



# WORLD HEALTH ORGANIZATION

FIFTY-SEVENTH WORLD HEALTH ASSEMBLY  
Agenda item 3

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## Address by the Director-General to the Fifty-seventh World Health Assembly

**Geneva, Tuesday, 18 May 2004**

*The Director-General begins in English.*

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

1. Many of you expressed concern during and after yesterday's discussions in plenary that substantial time was being taken out of the agenda for this week. I share your concern. Some Member States expected the Secretariat to influence the process to reduce discussion. In recent years, there had been prior agreement on shortening the debate. This year, there was no such agreement. The extensive debate showed that such matters are of great importance to Member States, and when Member States do not have consensus, it is important that they hear one another. Over the coming year, I will look into ways in which to facilitate the smooth functioning of the Assembly, so as to ensure that sufficient time remains for Member States to discuss during the session the entire range of topics on its agenda.

2. Regardless of their view on the recommendations of the General Committee, I am sure all Member States share my appreciation for the steps announced by the Government of the People's Republic of China to ensure Taiwan, China's involvement in global health. These include the possibility of medical and health professionals from the island joining the Chinese delegation to the Assembly, cross-Straits talks on Taiwan, China's participation in relevant WHO technical activities, working with the Secretariat to promote participation of medical professionals from Taiwan, China in WHO technical exchanges, and technical support from WHO. The SARS epidemic showed us that we cannot afford any gap in our global surveillance and response network.

3. I look forward to working in the coming months to put these proposals into action.

Mr President,

4. In the world today:

- 2.8 billion people are living on less than two dollars a day;
- 480 million people are living in areas of conflict, fearing for their lives;
- 1.2 billion people are struggling to find clean water;
- 40 million women, men and children are living with HIV/AIDS;

- over half a million women die in childbirth every year;
- 1.3 billion people smoke, exposing themselves to illness and premature death;
- 1.2 million people are killed in road traffic incidents every year.

5. The amount of disease, suffering and death in the world can be overwhelming. There is a notorious saying that “when one person dies it is a tragedy, but when a million die it is a statistic”. For those exposed to danger and suffering, it is impossible to see things this way. They cannot be indifferent. As public health ministers, officials and workers we are constantly reminded that the statistics we use are significant because they represent individual children, women and men. It is their voices that need to be heard. I, therefore, invited Anastasia Kamylyk from Belarus to this Assembly, and she will now tell us about her experience.

*Miss Anastasia Kamylyk speaks in Russian.<sup>1</sup>*

*The Director-General resumes his speech in English.*

6. Thank you, Anastasia, for your courage, and for giving such a clear and specific reminder of the responsibilities of those taking part in this Assembly.

Mr President,

7. Advances in technology have profoundly changed the ways in which we live and work. They have brought many improvements, but our capacity to enhance health is matched by our capacity to damage it. The gap between rich and poor has widened and, in spite of surpluses, hunger and thirst remain widespread.

8. Despite commitments of nations to preserve harmony, peace and security, hundreds of millions are affected on a daily basis by wars and conflicts. Through our Health Action in Crises programme, WHO is active in most areas in the world affected by armed conflict.

9. I would like to use this opportunity to reassert that WHO is entirely opposed to any action that exploits health facilities, vehicles or personnel, in war or conflict zones. Equally, attacks on health workers have to stop. International humanitarian law imposes obligations on all combatants to protect civilians' access to basic needs – water, sanitation, food, and functioning health facilities.

10. We see more and more examples of civilians being made the victims of conflicts which often continue for many years. It is the people who can no longer get food, clean water and health care who suffer most, particularly women, children, older people, and those with chronic conditions. Health agencies have to stand up for those whose lives and health are endangered in this way.

11. There are also many parts of the world in which major environmental problems cause health to suffer as a result of unsafe water, unmanaged solid waste and unsafe living conditions. These are often related to unplanned urbanization, climate change and uncontrolled development.

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<sup>1</sup> See annex for text.

