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**ADDRESS  
BY THE  
DIRECTOR-GENERAL  
TO THE  
FIFTY-THIRD WORLD HEALTH ASSEMBLY**

**GENEVA,  
MONDAY, 15 MAY 2000**



**CHALLENGES AND OPPORTUNITIES FOR THE  
HEALTH LEADERS OF TODAY**

**ADDRESS BY THE DIRECTOR-GENERAL TO THE  
FIFTY-THIRD WORLD HEALTH ASSEMBLY**

**GENEVA, MONDAY, 15 MAY 2000**

Madam President,

Once again the world turns its attention to Geneva and the World Health Assembly.

You are the health leaders of the world.

Your World Health Organization is the lead agency in health.

Ours are the crucial issues of the time: Health. Survival. Development. Equity. Opportunity.

Global public opinion is starting to realize where health belongs. At the core of every child's opportunity to reach his and her full potential. At the core of every parent's opportunity to work, to care and to innovate. At the core of every community's opportunity to secure sustainable economic development for its citizens. At the core of our efforts to combat poverty and foster development for all – not only the privileged few. But for the many. For all.

The first World Health Assembly of the twenty-first century is our crossroads.

A warm welcome to you all.

Madam President,

Health is long term. Health is right now.

Health is on the front page: and together we are making the news.

In January I highlighted the issue of drugs for people living with AIDS from the rostrum of the Executive Board. Today I say: The moves that have happened in the last few days are welcome. Because they were badly needed.

We cannot accept that important drugs – which have been discovered, produced and made available – can only be used by a fortunate few. We cannot accept that for the millions who need them most they might as well be on another planet.

The HIV/AIDS pandemic is a drama and tragedy of historic proportions. But it cannot be seen in isolation. It is an illustration of a world that is full of inequities.

It goes to the core of our value base. We *can* bridge the gap.

Drug prices are only part of the issue. They are a step in the right direction. We still need financing. Distribution. Delivery. Functioning health systems.

A process has been started. A momentum is emerging. The tide is turning.

**Let us look at the landscape for international health. We see straight away that it is changing in fundamental ways.**

The landscape reflects our increasingly interdependent world. Yes, globalization frightens some people and causes uncertainty to many more. But it also presents us all with genuine opportunities. We live at an important moment in history. While there is great convergence, we have the opportunity to benefit from our cultural and linguistic diversity. It is our responsibility to shape events in line with our values – of equity and fairness. As health workers, we are increasingly well placed to make sure that greater economic integration brings benefits to those who need them.

As I said, health is big news. It is no longer an issue of exclusive concern to health professionals. We are working with a much wider constituency. Think about it:

As Heads of State, including the G8 leaders, debate the major political issues facing our world, health issues are prominent on the agenda.

Health is on the minds of finance ministers attending the World Bank and IMF annual meetings as they discuss debt relief.

Health is seen as a key component of human security – a concept which brings together human development and national security as the basis of foreign policy in a growing number of States.

For the first time in its history, a health issue – HIV/AIDS in Africa – has been discussed by the Security Council of the United Nations.

Health is a key theme in the Millennium Report by the United Nations' Secretary-General.

Health has a central role in the follow-up to United Nations conferences. Beijing +5 in New York, and the follow-up to the Copenhagen summit on social development here in Geneva next month.

Achievements in health are critical to the fulfilment of the International Development Targets.

Let us reflect on what this means.

Health *is* now at the heart of the development agenda. Health *is* now increasingly accepted as a powerful tool in the fight against poverty.

Now we must capitalize on this opportunity. Together we have succeeded in changing the development agenda in ways that many would not have thought possible a few years ago.

The new landscape is changing, too. **There are several new international initiatives designed to improve the health of poor people.**

They include Roll Back Malaria, the International Partnership against AIDS in Africa, the Global Alliance for Vaccines and Immunization – GAVI, Stop Tuberculosis, Making Pregnancy Safer. These ventures are bringing in new partners – further widening the constituency for better health.

Last month I saw this for myself, in Abuja, Nigeria. President Obasanjo hosted 19 of Africa's Heads of State to push forward the effort to Roll Back Malaria in Africa. They reviewed the analyses by their ministers of health and a report on the Economic Impact of Malaria. They then approved a strategy for tackling malaria in the home and community. They backed it with intense commitment, clear targets, and national resources. And they received powerful support from an international community that is determined to work together to support Africa's health and development campaigns.

These new initiatives are a challenge to all of us. The test, and the question we must keep at the back of our minds is "will they result in actions that can transform people's lives?". We know this is beginning to happen. More bednets over children as they sleep. More

tuberculosis drugs available for supervised treatment. More trained attendants at deliveries.

But we must remain vigilant. The promises made in international meetings, the plans set out in partnership agreements mean nothing if they do not change what happens in towns and villages, and in people's homes.

