

Report by the Director-General to the Fifty-ninth World Health Assembly

Geneva, Monday, 22 May 2006

Mr President, honourable ministers, distinguished delegates, ladies and gentlemen.

First, I thank all countries for their support. You have given us crucial cooperation in the many important negotiations concluded over this last year. For example in the Conference of the Parties to the WHO Framework Convention on Tobacco Control and the revision of the International Health Regulations 2005. Any of these delicate processes could have stalled. But they didn't. I thank you for your spirit of cooperation and wider purpose.

WHO is always open to our Member States. In the past year we were honoured by visits from the King and Queen of Norway and from the First Ladies of Egypt and Senegal. In 2005, heads of state, ministers, ambassadors, NGOs, parliamentarians, and representatives from the private sector and other partners have visited us at headquarters. It is always an honour to receive you. We listen to you all with close attention. When we know what your needs are we can work to meet them.

Many health issues need our rapid response. Our outbreak and emergency teams are in high and increasing demand. We are there when you call us. When the Government of Pakistan and Minister Khan sounded the alarm after the south Asia earthquake we immediately put our resources into the team effort.

Concerns have been expressed about the health of the Palestinian population. WHO is monitoring the situation closely, and continues to provide support to health services for the Palestinian people in the West Bank and Gaza.

This year saw a hugely effective reply to the largest multi-country epidemic of polio since the eradication initiative began in 1988. The collective action of more than 25 countries got this international effort back on track.

As avian flu has spread throughout the world, we have sent experts within hours of your request for support. Since the start of this year, we have sent assessment and response teams to more than 20 countries in Africa, Asia, Europe, and the Middle East.

The Strategic Health Operations Centre continues to play a key role in coordinating action and providing information.

This connectivity is a vital part of our relationship with you. We want WHO to be a source of reliable information, strategy and wisdom – you have to deal not only with wild viruses, but also with wild rumours. Only straight talking and good science will do.

Straight talking is what my guest speaker does very well. I heard this 19-year-old's striking poetry in March this year during my visit to Kenya, his home. I heard him speak on HIV and I invited him here. Ladies and gentlemen, please give your full attention to Johnson Mwakazi.

This is a voice that must be heard. He speaks for the 40 million people living with HIV. Those living in the shadow of stigma. Johnson, you are welcome here.

Johnson Mwakazi reads poem

Johnson, on behalf of all of us here, thank you. There can be no "comfort level" in the fight against HIV. We must keep up the pressure to get prevention, treatment and care linked and working.

A key outcome of "3 by 5" was the commitment to universal access to treatment by 2010. But what does universal access mean?

To me, this means that no one should die because they can't get drugs. It means that no one

will miss being tested, diagnosed and treated because there aren't clinics. It means that HIV positive mothers will not unwittingly give a death sentence to their babies. Their parents will live to look after them instead of making them AIDS orphans.

There must be a relentless push to make sure that everyone who needs testing, counseling, treatment and care, gets it. At the same time, we will fully support every effort to make sure people know how to prevent HIV infection and are able to do so.

"3 by 5" helped to build the sure foundations for this. It drove the construction of a physical and management infrastructure of supply chains, prequalification systems, protocols for treatment, diagnosis, and case management.

But, universal access still faces significant challenges. Six million people are in urgent need of antiretroviral treatment today. Drug shortages are frequent in many parts of the world. It is outrageous that children can't get effective treatment – simply because so few paediatric preparations are available. And not just for HIV. The same is true for TB and malaria. To add a further problem, second line treatments for these diseases are expensive and in short supply. This calls for bold action and new resources.

I warmly welcome the initiative of several countries, led by the Governments of Brazil, Chile, France, and Norway, in proposing an International Drug Purchase Facility to help to meet these needs. The IDPF will use predictable and innovative funds from airline and other taxes to provide sustainable funding. By pooling financing and procurement, the facility will be able to decrease the prices of drugs, rapidly improve the quality of products circulating in the world and ensure that patients can access these products. WHO is committed to support the IDPF in any way we can.

Treatment is essential but so is protection from disease. Immunization remains a cornerstone of our work in infectious disease control. Measles deaths have been almost halved over the last few years. The number of polio-endemic countries has been cut to just four – the lowest in history.

Let's look at those last four countries.

India and Pakistan are on track to complete eradication by the end of this year. Only a few cases remain. This is a fantastic achievement. Afghanistan is also making excellent progress in stamping out the last cases, although this is complicated by the security situation in the southern region. Conflict stands between children and the polio vaccine.

Now the world is looking to Nigeria. Up to half of children are still being missed in northern states. This represents the last uncontrolled reservoir of polio in the world.

We have great partners. Rotary International, the US Centers for Disease Control and Prevention and UNICEF are spearheading support for the Nigerian authorities. Together we are implementing a new strategy to get polio vaccination to all the unreached children. We are attracting parents to the immunization points through, for example also offering mosquito nets.

