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Statement by the Director-General to the Executive Board at its 107th session

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Mr Chairman, members of the Executive Board, excellencies, ladies and gentlemen,

1. I am very pleased to welcome you to Geneva to this 107th session of the Board. The six Regional Directors and I rely on you to guide us as we continue to work for better health of the people of the world.
2. Some weeks ago, I stood in a bare cell in the Butyrskaya prison hospital in Moscow. A very thin man perhaps in his early forties, told me about how he struggled with multidrug resistant TB and how he – despite his medication – thought he'd never survive his nine-year sentence, since he was also HIV positive.
3. Around him stood several cell mates, all of them suffering from TB – all of them having contracted it while in prison, and most being likely to infect others when they were released, since not all of them had any guarantee that they would continue their treatment once they were out of jail.
4. Russia's Deputy Health Minister had taken us to meet with the patients: we then spoke with the health workers. They described the difficulties that they face in caring for their patients with TB, as well as their concerns for their own security. We met with the responsible Ministries' officials who explained the prohibitive cost of caring for prisoners with drug resistant TB. They also told us of the much more serious problems in other parts of Russia. In the WHO Moscow office we met with some of the world's TB experts, meeting their Russian colleagues and with staff from development organizations, as they considered strategic options for controlling TB in these difficult circumstances.
5. Russia is doing all it can to control its TB epidemic. Both the health and the justice ministries are going to great lengths to put limited resources to best use. But TB is not only a Russian problem. That prison cell could have been in any of a number of countries. TB and drug resistance are global problems.
6. TB affects people the poorest and weakest of us. It impoverishes those it afflicts. Treatments exist, but the search for means to reduce people's vulnerability to illness goes far beyond the reach of any health ministry. An effective response calls for resources, for an informed society and a functioning health system in its widest sense.
7. The challenge of TB reflects the approach spelt out in the WHO Corporate Strategy that you endorsed a year ago. We are well into our central task – to contribute to the reduction of poverty

through improving health. We are putting health within the context of human development, doing more to establish consensus on effective health policy, improving health outcomes through effective partnerships and creating an organizational culture that encourages innovation and accountability, strategic thinking and prompt action.

8. Our mission has taken WHO many new places – and has made us revisit old ones with a new perspective. Personally, it has taken me to this prison cell in Moscow and to the ward for HIV-infected AIDS orphans in a Durban hospital. To the G8 leaders' summit in Japan and the African Malaria Summit in Abuja, Nigeria. At the table with African or G8 Heads of State; in discussion with chief executives of the largest pharmaceutical corporations, or in the maternity ward in Dili's ransacked central hospital in East Timor.

9. Wherever I have gone, I have been strengthened in my belief in the principles that underlie our work.

- evidence and science must guide action and policies;
- we can only bring about more equitable health outcomes if we scale up tried and tested interventions;
- effective and sustainable results require us to move beyond our own organizations and work well with others who share the same values;
- we must do all we can to make globalization work for poor people; and
- we need massive increase in resources to reach the goals of poverty reduction and health-for-all.

10. During the last 12 months the world has woken up to the central significance of health. Good health is the basis for human development. It is the key to prosperity. Health was a central theme in the United Nations General Assembly Special Session on Social Development, in June, and then at the Millennium Summit in September. Heads of State are calling for action to improve health outcomes, and so improve their people's capacity to earn and learn, to produce, and to contribute to human security.

11. The importance of health within political processes was evident again, here in Geneva, as negotiators started work on the framework convention for tobacco control, during October. It was also reflected in the new and wideranging framework for cooperation between WHO and the European Union, which came into effect mid-December.

12. Heads of State have set ambitious targets for their people's health. The result is that health ministers find themselves even more in the limelight, facing difficult questions as they are asked to achieve miracles with limited budgets.

13. There is a massive gap between the resources needed to help poor communities tackle different causes of illness, and the funding and human capacity currently available to them. An additional \$ 1 billion a year, well spent, is needed to reach targets for rolling back malaria in Africa. For TB, at least half a billion dollars per year in high burden countries. For HIV/AIDS the gap is even larger – probably in the order of \$ 3 billion for stepping up prevention, treatment and support in Africa alone. Add in antiretrovirals and the costs rise even more dramatically.