How can today's health leaders translate international commitments into practical actions – bringing real benefits to those in need? I asked the same question of WHO's staff last month. They provided a variety of answers. In particular, they talked about the importance of the capacity, within countries, to plan and act. WHO is well placed. The regional and country offices provide a unique and powerful resource to support national health actions. They support health systems development. They provide guidance on critical technical issues. They help during times of crisis.

Madam President,

Several overarching findings arise from our recent experience. They are relevant to all of us who work together, intensifying our efforts for better health.

**The first: we have seen how governments and development partners are finding new and creative solutions to really difficult problems. There is immense good will.** Take one example – the Global Alliance for Vaccines and Immunization – or GAVI. This initiative is now seen by many as a model for partnerships in international health. It has attracted substantial funding. GAVI now promises support for a dramatic increase in the coverage of existing vaccines and the introduction of new ones. At this Assembly, country delegates will receive guidelines for the submission of GAVI proposals. With a rapid response on your part, funds should start to flow before the end of the year.

This shows that to get these results, and to get them quickly, we must contemplate the unorthodox. One challenge is critical to all our work. We need better ways to channel funds to groups who can implement vital services – at national and subnational level. At the same time, national authorities need to own the effort. The challenge of moving funds for effective action is critical for the success of all international health action – for GAVI, for stopping tuberculosis, for preventing HIV infection and for rolling back malaria.

**The second finding is that building and maintaining partnerships requires patience and trust.** This is on our minds today as we think about the global response to the HIV/AIDS epidemic.

In my speech to the WHO Executive Board in January, I focused on the immense suffering caused by HIV/AIDS. I reflected on the unprecedented response that is required from the international community. I noted that the political leadership, openness and multisectoral responses being demonstrated by some countries have led to a reversal. We can turn the tide.

We share a perspective on HIV/AIDS – an unshakeable commitment, within which the health sector plays a critical role. I indicated the continuing importance of partnerships in helping to reduce the impact of HIV on those who are affected, with countries at the centre.

Several pharmaceutical companies have already responded to my invitation to take a fresh look at how to increase access to relevant drugs. They have contacted a group of United Nations agencies and the World Bank. We have worked with them, together, under the leadership of UNAIDS. Companies indicate that they are ready to explore practical and specific ways to work with countries and communities affected by HIV and immune deficiency. They want to help make HIV/AIDS care and treatment more affordable to significantly greater numbers of people in developing countries. We have jointly agreed a *Statement of Intent*.



To get where we are today has taken careful and protracted negotiation. And this is just the start. So to all those concerned let me say this: We must strive to be constructive, we must search for common ground. All involved are taking risks. But we will ensure that there are safeguards. For we must keep our eyes on the prize: a better, longer and more productive life for many, many people who will otherwise suffer and die prematurely.

**Now to the third finding. Partners in international health recognize that complex problems rarely have simple solutions. And they are prepared to invest time and trouble to address the complexities.** Again, let us think about the issue of HIV/AIDS care. Until recently, the cost of therapy has been thought of by many as the insuperable problem preventing access to care. But it is increasingly clear that cost is only one of several factors involved in improving access. Even if the price of antiretrovirals falls to a few hundred dollars each treatment year, the impact of this cost on household and health system budgets could be devastating. At the same time, a focus on price alone overlooks other vital issues: reliable supply systems, adequate financing, laboratory back-up, patient supervision, and the need to set clear, ethical and politically acceptable priorities for public subsidies. But because of our shared commitment to health equity we are working on all of these issues – together, carefully, urgently.

**The fourth finding: Partners – whether national governments, development agencies, private entities – are committed to results. They want to be sure that poor people benefit.** They want to see increased access:

- to services and care to roll back malaria, to stop tuberculosis, to prevent HIV infection and to alleviate the suffering caused by AIDS,
- to help for those at risk because they smoke tobacco, to support and services that result in safer pregnancy.

We all work together to achieve what is just and right – within existing international regulations. We must find *equitable* solutions that enable all who need them to access essential health care, medicines, safe blood and commodities like mosquito nets.

Sometimes this means developing new products, or improving access to products covered by patents. On intellectual property rights WHO's position is clear: they must be protected. We depend on them to stimulate innovation. But equity must be our watchword as we think about the way people pay for care and treatment in individual countries. *Fair financing* is a concept which should apply in both the international and national arena.

In the international domain, we need to work with a wide range of partners to carefully define the concept of *equity pricing*. Working together, we must explore strategies which enable low-income *countries* to pay less than rich ones for essential services, medicines and commodities of vital public health importance.

In our work on health systems, we must ensure that the poor are not prevented from obtaining the medicines and services that they need by the imposition of fees or other costs that they cannot afford.

