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Mr President,

This is a special moment of responsibility. You have given me confidence and I feel responsible towards all of you and to the peoples that you represent.

Since I made my basic choices in life I have thought of myself as a doctor who wanted to heal and who wanted to change. Not least to change the causes of suffering and injustice.

I believed that societies can be changed and that poverty can be fought. That people working together can achieve impressive results. This I still think and know. We can harness the resources. We can mobilize the will. We can inspire the extra effort.

I feel that I can ask for, and that the peoples of the United Nations have the right to count on your support and active participation in the future work of the World Health Organization. That support will be needed. There is hard work ahead.

I may ask for more than you have been used to being asked. You represent the owners of WHO, the shareholders and the stakeholders, all those who need us to succeed.

We need political guidelines from this Assembly. We depend on how Member States follow up at home. We depend on how they live up to the imperative of equity and social justice, expressed in health for all.

The challenge goes to all of us. WHO can and must change. It must become more effective, more accountable, more transparent and more receptive to a changing world.

Member States must take responsibility for the targets they set and provide resources. They must practise what they preach from this rostrum.

I believe we can forge stronger relations with Member States. Keeping you better informed of how WHO develops, seeking your advice and when needed asking you for an extra contribution.

Without a sense of partnership between the Organization and its owners, our work will prove exceedingly difficult. With a unity of purpose we can unleash real momentum for health.

That momentum will be needed as we approach a new century where WHO must cope with complex processes of transition.

The **transition from one century to another** sees changes which will be faster and more dramatic from an economic, social and health perspective.

The twentieth century gave the world more health advances than in the entire previous history of mankind. Still we are faced with daunting challenges. Above all they are linked to the persistence of poverty. The imbalances are striking. People in developing countries carry over 90% of the disease burden, yet have access to only 10% of the resources used for health. This is unacceptable. This has to change.

Wealthier countries will benefit by contributing and they have the moral obligation. Governments in poorer countries must acknowledge their responsibility, they have a moral obligation to give priority to health and to equitable distribution of health services.

We have another transition, the transition **from the communicable to the noncommunicable diseases**. They cannot be seen as competing tasks. They are complementary. We need to fight both. The burden of disease is the burden of unfulfilled human development.

I hear some say that infectious disease is becoming yesterday's problem. But is that correct? I don't believe so. There is an unfinished agenda of eradication and rolling back diseases. No one should underestimate childhood infections, HIV/AIDS, TB, malaria, polio and the other new and emerging diseases. They may hit us all in this small world - but above all they keep ravaging the lives of the poor.

WHO must be an enduring advocate in the fight against infectious diseases. And WHO must help governments face the daunting challenge from the new epidemic of noncommunicable diseases, now spreading in the low- and middle-income countries.

We need to anchor health in a broad setting. Globalization is opening up new opportunities for growth and progress. But the benefits are not adequately distributed. Globalization has also brought new and critical threats to health and the environment.

We have to reach out to new arenas critical for the health of billions. The next century may well be one of great environmental crises. But it need not be. We still have the opportunity to make timely decisions before we have to pay the bills of overburdening the capacity of the planet, its resources and most importantly - the health of its people.

World trade, environmental changes, lifestyles and culture; in all these fields we must be able to analyse the driving forces and speak out for health and development.

The world is in transition. So accordingly **WHO must be in transition**. Looking ahead.

Our Constitution provides us with a broad and impressive mandate. But a mandate is no roadmap. It must be made according to the needs - of the people, the communities and the nations we are meant to serve. We need to focus our work.

Poverty is the greatest threat to people's health. Ill-health leads to poverty - and poverty breeds ill-health. Governments must take it seriously. Childhood diseases, malnutrition, spreading infections and excess fertility, we know the results.

Only a broad alliance can manage this critical task. WHO must be the health component of that alliance - impatient and ready to lead when required, our special contribution being to fight ill-health.

In this process of transition - what is our key mission? I see our role as being the moral voice and the technical leader in improving the health of the people of the world. Ready and able to give advice - not on every issue - but on the key issues that can unleash development and alleviate suffering. I see our purpose to be combating disease and ill-health - promoting sustainable and equitable health systems in all countries.

What should be our motivation? My answer is short: Making a difference. We should measure our work in full transparency - sharing and learning from successes and failures - our own and those of others.

There are two roads we must follow:

One road leads to our work on the ground. We must combat disease, premature death and disability. We must give advice on best practices to achieve equity and quality, set standards and norms. We must encourage, support and trigger the best research and development.