14. You cannot produce good health without a sustained and adequate investment. I want us to bridge the resource gap. We need a dramatic increase in the resources for health, particularly within poor countries. We must challenge those who do not respond, asking them not to ignore the evidence.

15. This resource gap can be partially filled by greater financial efforts on the part of countries themselves. But they face real constraints. We are now calling for a significant and *sustained* increase in development assistance – including debt relief funding – to promote better health outcomes among poorer people.

16. My experience suggests that we can only stimulate new investment in health if we have evidence about the extent of need *and* what can be achieved if well implemented.

17. We depend on standardized systems for surveillance of global, regional and country disease burdens. Data on the incidence, prevalence and distribution of communicable diseases (including HIV, malaria, TB), violence and injury, child health, maternal health, and noncommunicable illnesses are available from WHO. Wherever possible they are analysed with respect to gender, age and social group. As you will see from the Board papers standardized approaches to the collection of health data are being encouraged.

18. The magnitude of risks to people's health is being quantified. I expect that later this year, WHO's Commission on Macroeconomics and Health will help us make the economic case for investing in health. It will indicate the range of effective interventions that are available now. It will point out the cost of investing too little in health, or of making the wrong investment choices.

19. Since my election as Director-General, I have heard ministers of health speak of the difficulty they have in assessing the effectiveness of health systems, in reviewing the ways resources have been used and in making the case for more funds.

20. Health systems reflect the constellation of actions that are designed to improve people's health outcomes. Following discussions in this Board, and other settings, over the last two years, I see an emerging consensus on the desirable goals and functions of national health systems. WHO has developed a group of indicators, based on this consensus, for measuring health system performance. During the last two years we set out to make quantitative performance assessments for all the world's health systems. To do this, we developed values for the indicators using methods that draw both on the disciplines of public health and econometrics, based on available data from each Member State. Where data were not available we estimated values using standard mathematical techniques. We expressed uncertainty in terms of confidence intervals. The results were expressed as indices in the annex to *The world health report 2000*.

21. There has been considerable public interest in this effort to develop instruments for analysis and policy dialogue, nationally and internationally. There has also been significant debate around this process, including critical remarks. This debate has engaged officials in many countries, academics, WHO country representatives and other staff, personnel in development agencies and banks, and, of course, you at the Weggis retreat. The debate should continue – in ways that reflect the views and concerns of all Member States.

22. Despite the controversy I sense, from health ministers, that information on the performance of national health systems helps them to demonstrate how resources are being used. It better enables them to raise awareness of their needs, to explain the main policy issues facing the health system and to seek support from finance ministries and funding from other sources. WHO is the Organization that

should help countries assess health system performance regularly. I want to be sure that the way in which this is done benefits from the useful insights now being offered by all Member States.

23. To this end:

- I will establish a technical consultation process, bringing together personnel and perspectives from Member States in different WHO regions. It will be supported jointly by staff from WHO country teams, regional offices and the Geneva departments.
- I will ensure that WHO consults each Member State on the best data to be used for assessing health system performance, and provides advance information on the indicator values that WHO obtains using these data.
- I anticipate that WHO will compile a report on the performance of Member States' health systems every two years: the next round will be completed by May 2002 for publication, after consultation, in October 2002. I will also ensure that Member States receive WHO's compilations before they are made available to the general public.
- I will establish a small advisory group, including some members from the Executive Board and the Advisory Committee on Health Research, that can help me monitor WHO's support for the assessment of health system performance.

24. In summary, I would like Member States and the Secretariat to adopt a constructive approach to assessing the performance of health systems. It must be transparent, credible and fair. I anticipate that as we improve our approach through experience, the involvement of all Member States will increase.

25. Evidence is the foundation of all our work for people's health. The challenge is to scale up effective responses to health priorities and to improve outcomes. WHO helps countries do this by bringing together researchers to address gaps in the evidence base. We establish effective technical networks, linking country teams, the regions and Geneva. We build on the new political momentum that we helped to create. We link up with partners who can contribute to an effective response. We measure progress.