12. Even in areas not afflicted by these health hazards, preventable chronic diseases related to lifestyle severely limit individual and public health.
13. Nevertheless, there is evidence that the world's desire and capacity to solve these problems is increasing.
14. Adoption of the Millennium Development Goals in 2000 demonstrated that the global community was serious about the need to reduce poverty and protect health. The most damaging inadequacy of today's health systems is their inequity, both within countries and between them. Hopes of peace and security in the world fade where these inequities prevail. Adequate health services are not only essential for the three Millennium Development Goals that relate specifically to health, but make major contributions to the other five as well.
15. The increase in development assistance for health over the last few years is also a welcome sign. This went up by an average of 1.7 billion dollars a year between 1997 and 2002. Much of this increase has been caused by growing awareness of the devastation being caused by HIV/AIDS.
16. In some communities, close to half of young adults are infected with HIV. They will die in the next few years unless they receive effective treatment.
17. In December of last year, on World AIDS Day, WHO launched the strategy to accelerate access to antiretroviral treatment. The initial objective is to work with a broad alliance of partners to get three million people in developing countries onto treatment by the end of 2005. We are working with the health services in countries to achieve this, following a double imperative: there must be universal access to treatment by the earliest possible date, and ever more effective approaches to prevention.
18. With the help of our partners we have developed simplified treatment approaches and prequalified fixed-dose drug combinations of antiretroviral drugs. We will further develop and expand this work. I also welcome the announcement made earlier this week by the Government of the United States of America for a proposed rapid process for review of fixed-dose combinations and co-packaged products.
19. In March, the Government of Mozambique issued a compulsory licence for manufacturing a triple combination of antiretroviral drugs to meet national needs. In doing so, they became the first African country to take this important step in implementing the Doha Declaration. Canada was the first country to propose changes to its patent legislation to put into practice a decision made by the World Trade Organization in August 2003, allowing exports of generic medicines to countries with insufficient pharmaceutical manufacturing capacity. I welcome the announcement made last week that this legislation has been adopted.
20. The Millennium Development target for HIV/AIDS is to stop the spread of HIV and begin its reverse by 2015. The impact of treatment on prevention of new HIV infections is not yet known, but if, for each person receiving treatment, just one new infection is averted, the "3 by 5" initiative will significantly speed up the achievement of the Millennium Development target.
21. The demand is clear. During February and March, WHO sent additional staff to 25 countries to assist in making national plans of action and applications for Global Fund grants. Over 90% of the countries we are working with have stated that they need expert help in capacity-building and training; 60% need help with drug procurement and supply chain management; and 50% need help with monitoring and evaluation. We are responding to these requests.

22. An unprecedented amount of political will and financial resources are now focused on the fight against HIV/AIDS, tuberculosis and malaria, particularly through the Global Fund and other multilateral and bilateral support.

23. Last week, the Prime Minister of Canada announced a grant of 100 million Canadian dollars to support our work in “3 by 5”. Together with the earlier funds provided by the Government of the United Kingdom of Great Britain and Northern Ireland, this will enable us to rapidly accelerate our support to countries in scaling up access to treatment.

24. We will make our first detailed progress report on “3 by 5” to the International AIDS Conference in Bangkok in July. In the meantime, this year’s World Health Report, entitled “Changing History”, explains how we are now in a position to save the lives of millions of people from HIV/AIDS, and why we must seize this opportunity.

25. Viruses are unpredictable and they have no respect for national boundaries. There is, as yet, no way to say whether SARS has finally been brought under control, or whether avian influenza will make a comeback in Asia or elsewhere. Since the SARS epidemic was contained last July, there have been four further outbreaks in Asia. Three of these arose from laboratory accidents, emphasizing the need to strengthen bio-safety. In January, there was a historically unprecedented outbreak of avian influenza (H5N1) in eight Asian countries, with 34 human cases and 23 deaths. WHO experts provided prompt support for the authorities to contain these epidemics. Their combined efforts have been successful so far, but sustained vigilance is required.

26. Our other long-term disease control programmes include poliomyelitis eradication. Here, the key to success will be tenacity, both in our colleagues running the immunization campaigns and maintaining surveillance, and in our donors. We are on the verge of eradication, with just 22 cases to date this year in all of Afghanistan, Egypt, India and Pakistan.

27. On the other hand we have had setbacks in west and central Africa, with an explosive outbreak that has paralysed over 500 children. The leaders in these areas have now planned to restart synchronized mass immunization campaigns across 22 countries. If we do not lose our nerve in these last stages of the campaign, where so much can be either lost or gained, we will soon have kept the pledge, made by this Health Assembly in 1988, to eradicate poliomyelitis.

28. The Framework Convention on Tobacco Control, adopted by this Assembly one year ago, has now been signed by 112 countries plus the European Union, and ratified by 14. When 40 countries have ratified it, the Convention will come into force and further help governments and health authorities to protect the public from one of today’s most serious and most unnecessary health hazards.

