

## **Dr Margaret Chan Director-General elect**

### **Speech to the First special session of the World Health Assembly Geneva, 9 November 2006**

Mr President, honourable Ministers, distinguished delegates, ladies and gentlemen,

This is a moment of great personal honour for me, but also one of deep responsibility. I do not take this responsibility lightly. I have always been proud to work in health, and especially proud to work for WHO. Now I will take pride in a position of leadership that has a direct impact on the health of humanity. That is the power of this Organization, its true greatness. The work we do together saves lives and relieves suffering. I will work with you tirelessly to make this world a healthier place.

As I said yesterday, this is also a moment of reflection and respect. We are all here because of the untimely death of Dr Jong-wook Lee. We are also all here because of many millions of untimely deaths. I know Dr Lee would have wanted me to make this point. He will always be remembered for his “3 by 5” initiative. That was all about preventing untimely deaths on the grandest scale possible.

I am proud to work for WHO because it is an organization that is increasingly recognized for what it does, as well as what it says. This is an organization that measures its achievements in terms of good work, good results – not numbers of reports or meetings; an organization that is opening itself up to the scrutiny of Member States as never before; an organization that is committed to technical excellence. This legacy was created by the work of Dr Lee and his predecessors. And I would like to recognize in the audience our Emeritus Director-General, Dr Mahler. I am firmly committed to taking this legacy forward.

Mr President,

Members of the Executive Board have heard my vision for WHO. Others have not. In the next few minutes, I want to communicate this vision of what I believe we need to do, our greatest strengths in undertaking these activities, and our greatest challenges. The challenges are especially important. It is in these areas where the adequacy of our performance must be measured.

I have great optimism for the future. But I have worked in public health for 30 years. I have no illusions. Our success in giving health a central place on the development agenda has opened new opportunities, but has also made our work more complex. We have made great strides in some areas, but seem to be standing still in others.

As a world, we face global as well as local threats to health. Infectious diseases have staged a dramatic comeback. HIV, Ebola, SARS, and avian influenza will not be the last bad surprises delivered by the ever-changing microbial world.

In leading WHO, I will – like all my predecessors – need to manage three main sets of issues: technical, administrative, and political. In doing so I will leave my personal stamp. It is this: I am determined to attain results for health. I am sure we have the power to do so. But we need to be smart in our planning and priority setting, and street-wise in our actions. Health is not an abstract issue at global and national levels, but a concrete reality that touches individuals, households and communities.

So let me be clear about the results that matter most. Reducing the burden of disease is important. Improving the strength of health systems is important. Reducing the threat of risk factors for disease is important. These are all vital. But what matters most to me is people. And two specific groups of people in particular. I want us to be judged by the impact we have on the health of the people of Africa, and the health of women.

All regions, all countries, all people are equally important. This is a health organization for the whole world. Our work must touch on the lives of everyone, everywhere. But we must focus our attention on the people in greatest need. The people of Africa carry an enormous and disproportionate burden of ill health and premature death. The health of the people of Africa must therefore be the key indicator of the performance of WHO.

The health of women must be the other key indicator – and I do not mean just maternal health. Women do much more than have babies. Unfortunately, their activities in households and communities, coupled with their low status, make them especially vulnerable to health problems – from indoor air pollution and multiple infectious diseases to violence. Yet evidence from many sources also shows that women are agents of change – for families, the workforce, and entire communities. The health of children largely depends on the health of women. As mothers, as sisters, as aunts and as grandmothers in the home. As carers, as teachers and as health workers in the community. And I have been all of these – except a grandmother!

Reducing health problems in women and empowering them will result in a dramatic increase in health-promoting behaviours – right where it counts most.

People matter most. I believe that is why the WHO Constitution begins with such a clear statement – “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”. It is also why the Constitution emphasizes the links between health, happiness, harmonious relations and security.

Improvements in the health of the people of Africa and the health of women are key indicators of the performance of WHO. Our commitment to results is only relevant if we can demonstrate an impact in these two populations.