26. Let me then focus on HIV and AIDS. As a cosponsor of UNAIDS and the overall United Nations response to AIDS, WHO has contributed to the reduction of HIV infection rates in many countries. However, the pandemic is running ahead of us and the international response is not adequate. HIV/AIDS poses a particular challenge to health systems and health workers – a challenge in terms of resources, infrastructure, equipment and access to drugs.

27. Following the directions of the World Health Assembly, WHO is scaling up support for effective health systems action to prevent infection, reduce vulnerability and ensure that infected people can have the appropriate and compassionate care and support they need.

28. We have reorganized the department of HIV/AIDS in the cluster of Family and community health so that we can help societies address the pandemic by offering governments the necessary tools and information they need in the health field to strengthen their policies and actions.

29. WHO does not accept the status quo, with its growing inequity in access to HIV/AIDS care. It has undertaken to explore new options for people's access to better care, including access to antiretroviral medication. We are impatient for results and will continue to stimulate progress.

30. We are scaling up action to improve maternal and child health – bringing together more evidence, making it more widely available, linking better with partners, and reviewing progress more frequently. Close working relationships between WHO country teams, the regional offices and Geneva ensure that our resources are used more effectively. Coordination with other United Nations systems agencies and the development banks mean that we can help them support best practice at the country level through their policies and programmes.

31. We have scaled up immunization and the results tell the story. National and global polio eradication is progressing well. We have seen a positive response – from Heads of State, health workers, Rotary, civil society and – of course – the staff of WHO and our partner agencies. We have seen extreme commitment and bravery, too, as the work is taken forward in dangerous settings.

32. As a result, polio transmission in India is well down; the disease has been eliminated from the Western Pacific Region, and immunization coverage is improving dramatically in Africa. Surveillance systems, the bedrock of the end-stage of eradication – are coming into place. This enables us to detect small outbreaks – like last year’s, in Hispaniola and Cape Verde – and respond to them quickly. We are on track for polio transmission to cease by the end of 2002 and certification by 2005.

33. We are helping to rebuild general immunization services, and incorporate them into health systems. The Global Alliance for Vaccines and Immunization is moving forward. Funds are coming in, cooperation between governments, agencies and the private sector is excellent, and country work progresses well. Last year the Alliance received and processed proposals from 38 countries, more than half of the 74 eligible countries. Twenty-one proposals were approved; commitments to those countries amounts to approximately 310 million dollars over five years.

34. The scale up in this area is now well under way. GAVI works with countries, discouraging fragmentation and pushing for strengthening health systems. The investments, this year, will increase immunization coverage by nearly 30%. Over 90% of children will receive vaccines against hepatitis B, *haemophilus influenzae* type b and/or yellow fever. At least half a million lives will be saved. We expect even more of GAVI next year.

35. This is also the case with the Roll Back Malaria efforts. The strategy is straightforward, cost-effective, and widely supported. Effective prevention and treatment is available. Prices for essential commodities – such as bed-nets and artesunate-based combination therapy – have fallen. We have helped negotiate the continued use of DDT when necessary for malaria control. Health systems are intensifying their efforts to take on the Malaria challenge. Other sectors contribute – raising awareness, reduce tariffs or reduce risks. WHO – and its partners – will monitor progress. Countries have organized themselves to do more – what they need, now, are more resources to make it happen.

36. We respond to people affected by complex emergencies. The demands on WHO are numerous, especially when ministries of health are severely overstretched. We will do more to help set standards, coordinate different service providers and monitor progress. Again, we must mobilize additional resources and use them well, as in Iraq, where WHO makes a major contribution to the health and well being of its people.

37. Last September, a WHO-convened network of institutions and nongovernmental organizations responded promptly and effectively to a call from the Ugandan Government to help contain a major outbreak of Ebola virus infection. The response was successful and reflected Uganda’s experience in this field.

38. We are now focusing on ways in which mental ill-health undermines the well being of populations and causes particular difficulties for the world's poor. We are pulling together evidence in this year's World Health Report which will review what we know: about the current and future global burden of mental ill-health and neurological disorders; about the effectiveness of prevention and the availability and restraints to treatment; and about the policies needed to ensure that stigma and discrimination is broken down and effective prevention and treatment are put in place and funded.

