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Report by the Director-General to the Executive Board at its 117th session

Geneva, Monday, 23 January 2006

The Director-General begins in French.

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

1. Today I will outline the most pressing issues that currently face WHO. I will also review the main events of the past year, and look ahead to what needs to be achieved in the future.
2. The start of the millennium was characterized by the explicit, high-level links articulated between poverty, health and development. In this second half of the decade, work urgently continues on those central concerns. However, a new emphasis has emerged: on health and security.

The Director-General continues in English.

3. Looking first at current issues: Avian and human pandemic influenza. Here is the situation as at 7 a.m. this morning. In Turkey, 21 human cases of avian influenza have been reported by the National Influenza Centre in Ankara. Of these, four have died.
4. The unique feature in the Turkey situation was the unexpected appearance of human cases of avian influenza. There was almost no prior warning of infection in poultry in the eastern part of the country.
5. The Turkey experience demonstrates the dangers posed by avian influenza in birds and the vital importance of surveillance and effective early warning systems. It also reiterates the threat of a pandemic of influenza in humans. A pandemic could arise with little or no warning from the animal side.
6. This recent experience has also illustrated just how fast both governments and the international community can move in a crisis. In Turkey, within one day, patient samples were collected, shipped and received in the United Kingdom. The results were available within 24 hours. One hundred thousand treatment courses of oseltamivir were delivered one day after the first cases were confirmed. A team of WHO experts travelled to Turkey within one day of the request by the Government, and supported assessment and planning. WHO teams are already working to assess the situation in Turkey and the Ukraine. By next week, WHO teams will be working with the governments of a further seven neighbouring at-risk countries to assess the situation.

7. Concern has been expressed that we are overplaying this threat. We are not. We can only reduce the devastating human and economic impact of a pandemic if we all take the threat seriously now and prepare thoroughly. This is a global problem.

8. We have drawn up the Pandemic Influenza Strategic Action Plan for this year and next. It contains the key elements that need to be implemented by all countries. Without country action this is just a piece of paper.

9. The draft containment plan, developed through international consultation, is going on to our web site by the end of this week and will be finalized very shortly. Only hindsight allows for a perfect plan to be made. We have to make a plan now, using the best information we have available. Timeliness is everything.

10. Action needs to be backed by money. I have just returned from the international pledging meeting in Beijing. The good news is that US\$ 1.9 billion has been pledged, in loans and grants. Of this, we have asked for US\$ 100 million to be earmarked to WHO for our activities.

11. We are grateful to Roche for their generous donations of five million treatment courses of Tamiflu® for regional and international stockpiles.

12. As you know, Dr David Nabarro has been seconded as the Senior United Nations System Coordinator on Avian and Human Influenza. I am very pleased that he has taken on this immensely complex task. David is a very effective voice in New York.

13. This week you will discuss Member States' immediate voluntary compliance with selected provisions of the revised International Health Regulations. That step is a major international commitment to shared responsibility. It is vital that we have standardized protocols. This is urgent.

14. One of the most significant current examples of international commitment is poliomyelitis eradication. We have good news. At the beginning of 2006 we are now looking at the lowest number of countries with indigenous poliovirus ever in history - four countries. We are at the threshold of a poliomyelitis-free world. The first record of poliomyelitis was in Egypt, about 5000 years ago. Egypt has had no indigenous poliomyelitis transmission in the last 12 months. This is for the first time in more than five millennia.

15. Poliomyelitis epidemics in 15 of the 21 reinfected countries have already been successfully stopped. In Africa, synchronized poliomyelitis campaigns were conducted across 25 countries, from Senegal to Somalia. This is also thanks to an extraordinary scientific effort: the rapid development of two new poliomyelitis vaccines that are now available for use by all countries. These two new monovalent vaccines provide specific immunity to each of types 1 and 3, as type 2 virus has already been eradicated. MOPV 1 – developed in only five months – has already provided high levels of protection against type 1 poliovirus in 12 countries.

16. The key to successful completion of poliomyelitis eradication will be the continued support of the international community, most notably in filling the 2006 funding gap of US\$ 150 million.

17. Turning to HIV/AIDS: Just over two years ago, together with UNAIDS and the Global Fund, I launched a global campaign to get three million people on to antiretroviral treatment by the end of 2005. That target has not been reached.

18. But the campaign has been highly successful in bringing about a significant change in perception. We have shown that treatment and care have to be introduced together with prevention activities.

19. I believe that “3 by 5” was a catalyst. It led the G8 group of countries and the Millennium Summit to conclude that it is both necessary, and entirely feasible, to ensure that everyone who needs care and access to treatment can get it. We have jumped from a limited target, of three million, to a commitment to universal access.

