

## **Address by Dr Margaret Chan, Director-General to the Sixty-first World Health Assembly**

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

We are meeting at a time of tragedy. Let me express my deep condolences to the millions of people who have lost their loved ones, their homes, and their livelihoods following the recent cyclone in Myanmar and the earthquake in China.

In China, I was especially touched by the images of a collapsed school and hospital, and some of the stunning rescues made in these settings. Every death is tragic, but the deaths of students and patients touch me most especially.

In Myanmar, WHO has 17 surveillance teams currently distributing medical supplies in the delta region. At present, the most pressing health concerns are diarrhoeal disease, dysentery, acute respiratory infections, malaria, and dengue fever. A surveillance system for outbreaks has been established. Sensitive surveillance, with rapid alerts and response, becomes extremely important as the monsoon season sets in.

Crises of this nature show the great generosity of the international community. They also demonstrate the vital importance of early warning systems, and preparedness to reduce risks in advance.

Among its various activities, WHO is promoting the construction of hospitals and health facilities that can survive the impact of natural disasters, including high-intensity earthquakes and tropical storms. In most cases, a very small increase in construction costs is sufficient to give health facilities this survival capacity, when their services and staff are most needed. The Regional Office of the Americas, in particular, has pursued this approach.

Unfortunately, as we look ahead, we must all brace ourselves for more humanitarian crises in the immediate and near future.

Ladies and gentlemen,

Three global crises are looming on the horizon. All three are international security threats. Two are beyond the direct control of the health sector. But for all three, human health will bear the brunt.

Food security is in a crisis. As the experts tell us, the crisis arises from a so-called “perfect storm” of converging factors. Enough food is produced to feed the world population. In fact, far too many people are overfed.

Yet we abruptly face a crisis of soaring food prices that hits the poor the hardest. It also hits their governments.

Personally, I have no illusions. The crisis is suddenly upon us, but the causes are complex and long in the making. The consequences will be with us for some time to come.

Adequate nutrition is the absolute foundation for health throughout the lifespan. The world is already confronted with an estimated 3.5 million deaths each year from undernutrition. Poor households spend, on average, from 50% to 75% of disposable income on food. More money spent on food means less money available for health care, especially for the many millions of poor households who rely on out-of-pocket payments when they fall ill.

The UN system has responded very quickly. WHO is part of a high-level task force on the global food security crisis, led by the Secretary-General. To guide priority action, WHO has identified 21 “hot spots” around the world which are already experiencing high levels of acute and chronic undernutrition.

This Assembly will address the second global crisis: climate change. Throughout the course of this century, the warming of the planet will be gradual. But the effects of extreme weather events will be abrupt and acutely felt.

Again, the poor will be the first and hardest hit. Climate change is already adding an additional set of stresses in areas that are already fragile, with marginal livelihoods and thin margins of survival when shocks occur.

The implications are clear. More droughts, floods, and tropical storms mean greater demands for humanitarian assistance. These added demands will come at a time when all countries are stressed, to a greater or lesser degree, by the effects of climate change.

The international community will also have to cope with a growing number of environmental refugees. If land is parched or salinated, if coastal and low-lying areas are permanently under water, these people cannot simply go home. Environmental refugees thus become a new wave of settlers, possibly adding to international tensions.

You have before you a draft resolution on climate change which gives WHO some clear responsibilities. We will do our utmost to meet your expectations in this critical area.

Pandemic influenza is the third global crisis looming on the horizon. The threat has by no means receded, and we would be very unwise to let down our guard, or slacken our preparedness measures. As with climate change, all countries will be affected, though in a far more rapid and sweeping way.

You will be addressing some of these issues in the coming days. Fortunately, this is one global crisis where the health sector can directly shape policies that govern preparedness and response.

Given the protective power in your hands, it is vital for public health to present a united front. I urge you to keep this necessity in mind as you consider the draft resolution on the sharing of influenza viruses and access to vaccines and other benefits.