39. Our advocacy effort will focus on this year's world health day in early April. It will concentrate on reducing the stigma associated with mental ill-health. It will raise awareness about the many effective, affordable treatments that are available but underused, both in developing and industrialized countries. I expect these efforts to take mental health forward so that it is given the same priority and respect as physical aspects of health.

40. Scaling up responses to poor people's health means calls for effective health systems – encompassing all actions deliberately designed to improve people's health. We expect to see health systems improve health, respond to people's expectations and be fairly financed. This calls for effective stewardship by national governments in ways that get the best out of the public sector, and harness the energies of private, voluntary and community organizations.

41. So, we are increasing our response to requests, from countries, to help enhance the performance of their health systems. We work closely with national governments and their institutions and with other development agencies, reviewing experiences and sharing best practice. We assist with planning and management of care, at national and district level, in hospitals and health centres, advising on human resource development, and the budgeting and financing of services.

42. Countries also expect us to help them identify, and then respond to, risks to health and to promote healthy lifestyles. We work on these risks at local, national and global levels – indeed *Risks to Health* will be the theme of *The world health report in 2002*.

43. We want communities and nations to be able to assess risks to health from the food they eat, the water they use, the air they breathe and the behaviours they adopt. When the evidence warrants it, we encourage national and international agreements. We help to establish voluntary codes of practice, and support the different parties as they attempt to implement them. Where necessary we will help to develop international health regulations and framework conventions.

44. We strive hard to assess the scientific issues in complex areas – like infant nutrition, food safety, and environmental health; reviewing new evidence as it comes available, and examining its policy implications. In these areas, scientific analysis of influences on people's health is central to our dialogue with national authorities and civil society.

45. The importance of environmental health work has been amply illustrated over the past few days, as concern has grown over depleted uranium coating on *munitions* used in Iraq and in the Balkans. Both individual countries and NATO are looking to the United Nations for guidance on what evidence there exists on the health effects of depleted uranium.

46. Despite hopeful results of the first retrospective analysis of the health consequences of the use of depleted uranium in Kosovo, we cannot determine the real risk to the health of the population associated with exposure to depleted uranium radiation without additional in-depth investigation. WHO's regional and Geneva offices, working with the International Agency for Research on Cancer and the United Nations Environmental Programme, are already responding. We will report on the situation later this spring.

47. At the same time, WHO works in collaboration with those who have been directly involved. It seeks additional information on the incidence of neoplasia and other possible adverse health impacts among civilians in the Balkans and Middle East, among humanitarian workers, and among military personnel – particularly those known to have handled depleted uranium. This information will need analysis in a way that demonstrates the relative risk of leukaemia and other health outcomes associated with different exposure patterns.

48. WHO is proposing study protocols that could be utilized by the concerned civilian and military authorities. The use of these protocols might offer definitive answers to the questions that have been raised recently by national governments and the media.

Mr Chairman,

49. Science is also the foundation for all our work on infant nutrition. Some 1.5 million children still die every year because they are inappropriately fed. Unfortunately still, fewer than 35% of infants worldwide are exclusively breastfed for the first four months of life, and complementary feeding practices are frequently inappropriate and unsafe. The growing number of major emergencies, the HIV/AIDS pandemic and the complexities of modern lifestyles complicate the challenge of meeting young children's nutritional needs.

50. Given the singular impact that feeding practices have on survival, health and development in the early years, WHO has long supported Member States in their efforts to improve infant and young child feeding practices. Two remarkably successful examples are the Baby-friendly Hospital Initiative, and the International Code of Marketing of Breast-milk Substitutes.

51. To scale up our efforts in this crucial area, last year I launched the development of a new global strategy for infant and young child feeding that is intended as a framework for action by all concerned. Country and regional consultations have been initiated. This week you will discuss the progress made in the development of the global strategy. You will consider the related draft resolution. Your discussions on this issue will help to guide the Health Assembly.

