

The *World health report 2005* provides an in depth and systematic analysis of the issues that affect the scale-up of effective interventions and the achievement of universal coverage of maternal, newborn and child health interventions. As the first *World health report* to share a theme with and be launched on World Health Day, the 2005 report has greatly expanded the audience of its messages. Also, being the first report to be followed by a set of policy briefs, the 2005 report has been complemented by a clear set of tangible actions. I thank Dr McCoy for adding to the report's call on us all to take up the challenge to build stronger and more equitable health systems. Systems that can then be the conduit for the delivery of high quality services with universal coverage that will make an important difference to the lives of mothers and children. ■

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## Challenges in producing the *World health report*

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David McCoy raises many interesting points about the *World health report 2005*. I would like to respond to two aspects which interest him — and me — most: namely, the need for this report to be taken seriously, and the importance of following up on recommendations made in the document.

As managing editor of the 2005 report, I have often shared McCoy's worry that it may be perceived as yet "another ritualistic publication". Keeping the *World health report* fresh, relevant and challenging year after year is not easy in a global marketplace that is already crowded with reports from many other UN agencies and similar organizations. Luckily, the responsibility for excellence is widely accepted and shared within WHO.

WHO has an obligation to all its constituents — principally its 192 Member States — to provide a yearly report that will simultaneously fulfil a number of tasks. The report must provide expert analyses and interpretations of the latest and best information and data, it should engage in wide consultation and discussion on content with the Member States and many other partners, as well as draw conclusions and make recommendations.

But the role of the report does not end there. In many ways the *World health report* is the official voice of WHO, and its most powerful advocacy tool. Developing an advocacy strategy and ensuring follow-up are essential elements of producing the report. Unless the key messages of the report are carefully shaped, skilfully delivered, widely disseminated and regularly reinforced, there is indeed the other risk that McCoy identifies: namely, that the report will fail in its job of strengthening WHO's role as the leading international health agency.

In fact, the *World health report 2005* has done rather better than merely avoid failure. Its voice carries further today than at any time since it was launched in 1995, and with greater

influence. The report, and its growing armoury of advocacy materials, now reaches a far wider audience than ever before. These improvements in access are mostly, but not only, attributable to the Internet. For example, the number of languages the report has been translated into has increased every year since its first appearance in English and French in 1995. WHO's voice is now being heard in all six of its official languages: Arabic, Chinese, English, French, Russian and Spanish. The 2005 report was the first to be produced in Portuguese, and we get many requests for permission to translate it into other languages. Although perhaps "demands" is a more appropriate descriptor than "requests", since WHO has come under intense pressure in the past couple of years from many of its Member States to produce the report in their languages, and to publish those versions simultaneously with the English original (an almost impossible task).

Furthermore, the decision in 2005 to launch the report on World Health Day every year — WHO's biggest public event of the year — and to have it share the same theme, has ensured that the general and professional audiences for its key advocacy messages have greatly expanded. The results of this coordination are evident in a greater level of media coverage for the report, as measured by our communications staff and by monitoring visits to our web site ([www.who.int/whr](http://www.who.int/whr)).

Many more countries are now asking for advocacy materials, including the policy briefs introduced with the 2005 report, and other support in order to stage individual country launches. Very gratifying is the rise in demand for the report and these materials, both in print and in electronic formats. Happily, the demand does not stop there and then. Long after World Health Day is over, we continue to receive many requests for follow-up discussions, meetings and information exchanges. The report features frequently on the agendas of health conferences worldwide; 400 copies of the summary version of 2005 report were requested for a child survival meeting in London in December 2005, eight months after publication.

Without doubt, however, the *World health report* could be a more powerful instrument and it could be used more effectively. We could use more forward planning to allow more time for the preparation of the report and its advocacy and media strategies. We would benefit from more consideration of how to take those messages forward and stimulate greater debate. We could always use more constructive criticism.

However, I believe that it is unrealistic to expect the *World health report* to have much of a visible effect on national or international policy-makers in the short term. The real and lasting gains in global health are going to be achieved through long-term commitment, investment and cooperation, which the report consistently advocates. I believe this approach will be readily evident once more in the *World health report 2006*, which will be on the subject of human resources in health, and which has as its working title (no pun intended) *Working together for health*. ■

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