

Report by the Director-General to the Executive Board at its 132nd session

Geneva, 21 January 2013

Madam chairperson, distinguished members of the Executive Board, colleagues in the United Nations system and sister agencies, excellencies, ladies and gentlemen,

1. This is an unprecedented session of the Executive Board, with close to 60 items on the agenda and more than 885 participants already registered.
2. You come from all parts of the world. You come at a time of record-breaking weather events of all kinds: droughts alternating with floods in parts of Africa, an extreme heat wave in Australia, extreme cold in the Russian Federation and parts of northern Europe, extreme smog in Beijing, the warmest year on record in the United States of America, and severe cold, storms, and floods in the Middle East, which are having a serious impact on the refugee crisis in the Syrian Arab Republic and neighbouring countries.
3. The climate is changing. Antibiotics are failing. The world population keeps getting bigger, and older. The rise of chronic noncommunicable diseases is relentless. The microbial world continues to deliver surprises.
4. Public expectations for health care are rising. Budgets are shrinking. Costs are soaring at a time of nearly universal austerity. Social inequalities are at the worst levels seen in half a century. Conflicts are rife. The health consequences, also for civilians, are severe.
5. The will to relieve human misery is strong but gets blunted by too few resources, too little capacity, and too much uncoordinated aid.
6. These are just some of the challenges that define the context in which WHO operates, and the problems that the reform process needs to address. I also ask you to consider these problems as we think together about the best way to position health on the post-2015 development agenda.
7. The challenges facing public health are big and increasingly universal, but they are not insurmountable. New instruments and approaches are being developed to address them.
8. International health cooperation, whether stimulated, led, or simply facilitated by WHO, is doing a great deal of good. The momentum for better health continues to gain ground, sometimes breaking new ground.

9. Some progress shows the power of innovation, especially when research and development for new products is driven by an unmet need, and not by the profit incentives of the market.

10. In early December, the 100 millionth African was protected from epidemic meningitis by the new conjugate vaccine, developed in a project coordinated by WHO and PATH. This is an extraordinary achievement just two years after the vaccine was launched in Burkina Faso.

11. In the 10 countries that have introduced the vaccine, with support from the GAVI Alliance, cases of meningitis A have dropped dramatically. Evidence of herd immunity has already been detected. Recently published studies strongly suggest that epidemics that have ravaged the 26 countries in Africa's meningitis belt for more than a century can be brought to an end.

12. The recent reductions in tuberculosis cases and deaths are all the more impressive when we consider how long control efforts have struggled with antiquated tools. Public-private partnerships for product development are opening a new era for tuberculosis control.

13. A powerful new diagnostic tool has been made more affordable by financial support from partners and is now being used in more than 70 countries. The first new anti-tuberculosis drug in 40 years received regulatory approval just weeks ago. And we are right now seeing the best prospects ever for a new vaccine.

14. Progress can also be stimulated when ambitious, comprehensive, and appealing goals are set. As with the Millennium Development Goals, Every Woman Every Child has attracted broad-based support and stimulated considerable innovation. The report for this session describes a string of recent initiatives.

15. Innovation includes finding ways to make better use of what already exists. Doing so can mean a big win for health. The United Nations Commission on life-saving commodities for women and children was established last April and issued its report in September. The Commission identified 13 priority life-saving interventions that already exist and yet are, for various reasons, vastly underutilized.

16. The Commission looked at the reasons for this underuse, and recommended innovative actions that could quickly break down some barriers. The report estimated that scaling up access to these 13 commodities, many of which cost just pennies, would save more than 6 million lives by 2015.

17. At a time when funding is precarious, it is particularly encouraging to see how programmes are using new research to set ever higher goals. While the goals are more ambitious, they are also mindful of the costs to affected countries and to the international donor community, alert to ways to get the best value for money, and careful to make an economic case for investment.

18. For HIV, scientific breakthroughs, combined with more than a decade of operational experience in resource-constrained settings, are now being applied to provide better services to larger numbers of people at lower costs.