52. WHO currently recommends that the optimal duration of exclusive breastfeeding should be between four to six months, depending on the growth of the infant and the risks encountered in the home environment. In view of the continuing debate on this issue, last year I commissioned a systematic scientific review of all available literature on the optimal duration of exclusive breastfeeding. This review, undertaken by independent, external experts, has involved the painstaking examination of nearly 3000 references, and the use of rigorous criteria to select relevant studies for analysis.

53. All this analytical work will be discussed at an expert consultation here in Geneva at the end of March. It is important that this science-based process is allowed to continue to its completion so that it can serve as a foundation for future policies. Now may not be the best time for a review of the current WHO recommendation on the duration of exclusive breastfeeding.

54. As an Organization we have always shown that where the evidence is strong, our global policy positions are clear. For example, we are unequivocal in our support for tobacco-free lifestyles.

55. WHO has taken on a new and uncharted role as it takes forward the preparation of a framework convention on tobacco control. This is the first time that we have made use of our ability to create an international legal treaty to improve the public's health. It has required WHO to set up an entire new internal mechanism. Although the Intergovernmental Negotiating Body, chaired by Ambassador

Amorim from Brazil is a committee of the World Health Assembly, it represents the first Member State-driven process run separately from the World Health Assembly proceedings.

56. This will be an important year for the negotiations of the Convention. The Intergovernmental Negotiating Body will meet again in late April. We expect that we will then see some solid progress towards a strong Convention.

57. Last year's Intergovernmental Negotiating Body meeting was preceded by a series of public hearings on the framework convention. This unprecedented event provided an opportunity for all views to be heard. Perhaps similar approaches could be used more often when we seek contributions to other complex policy questions.

58. At the same time, WHO published the text of an independent study of the attempts, by tobacco companies, to influence the work of WHO. It showed us how one group could seek to influence our work. The study report reminds us to be watchful: to stand strong against pressure of any kind which conflicts with our core values. I am grateful to Dr Thomas Zeltner, a member of this Board, for the care with which he led this enquiry. We have responded to many of its recommendations already – initiating investigations into the extent to which companies were successful, and establishing conflict of interest policies for WHO.

Mr Chairman,

59. Through our work with other United Nations partners, with the European Union, the G8 and with the private sector, we have stressed the need for globalization to work for the poor. A central element of this is the work to improve access to essential drugs and other pharmaceuticals.

60. We work closely with our Member States to build on the converging interests of clinical medicine, global public health, the research-based pharmaceutical industry, and those who set the rules for international trade. We are finding opportunities for innovation and creative collaboration to overcome market failures. We support the protection of patents as a necessary and effective incentive for research and development. Essential drugs, though, are an unusual commodity. The patents that apply to their development and production should be managed in ways that benefit the patent holders *and* the public.

61. This means that we encourage equity pricing for medicines that are on-patent, and the production of generics for those that are not, so that poor people can more easily access the drugs they need. To this end, we continue to seek new relationships between the public and corporate sectors – relationships that will contribute to health for all and health equity. WHO will play a major role in the forthcoming series of international and regional meetings in the coming year. We give particular importance to the United Nations General Assembly special sessions on HIV/AIDS and on children, and the United Nations Third Least Developed Country Conference in Brussels in May. Effective collaboration and coordination between countries and development agencies is essential to ensure that we make the greatest difference possible and increase the levels of human, political and financial resources available for health outcomes.

62. I have described an intense programme of work. We are gearing up to support it, throughout WHO. We continue learning to work as an effective and unified network that responds to the particular needs of each country and its people. Our country teams are critical: they determine the extent to which we can make a difference. During the coming year, we will increase the emphasis on ensuring that countries, and their people, are at the centre of all our work and our efforts.

63. We will all work together to maximize the support that intercountry units, regional departments and Geneva-based groups can provide to country teams. Our new telephone and video systems make this possible – more easily and at lower cost than ever before. The upcoming global meeting of WHO Representatives will also help in strengthening the work between countries, regions and headquarters.

64. We are also focusing on the systems for managing our precious human resources, and our scarce finances. This means further simplifying complex processes and adopting best practices across the Organization.

65. We will give high priority to improving our information technology, so that programme managers within countries, in the regions or in Geneva can have rapid access to the technical and managerial information which they need to achieve the best possible benefits from these resources.