Madam President,

**I move to our fifth finding on factors critical for our success. Being prepared to stay the course until the job is done.** I am thinking most immediately about poliomyelitis and leprosy, but the same will soon need to be said about guinea worm, river blindness and measles.

Over the past 12 months, the poliomyelitis eradication effort has delivered impressive results. More than 190 countries and territories are on track to be poliomyelitis-free by the end of this year, representing a 95% decline in the number of cases since the initiative was launched.

The Global Technical Consultative Group on Poliomyelitis Eradication met last week to assess the latest data. It found that there is

a high risk of continued poliomyelitis transmission at the end of year 2000 in parts of sub-Saharan Africa and the Indian subcontinent. Armed conflict; a temporary shortage of vaccine; late detection of poliomyelitis in endemic countries where surveillance is not adequate; extreme logistical challenges – all these factors mean that a year from now the wild virus will still be infecting children.

This does not change our ultimate goal. The certification date for global eradication of poliomyelitis is 2005, and we are on track to meet that target. But there is no room for complacency. If we fail to keep up the pressure now, success could slip through our fingers. We know that the final phase is always the hardest. We must redouble our efforts to succeed.

I appeal to political leaders particularly in the high-risk countries to increase their commitment all the way to 2005. I appeal to manufacturers to ensure that all necessary vaccine is available, to warring factions for peace to ensure access to every child, and to governments and donors to continue providing the necessary funding.

In leprosy the global elimination target is likely to be achieved by the end of the year 2000. Just 12 countries now carry about 90% of the remaining leprosy burden.

A long-term alliance between governments, WHO, nongovernmental organizations, and the Nippon Foundation is implementing a focused strategy to improve access to free treatment. It aims to ensure that the remaining 2.8 million leprosy sufferers in the world will be able to access treatment and be cured. It plans to do this through a sustained effort over the next five years. An extraordinary prospect, resulting from a long-term commitment to human dignity.

**My sixth finding: As important as staying to the end is to come in early.** I am talking about the role of health partners in complex emergencies. During humanitarian responses in Kosovo, in East Timor, in Turkey and in Mozambique, numerous lives were saved because health issues were addressed early on.

Yet, if we are to really offer hope, we go further than relief. We focus on relief and social reconstruction at the same time.

We need to be there, when needed. Early. We need to stay on. After the television crews have left. Rehabilitation guides our actions from the start.

When the Kosovo refugees flooded into Albania and Macedonia, WHO urged that health care should as far as possible take place through existing facilities. We cautioned against investing millions of dollars in temporary health facilities while health centres remained under-equipped. By strengthening the existing facilities, we could together make a contribution to the future.

Diseases respect neither borders nor frontlines. Women and children face particular risks. Health workers and their ministers tell me that a focus on health, during conflict, can help bring together communities that are divided by conflict. Indeed, health often serves as a *bridge for peace and reconciliation*.

Madam President,

When I first spoke to this Assembly two years ago, I emphasized the need to base WHO's work on solid facts. I spoke of sound evidence in the context of explicit values. Human rights. Health for all. Equity. Participation. And, an insistence on making a difference. These values lie at the heart of all WHO's work. With these principles in mind, let me look again at the implications of the six **findings** for the World Health Organization.

One immediate conclusion is that we operate in an increasingly complex environment.

Many health professionals would like to concentrate on their vital technical tasks, focusing on ways to bring more benefits to more people in need. That is our vocation. However, none of us can side-step the

political context of our work. **Effective public health professionals work to put themselves at the heart of the political process.**

We in WHO take this reality into account. It is not easy. The demands are numerous. Every issue is presented as a priority. Budgets are tight. To help us cope we developed a corporate strategy. It was endorsed by the Executive Board in January this year. It restates our values and our commitment to evidence and our four strategic directions. These are: reducing excess mortality and disability, reducing risks to human health, developing health systems that equitably improve health outcomes, and putting health at the centre of economic and development policy.

The corporate strategy identifies priorities. It also indicates WHO's core functions in pursuing these priorities. They include advocacy, management of information, technical support, partnership building, innovation and the development and monitoring of norms and standards. Each is important.

In many areas, advocacy is a key part of our work. Mental health and food safety are issues which are immensely important in world health. They are also issues which have, quite frankly, been given far less attention than they deserve. It is our task to redress this situation.

But advocacy alone is not enough. **Food safety** is an immensely political issue and the economic stakes for many countries are very high indeed. Our core function is to act as an independent provider of knowledge and evidence. Then policy-makers, regulatory authorities and trade bodies can make the best decisions possible. The same is true of **mental health**. First we raise the profile of the issue, then we help in reaching technical consensus in a highly contested and politicized field. We will play a similar role in the ethics of **biotechnology**. The tougher the issue for society, the greater the need for WHO to help decision-makers reach informed judgements.

