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Statement by the Director-General to the Executive Board at its 111th session

Geneva, Monday, 20 January 2003

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

1. I welcome you all to this 111th session of the Executive Board.
2. We have come a long way together in the last four and a half years.
3. We have seen WHO strengthen its position as an international health organization that matters. We have seen WHO become a rejuvenated organization, with a strategic agenda that engages the whole of WHO – headquarters, regions and the countries, putting health firmly on the global development agenda, and inspiring action by a variety of partners.
4. Member States have greatly supported these endeavours by prioritizing our agenda based on evidence. This is bringing us closer to issues of poverty and development. We have established that health is an important determinant of development and poverty reduction. As a result, WHO is playing a greater role in world health and development than ever before. The whole reform process, and our programme planning, have also helped promote this change.
5. We have matured as an Organization. A sign of this is our confidence in building partnerships with countries, nongovernmental organizations, the private sector, and major donors. We are willing for others to play a more visible role. We are willing to play a nurturing or supporting role, because we are confident we are needed and relied upon to give advice. The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance on Vaccines and Immunization, and the Medicines for Malaria Venture are examples of such broad interactions that WHO is proud to have been instrumental in creating and is happy to support.
6. It is not just what WHO itself does directly that is important. It is also how we are able to help others contribute to reaching the shared goal of health for all.

Distinguished Board members,
7. The challenge now is to use this more effective, more flexible, more responsive Organization to shape the future of global health. The tasks ahead are huge and challenging.

8. Let me first focus on the Millennium Development Goals. These targets have been set by the Heads of State of almost all countries and will focus the United Nations system's activities over the coming years. They will form the basis of a report card to our Member States – but they will also form a yardstick for the countries' own performance. For the Millennium Development Goals to be achieved, countries must reconsider their priorities so that the struggle for economic development is broadened to strive for sustainable, human development which will enrich the lives of all and reduce poverty and suffering. The United Nations system's success or failure will be measured by how much it can facilitate this change.

9. In health, what does this mean?

10. It means addressing the fundamental determinants of ill-health, including poverty, malnutrition, discrimination, lack of education and employment, unsustainable population growth, and environmental degradation. It means ensuring access to basic health care services for all.

11. It means dealing with the unfinished agenda of child and maternal mortality. How can we continue to let these deaths occur when the technologies to prevent them have been known and available for years?

12. It means greater efforts to meet the special needs of young people who are society's greatest hope but who are also in the forefront of the HIV epidemic.

13. It means preventing the AIDS epidemic from exploding in Asia and elsewhere, while doing our utmost to reduce the devastation and suffering it is causing in Africa and the Caribbean.

14. It means continuing to develop effective and flexible prevention strategies adapted to all cultural settings and national realities and using all possible entry points, including reproductive health programmes.

15. It means increased access to treatment and care, including life-sustaining medicines for HIV/AIDS, so that we accomplish our goal of reaching the people who need such treatment.

16. Most of all, it means increasing the resources allocated to HIV/AIDS tenfold. The world cannot let people die just because they cannot afford the medicines that would sustain their lives. We cannot let millions of children lose their parents. We cannot let countries slide into decline and disarray. Our world is rich. We can afford to act. The world can spend US\$ 15 billion each year to drive back this global catastrophe.

17. It means dealing with the unfinished business of infectious diseases which flourish mainly because of poverty. We need to intensify the offensive in the ever so difficult fight against malaria. We need to stop tuberculosis. It means providing immunization coverage for all children and to make effective vaccines available to all.

18. We have an unprecedented opportunity to eradicate poliomyelitis – the virus is now isolated in a handful of countries, the lowest number ever. However, we are also faced with unprecedented challenges due to the extremely worrying increase in cases in India, Nigeria and Egypt. At the same time, an acute funding shortfall of US\$ 25 million has made it necessary to cancel immunization days in a number of important countries, make severe cutbacks in surveillance and reduce staff, all at a time when we should be throwing our maximum resources into eradicating the final cases of this dreadful disease. Our previous success has shown that we can overcome all conditions on the ground – the

overwhelming majority of countries are poliomyelitis-free. The critical factor is the political commitment to eradication at all levels of government in the remaining endemic countries. And the funds to finish the job. We cannot afford to lose any time.

19. We must focus on women's health and gender inequity. Attacking conditions that perpetuate poverty and reducing child and maternal mortality are only possible once we accept the special health needs of women and give them priority.