Mr President,

29. I believe we continue to improve our capacity as an organization to respond to the challenges facing us. Last year, at this Assembly, in addition to my pledge to close the treatment gap for people living with HIV/AIDS, I made specific commitments in four other areas, designed to enhance our effectiveness in countries.

30. I set specific targets for decentralization. Since then, we have increased the budget allocation to regional and country offices for the current biennium to 70%.

31. I recognized the need to improve efficiency. We have developed a strategic framework for general management and launched initiatives to promote collaboration, strengthen financial management and streamline work processes.

32. I committed myself to improving our accountability. I am pleased to report that a draft of the performance assessment report for the 2002-2003 biennium is already available. With results-based budgeting, we are now reporting on our achievements against expected results. The development of this report has also assisted us in planning for the next biennium.

33. I stressed the need to improve our staffing situation by promoting greater equity in gender and geographical representation, and promoting mobility and career development, to get better results in countries. We continue to make progress in these areas and a mobility and rotation scheme was launched last month. I am also pleased to announce that the Bill & Melinda Gates Foundation has committed funding for the Health Leadership Service. This new initiative will provide a two-year structured learning experience in WHO for young health professionals, primarily from unrepresented and underrepresented developing countries.

34. But I would also like to highlight four areas of health work in which we need to do more.

35. We have yet to get to grips with the links between health, equity and development. The underlying theme of my first year as Director-General is equity and social justice. To support our work in this area, I am setting up a new commission to gather evidence on the social and environmental causes of health inequities, and how to overcome them. The aim is to bring together the knowledge of experts, especially those with practical experience of tackling these problems. This can provide guidance for all our programmes.

36. We have yet to make significant progress in reducing maternal deaths and protecting the health of children. I am, therefore, making this a major priority for the coming year. The World Health Report and World Health Day for 2005 will share a common theme: the health of women and children. This will bring together a large number of WHO's activities and those of our partners, particularly, immunization, safe motherhood, and nutrition.

37. We have yet to reduce substantially the gross inequity in health research funding. Every year more than US\$ 70 billion is spent on health research and development by the public and private sectors. Yet, less than 10% of this is used for research into 90% of the world's health problems. We are cosponsoring with the Government of Mexico a ministerial summit on health research in November. The summit will examine this issue, and focus on the knowledge and action needed to achieve the Millennium Development Goals.

38. Finally, we still have gaps and delays in health information systems. We have, therefore, set up a Strategic Health Information Centre at WHO headquarters. It consists of the most rapid and powerful information and communication facilities currently available for the management of crises and outbreaks. This technology will enable individuals, teams and Member States to take more effective action in emergencies. The Centre will also provide ongoing support for information management and dissemination. At the technical level, it is important to be sure that there is no hole in the global outbreak alert and response network.

*The Director-General continues in French.*

Mr President,

39. The agenda of this Fifty-seventh World Health Assembly demonstrates our common concern to address the major health challenges facing the world today. You will be discussing global strategies to promote healthy diets and physical activity, and to improve reproductive health. In round tables, you will discuss action to limit the impact of the HIV/AIDS pandemic. In technical briefings, you will hear updates of our work in crises, and in mental health. These are just a few of the many important topics you will be facing this week.

40. This World Health Assembly has a great responsibility in leading the world in action for health. The deliberations and decisions reached over these six days can have a profound impact on the health of every individual in this world.

41. I began with several numbers. I would like to end with some more.

- The five million children who otherwise would have been paralysed who will be walking in 2005 because of the effort to eradicate poliomyelitis.
- The three million tuberculosis patients now being treated every year under DOTS.
- The 600 000 cases of blindness prevented through the Onchocerciasis Control Programme.

42. The key difference is that these last numbers demonstrate what this Organization can achieve. They bring hope. Hope for individuals like Anastasia and the millions of people living with HIV.

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

43. The staff of this Organization share your commitment to improving the health of the world, and we are determined to continue serving those most in need of better health.

Thank you.

## ANNEX

**TESTIMONY OF MISS ANASTASIA KAMYLK TO THE  
FIFTY-SEVENTH WORLD HEALTH ASSEMBLY**

I am very grateful to you, Doctor Lee, for providing the opportunity to say a few words.

Good day, ladies and gentlemen. For me it is a great honour to take part in the Assembly, because history is being made here.

But first of all I would like to tell you a story.

There was once a country where there was once a city, where a girl once lived.