66. When I came to WHO I said that I wanted us to reach out, and work closely with our major partners. We have catalyzed a range of dynamic partnerships, focusing on results, working together and assessing what is achieved. We keep them under close review, identifying the arrangements that are likely to be effective in different settings, and ensuring that WHO adds value to partnership arrangements.

Mr Chairman,

67. I turn now to the other important work of the Executive Board. But let me first thank you and the Government of Switzerland for the very successful Board retreat that was held in November. This was the third retreat since they were introduced in 1998 as part of our reform process.

68. The programme budget for 2002-2003 is the major agenda item for the current session. We have used a new process to prepare it. One that involved regions and headquarters together from the start. One that provides expected results for the whole Organization. One that has enabled the global budget document to be reviewed for the first time by the Regional Committees. In itself it has helped enormously to unite the Organization.

69. The corporate strategy is at the heart of the budget – it is also the backbone of the new General Programme of Work for WHO. The strategy is pursued within the budget through focused programming around 35 areas of work. We have identified desired international goals, and then proposed the purpose for WHO action, expected results and indicators of achievement.

70. During our worldwide staff meeting last week all of the participating Regional Directors emphasized that we will now need to build on the spirit that helped prepare the budget to ensure that its implementation is based on a unified WHO. We are all fully committed to that.

71. Particular care is now being taken to ensure synergy between areas of work as they interact with countries. Following a two-year pilot programme we now have established a strategic approach for cooperation with countries, established jointly by WHO and the national authorities, and reflecting the processes established by regional offices as a result of guidance from their regional committees. The Global Programme Management Group, bringing together senior programme management staff from the regions and Geneva will help us monitor the progress of this new way of working.

72. Despite the increased demands being made on us, and the cost increases we face, our regular budget remains static. We are most grateful to those who are contributing to a growth in voluntary contributions – they are essential for our work. We are in particular need of voluntary resources to support essential functions at country level. We foresee that voluntary income will increase by 15% in

the next biennium, and we will review this projection prior to the Health Assembly. It is clear that all the extrabudgetary funds we receive support WHO's values and do not undermine WHO's governance structures or established procedures.

73. But as you know there are many things that can only be financed by the regular budget. We have now done our utmost to make all possible efficiencies with the use of these resources. I will be consulting over the coming weeks about how best we seek a limited growth in our regular budget ceiling.

74. I have been encouraged by the latest statistics which show that the proportion of assessed contributions received during 2000 was 87%, the highest annual rate for 15 years. But we still have a sizeable amount of arrears still to be paid off: early payment of all due contributions is essential if the Organization is to function effectively.

75. You will also be reviewing at this Board the first outcomes of our work to develop and improve the human resource policies. I would like to thank all those who took this process forward, particularly staff representatives worldwide. More human resource reforms are planned, particularly with regard to employment policies and contracts.

76. Over the past year the WHO staff have shown extraordinary commitment, productivity and energy. There have been difficult challenges as health issues have moved up in the news and in the political debates. Those working on the day-to-day tasks are however equally important and dedicated. There has been real inconvenience for many, and some face extreme personal danger.

Mr Chairman,

77. As he began his position as the first Secretary General of the United Nations, my fellow countryman Trygve Lie received the following words of advice: "We are neither a learned society nor an academy; we are a great political and social organization, and for us reality counts. It is the raw material of our work. And you should seek the force and the power of your influence, not in any theoretical idealism, but in an optimistic confidence founded on facts."

78. These are words as valid now as they were then. We all should keep them in mind as we enter this week's – and this year's work.

79. The political context is unprecedented. It is a real opportunity. We have – together – been able to grasp it and to respond to the changing environment. With your backing we are working hard to turn commitments into actions, and actions into results that change peoples' lives.

80. Expectations have been raised and we *are* responding. We are well aware of the need to demonstrate real achievements, in communities and in countries. Only then can we secure the additional resources that health action needs – and deserves. My enduring commitment is for WHO to blaze the trail, set the standard and do all that is humanly possible to ensure that results are achieved. That is how we all will be judged, and we cannot afford to fail.

Thank you.

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