Mr President,

Attaining these results for health means addressing six core issues: health development, security, capacity, information and knowledge, partnership, and performance.

The first two issues deal with fundamental needs: for health development and health security. Poverty and insecurity are two of the greatest threats to “harmony” – a word at the core of the WHO Constitution, but one we rarely hear today. I would like to use it more. Harmony is a measure of civilization. Health is intrinsically related to both development and security, and hence to harmony.

The next two issues are strategic: capacity building – particularly strengthening health systems – and information and knowledge. This means getting the evidence right and setting the agenda for research and development.

The remaining two issues are operational: managing partnerships and improving WHO performance.

This is a simple way to look at a complex job: two fundamental health needs, two main strategies for meeting the needs, and two operational approaches for achieving results in countries. These six issues are interrelated and work in synergy. Not all present the same level of challenge – which is good, in a way, as it helps us sharpen priorities and decide where we need to invest our energy.

Health development forms the core of the Millennium Development Goals. I am passionately committed to the achievement of these goals. But let us not limit health development to the MDG targets for the health of women and children, for turning back the epidemics of HIV, malaria and TB, for increasing access to essential drugs.

We must also address reproductive health, violence and injuries, and the growing burden that chronic diseases place on development – heart disease, stroke, cancer, diabetes, mental illness and others. We must accelerate initiatives in safer pregnancy, integrated management of childhood illness and immunization. We will enhance efforts to reach the target of universal access to HIV treatment, prevention and care. We will build greater momentum to control malaria, TB and neglected infectious diseases. We will complete polio eradication. We will scale up efforts to control tobacco, including full implementation of the Framework Convention on Tobacco Control. Our support to implement the Global Strategy on Diet, Physical Activity and Health will increase.

Health security brings benefits at both the global and community levels. New diseases are global threats to health that also cause shocks to economies and societies. Defence against these threats enhances our collective security. Communities also need health security. This means provision of the fundamental prerequisites for health: enough food, safe water, shelter, and access to essential health care and medicines. These essential needs must also be met when emergencies or disasters occur.

For global health security, I share your deep concern about the looming threat of an influenza pandemic. We have strong new International Health Regulations coming into force next year. We already have in place strong and efficient mechanisms for global outbreak alert and response. These have been tested and proven effective, most recently by SARS and avian influenza. But these international mechanisms are not enough. The needs are national as well as global. We will support countries in building essential capacity in prevention, preparedness, response and rehabilitation.

Improving health development and health security means improving health systems. For outbreaks, the international community will not be securely defended until all countries have core surveillance and response capacities in place. The global surveillance system must have no gaps or weak spots.

Health systems are the tap root for better health. All the donated drugs in the world will not do any good without an infrastructure for their delivery. You cannot deliver health care if the staff you trained at home are working abroad.

When we talk about capacity, we absolutely must talk about the importance of primary health care. It is the cornerstone of building the capacity of health systems. It is also central to health development and to community health security. I plan to promote integrated primary health care as a strategy for strengthening health systems. The reason is simple: it works. This is the only way to ensure fair, affordable, and sustainable access to essential care across a population. We have the evidence.

I have experienced this personally. During my tenure in Hong Kong, I introduced primary health care from the diaper to the grave. I focused on health promotion and disease prevention, with special emphasis on self-care and healthy lifestyles. During my time at WHO, I have visited countries representing a diversity of economies, cultures, and health systems, often in transition. I have learnt many lessons and have much experience to share.

The world is not – all by itself – going to become a fair place as far as health is concerned. Progress in medicine races ahead, yet resources for public health grow more slowly. This leads to further imbalances across the globe – some people leading ever longer and healthier lives, others dying prematurely from preventable causes. This is not a healthy situation – for populations or world security.

I have heard about the importance of primary health care repeatedly during my visits to Latin America, Africa, Europe and Asia. Many countries in Africa face the challenge of rebuilding social support systems. Others in central Asia and Eastern Europe are undergoing transition from planned to market economies. They want WHO support. They want to make sure that equitable and accessible systems built on primary health care are not sacrificed in the process. They reminded me that traditional medicine is an important component that needs to be addressed. I agree.