Next let us look at the issue of **maternal mortality**. Our data show that this is the area where the difference in health outcomes

between developed and developing countries is greatest. A hundredfold difference in the lifetime risk of dying in pregnancy or childbirth is simply not acceptable. Evidence must translate into action. We must speak out about the information we possess. Broaden the constituency of organizations that have the power to act. Build coalitions of different partners – nationally and internationally. Working with others will translate ideas and commitments into better and more effective health systems. Health systems that will **make pregnancy safer**.

We are embarking on *new* approaches for translating evidence into action – moving from norms and standards, into public health legislation through legally binding conventions. Our work on the **framework convention for tobacco control** is the trailblazer. For the first time in June we will be holding public hearings at which all parties – including the tobacco industry – will make their case and provide space in which negotiations can be taken forward.

We realize that just because we deal in facts, does not mean that we can avoid conflict or taking risks. We cannot shy away from challenging orthodoxy, or spelling out the reality of health inequities. Equity is one of the core values, but we are under no illusions that it is an elusive concept when it comes to the **performance of health systems**. Our message may be uncomfortable for some.

We have to indicate, clearly, the large proportion of the world's population who still cannot access the basic services and commodities they need. To advance the work of health ministers, we offer new approaches to the analysis of health systems. These cover their essential functions and their performance. Assessing health system performance is not easy, especially if the assessment covers the responsiveness and the fairness of arrangements for health financing. It is even more difficult if the assessment also looks at the distribution of performance, across different social groups.

We have made a start in this year's **World Health Report**. The early results have had to make use of sometimes limited and imperfect data. They are revealing. They will, I am sure, provoke debate. But they

will also provide information and analysis which will renew attention. Sometimes it will point out the need for policy change and reprogramming. The results may be questioned by those whose systems are not performing well – even if the cause is beyond the influence of the health system itself. I sense, though, that **we must all be bold and outspoken about variations in system performance. Unless we do, we limit our potential for gaining new insights and stimulating change.** The bottom line for us all is to ensure better health outcomes in relation to the resources invested.

Madam President,

Whilst pursuing the theme of evidence and action, let me return to the issue that underpins so much of WHO's work. This is **the contribution that health can make to reducing poverty in all parts of the world.**

To make our case we must subject the available evidence to the scrutiny of those with expertise and influence well beyond the field of health.

This is the rationale behind the Commission on Macroeconomics and Health. The Commission brings together some of the world's leading economists and economic policy-makers. It makes critical assessments of linkages between health and development. Commissioners met recently – for the second time – in India. As their work continues they will be able to indicate the potential for better health as a contributor to human well-being – and prosperity. The Commission will work hard on this difficult agenda over the next 18 months. I look forward to reporting to you on its findings.

Madam President,

As we look ahead, we must never lose sight of the 1.5 billion people who live in extreme poverty perpetuated by ill-health; for whom effective health care is rarely accessible.

At least another billion people, while slightly better off, are unable to access the care they need. They find it hard to pay for the care they need: maybe the services simply do not exist.

Hundreds of millions more are at risk of noncommunicable disease, the effects of tobacco, and are unable – or unwilling – to change to healthier lifestyles.

Millions are affected by violence and cruelty, and powerless to act in their own defence.

So my challenge goes to you: What we agree here at the World Health Assembly has little meaning if it is not followed up. What we agree here means little unless you practise at home what you preach from this rostrum.

It is only when another child goes to sleep under a bednet, when all who need them can get drugs to treat tuberculosis, when people are no longer afraid to talk about preventing the spread of AIDS. It is only then that our job will be done.

Our words only have meaning when primary health systems deliver essential care to all who need it.

Take tobacco. Agreeing on a ban on advertising is key. Because it is absolutely right. It has been proven again and again that it makes a difference.

Our work will not be done until tobacco-related deaths are drastically reduced.

So do it!

Time is not on our side. Do not allow any extra millions be added to the death row of tobacco.



I know it is difficult. Health ministers cannot always change the big decisions in the way they would like. But they can be influential. Start the process. Tell us how we can help. Seek our advice.

Demonstrate to your citizens that political will when added to solid evidence can make a huge difference. We can change the world.

Madam President,

Before I end, let me pay tribute to my colleagues: the staff of WHO. Working in new partnerships. Taking new initiatives forward. Building our base of technical excellence. These tasks have required their undivided commitment.

They are coping in the most challenging of circumstances. In Pristina. In East Timor. In Sierra Leone. In many other parts of the world that do not make the news. In our country and regional offices. Here in Geneva.

They work ridiculously long hours. They put up with uncertainty and frustrations. But this is not the half of it. WHO's success is built on committed and skilled people, dedicated to the task of improving people's lives.

Health workers, nongovernmental organizations, health ministers. Heads of State. We are all part of a huge organization for world health. Let us grasp the opportunities for solidarity and service to society. Nothing has more meaning in life.

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