The other road leads to the levels of political decision-making where the broader agenda for development is set. We must speak out for health in development, bringing health to the core of the development agenda. That is where it belongs, as the key to poverty reduction and development underpinned by the values of equity, human dignity and human rights.

This is why I wish to focus the technical support and normative work of the World Health Organization and at the same time bring the Organization more firmly into the political arena.

I wish to organize our programmes and activities around key functions that tell a clear story of what business we are in. I wish to concentrate our resources in a way which enables us to do fully what we decide to do - and to let go what we decide not to do - either because others do it better or because we simply can't do all.

In the reorganization - which I intend to start implementing from the very first day - I will focus on four areas of concern:

- WHO will help monitor, roll back and where possible eradicate communicable diseases.
- WHO will help fight and reduce the burden of noncommunicable diseases.
- WHO will help countries build sustainable health systems that can help reach equity targets and render quality services to all, with a particular emphasis on the situation of women and mothers who are so critical for giving children a safe and healthy start in life.
- WHO will speak out for health, back its case with solid evidence and thereby be a better advocate for health towards a broader audience of decision-makers.

To succeed in this endeavour we must be able to say: **WHO is one.** Not two - meaning one financed by the regular budget and one financed by extrabudgetary funds. Not seven - meaning Geneva and the six regional offices. Not more than fifty - meaning the individual programmes.

WHO must be one: Setting its priorities as one, raising additional financial resources as one, speaking out as one. And then - but only then - can we act effectively in our decentralized diversity through skilled presence at the country level, through regional guidance by the regional offices and through global direction by the headquarters and the governing bodies.

With this structure and spirit in place I am ready to give a short answer when asked about my priorities: **The World Health Organization is my priority.**

A WHO that can engage where the needs are greatest. A WHO that is trusted to maximize its resources. A WHO with excellence. A WHO that can truly make a difference.

With this structure and spirit in place WHO will be the lead agency in world health. But we need a change in attitude. We cannot point to our Constitution and say: We have the right to be the lead agency. We must *earn* our leadership. We must demonstrate through the way we plan, structure and carry out our work that we make a difference that we and others can measure.

To succeed there are a few basic requirements:

First, we need a stronger partnership with the Member States.

Countries must report back to us on their health status. We need to improve our work at the country level, especially in developing countries - in cooperation with national authorities but also by drawing on and expanding the contact with collaborating centres. Technical cooperation must be relevant and address the needs.

We will need a much stronger focus on how health sectors are tailored to sustain activities that secure the quality and distribution of services. I will propose that health sector development becomes an integral part of all our activities. Each of our disease control units will have to identify sectoral issues where they can contribute and capacities that must be strengthened for them to do their jobs. We should not engage unless our work can make a direct contribution to the overriding purpose of building and strengthening the health sector.

Second, we must reach out to others.

The global health field has seen a steady increase in the number of actors and stakeholders. This we should not fear. I wish to invite those who have real contributions to make to join us.

The other UN agencies are our closest partners. I pledge a strong support to the Secretary-General's call for more interagency cooperation.

One obvious area is to lend full support to UNAIDS together with the other patrons of that programme. The regions most ravaged with AIDS are coming close to what most of Europe faced during the plagues of the fourteenth century.

We must make an extra effort in the crucial combat against the HIV/AIDS pandemic, especially in the most vulnerable countries. We must help the health systems to cope. We must help make the scientific advances available also to the developing world.

We must reach out to the international financial institutions, the World Bank, IMF and the regional development banks. They have a major role to play in financing sustainable development.

They too are involved in health. They carry a major responsibility. We should welcome this, while reminding them of the need to safeguard health and social services. Our voice is needed to remind both governments and financial institutions that budget cuts should not be in critical sectors such as health and that the long-term expenses of disengaging in public health will go beyond the short-term budgetary gains.

We must reach out to the NGO community.

Their reach often goes beyond that of any official body. Where would the battle against leprosy, TB or blindness have been without the NGOs? I will convene a conference with the NGO community to draw up new guidelines for our cooperation to establish new mechanisms for interaction with civil society in Member States.

We must reach out to the private sector.

Countries need a well-performing public sector. Governments should ensure universal coverage of health services. We have seen evidence that growing reliance on private financing mechanisms, including private voluntary insurance, risks massive cost escalation. A key role for public finance of universal coverage results in greater equity but, also, in reduced waste and inefficiency.