She studied hard at school, she went to college, she was a very good girl, and she always listened to her parents. When she was 18 she fell in love for the first time. He was a wonderful man. They went out together for two years. And then one day he said he was going away.

“My darling girl, forgive me, because I cannot forgive myself for what I have done”, he said, and went away.

And soon she went to hospital. People were very kind to her and for some reason they were sorry for her.

“You’ve got HIV”, said the doctor, on 14 January 1997.

That is my story. And it is just one story among the millions of those who now live with HIV.

I’ve now been living with HIV for more than seven years. And in all these years I have been watching the processes taking place in the world in this area.

I can’t stop asking myself questions:

“Why is it that the Government of Brazil has found the possibility and funds for providing antiretroviral treatment for ALL its citizens who are living with HIV and AIDS, and the governments of other countries, particularly of Eastern Europe and Central Asia, cannot do so?”

“What difference is there between the value of a Polish life and the value of a Ukrainian, a Russian, a Byelorussian, a Kazakh or a Georgian life?”

“Why do the pharmaceutical companies, which earn millions from the sale of antiretroviral drugs, not think about lowering the prices of such medicines and saving millions of lives?”

It’s as if human life has become a nice little earner.

By signing declarations of “principle”, governments shoulder the responsibility for following up the principles of the declarations, however the real lives of HIV-positive individuals have changed little.

In the HIV/AIDS context, human rights carry on being ignored in the same old way.

In many countries antiretroviral treatment is still inaccessible.

You know that in Eastern Europe and Central Asia, most of those living with HIV are drug addicts, young people in the 18-35 year age range. And that to treat the AIDS stage among drug users, replacement therapy is needed. And in this case it is YOU who decide the value of a human life – you who enjoy positions of authority. Just think for a moment, just your signature, a single order, can save millions of lives, or it can destroy them.

To this day articles appear in newspapers with phrases like “AIDS – the twentieth-century plague”, “AIDS victims”, “terrible disease”, which cause stigmatization and discrimination against people living with HIV. And why are HIV and AIDS any worse than cancer? Cancer develops independently of our sexual behaviour and of whether we use drugs or not, and we therefore feel compassion and support for people suffering from cancer. But the problem of HIV is bound up with social morality. We turn away from those who we consider to have behaved unworthily. And we cease to see the essence of the problem in drug taking and unprotected sex. HIV is only the consequence, its roots lie deep in each individual.

We have already created a multitude of organizations and associations that endeavour to deal with the problem of AIDS, hundred of conferences have been held, and a plethora of articles and papers have been written. But what has it all led to?

To a position where on this day of this conference, 8500 people will die of AIDS.

And where will you and I be?

We will be here, in this beautiful and hospitable city, discussing questions bearing on those very lives that are being carried off by AIDS, or other questions, for example, those you were discussing yesterday.

How many more meetings and conferences must be held before people living with HIV in each individual country begin receiving proper treatment and start to live without fear of what the morrow will bring, or of their own future? When will we stop counting the losses? The World Health Organization’s “3 by 5” initiative is one real way of starting to count the number of lives saved and to reduce AIDS mortality.

I believe that there are gathered here today the very people who are responsible both for their own words and their own deeds, as it is, after all, on your decision that depends the fate of each individual living with HIV.

Just imagine for a moment that you have had an HIV test and the doctor has just told you you are infected with HIV.

I remember that moment well.

The fear, the sense of doom, the hopelessness – these feelings overwhelmed me. What would happen now? Could I have a child? How could I tell my near ones and dear ones? Was it really the end?

The desire to be alone and hide in a corner drove me out of the doctor’s surgery at a run.

It is only now I know that with HIV a person can live life to the full.

It is only now that having met during the past seven years so many HIV-positive individuals who are taking antiretroviral therapy, that I realize that medical drugs really do pull a person back from the grave.

I know that I can love, raise a family and give birth to a healthy baby.

But to this very day I am also tormented by the fear that in my hour of need in the future, I may not obtain what will save my life or the life of my child.



Every human being is worthy to receive medical care when needed, and every individual is entitled to receive it, whether suffering from HIV/AIDS or some other illness. And the doctor in his hospital must have all the drugs, equipment and supplies to provide integrated medical care and not flout human rights and the law.

Now, in this assembly hall are seated many people who in their countries take decisions and enjoy positions of authority.

It is YOU I turn to.

Remember, it is your great responsibility and duty to act for the good of your own citizens.

And please God your decisions will protect the dignity and rights of every individual, even if that individual is living with HIV.

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