20. Despite progress in the last decades, almost 11 million children still die every year. Ninety-nine per cent. of these child deaths are in developing countries. Although we have interventions and knowledge about what can be done to save these millions of children, this knowledge has not yet been turned into actions that will have a desirable impact on child health. And let us not forget, it is adolescents' behaviours today that will influence their health as adults and that of their children.

21. We need to carry out the recommendations of the Commission on Macroeconomics and Health. The Commission's work has now started to bear fruit. More than a dozen countries have set up national commissions or in other ways begun work to assess how to integrate updated health needs into their key national development plans.

22. Sadly, well into the twenty-first century, we have to continue a rearguard action against diseases of poverty. Yet it is essential that we also encourage a concerted effort to prevent the occurrence of the chronic diseases that will follow changes in lifestyle, diet and environment as a result of rapid globalization and urbanization.

23. Tobacco will be the main cause of death over the coming decades unless drastic action is taken. I am delighted to be able to say that drastic action is being taken. Last week, Ambassador Luiz Felipe de Seixas Corrêa of Brazil, who chairs the negotiations for a framework convention on tobacco control, presented the revised text which will be the basis for the sixth and last round of negotiations here in Geneva next month.

24. All governments – particularly Heads of State and ministers – have the capacity to protect coming generations from death, disease and tremendous health system costs from tobacco. I hope that they will be responsible and act in the interests of their people's health. By ensuring that the treaty we present to the World Health Assembly in May is effective and global in nature, we will have provided countries with a useful tool for their own work on tobacco control.

25. Tobacco ranks high on last year's world health report's list of 10 major risks to health. Underweight features, as does obesity, among major factors in death and disease for millions. Other poverty-related risks, such as unsafe sex, lack of sanitation and hygiene, unsafe water, iron deficiency, and indoor smoke from solid fuels rank alongside risks reflecting the changing lifestyles and over-consumption of salt, sugar, and alcohol.

26. The study of risks to health shows the enormous potential for preventing death and promoting healthy life. More than 50% of deaths and disability from heart disease and strokes can be avoided by a combination of simple, cost-effective, national efforts and individual actions to reduce major risk factors such as high blood pressure, high cholesterol, obesity and smoking.

27. Many of these risks are related to diet and nutrition. I mentioned during last year's Assembly my intention to reinvigorate work in diet, nutrition and physical activity – and we are doing this. The development of a global strategy on diet and physical activity is well under way. Over the next few

months, regional consultations are planned worldwide with governments. Several new and innovative interactions with private food, sporting, retail and insurance companies as well as with nongovernmental organizations and consumer groups are being undertaken to find joint solutions to the growing global problems of obesity, cardiovascular diseases and diabetes. Just one example of such an emerging partnership is one that will involve stronger advocacy for people to eat more fruit and vegetables. The benefits will be felt in terms of reduced incidence of chronic diseases and substantial reductions in micronutrient deficiencies.

28. At the same time we see how the environments in which people live put their health – and lives – at risk. There are a number of simple measures that, if taken on a global scale, could cut drastically deaths from unsafe water, from indoor smoke and from pollution. Our focus must be on shaping the future, on promoting healthy environments for children. This calls for local level action – by communities, by municipal governments and by national authorities. We have formed an alliance for healthy environments for children to help these stakeholders to act. Healthy environments for children will be the theme of this year's World Health Day and our proposal for the ministerial round tables at the Health Assembly.

29. As we set out on a new year, the prospect of war – not just in Iraq but in different parts of the world – occupies the minds of many. In many places, acute humanitarian crises reflect long-standing problems, the erosion of society due to HIV/AIDS and long-term under-investment in basic services. These realities only come into the public view when collapse is precipitated by natural or man-made disasters.

30. Last year, we published the first *World report on violence and health*. An average of 4400 people die every day – that is 1.6 million each year – because of acts of violence around the world. The number of people injured or who suffer other non-fatal health consequences as a result of being the victim or witness of acts of violence, is many times higher.

31. With last year's report, the international community has at its disposal a compilation of the best available knowledge on the magnitude of violence around the world and on the myriad factors which lead to violence. We have also presented a set of recommendations on ways to intervene to prevent violence. WHO will follow up the report with a campaign against violence which will assist countries in approaching violence as a public health problem and set in motion effective actions to prevent deaths and suffering from violence.

Distinguished Chairman,

32. Health challenges call for us to focus on improving the quality of life.

33. Two years ago, we focused on the growing burden of mental ill-health. More than 400 million people worldwide are estimated to be suffering at any given time from some kind of mental or neurological disorder, including alcohol and substance abuse disorders. Five of the 10 leading causes of disability are mental problems such as depression, schizophrenia, bipolar disorders, alcohol dependence, and obsessive-compulsive disorders.

