

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

Mr President, excellencies, honourable ministers, distinguished delegates, friends from the United Nations family, ladies and gentlemen,

I have been doing this job now for nearly five years. Sometimes during meetings, I have to interrupt and make a simple request: remember the people.

Never forget the people. All of our debates and discussions have meaning only when they improve the health of people and relieve their suffering.

Personally, when I remember the people I have met during this job, two special encounters stand out.

In 2009, I visited a malaria ward in Tanzania, a ward packed with small sick children and their mothers watching anxiously. I held the hand of a very sick child and felt the intensity of the mother's anguish.

And I touched the shoulder of another child, sitting up, on the way to recovery, through prompt and effective antimalarial treatment, and shared the joy of the mother's relief.

In 2010, I visited, chatted, and exchanged some hugs with a group of women in Bangladesh, who were participating in a community microfinance programme.

They had the pride that comes from giving their children a good education, putting the right food on the table, earning their own money, and buying their self-respect. These women had power; tough and joyful power.

I dedicate this speech to the memory of these women and children.

Ladies and gentlemen,

I believe everyone in this room is working to improve health. Despite some difficult times, we can be proud of a long string of achievements.

Remember the people.

Epidemic meningitis is not the biggest killer in Africa, but it is among the most greatly feared of all diseases. This is easy to understand: the sudden contagion, the rapid progression to severe disease, the long lines of people waiting for a vaccine after the epidemic has started.

The empty streets, the deaths, the weeks when parents watch over children in hospital. The children who survive but are permanently impaired by mental disorders or hearing loss.

The people of Africa deserve better, and in December of last year they got it: a powerful new vaccine that can prevent epidemics in Africa's notorious meningitis belt.

In a project coordinated by WHO and PATH, funded by the Bill & Melinda Gates Foundation, the vaccine was developed, in record time, and at about one-tenth of the cost usually needed to bring a product through development to the market.

This offers evidence of a welcome new trend. Africa is the first to receive the best technology that the world, working together, can offer.

Remember the people infected with a drug-resistant form of tuberculosis or co-infected with HIV who had to wait up to three months for a reliable diagnosis.

Last year saw the introduction of a rapid new diagnostic test for tuberculosis that is vastly superior in its speed and sensitivity, delivering results in around 100 minutes. WHO endorsement of the test brought an immediate price reduction of 75% for developing countries. Roll-out has begun in more than 30 countries, assisted by WHO and other partners.

A decade ago, HIV infection meant a slow but certain and often painful death for most people in the developing world. Today, more than 6 million people, with the vast majority living in sub-Saharan Africa, are now receiving antiretroviral therapy for AIDS.

On the prevention side, we have new WHO treatment guidelines that offer the first real prospect of reducing the yearly number of new infections. Other new guidelines give the world its first vision of a generation of babies born HIV-free.

Last week, United States researchers reported dramatic reductions in HIV transmission associated with early treatment. These findings strongly support our own guidelines.

After years of stagnation, the malaria situation, especially in Africa, is looking better and brighter year by year. I congratulate many for this success, including the personal support from the United Nations Secretary-General and his Special Envoy, the Roll Back Malaria Partnership, health officials in malaria-endemic countries, the African Leaders Malaria Alliance and, of course, WHO's Malaria Programme.

Thanks to intense surveillance, the first signs of resistance to artemisinin were detected along the Thai-Cambodian border. An aggressive containment plan was quickly devised. If fully implemented, this plan could stop further spread of resistance dead in its tracks.

Antimicrobial resistance was the theme for this year's World Health Day. The message was loud and clear. The world is on the brink of losing its miracle cures. The world has failed to handle these fragile medicines with appropriate care. Irrational and inappropriate use of antimicrobials are by far the biggest drivers of drug resistance.

At a time of multiple calamities in the world, we cannot allow the loss of essential medicines, essential cures for many millions of people, to become the next global crisis.

To address the neglected tropical diseases, WHO convened some of its most successful meetings ever. Support for these diseases has increased exponentially, measured most especially in massive drug donations from both traditional and newly supportive pharmaceutical companies.

