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Report by the Director-General to the Executive Board at its 113th session

Geneva, Monday, 19 January 2004

The Director-General begins in French.

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

1. The last time I addressed a session of the Executive Board was one year ago to thank you for your confidence in me as the next Director-General of the World Health Organization. A lot has happened since I took office on 21 July. Most recently, we have been working with the Iranian Government following the terrible earthquake in Bam. We have launched a highly ambitious initiative to get life-saving treatment to people living with AIDS. And, we have started a series of massive immunization campaigns in the last six endemic countries to complete the global eradication of poliomyelitis.

The Director-General continues in English.

2. The French delegation will agree that my French is improving.

3. There have also been celebrations to mark the 25th anniversary of the Alma-Ata Declaration on Primary Health Care. I had the pleasure of attending these in Kazakhstan, Brazil and here, in Geneva. They provided a great opportunity to see WHO's work in perspective, beyond our day-to-day tasks. It is clear that however much the world has changed since 1978, and continues to change, the health of all people remains the guiding rationale for all of our activities.

4. We were fortunate to have my three predecessors at our meeting in Geneva – Dr Brundtland, Dr Nakajima and Dr Mahler. Their many achievements over the past three decades continue to guide our present and future work. Our Organization continues to evolve in the regions also. This is the last meeting of the Board that Dr Uton will attend as Regional Director for South-East Asia. He will be greatly missed.

5. When the WHO Representatives met here in November, to discuss our work in countries, we sensed the real possibility of reclaiming and reinventing the vision of health for all for the specific challenges we now face. The same potential was evident in our discussions during the retreat of the Executive Board in Accra, so kindly hosted by Ghana.

6. Some of you attended the Second Consultation on Macroeconomics and Health here in October, and the High-Level Forum on the health Millennium Development Goals earlier this month. Both

meetings have helped to clarify the urgent resource needs countries are facing, and the options for meeting them.

7. But recent months have also brought shocks and disasters. During the last year, the lives and health of around two billion people in more than 50 countries have been put at risk by a series of crises.

8. Some of these have been sudden and catastrophic, like the earthquake that destroyed much of the city of Bam on 26 December. They call for a focused response to preserve the health of survivors. The reaction of the Iranian people and their institutions was extraordinary and effective. We are working closely with them on restoring essential services.

9. Other crises, such as the violent conflicts that continue to affect many people in Iraq, Liberia and the Palestinian Territories, stay with us for much longer periods. Civilians, especially women and children, usually suffer most, and much more from unprevented and untreated illness than from bullets and bombs.

10. Then there are the crises that develop more slowly but have a profound long-term impact on society, such as those caused by HIV/AIDS, tuberculosis and malaria, or by the epidemic of arsenic poisoning in the Ganges delta.

11. The devastation caused by all three kinds of crisis can be reduced in the first place by measures of prevention; then, where these fail, by a well-prepared response. Even as attention is focused on the most immediate needs, however, it must turn to the repair and recovery of the systems needed in the longer term. We are refocusing our work to become more effective in helping communities and countries respond to health crises.

12. Rebuilding and strengthening health systems is the overall theme of *The world health report 2003*, published last month. The report is subtitled "Shaping the future" and reflects the changes now in progress in WHO as we take up the challenges of achieving the Millennium Development Goals, maximizing disease control and tackling the global health workforce crisis. It will be followed this May by our report for 2004 which will focus on HIV/AIDS.

13. We launched our detailed strategy for reaching "3 by 5" on 1 December. It sets out the actions needed to get three million people onto antiretroviral therapy by the end of 2005, with clear milestones for progress. HIV/AIDS has become a disaster in many countries, and threatens to do so in many more. The technical means exist for mitigating and preventing the devastation it is causing, and reducing the present toll of 8000 deaths a day. The aim of the "3 by 5" strategy is to mobilize the people and funds to make use of those means. In so doing, it will build up preventive measures. It will also catalyse action throughout the health services that will strengthen their capacity to meet the many and varied demands they face.

14. We held events in key locations around the world to launch the strategy. They were strongly supported by our partners and received wide and favourable coverage. On World AIDS Day, I was in Zambia, with the Chairman of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Secretary Thompson and his delegation, and was delighted to see the wholehearted commitment of the local and national health authorities there.

15. That was only seven weeks ago. Already 31 countries have appealed to WHO for support for AIDS prevention and treatment scale-up. Seven country planning missions have been completed, and a further 13 will be completed by the end of February. We will be appointing the first 20 country team

leaders during the next two or three weeks. They will then set up country support teams to help deliver the “3 by 5” target.

16. We have started up the AIDS Medicines and Diagnostics Service (AMDS) to assist countries in purchasing drugs and diagnostics and improving distribution systems. Simplified treatment guidelines have been finalized and widely disseminated. These explain the requirements for managing antiretroviral treatment and allow for the training of large numbers of key health workers.

17. In all this activity, the Global Fund and UNAIDS are playing a crucial role, as well as national and international efforts.