These three critical events, these clear threats to international security, have the potential to undo much hard-won progress in public health. In all cases, those countries with solid health

infrastructures and efficient mechanisms for reaching vulnerable populations will be in the best position to cope.

On one hand, these events could set back progress in reducing poverty and hunger and reaching the health-related Millennium Development Goals. On the other hand, reaching the Millennium Development Goals would vastly increase the world's capacity to cope with these international threats.

Ladies and gentlemen,

We have reached the second phase in the global drive to achieve the Millennium Development Goals. The goals address a central challenge: to ensure that the benefits of globalization are evenly and fairly distributed. As stated in the Millennium Declaration, this is a call for global solidarity based on the principles of equity and social justice. These principles echo the value system that captured world attention when the Declaration of Alma-Ata was signed 30 years ago.

You have before you a report on the monitoring of achievements. As you all know, I have made the health of the African people and of women my two overriding priorities when measuring the effectiveness of our work. And rightly so. Progress is least in Africa. Progress for women is hardest.

Let me comment on overall progress. At the end of last year, better data and statistical methods allowed WHO and UNAIDS to chart the evolution of the HIV/AIDS epidemic with greater precision. HIV incidence peaked in the late 1990s. Prevalence has been level since 2001. In a significant trend, deaths from AIDS have declined during the past two years.

Evidence now allows us to conclude, with confidence, that this decline in mortality is linked to dramatic recent increases in access to antiretroviral drugs. The access of women to treatment is at least as good as that for men. Globally, close to three quarters of people receiving antiretroviral drugs are in Africa, where the epidemic is disproportionately severe.

This demonstrates that something as complex as antiretroviral therapy can indeed be introduced in resource-constrained settings. But we are still running behind this devastating, unforgiving epidemic. The numbers remain staggering: an estimated 33.2 million people living with HIV and 2.5 million newly infected in 2007 alone. Clearly, we must seize every opportunity for prevention. This is the only way to catch up and eventually get ahead.

Tuberculosis has a good diagnostic and treatment strategy, and we have solid evidence that the approach works. Progress remains steady, though the rate of case detection has slowed compared with recent years.

Poor medical practices, which contribute to the development of drug resistance, are a major concern. Earlier this year, WHO issued a report showing that multi-drug resistant TB has reached the highest levels ever recorded.

Even more worrisome is the continuing occurrence of extensively drug-resistant TB, which is virtually impossible to treat. To allow this form of TB to become widespread would be a setback of epic proportions. For these patients, our treatment options effectively go back to the era that predates the advent of antibiotics.

Next month, I will be joining the UN Secretary-General at the first-ever global leadership forum on scaling up the response to the co-epidemics of HIV and TB. This is yet another example of the growing engagement of world leaders in health issues.

The forum takes place at a time when several high-burden countries are showing very promising increases in the numbers of people accessing integrated HIV/TB services. Leadership, also from the Secretary-General's Special Envoy to Stop TB, former president Mr Jorge Sampaio of Portugal, can take this momentum a step further.

For malaria, we are finally seeing solid progress. Rapid declines in mortality in parts of Africa show the power of recommended strategies to deliver dramatic results. This year we commemorated the first-ever world malaria day, a sign of global commitment to tackle this disease.

On that occasion, the Secretary-General and his Special Envoy, Mr Ray Chambers, challenged the international community to embark on an ambitious plan to reduce malaria deaths by the end of 2010. If we can do this, we will boost the prospects for better health in Africa in a tremendous way.

Last year, global mortality of young children dipped below 10 million for the first time in recent years. You will be considering a report on the global immunization strategy, one of the best success stories in public health. I want to thank all partners concerned, also in the Measles Initiative, and extend my very special appreciation to UNICEF and the GAVI Alliance.

Also, we are clearly seeing the broad-based impact of the Integrated Management of Childhood Illness, which has now been adopted as the principal child survival strategy in 100 countries. Of these, 49 have extended coverage to more than half of the country's districts. In just two years, the number of countries reaching this level of coverage has doubled. I congratulate these countries on their great efforts.