20. New, simplified treatment and care regimens are now being used with great success, even in resource-poor settings.

21. Malawi has rapidly expanded its HIV treatment as part of an “essential health” package. This concept of integrated essential care is already available to women and children in many parts of the world. It is now being offered to adolescents and adults in many countries, with an important impact on the scale up of access to HIV services.

22. By the end of 2005, 81 drugs for HIV/AIDS had been prequalified by WHO. The range of prequalified drugs has increased, and prices of many antiretrovirals have continued to fall.

23. Once treatment has been started, it is for life. Governments have made a huge commitment in providing antiretrovirals to their populations.

24. Throughout the world, each year, more than one million people die from malaria. It is the biggest killer of children under five years old in Africa. We estimate that there are 350 to 500 million acute episodes of malaria each year. These place a heavy burden on carers and health systems, and hold back economic development. Yet, right now, we have new, long-lasting insecticidal mosquito nets. We have highly effective artemisinin-based combination therapies. We have a range of effective, tested tools, and a clear plan for implementing them.

25. Within WHO, we have restructured our work in malaria and created a new Global Malaria Programme. I have appointed a new Director – Dr Arata Kochi. Previously, as Director of the Global Tuberculosis Programme, Dr Kochi was instrumental in bringing about the success in tuberculosis control. He is now in charge of making sure that we redouble our efforts to control malaria.

26. Work continues on tuberculosis. This coming Friday, in Davos, the Stop TB Partnership’s Global Plan to Stop TB for 2006-2015 will be launched. It is based on a new strategy to decrease the global burden of tuberculosis. The Plan outlines the financial needs and gaps. The Plan supports WHO’s efforts to achieve the Millennium Development Goal related to tuberculosis.

27. I am pleased to report that the Global Drug Facility has placed orders for tuberculosis medicines for 7.3 million people over the last five years. This has contributed to an approximate doubling in DOTS coverage from 2001 to 2005.

28. The facility is seen as a model of how to support countries in providing high-quality essential medicines efficiently to large numbers of people.

29. Turning now to tobacco control. To date, 167 countries and the European Community have become signatories to the WHO Framework Convention on Tobacco Control, and 116 countries and

the European Community have become Contracting Parties. The first Conference of the Parties will be held between 6 and 17 February.

30. The Convention has changed the landscape of global tobacco control. We are committed to supporting countries in the implementation process so that we can move ahead with the public health job of saving lives. This is a very important issue, given the very significant public health implications of tobacco control for reduction of chronic diseases in future. Tobacco continues to be the largest entirely preventable cause of mortality globally, accounting for almost five million deaths annually. This figure is projected to nearly double by the year 2020.

31. We issued many important publications in 2005. I would like to highlight three that explore topics that had been given insufficient attention in the past.

32. *“Preventing chronic diseases: a vital investment”*, detailed the toll taken by heart disease, stroke, cancer, chronic respiratory diseases and diabetes. Together they are the major cause of death among adults in most countries. Four out of five chronic disease deaths are in low- and middle-income countries.

33. The study on *“Women’s Health and Domestic Violence Against Women”* explored intimate partner violence, which is the most common form of violence in women’s lives. Shockingly, physical and sexual violence by partners is still largely hidden. The study reported on the enormous toll this takes on the health and well-being of women around the world.

34. *The world health report 2005* focused on the fact that hundreds of millions of women and children still have no access to potentially life-saving care. The report detailed wider use of key interventions and a “continuum of care” approach for mother and child.

35. These reports have provided the clear, authoritative evidence and recommended action that forms the basis for our ongoing planning and work in these areas.

36. In 2006, we will produce further landmark publications. The Commission on Intellectual Property Rights will detail its findings. This will be the first report for WHO of this nature ever commissioned by Member States.

37. The subject of this year’s world health report is the crisis in human resources for health. This is a topic which is truly global. It is the single largest problem facing health services worldwide. It is an issue which, again, needed a spotlight, as it has had too little critical attention paid in the past.

38. 2005 was a year of many crises and emergencies, starting with the relief and reconstruction efforts following the Asian tsunami. That effort has continued throughout the year. Work continues, to support the revitalization of health services within communities, and to provide appropriate counselling and care.

39. We continue to work closely with the governments of countries affected by the recent earthquake in Asia. Minister Khan, your personal leadership in this has been much appreciated.

40. One of the ways to deal with the recognition of the multiplicity of factors influencing health, is to harness the resources of a range of partners. The recently launched Partnership for Maternal, Newborn and Child Health will help to support countries in their efforts to deliver much needed interventions within the continuum of care described in last year’s world health report.