The world has invested US\$ 4 billion so far in polio eradication. I appeal to you all to continue your support – both political and financial – until the job is finished.

Some have questioned whether polio eradication is possible. Let there be no doubt. We can do it. And we will.

Turning to avian influenza. To date, highly pathogenic H5N1 has been reported in domestic or wild birds in more than 50 countries in Asia, Europe, Africa, and the Middle East. Ten of these countries have now reported human cases.

Unfortunately, we have already had more fatal human cases this year than in all of 2005. We must not let down our guard. The threat from avian flu is not over. It is not going away.

We are – and we must remain – alert to every hint that the virus may be changing its behaviour.

Right now, our epidemiologists are investigating the largest cluster of human cases so far reported, all in one extended family in Indonesia. This cluster was identified by effective surveillance. But there are still hundred, maybe thousands, of disease blind spots around the world – where no one knows what they have to watch for, or what they must report. And there may also be no one there for them to report to. We must fill those gaps. We must know about every cluster of cases, no matter where it is.

Overall, more than 200 million birds have either died or been destroyed. Livelihoods have been destroyed. Vital nourishment has been lost.

My message to countries which have not yet been touched by this devastating virus is: think hard. If you feel you have a breathing space, use it well. Preparation is never really finished. We must speed up work on vaccine development, build manufacturing capacity, improve early warning systems, share business continuity plans, and help others to get ready.

I greatly appreciate the vital role played in this effort by President Bush of the United States who launched the International Partnership on Avian and Pandemic Influenza. The governments of Canada, China and Japan quickly took up the cause, and hosted meetings to develop the leadership and funding to take this work forward. I thank you all for commitment to this important work.

This week you will be considering a resolution calling for immediate voluntary compliance with relevant provisions of the revised International Health Regulations. This is a clear indication of the priority countries are giving to the pandemic influenza threat. Substantial funding has been promised, but it has been slow to arrive in the places where it is needed most urgently. The funding pledges made in Beijing need to be delivered.

Turning to malaria. Clearly things are not going well with malaria control. So many lives could be saved with simple tools for vector control and treatment like insecticide treated bednets, and the use of artemisinin combination therapy. Many researchers are pursuing the ultimate goal of an effective vaccine against this disease. Yet malaria remains the biggest cause of death for children under five in Africa. We accept our responsibility for this. Now is not the time for shyness. WHO will exercise much greater leadership in malaria control. We respect the excellent work of many partners fighting this disease, but we must get back on track very quickly.

We have to live up to the expectations of Member States. That is why the WHO Global Malaria Programme was launched earlier this year. We will report on progress at the next Health Assembly.

Our experience with the “3 by 5” initiative showed how useful incremental targets are. Those “in between” targets force us to be accountable. The Millennium Development Goals, on their own, are not enough. In each of the areas where there is a health-related MDG, there must be clear targets.

TB control takes this approach to its logical conclusion. The new Global Plan to Stop TB is comprehensive and well structured and therefore measurable and accountable. Every year, the global annual TB report tracks the course of the epidemic, and the progress made in stopping it. This approach – of tracking not just process indicators, but successful impact on people’s lives – is important.

A similar approach has been useful in monitoring newborn and child health. There is an urgent need for an equally competent model for maternal mortality reduction.

I would like to thank President Putin of the Russian Federation for including health so prominently in the agenda of the G8 Summit this year. Health, security, and education. Each dependent on the other. Progress in each is fraught with difficulty.

We have to address these difficult issues now. If not, the MDGs and poverty reduction are a pipe dream. To reach the MDG targets, we need to link better health care coverage with action on social factors such as poverty, women's empowerment, social exclusion, living conditions, and the public health effects of trade policies and environmental hazards. The Commission on Social Determinants of Health, launched a year ago, is showing how this can be done. A growing number of countries are partnering with the Commission to identify and implement effective multisectoral policies.

This week you will review the Report of the Commission on Intellectual Property Rights, Innovation and Public Health. Let me again express our thanks to Madame Dreifuss, former President of Switzerland, who used her formidable diplomatic skills to find a common pathway for the Commission. You will need to consider what action, arising from this report, should now be taken to improve the sustainability of efforts to develop and make available the vaccines, diagnostics and medicines urgently needed in developing countries. I am sure that we can make real progress towards this objective.

The world health report 2006 describes another deep-seated problem that has no quick solutions – the crisis in the health workforce. I want to acknowledge the many African countries who have been driving forward this important issue. You convinced this forum to table two resolutions on the subject. You have kept up the pressure for change.

When I launched the world health report in Lusaka, Zambia, I met a nurse in the hospital there. She works 18 hours a day. She told me that she could not continue like that. I saw a hospital that was supposed to be staffed by 1000 professionals. It was run by less than 400. I met nursing students. I praised their decision to choose this noble profession. But I also wondered how many of them were already planning to emigrate upon graduation.