As Director-General I will address, as a matter of urgency, the problem of outward migration of health staff. The problem is critical, but not insurmountable.

On information and knowledge, it is critical to get the evidence right. This is something WHO has always done well, but can do even better. The challenge here is to make evidence have the right impact. We need evidence to support countries as they establish their own priorities and select the best strategies for reaching them.

I will integrate WHO's research activities to more strategically address a common health research agenda. I will strengthen the legitimacy, quality, and efficiency of our policy development processes. I want to establish a global health observatory to collect, collate and disseminate data on priority health problems.

When we have these evidence-based instruments, the fifth component, working in partnerships, becomes much easier. Today, collaboration to achieve public health goals is no longer simply an asset. It is a critical necessity. WHO needs to develop an approach to collaboration that emphasizes management of diversity and complexity.

We will continue to engage strategically in partnerships for health, strengthening relationships with civil society and the private sector, and creating greater alignment between partnerships. I will

work closely with our partners in the United Nations system to bring about reforms that enhance the effectiveness of the UN – especially at the country level.

Performance is the final component, and here we face the challenge of making WHO perform more efficiently and effectively, getting all levels of WHO to work more cohesively, and motivating staff. I believe that WHO leads the UN in terms of results-based management, but there is still some way to go to improve accountability and transparency. I will also accelerate human resource reform to build a work ethic within WHO that is based on competence, and pride in achieving results for health.

Mr President,

As I have said, I am immensely proud to work for WHO. This organization is among the most influential of all the United Nations agencies. Our health mandate is a huge responsibility, but it also brings us four unique assets. This is the source of our strength.

First, health is of universal concern. The issues we address are of interest to every person on earth. They interest every Member State – hence the need for a health agency such as this one. Every major newspaper, every big news site on the internet has a health section. Whether we battle an outbreak or recommend a heart-healthy diet, announce a deadly new strain of TB, immunize children, or show a link between a chemical and cancer, this work interests the public and the press immensely.

This makes our work matter and gives us universal relevance. As a leading newspaper noted just last week, WHO has a truly comprehensive global mandate.

Second, we have the scientific method on our side. The problems within the mandate of WHO are subject to scientific scrutiny, and we have powerful methodologies for getting proof. We can catch a causative agent red-handed under a microscope, and nail the culprit down at the molecular level. Powerful epidemiological tools allow us to link lifestyle factors to an increased risk of disease. We have the strength of the social sciences for addressing the many problems with a behavioural component. We can prove that an agent causes a disease, a drug cures it, or a vaccine prevents it. We can know. We can prove.

This gives us our technical authority. We can be utterly convincing in our arguments, absolutely authoritative in our guidance.

Third, our work is based on a clear and common value system. We share the strong ethical foundation of the health profession. This is a caring, healing, and science-based profession dedicated to the prevention and relief of human suffering.

This gives us our moral authority, and a most noble system of ethical values

Finally, because the determinants of health are so broad, we can lead a multi-pronged drive for health development and security that includes many sectors other than health.

This gives us our engagement. This gives us the power to go after the root causes of the problems we face. To build the foundation for good health for large populations in a long-lasting way. To move from a curative to a preventive approach. To use health as the lever for making this world a better place for all of humanity.

We can do it.

When I think about these unique assets, I get a clear picture of what WHO must do, what we can do, and what we should not do.

Science and ethics tell us what we must do. When we know – with solid proof – the size of a problem and its cause, and when we have tools for prevention, treatment, or cure, we have a moral imperative to act. I have mentioned the Millennium Development Goals. Reaching these, and other health-related targets you have adopted, is another thing that WHO must do.

WHO must also act when a health problem is neglected. We have several exciting initiatives that are making progress against ancient tropical diseases. These are diseases that ruin the lives of millions, often the poorest of the poor.