Research has given us an additional boost towards achievement of the goal for reducing childhood mortality. The use of zinc to treat diarrhoea, along with a new formula of oral rehydration salts, will help save the lives of millions of children.

Earlier this year, research coordinated by WHO demonstrated that home-based treatment of pneumonia – the number one killer of young children – is just as effective as hospital care, and possibly even safer. Given my commitment to primary health care, evidence that supports community- and home-based care pleases me most especially.

Yet, as is so often the case in public health, when one thick layer of morbidity and mortality begins to thin, it reveals more starkly another critical problem. This is the case with newborn mortality, another big problem we need to address. Once again, research has demonstrated that something as simple as skin-to-skin contact with mothers – so-called “kangaroo” mother care – can save the lives of pre-term babies.

We also need to save the lives of mothers. As the report before you notes, progress in improving women's health is disappointingly slow. This is especially true for maternal health, where mortality has remained stubbornly high despite more than 20 years of efforts.

I personally find this lack of progress outrageous. Is the value society places on women so small that their lives are simply dismissed as expendable? If the answer is no, then we absolutely must double our efforts to make sure that the health of women is protected.

I know that social and cultural changes take time. But I have also seen some studies of microfinancing schemes for women that have produced rapid improvements in their social status, in their control over household decisions, and in their spending on family health. In some studies, an unexpected bonus has been a decline in domestic violence.

I firmly believe we need to explore every option that can potentially raise the status of women, protect their health, and free them to realize their human potential and their great capacity as agents of change.

Mr President,

I agree with your views: any discussion of health development must include the chronic noncommunicable diseases. Heart disease and cancer now rank as leading killers in all parts of the world, regardless of a country's income status. Diabetes and asthma are on the rise everywhere. Even low-income countries are seeing shocking increases in obesity, especially in urban areas and often starting in childhood.

The action plan, which you will be discussing, deserves our urgent attention. Fortunately, these diseases share a limited number of risk factors linked to behaviours that can be modified: tobacco use, improper diet, lack of physical activity, and the harmful use of alcohol. Prevention must be given top priority.

As a significant step in this direction, WHO, supported by the Bloomberg Foundation, launched the first-ever report on the global tobacco epidemic in February. The report sets out country-specific data on tobacco use, but also on the use of proven control measures.

Of these, tobacco taxes are by far the most powerful. It comes as no surprise that taxes are fiercely resisted by the tobacco industry. This industry has long described WHO as its biggest enemy. I am pleased by every opportunity to enhance this reputation.

Ladies and gentlemen,

I have mentioned at least one "perfect storm" brewing on the horizon. I believe that control of the neglected tropical diseases represents the opposite: a "perfect rainbow".

We now see a whole spectrum of opportunities that have converged in a most harmonious way. Safe and powerful drugs are being donated or made available at very low cost. Integrated approaches have been devised for tackling several diseases at once.

A strategy of mass preventive chemotherapy, aimed at reaching all at risk, rivals the protective power of immunization. Research continues to document the improvements in poverty reduction and economic productivity when these diseases are controlled. A perfect rainbow really can end in a pot of gold.

With a comparatively modest, time-limited financial push, many of these diseases can be controlled by 2015. Some can even be eliminated by that date. In this regard, let me thank the government of the United States of America for its commitment of funds to control the neglected tropical diseases. I hope many other countries will show a similar commitment. If we can bring these diseases under control, that will be a contribution to poverty alleviation on a truly grand scale.

As you know, we are on the brink of eradicating guinea-worm disease, and funds are being secured to ensure this happens.

Polio is, of course, also slated for eradication. In our global efforts, we are seeing renewed international action coming out of an urgent global stakeholder consultation I convened early last year. I have visited each of the four remaining polio-endemic countries, in Asia and Africa, to observe first-hand the tremendous efforts being undertaken, often under very challenging conditions. Let me thank the efforts of the dedicated front-line troops.

