especially among poor and marginalized populations, WHO scaled up its response to HIV/AIDS, tuberculosis and malaria diagnosis, treatment and care. Efforts also continued to eradicate poliomyelitis and eliminate leprosy. The Global Alliance for Vaccines and Immunization continued its work to increase immunization coverage, and the Making Pregnancy Safer Initiative of 2001 was implemented in 10 spotlight countries. The mental health global action programme, a five-year initiative, was the culmination of a WHO high profile campaign.

Activities to promote healthy lifestyles and reduce risk factors to human health included the final negotiations of the WHO Framework Convention on Tobacco Control (see p. 1222) and the campaign to raise public awareness on tobacco-related risks to health, with World No-Tobacco Day 2002 focusing on tobacco-free sports, as well as on the importance of physical activity with the theme "Move for Health". The *World Health Report 2002*, emphasizing risks to health, presented studies on 25 major preventable risks and a road map for countries to tackle those conditions. A global strategy on diet, physical activity and health was developed. WHO also continued its efforts to reduce the burden of non-communicable diseases, such as cancers, cardiovascular disease and diabetes.

WHO activities on developing health systems that were equitable and responsive to people's demands focused on measuring the performance of health systems and on health system financing. A strategy to strengthen nursing and midwifery services was put in place, and work continued on the WHO medicines strategy to increase access to drugs. Initiatives were launched to strengthen disease surveillance and alert mechanisms and to improve health systems in emergencies. Member States committed themselves to strengthen capacities to deal with the risks of deliberate use of harmful chemical and biological agents.

WHO took initiatives to place health higher on the international development agenda. It conducted research in various fields, including ethics and biotechnology, and launched the Healthy Environments for Children's Alliance at the 2002

World Summit on Sustainable Development (see p. 821).

**Secretariat**

As at 31 December 2002, WHO had a staff of 8,982, including 2,766 in the Professional and higher categories and 5,152 in the General Service category. The remaining 1,064 were employed under other contracts.

**Budget**

The World Health Assembly, in 2001, had adopted a budget of \$855.7 million, including miscellaneous income, for the 2002-2003 biennium. Extrabudgetary resources were expected to be about \$1.4 million.

NOTE: For further details of WHO activities, see the *World Health Report 2002* and *2003*, published by the organization.

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WHO also maintained regional offices in Alexandria, Egypt; Brazzaville, Congo; Copenhagen, Denmark; Harare, Zimbabwe; Manila, Philippines; New Delhi, India; and Washington, D.C.