By the end of 2009, some 680 million people, the majority living in sub-Saharan Africa, had been reached with preventive chemotherapy for at least one of these diseases. On present trends, several of these neglected tropical diseases, responsible for untold human misery since antiquity, can be eliminated by 2015.

Against all expectations, human African sleeping sickness, a disease with a 100% mortality rate and imperfect control tools, also looks slated for elimination in the near future.

This achievement has been made possible by dedicated country teams, committed health officials in disease-endemic countries, generous donations from industry, and support from international partners.

The prevalence of guinea-worm disease is now at its lowest levels in history, thanks to a revitalized strategy, working in collaboration with health officials in disease-endemic countries, The Carter Center, and the Bill & Melinda Gates Foundation.

We know that under-five childhood deaths have reached their lowest level in more than six decades. You will be considering a global immunization vision and strategy, and during this opening session, you will hear more about the Decade of Vaccines.

For polio eradication, we have been encouraged by a 95% drop in cases in India and Nigeria. But the job is not yet finished and we must see this through to the end.

Thanks to innovative financing mechanisms and other support from the GAVI Alliance, we are now seeing the roll-out of new vaccines against the two biggest killers of young children: diarrhoea and pneumonia.

This progress needs to continue. I strongly urge you to support the GAVI replenishment in June.

Preventing the main killers of young children also calls for better use of the kind of basic interventions promoted by primary health care, like safe water and sanitation.

It also calls for more aggressive and strategic implementation of cost-effective interventions, like oral rehydration therapy, antibiotics that can be administered in homes, micronutrient supplements, exclusive breastfeeding, and even something so simple as good hand hygiene.

After nearly four decades of stagnation, 2010 estimates showed a significant worldwide drop in maternal mortality, with the greatest declines, of around 60%, reported in eastern Asia and northern Africa.

I believe it is fair to attribute at least some of this success to the recent efforts that so many Member States and development partners have made to strengthen health systems. In sub-Saharan Africa, however, maternal mortality remains unacceptably high.

The UN Secretary-General's Global Strategy for Women's and Children's Health, launched in September 2010, has so far attracted US\$ 40 billion in commitments over the next five years.

As one of its many supports to the strategy, WHO produced its first model list of a limited number of essential medicines judged capable of averting the largest number of deaths among mothers and young children.

People also need access to affordable, high-quality care. The 2010 World Health Report, on health systems financing,<sup>1</sup> honoured the desire of many ministers of health to move towards universal health-care coverage.

It gives rich and poor countries alike a menu of options for raising sufficient resources, reducing several common causes of waste and inefficiency, and removing financial barriers to access, especially for the poor. I thank the Government of Germany for hosting the major event that launched the report last November.

Also in the area of health financing, the WHO Prequalification Programme has expanded beyond its original purpose of supporting procurement decisions made by UN agencies. Today, this Programme operates in ways that allow manufacturers from low- and middle-income countries to enter the market together with established manufacturers.

Supplies of quality-assured medical products have become more abundant, forecasting has improved, and competition has brought prices down significantly, changing the dynamics of the market for public health vaccines, medicines, and diagnostics.

The purchasing power of development dollars has expanded, and this means expanded access to medical products for the poor. This is the value-added role of WHO.

Given the large number of agencies and initiatives working to improve health, not all of the major recent achievements can be directly attributed to WHO. These achievements are the result of good collaboration with countries, UN sister agencies, the many global health initiatives and funding mechanisms, civil society organizations, foundations, and the private sector.

But WHO has unquestionably shaped the health agenda and gathered the technical expertise and guidance that have paved the way for other initiatives to move forward towards their goals.

Permit me at this point to express my appreciation to the staff of WHO. I am constantly amazed by the depth of their experience, talents, skills, and commitment. I want to take this opportunity to commend them to you.

In everything we do, WHO relies on the expertise of hundreds of formal WHO Collaborating Centres, in your countries, and thousands of the best brains in science, medicine, and public health, in your countries. They give us their time freely and it is my strong impression that they do so with pride.