Together with our partners, we will launch the Global Health Workforce Alliance this Thursday. It is clear that without health workers there can be no development progress. The lack of properly trained midwives to attend births is one area which needs swift action. The health of mothers and their babies during and just after delivery is a critical focus for improvement.

Pregnancy related deaths are a leading cause of mortality for girls aged between 15 and 19. Last year there were 1.2 billion adolescents in the world. The most ever, and numbers are predicted to grow. That group of young people is also especially hard hit by HIV. Nearly half of 4.9 million new HIV infections each year occur among those aged 15-24. And again, women are worst affected, with a higher rate of incidence than men.

If a problem can be solved by money alone, it is not really a difficult problem. So how do we approach those difficult problems? We must change expectations. And create a climate that helps to bring about change.

Our work in guidelines and standards can do just that. For example, the recently published child growth standards show that all children have the potential to grow at the same rate, despite differences in ethnicity and genetics. That means a new era of growth expectations. The implications are enormous. We now have to work to support the changes in feeding and childrearing generally that will allow children to reach that potential.

Publications like the global report *Preventing chronic diseases* are also part of changing expectations and supporting change. The report's analysis for the first time articulated clearly the scale of the damage from diseases like cancers, diabetes, or cardiovascular disease. It also proposed an ambitious goal – to reduce chronic disease deaths by a further 2% annually until 2015. This would prevent 36 million premature deaths.

Change also happens when we raise issues, and build understanding and consensus on them. For example, the Global Strategy on Sexually Transmitted Infections and the Eleventh General Programme of Work were developed through broad consultation.

Evolutionary pressure changes the way that organisms evolve. We are using that knowledge for predictive and preventive work on avian flu. We use it to isolate and stamp out transmission of the poliovirus. But when we apply that knowledge to ourselves, what do we learn? How do we change our environment?

When I was elected, I made a commitment to improve our transparency and accountability. At the beginning of this year we issued an "accountability framework" for WHO. This outlines responsibility and authority throughout the Organization.

It also stresses the results we want to achieve. In other words: we don't want to look only at the process – we want to know what actually happened to people's health status.

This is what the TB annual report does, for example. It doesn't say how many consultations and meetings were held. It says that in 2004, 4.8 million TB cases globally were treated under the DOTS strategy. Eighty percent of these are now cured.

As part of this accountability we have made an assessment of the way that we used the budget for the last biennium.

I said earlier that if money alone solved the problem then it was not a difficult one. But there are many areas where we are pleased to report that money did solve the problem.

Thank you for your continuing generous financial support. Of course, we would no longer continue to operate if we did not have it. Your continuing support is a very welcome signal of your approval and endorsement of WHO's action.

Our resources are – first and foremost – our people.

I would like to make three points on the financial situation: First, total income from extrabudgetary contributions in 2004-2005 was just over two billion dollars. A record amount. There was a 61 % increase in voluntary contributions.

Second, the trend is for WHO to be financed predominantly from such voluntary sources. Currently these provide nearly three quarters of overall financing.

Third, in 2004-2005 the Organization's work shifted in emphasis. The trend of steep increases at headquarters has been broken. We are moving decisively towards my commitment to place resources where they are most needed – in countries. The total expenditure in regions and countries increased from US\$1.3bn in 2002-2003 to US\$ 1.9bn in 2004-2005. That is an increase of 46%. The increase in countries alone went from 30.0% of total expenditure to 35.5%.

I have stressed the need to have interim targets when we set an ambitious long-term goal. That is the role of the new Medium-term Strategic Plan. The detailed content of this Plan for 2008-2013 will be presented for consultation at the regional committee meetings in a just a few months' time.

I have described today the ways in which WHO is responding to your needs. I have talked about the need to listen to you. The need to structure our response so the health results are measurable. The need to be completely transparent about how we spend your money. The need to make short-term as well as long-term plans.

And the need to remember always that what we are doing is not implementing plans and executing strategies – it is about people. About improving lives and protecting people's health.

There is a lot of talk about UN Reform. In my view, UN reform is not an annual event but the work of every day.

What matters in reform is not words but action.

I hope that the actions of the Organization speak for themselves.

As I said at the start of this speech – I am deeply conscious of the relationship between us, the staff of WHO, and you, the Member States. Our role and purpose reflects your public health needs. I believe that one of my important functions as Director-General is to be sensitive to your needs, and to make sure that WHO is a fully flexible instrument that does what you need it to do.

Sixty years ago, in July 1946, the International Health Conference adopted the Constitution of WHO. The two first countries to sign were the United Kingdom and China. Their support to the Constitution was reported to be "without reservation".

It would be presumptuous to imagine that, six decades later, no reservations had crept in. But one thing has not changed. That is the clarity with which we see and understand our role.

WHO was created to serve its Member States as the "leading organization in international health work".

Without hesitation, I say to you – that continues to be our central driving force.

Thank you.