41. Much of our work continues to be conducted through collaboration with partners. In December, I passed the chairmanship of the GAVI Alliance to Ann Veneman of UNICEF. With the creation of the International Finance Facility for Immunization, the GAVI Alliance will have nearly US\$ 4 billion to disburse over the next 10 years. It is now a major contributor in achieving the goals of the Global Immunization Vision and Strategy welcomed by the World Health Assembly last year. The technical leadership provided by WHO and UNICEF working together is an important part of this Alliance's continued strong performance.

42. The World Alliance for Patient Safety, under the able leadership of Sir Liam Donaldson, has launched a global initiative to address the growing numbers of those seriously ill from nosocomial infections and other patient safety issues.

43. There are now 10 years to go in which to reach the Millennium Development Goals. All our endeavours should lead towards this overall global effort, and be related and relevant to the efforts of the Member States.

44. The development of the Eleventh General Programme of Work benefited from extensive consultation. Our work is not a separate effort. We must agree common directions. This is a difficult task. Shared goals are difficult to execute among such a diversity of countries. However, I hope that this programme of work for the next 10 years will provide the framework for many joint achievements.

45. All these issues I have outlined fit within the larger picture of our long-term goals. We have a strong sense of our direction towards these goals, and a clear vision of the short-term tasks that need to be achieved along the way.

46. I have now spent two and a half years as Director-General of WHO. I want to thank you all, very sincerely, for the support that all Member States give to WHO. I have a strong sense that I am working in an organization that is very accountable to you, our Member States. You support us in many ways. I thank you for that.

47. On the financial side:

- our voluntary funding has increased by US\$ 550 million since the 2002-2003 biennium, and has now reached US\$ 1.92 billion dollars;
- as at the end of November, 63% of our funds had been spent in regions and countries in 2004-2005. Our efforts to get more resources more directly to the field are now on track. This will continue.

48. We have commissioned a new global management system, which will be rolled out over this year and next. It will give us a seamless planning, financial and human resource management system across the Organization. This will allow more efficiency and tighter management.

49. The WHO Global Private Network provides high quality, reliable and secure access to information, and to affordable voice and telecommunications video-conferencing facilities for our offices around the world. Currently 85 locations are connected and an additional 55 will be added by the middle of this year. The African Region's country offices joined the network of country offices in 2005.

50. The Strategic Health Operations Centre continues to provide critical support to our work. Just last week, doctors treating avian influenza cases in Turkey were linked, through our teleconferencing facilities here, to experienced clinicians in Hong Kong and Viet Nam. They shared vital insights into the clinical progress and features of the cases they had treated and were managing. Those unique insights are invaluable as we build best practice. The facilities in this strategic centre will be further upgraded this year.

51. I would like now to introduce you to the new senior staff who have joined WHO since our last meeting.

Dr Margaret Chan, from China, is Assistant Director-General of the Communicable Diseases Cluster, and the WHO Representative for Pandemic Influenza.

I have appointed **Mrs Susanne Weber-Mosdorf**, from Germany, as the Assistant Director-General for Sustainable Development and Healthy Environments.

Dr Ala Din Alwan, who is from Iraq, is Assistant Director-General and my Representative for Health Action in Crisis.

Dr Howard Zucker, from the United States of America, is the Assistant Director-General for the Health Technology and Pharmaceuticals Cluster.

Dr Francisco Songane, who is from Mozambique, is the Director of the Partnership for Maternal, Newborn and Child Health.

Dr Manuel Dayrit, from the Philippines, is the Director for Human Resources for Health.

Dr Soichiro Iwao, from Japan, is the Director of the WHO Centre for Health and Development in Kobe, Japan.

Dr Yumiko Mochizuki-Kobayashi, also from Japan, is the Director of the Tobacco Free Initiative.

Finally, **Dr Kevin DeCock**, who is from the United States of America, is the Director for HIV/AIDS.

52. Turning back to our programme of work. Today I have mentioned several areas where our work has had a particularly high profile. There are dozens more programmes to talk about, all of which are carrying out important roles. I would not like you, or them to think that they are forgotten. They are very much appreciated. They may not have the same high visibility as those working on pandemic influenza or poliomyelitis eradication, but the dedicated professionals such as those working in guinea-worm eradication, leprosy control, or radiation safety, are all making a valuable contribution. On your behalf, and mine, I thank them.

53. This session has a very busy agenda. I will take no more of your time, but will hand back to the Chairman to take us forward.

Thank you.

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