34. The Mental Health Global Action Programme developed by WHO follows on from all the events of 2001 to provide a clear and coherent strategy for closing the gap between what is currently available and what is urgently needed to reduce the burden of mental disorders. This five-year programme is forging strategic partnerships for sustainable capacity building for mental health action in countries.

35. The rapid ageing of the world's population is one of humanity's greatest triumphs. It is also one of our greatest challenges. Global ageing will make increased economic and social demands on all countries. At the same time, older people are a precious, often ignored resource that makes an important contribution to the fabric of our societies. Countries can afford to get old if governments, international organizations and civil society enact "active ageing" policies and programmes that enhance the health, participation and security of older citizens.

36. Underlying all our work to assist countries achieve these health goals is our effort to improve health systems. Demands on health systems are ever-increasing. Tuberculosis treatment. Care for people with HIV as well as for those with chronic illnesses. In the context of the Doha Declaration on the TRIPS Agreement and Public Health, we have supported the public health principle that the people of a country which does not have the capacity for domestic production of a needed product shall be no less protected by compulsory licensing provisions (or other TRIPS provisions) than people living in countries capable of producing the product. We are taking the line that the need of poor countries for lower prices should have a broad basis.

37. Resources for health are always scarce. Wherever I travel I see dedicated health workers achieving miracles, frequently with minimal pay. Often they succeed by going outside the traditional structures; through joint efforts with nongovernmental organizations and private entities. But we also see them moving on, from impossibly difficult assignments to places where conditions are easier – from the countryside to the cities; from poor countries to those where they are better off. We must do all we can to stem this drain of qualified resources. WHO must work with developing and industrial countries alike to ensure that needs for qualified health professionals are met everywhere.

38. We are providing health ministers with better methods for examining health system coverage and quality, based on the new World Health Survey. We have also started to design a global project to improve health statistics.

39. If we do not have the ability to measure how systems perform, we cannot implement policies properly. Without the data we cannot adjust the systems and improve results. Establishing systematic methods for assessing health systems' performance has been one of my key concerns over the past four and a half years.

40. Our new Ethics and Health Unit is now fully staffed and is ready to support our Member States.

41. In recognition of civil society's critical role, and to encourage new outreach efforts and new partnerships, I initiated in May 2001 a process of reviewing WHO's relations with civil society and nongovernmental organizations. The findings of this review not only envision that rules and procedures for working with nongovernmental organizations be streamlined and opened up, but also places renewed emphasis on WHO outreach, collaboration and advocacy with civil society.

42. We have placed before you a paper that outlines some of our main ideas. We are recommending that the official relations system be simplified to help modernize the way we work with nongovernmental organizations, bring it closer to the rest of the United Nations system, and to make WHO even more open and proactive in mobilizing the continued efforts of crucial partners for global health and development. I hope you will endorse these ideas and provide us with a firm basis for moving forward our work with civil society.

Distinguished Board members,

43. To fight these battles on so many fronts, WHO needs to be strong. You have before you my proposals for the programme budget 2004-2005. I am suggesting a considerable strengthening of WHO's presence in countries. There are increasing demands on us to support national authorities as they work to get better health outcomes for their populations. We are also asked to help countries to have greater influence on global and regional public health action.

44. This is the purpose of the WHO Country Focus Initiative that was launched at the Health Assembly last May.

45. I am suggesting a 3% biennial growth in our regular budget to cover unavoidable cost increases and forecasting a 37% growth in our extrabudgetary funds, about half of which is for poliomyelitis. If granted, this regular budget increase of US\$ 25 million will be the first for a decade. It is desperately needed for our core responsibilities. My successor will breathe more easily.

46. There are issues on your agenda covering WHO staff – our greatest asset. They work long hours with true dedication, often under difficult and dangerous conditions.

47. I have made some proposals to address issues relating to the geographical distribution of staff. While it is important to have a clearly-defined and transparent formula, it is even more important for all of us – and especially managers – to be committed and accountable to ensure that we are recruiting staff from countries that are not represented, under- or poorly-represented. I therefore believe that clear targets should be set to reach this goal across the Organization, including at senior levels.

Distinguished Board members,

48. You have a big agenda before you in the next 10 days. We in the Secretariat stand ready to facilitate and support your important work.

Thank you.

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