Here is another thing we must do. We must act when the problem is great but we don't yet have all the tools. In 1950, the top three priorities at WHO were sexually transmitted diseases, malaria, and TB. Substitute HIV/AIDS for sexually transmitted diseases, and things have changed very little.

WHO must influence the research and development agenda. For these and other diseases, we will not be able to make major strides forward until we have new vaccines, new drugs and new diagnostic tools. In addition, we must find the right balance between the protection of intellectual property rights and access to affordable essential medicines. This is not easy! But we cannot be evasive.

In terms of what WHO can do, we can magnify our impact by using our relevance, our scientific authority, our ethics, and our broad engagement to set a global health agenda that makes compelling good sense for all the many actors in public health today. That is, sister UN agencies, NGOs, civil society, foundations, funding agencies, development banks, and the private and public sectors. When we have such an instrument, we can give greater cohesion to the multiple partnerships working within countries.

Here is what I think we should not do. We must not spread our resources too thin. The temptation is great. The determinants of health are broad, and the opportunities are multiple. We must know our comparative advantage and stick with activities that WHO is uniquely well suited to perform. I have heard repeated calls for WHO to concentrate on a set of core public health functions. We must not duplicate the work of others. And we must not try to do everything on our own.

I firmly believe that WHO should not follow a “full menu” approach. But we do need to see what's on the table and do our utmost to ensure that public health gets a balanced diet. Again, we can do this by using our enviable technical expertise to guide the global agenda and ensure that the best practices that science can devise are being followed.

WHO is not the implementing agency within countries, but can support country priority setting, country ownership, and country stewardship. I am convinced that countries know their own priorities. WHO can advise on technically sound methods to address those priorities and help with resource mobilization.

This, then, is the unique source of our strength as a health agency. These assets give us the power to attain the most and the best results for health.

Mr President,

My vision for WHO was sharpened tremendously over the last three months, as I visited countries, spoke with health officials and health workers in clinics, and witnessed what you are achieving, often against incredible odds. This was an exciting and a humbling experience.

To sharpen this vision further, I will consult with more countries and more partners over the coming weeks and months. I want to tap the views of experts from a broad range of countries, representing the diverse disciplines and schools of thought. I want to hear from civil society at the grass roots.

I look forward to discussions with staff in headquarters, and our regional and country offices. I owe it to you – and the populations you represent – to get things right. I will set out this refined and sharpened vision when the Health Assembly convenes in May.

In concluding, I want to mention one additional dimension of my new job description as I signed the contract. As we know, not all of the problems faced by WHO in its efforts to improve world health are subject to scientific scrutiny, or yield their secrets under a microscope. You know the ones I mean: lack of resources and too little political commitment. These are often the true “killers”.

This is what I can do personally: manage WHO in a way that attracts resources, inspires confidence, and wins commitment. I will argue on the side of humanity with compassion and passion. I will use the weight of evidence and science and humanitarian ethics to persuade.

We need to influence people’s hearts and minds – hearts based on ethical principles and minds based on sound science. If we influence people’s hearts and minds, and inspire the confidence of donors, we are on a good way towards fighting those two “serial killers” – too little cash, too little caring.

This is something I can do.

I have just one final example. In the earliest years of this organization, there was a cartoon strip about WHO, a serious adventure story that ran in a number of newspapers. This Doctor WHO was a superman dressed in a flowing white hospital coat and carrying a sparkling stethoscope. He flew from country to country, battling murderous mutant microbes. How things have changed!

Of course, WHO still has its epidemiologists who fly to outbreaks and do what they can to stop murderous microbes. But these are by no means the only heroes for health. In my 30 years of work in public health, I have seen many. I observed many more during my recent visits to countries.

The true heroes these days are the health workers with their healing, caring ethic. They are determined to save lives and relieve suffering, and they work with impressive dedication, often under difficult conditions. The world needs many, many more of them.

I thank you for appointing me to this high office. And I also thank our heroes – the health workers around the world – for all they are doing.

With all of us working together, we will do it. We will attain results for health. We will make this world a healthier place.

Thank you.

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