Thanks to my predecessors, and I acknowledge the presence of Dr Mahler, health has unquestionably risen to a higher place on the international development agenda.

But let us be frank. Health clearly speaks with a louder voice, but still carries a small stick when it comes to shaping the way this world works.

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<sup>1</sup> *The world health report 2010. Health systems financing: the path to universal coverage.* Geneva, World Health Organization, 2010.

This will have to change, especially if we want to reverse the growing burden of noncommunicable diseases. In attempting to influence policies made in other sectors, it is good to have support from the recommendations of the Commission on Social Determinants of Health. But more is needed.

Ladies and gentlemen,

Two years ago, we met together at a time of great uncertainty, as we faced the threat of a global influenza pandemic. This week, you will consider the report of the Review Committee, set up under the International Health Regulations (2005), to evaluate the performance of WHO during the 2009 H1N1 influenza pandemic.

I have warmly welcomed this report.

For me, personally, as head of this agency, the assessment of the pandemic response needed to address two important questions and to give everyone a firm answer.

First, did WHO make the right call? Was this a real pandemic or not? And second, were WHO decisions, advice, and actions shaped in any way by ties with the pharmaceutical industry?

In other words, did WHO declare a fake pandemic in order to line the pockets of industry? The report exonerates WHO on both counts.

Equally important, the report offers some constructive criticisms, identifies several examples of outstanding collaboration, and issues a number of specific recommendations to make the world better prepared for the next public health emergency of international concern.

Many of the recommendations are already being implemented. I recall the request made during the January Executive Board, by a representative of the 53 countries in the African Union, to hasten the strengthening of core capacities to implement the International Health Regulations.

I want to assure you that I have made this one of my top priorities.

Ladies and gentlemen,

We can all be proud of these achievements, especially when we take a hard look at the many obstacles we now face.

Considering how the Millennium Development Goals started this century with so much good will, commitment, and innovation, any form of complacency at this point will be deadly. And I mean that literally: deadly for the people we are here to serve.

These are difficult times, and the challenges keep getting more and more complex.

I am referring to the food and fuel crises, and most especially to the 2008 financial crisis, that proved to be so rapidly and ruthlessly contagious, affecting countries that contributed nothing to the causes.

I am referring to the health effects of climate change that are now being felt in all parts of the world.

I am referring to obstacles thrown our way by policies made in other sectors, especially those that contribute to the rise of chronic noncommunicable diseases.

We are barely halfway through this year. And we have already seen an unprecedented cascade of calamities, catastrophes, and humanitarian crises.

We are seeing waves of protests and social unrest, where again civilians are being affected, often under conditions that have made humanitarian aid, including medical care for the wounded, extremely difficult.

We are extremely distressed by reports of assaults on health personnel and facilities in some of these conflict situations. We urge all parties to ensure the protection of health workers and health facilities in conflict situations, to enable them to provide care for the sick and injured.

We are witnessing a disturbing increase in the number of women and children who are victims of armed conflict. We condemn these events in the strongest possible terms, and call for an end to sexual aggression against women and children.

In March, Japan was hit with the triple tragedies of a magnitude 9 earthquake, a massive tsunami, and the related accident at a nuclear energy plant.

We extend our deepest sympathies to the people of Japan for the tragic loss of so many lives, the disrupted livelihoods, and the large population displacements.

All these events come on top of what we learnt during the previous decade, about the perils of living in a world of radically increased interdependence.

And have no illusions. These global crises are not just dips and blips in the up-and-down cycle of human history.

In mid-April of this year, the World Bank and the International Monetary Fund cited skyrocketing food and fuel prices as the most serious immediate threat to developing countries, and warned that we could lose an entire generation of the poor.

Ladies and gentlemen,

At WHO, we have been advised by external experts to accept the financial crisis, not as a temporary disruption to be managed with temporary measures, but as the start of a new and enduring era of economic austerity. We have accepted this advice.

We are managing this financial situation in a prudent, rational, and carefully planned way. I introduced cost-saving measures right after the 2008 financial crisis. We are having to cut back on some of our traditional areas of work, with deep regret, but we are most definitely not bankrupt.