19. The range of interventions has expanded dramatically. Safer, more robust antiretroviral therapy is now available even in the world's poorest countries. Prices continue to decline, a trend partly stimulated by competition from WHO-prequalified generic manufacturers. Rapid tests and other point-of-care technologies support earlier diagnosis and reliable treatment monitoring in the remotest of areas.

20. Since the neglected tropical diseases are so closely associated with poverty, it is not surprising that many people are co-infected with several of these diseases.
21. Evidence that different medicines for preventive chemotherapy can be safely administered together has supported the strategy of integrated drug delivery. This reduces the burden and costs of large-scale campaigns. We must never forget: disease-endemic countries absorb drug donations through a tremendous mobilization of their own very limited health resources.
22. Progress can also be accelerated when new tools are backed by smart policies that maximize their impact. When simplified diagnostic tests for malaria became available, and WHO validated their accuracy, the practice of giving antimalarials to every child with a fever in endemic countries could be replaced with a new WHO recommendation that antimalarials be dispensed only following diagnostic confirmation. This means fewer resources wasted on unnecessary drugs, reduced pressure on the parasite to develop resistance, and equally important, better data on the true incidence of malaria.
23. In yet another trend, public health is making better use of legislation and regulatory control to reduce threats to health at their source. In November, the Conference of the Parties to the WHO Framework Convention on Tobacco Control unanimously adopted its first protocol.
24. The new treaty, aimed at eliminating illicit trade in tobacco products, shows how international cooperation, when supported by a legal instrument, can stand firm against a sophisticated criminal activity.
25. The new treaty, which was adopted after four years of negotiations, is a watershed event in its own right. It is also a model of what can be achieved when multiple sectors of government, including trade, finance, the environment, customs, law enforcement, and the judicial system, collaborate in the name of health.
26. Recognition of the role of regulatory support is further apparent in the workplan for the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products.
27. Finally, in a most welcome trend, a new culture of accountability, for resources and results, is emerging. The recommendations of the Commission on information and accountability for women's and children's health, which supports Every Woman Every Child, have been the model for several other accountability frameworks, including the one for vaccines that you will be discussing during this session.
28. Equally welcome is the trend towards independent monitoring, with the Independent Monitoring Board for polio and the independent Expert Review Group for Every Woman Every Child being notable examples. Both are fiercely independent and do not shy away from frank criticism. We need this kind of guidance.
29. Rigorous mechanisms for accountability hold great promise as a way of spending resources wisely, honouring commitments, fine-tuning programme strategies in line with evidence of results, maintaining the confidence of donors, and winning the support of parliamentarians and ministries of finance.
30. The independent Expert Review Group issued its first report last September. Its main findings are summarized in your documents. Reports from the Independent Monitoring Board for polio have

unquestionably helped reshape the eradication initiative at all levels, from headquarters down to country teams, and brought the initiative ever closer to success.

31. Concerning the polio situation, I need to speak from the heart. In December, nine volunteers distributing polio vaccines were killed in Pakistan in a targeted and coordinated attack. This is a despicable and totally unacceptable act of violence. The tragedy hits especially hard as it comes at a time when we have had so much good news.

32. The last case of polio in India was confirmed on 13 January 2011. India, arguably the most challenging of all the remaining sanctuaries of poliovirus, has now been free of the virus for more than two years. I ask India to keep up the good work.

33. The Independent Monitoring Board titled its November 2012 report with a question: Polio's last stand? The report also revised the figure of all but 1% of cases eradicated to 0.1%, and concluded that the prospects for success were more positive than ever.

34. I am optimistic that we can put this setback behind us quickly. I thank the Government of Pakistan for remaining fully committed to polio eradication. I thank the continued dedication of head office staff and teams working in countries. The initial expressions of outrage, nationally and internationally, have turned into an outcry of unwavering support. Like the prospects for success, the determination is stronger than ever.

35. The country's civil society and religious leaders have echoed the sentiment of the international community: the killing of humanitarian aid workers is totally unacceptable. The commitment of all spearheading partners is unwavering. We will press ahead. The risk of international spread remains real.