18. Meanwhile, we are in the midst of an all-out effort to complete poliomyelitis eradication in the last six endemic countries. With the health ministers of those countries, and our other main partners in this effort, I signed a strongly-worded declaration last week on carrying out the last crucial immunization campaigns. At this point, the stakes are higher than ever before. There is an unprecedented opportunity for success during the coming months, with the multiple immunization of 250 million children, mainly in India, Nigeria and Pakistan. But, there is always the danger of an explosion of new infections in the poliomyelitis-free countries, until transmission is finally broken everywhere. We experienced the same danger in the regions now poliomyelitis-free, recently in the Western Pacific, even more recently in Europe. Complacency would be fatal for this 15-year, three-billion dollar effort.

19. Immunization activities in many countries have built up systems that can increasingly be used for other child health activities. Reduction of child and maternal mortality rates is not only a moral and practical necessity, but a commitment made by all countries in the Millennium Development Goals. Eleven million children and over half a million mothers die each year from largely preventable causes. Effective and affordable interventions exist, such as skilled attendance at birth, immunization, breastfeeding and integrated management of childhood illnesses. We must make a concerted effort to turn these possibilities into reality.

20. Our agenda items on family and reproductive health will help us outline the way forward on these closely-related issues and will involve us in increasingly close partnerships with other parts of the United Nations system, especially UNICEF and UNFPA.

21. At present, there are daily reports of suspected cases of SARS. So far this year, there have been just two confirmed cases. We are also working closely with national authorities in Asia on avian influenza surveillance and control activities. With continued vigilance globally, and with quick concerted action on the ground, we can greatly reduce the danger of large outbreaks.

22. To monitor these and other potential emergencies, we are building a situation room. Officially known as the Strategic Health Information Centre, it is a large room with the latest communications technology, visual display systems and software, to facilitate quick and accurate decision-making for public health. It will serve the three functions of crisis management, integrated programme management and information dissemination. Although it is still under construction, I would like to invite the members of the Board to a demonstration of this facility during the lunch break on Wednesday. The situation room should be in full operation by the time of the World Health Assembly in May.

23. Another vitally important part of our work against epidemics is the International Health Regulations. Work is progressing as planned on the revision of these. Regional consultation meetings will be held in our six regions between March and June.

24. The revisions reflect the many changes that have occurred in the world since the current Regulations came into force in 1971. As globalization progresses, countries continue to become more dependent on each other for their health and safety, and the need for closer cooperation and coordination increases. Environmental factors play an important part in this, especially to ensure safe food and water supplies and to prevent biological, chemical and nuclear accidents. Prevention of road traffic accidents is another area in which much more must be done. "Road safety is no accident" will be the slogan for World Health Day this April.

25. Global cooperation is also indispensable for noncommunicable disease prevention. For these diseases, there are three very straightforward preventive measures that everyone can take when they are properly informed and supported by sound policy. They are: avoid tobacco use, be physically active and have a healthy diet. Since the adoption by the World Health Assembly of the Framework Convention on Tobacco Control last May, 85 countries and the European Community have signed the Convention, and five countries have ratified it. I urge all countries that have not yet signed or ratified the Convention to do so as soon as possible. After the 40th country has ratified the Convention it will come into force and help save millions of lives.

26. The questions of diet and physical activity have been of concern to some in the food industry and in agriculture. Unlike tobacco, food is a fundamental requirement for health. The aim is to have in place a Global Strategy on Diet, Physical Activity and Health, which sets out policy options for governments to support good food and healthier living. As a public health community, we have for too long neglected preventive measures for cardiovascular disease, diabetes, obesity, cancer and other chronic diseases. It is time to act decisively, and in a spirit of positive interaction, with all the parties concerned. These include the food industry, as well as consumer groups and the health services.

27. Health systems are a key item on our agenda for the coming week. In many countries, these have been suffering the combined effects of instability, conflict, and under-funding due, in part, to heavy external debt. The result, especially for the poorest people, is less access to essential services, unaffordable out-of-pocket expenses and further exposure to the diseases of poverty. This perpetuates the cycle of poverty.

28. The need to strengthen national health systems is the most pressing reason for our commitment to shifting resources to countries. This is reflected in the programme budget for 2004-2005. The goal was to increase the amount of the budget allocated to countries and regions, rather than headquarters, from 66% to 70%. We have succeeded in this in the plans outlined in the documents for this session of the Board, and will now work hard to ensure that they are fulfilled. We are also pressing ahead to increase this proportion to 75% for the 2006-2007 biennium.

29. Community participation, a fundamental principle of the Alma-Ata Declaration, can be a highly-effective means of strengthening health systems, but this also requires skilled management, reliable information systems, and financial and political support. These are areas in which our input can have multiple effects since, wherever health systems improve, the whole health situation can improve. Adequately-trained and supported personnel are the key to making health systems work for the people who need them most, and this is a major component for all our programmes.

30. These are just some of the practical realities by which we are turning our goals into results in countries. I wish us all a productive and rewarding week.

Thank you.

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