I know how hard the financial crisis has hit many of our traditional donors. This new era of financial austerity has reduced the funds available for domestic health programmes as well as for official development assistance.

With this as background let me offer a simple expression of gratitude for what you have been doing. Despite all the obstacles and against all the odds, public health has stayed the course to an extent that most would have thought impossible.

Ladies and gentlemen,

Let me refer to some very recent achievements which I personally find remarkable, and give us hope.

In the last few weeks, Member States reached landmark agreements on issues that strengthen our collective defences and break new ground in tackling long-standing problems.

On 17 April, after negotiations that lasted through the night, countries agreed on a set of strategies for improving preparedness for influenza pandemics, sharing viruses, and extending the benefits of new drugs and vaccines to the developing world.

As many of you will know, negotiations were intensive and protracted, beginning in 2007 and involving 14 various meetings, consultations, and drafting and working groups. In the end, trust and diplomacy and, I do believe, respect for the issues on the table won the day. I want to pay tribute to the excellent leadership of chairs and co-chairs from three Member States, Australia, Mexico, and Norway.

On 29 April, participants at the First global ministerial conference on healthy lifestyles and noncommunicable disease control worked diligently to negotiate and prepare the groundwork for a Moscow Declaration addressing these issues.

In my view, the Moscow event established a solid foundation for further negotiations in September, when the first high-level meeting on chronic noncommunicable diseases will be held during the UN General Assembly.

This event must bring results. The rise of these diseases delivers a two-punch blow to economies and societies. They cause billions of dollars in losses of national income, and they push millions of people below the poverty line, each and every year.

The third major achievement occurred on 3 May, when the Commission on Information and Accountability for Women's and Children's Health, reached agreement, again in an extraordinary spirit of determination and compromise. Its final report was completed less than four months after the Commission was first convened.

This speedy achievement would not have been possible without the superb work of the two co-chairs, President Kikwete of Tanzania, and Prime Minister Harper of Canada, my fellow vice chair, Dr Toure, Secretary-General of the ITU, and the Commissioners, from your countries, supported by two excellent Working Groups.

The Commission agreed on 10 recommendations, with related indicators, to help ensure that the US\$ 40 billion pledged to support the Global Strategy on Women's and Children's Health are spent in the most effective way, and that both donors and recipients are held accountable.

The report links accountability for resources to the results, outcomes, and impacts they produce, and to the capacity of recipient countries to measure those results.

And it does so in a value-added way. Wherever possible, recommendations build on and strengthen existing mechanisms and capacities. Accountability means counting, and this depends on a system for the registration of births, deaths, and causes of death in all countries.

Ladies and gentlemen,

As we remember the people, especially women and the people of Africa, I have a final comment to make.

From all that I have said, it should be clear that public health is operating in a world of enormous and constantly changing complexity.

When WHO was dealing mainly with germs, hygiene, medicines, vaccines and sister sectors, like water supply and sanitation, our job was much more straightforward. But that job has changed, gradually over time and then dramatically within the past decade.

Reform is essential. And WHO is now embarking on the most extensive administrative, managerial, and financial reforms, especially financial accountability, in its 63-year history.

Under the strikingly new conditions of this twenty-first century, I have a vision of a WHO that gives a bigger say to the many partners working on health, but encourages them to speak with a coherent voice that responds, first and foremost, to the needs and priorities as defined by recipient countries.

I see a WHO that pursues excellence, an organization that is effective, efficient, responsive, objective, transparent and accountable.

I see WHO catalysing more effective development aid that builds the capacities for countries to move towards self-reliance. Countries want a hand up, not a hand-out.

I see a WHO that continues to bias much of its work towards the many unmet health needs in Africa and beyond, and to the empowerment of healthy, well-educated, self-confident women and girls.

I see a new WHO that works with other sectors to address health risks that threaten the health and stability of societies, and a new WHO where all countries, small or big, rich or poor, come together to defend equity, social justice, and human rights.

Your excellencies, ministers, colleagues, friends, ladies and gentlemen,

I invite you to join me on this journey of reaffirmation, remembrance, reform, and revitalization!

Remember the people.

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