In Asia, type 1 polio – the most dangerous strain of the virus – is today on the verge of elimination. But just as we are seeing record-lows in Asia, Africa is witnessing a dramatic upsurge of this strain in the northern states of Nigeria, while previously polio-free countries on the continent are still struggling to stop viruses that were reintroduced more than two years ago.

As I have said before, we must finish the job. We are too close to allow success to slip through our fingers.

Ladies and gentlemen,

I have referred to the second phase in our efforts to reach the Millennium Development Goals. For health, this second phase is defined not just by the midpoint in the countdown, but also by a shift in our approach.

Progress stalled, and we now see one reason why. Investment in technology and interventions alone will not automatically “buy” better health outcomes. We must also invest more in human and institutional capacity, in health information, and in systems for delivery.

Fortunately, this need is now recognized in approaches, such as the International Health Partnership launched last year, and in the policies of the major funding agencies, including the Global Fund and the GAVI Alliance, many donors, and UN agencies working in health.

When I took office at the start of last year, I called for a return to primary health care as an approach to strengthening health systems. My commitment has deepened. If we want to reach the health-related Goals, we must return to the values, principles, and approaches of primary health care.

Fortunately, the Commission on Social Determinants of Health will be releasing its report later this year. The findings should help us address the root causes of inequities with greater precision.

In this regard, I want to commend you for the tremendous progress made in meetings of the Intergovernmental Working Group on Public Health, Innovation, and Intellectual Property. This is one of those rare opportunities when public health can take a proactive role in shaping at least some of the forces that influence equity in health.

Your negotiations began with consideration of nearly 200 paragraphs in the main negotiating text. The document now comes to this Assembly with only 18 paragraphs where consensus needs to be reached. I urge you to continue the “spirit of Geneva” and the flexibility shown by so many countries. In doing so, you are helping the poor populations of this world.

This year, the World Health Report is devoted to primary health care. It will be released in mid-October, to coincide with the 30th anniversary of the Declaration of Alma-Ata. This report has

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undergone unprecedented peer review from top experts in every region, representing the most intensive consultation process since the first World Health Report was issued in 1995. The report will, I believe, help concretize my commitment to primary health care, while giving policymakers a realistic assessment of what can be achieved and how it can be done.

Ladies and gentlemen,

The World Health Organization was established 60 years ago. The constitution mandated WHO to act as the directing and coordinating authority on international health work. At that time, the Organization faced the daunting task of restoring basic health services in a world devastated by war.

The landscape of public health is vastly different now. WHO is not alone in the drive to improve health. Leadership is not mandated. It is earned. This is a time of unprecedented global interest and investment in health. But it is also a time of unprecedented challenges.

Increasingly, we face problems that can be effectively addressed only through well-directed and coordinated global collaboration. And this gives WHO a clear role.

Increasingly, all around the world, health is being shaped by the same powerful forces. Increasingly, an event in one part of the world can quickly ricochet throughout the international system to affect us all. Increasingly, the world's electronic transparency amplifies the social concern following disasters, and the social and economic disruption following outbreaks.

When I addressed the Health Assembly for the first time, immediately following my appointment, I expressed my intention not to follow a full-menu approach. In my capacity as chief technical officer, I have a duty to steer the work of this Organization into areas where our leadership offers a unique advantage, in ways that have a distinct and measurable impact.

In my capacity as chief administrative officer, I have a duty to oversee managerial and administrative reforms that make WHO a fit-for-purpose organization given the challenges that lie ahead. We must be fast, flexible, and bureaucratically lean, with all three levels of the Organization working together seamlessly. I want to thank the Regional Directors for their major contribution to this corporate objective.

Of the reforms being introduced, the Global Management System will take us a huge step forward in terms of improving efficiency and transparency. As with every big move forward, there are bound to be some setbacks, which I will be monitoring very closely.

These are some of my personal commitments as WHO moves forward to meet the goals set by the international community and the priorities you as Member States give us.

Your guidance matters greatly, for health but also for our collective security. Good health is a foundation for prosperity and contributes to stability, and these are assets in every country. A world that is out of balance in matters of health is neither stable nor secure.

Thank you.

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