36. One last trend needs to be mentioned. That is, the increasing, sometimes passionate, engagement of Member States in negotiations that eventually lead to new policies and instruments for global health governance.

37. This kind of engagement quickly put together a solid monitoring framework, with 25 indicators, for noncommunicable diseases. You are also looking at ways to finance and coordinate research and development to develop new products for diseases of the poor.

38. Some of the most encouraging results have come from the commitment of WHO and its Member States to fairness in access to medical products, especially during emergencies.

39. The pandemic influenza preparedness, or PIP, framework has opened new avenues for collaboration with the private sector, and is beginning to produce results. You have a detailed report on progress up to October 2012. Much has happened since then.

40. The first Standard Material Transfer Agreement 2 was signed in December with one of the three largest manufacturers of influenza vaccines, GlaxoSmithKline. The agreement legally binds the company to give WHO access to 10% of its total production of pandemic vaccines, in real time. This means that, as the vaccines roll out of production, every tenth dose goes to WHO for distribution to countries most in need. The company has further agreed to give WHO up to 10 million treatment courses of antiviral medicine.

41. When the next pandemic threat emerges and vaccine production begins, WHO can ensure that developing countries have access to pandemic vaccines and medicines at the same time as wealthy countries, eliminating months of negotiations and discussion. No more waiting. No more leftovers.
42. In addition to these in-kind commitments, six companies have together made financial contributions, called “partnership contributions”, of more than US\$ 18 million. These funds will be invested to strengthen pandemic preparedness and response capacities, in line with recommendations from the Advisory Group.
43. These are truly first-time, breakthrough achievements. They mark the beginning of a new approach to establishing a structured and predictable process for ensuring fair access to medical products during an emergency, and strengthening preparedness.
44. Credit goes to Member States, particularly those who chaired the difficult meetings that saw the negotiations through to their successful conclusion and showed that health diplomacy works. Credit also goes to the members of the PIP Framework Advisory Group, to the good faith of industry, and to our colleagues in civil society.
45. I have outlined the context in which WHO operates. I have illustrated the significance of what international cooperation in health can achieve, and the importance of Member State engagement. Now we need your engagement to better equip WHO to do these jobs.
46. WHO reform is on your agenda in a big way. You have before you 10 documents prepared in response to decisions and requests by Member States.
47. To help you fit all the pieces and timelines together, two of these reports provide overviews of where we stand in the implementation process. I believe we are moving forward at a reasonable pace, but I must remind you: this is not a short journey.
48. Some reforms have been implemented quickly, including those that fall under my delegated authority to act. WHO has downsized. The number of staff has been reduced by nearly 1000. New travel policies and improved financial controls have brought savings of more than US\$ 28 million.
49. I promised that WHO would exercise budgetary discipline and live within its means. I fully intend to keep that promise. The documents speak for themselves. You are in the best position to speak about whether their proposals meet your expectations.
50. You will also consider a comprehensive report from the Joint Inspection Unit, the proposed programme budget, the draft twelfth general programme of work, and two reports from the Programme, Budget and Administration Committee.
51. I have just two comments. The first is to draw your attention to the importance of situating the programme budget as the central accountability instrument to guide the work of WHO. Given its importance, we will take on board your suggestions to improve the next version of the programme budget for submission to the World Health Assembly for its consideration.
52. The second is to express my appreciation to members of the Programme, Budget and Administration Committee. The December extraordinary meeting on options for improving WHO’s financing was just that: extraordinary. The meeting took place in an atmosphere of mutual trust and

with a spirit of determination to face some difficult problems, with frankness and realistic expectations.

53. If this truly extraordinary sense of trust and determination continues to characterize our discussions of WHO reform, I am confident that we will make the right decisions and chart the right course.

54. It is imperative that we do so. International health cooperation is doing much good, despite a world climate of austerity and adversity. A WHO that performs with greater efficiency and effectiveness will make that good even better.

Thank you.

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