The private sector has an important role to play both in technology development and the provision of services. We need open and constructive relations with the private sector and industry, knowing where our roles differ and where they may complement each other. I invite industry to join in a dialogue on the key issues facing us. To this end I will propose the creation of a WHO-industry roundtable and convene a first meeting before the end of the year.

Third, we must underpin our work with solid facts.

For WHO to be the leading advocate for health we need to know the relevant facts, not only have the conviction that health is essential. Health is not only a moral obligation and a basic human right. Health is pure and sound economics.

In July I will establish a separate function on Evidence for Health Policy. We need to get our statistics right and keep them right through research and constant update. Reaching goals based on values is also measurable. We need to know the burden of disease and how health policy can contribute to change. We need to know the cost-effectiveness of intervention and we need to define our priorities accordingly.

To be the leading advocate for health we need to take that evidence to decision-makers around the world. We will report on the news of fact. And the fact is that healthy people help build healthy economies.

You - the Health Ministers - need no further convincing. But WHO - with you - should remind Presidents, Prime Ministers and Finance Ministers that they are truly health ministers themselves, key to the well-being of their people. Health investments are sound investments for poverty reduction and economic growth.

Mr President,

When I take office on 21 July my first task will be to respond to your call for reform here in Geneva and in the interaction with regions and countries.

I said that WHO is my priority. Don't expect to see me constantly travelling to the four corners of the world in this first phase. I look forward to attending the meetings of the regional committees in September. Beyond that I will devote my attention to the running of the Organization.

A first task will be to suggest certain amendments to the current budget built on the directions that I have already indicated. A next task will be to take these directions into the preparation of the 2000-2001 budget and to present my orientation for our next programme of work.

I know that the timing is critical. But it can be done so that the regional committees can provide input in time for their September meetings.

I strongly believe that WHO can say more with fewer volumes of documents, fewer reiterations of what we all agree and more focus on what we are here to do. I also believe we can do with a flatter structure and fewer layers. Information and communication must flow.

I will gather the new senior management team around my table on a weekly basis - addressing an agenda which is well prepared - taking shared responsibility for projects and initiatives.

I wish to meet more frequently with the Regional Directors, inviting them to take part in the management of the whole Organization. We will take advantage of new technologies which will allow us to meet on the information highway securing the unity of purpose that this Organization needs.

I wish to establish more direct links to the country representatives seeing to it that they have a clear understanding of our priorities and their evidence base, and that we get their feedback. Through much closer interaction I wish to see a more concerted elaboration of our programmes and projects in countries that need them.

I wish to see WHO attract the best expertise there is - inviting people to come - not all to spend a life-long career with us - but to share their knowledge and expertise and then move on with what they have learned. Sharing knowledge means a greater degree of mobility among staff - between the three levels of our Organization - and also between WHO and other agencies.

Staff is WHO's prime resource. We should do more to offer staff opportunities to develop and refine their knowledge and expertise. In July I will propose a staff development package including training opportunities - not for the fortunate few - but for the many. And I will invite the Staff Associations into a structured dialogue on working conditions and arrangements.

I wish to increase the number of women in the Organization. There is a long way to go to reach the targets set by the World Health Assembly and the Executive Board. But I will take targets seriously and I intend to make sure that we reach them.

So here is the message to all women who have first-class expertise to contribute, especially women from the developing world: This is important work. Get in touch and let us know.

I wish to strengthen our programmes. Not as independent units separated from each other. Not as separate fund-raising bodies sending different signals about our priorities, but as centres of excellence. Sometimes cosponsored by others, but always open to the rest of the Organization and to each other. Not overwhelmed by administrative functions, but encouraged and supported to bring our shared knowledge further.

I believe there is a lot to gain from organizing part of our activities into projects. Not too many, but easy to define, easy to identify, open for our partners to cosponsor - and transparent for donors to lend their financial support to.

Let me mention two such projects which I wish to start implementing from 21 July.

I propose that together we **Roll Back Malaria**. Not as a revamped vertical programme but by developing a new health sector wide approach to combat the disease at global, regional and country and local levels.

Why malaria? Many have asked this question. For my part the answer is simple, I have learned it from many in this room and by travelling to your countries, particularly in Africa.

Malaria is the single largest disease in Africa and a primary cause of poverty. Every day 3000 children die from malaria. Every year there are 500 million cases among children and adults.

Who said that infectious diseases were becoming yesterday's problem? The human suffering is unacceptable and so is the economic burden and impediment to progress. Time has come to respond with a new approach. Time has come to Roll Back Malaria.

Why now? Because the call is there. We have enough knowledge, skills and tools to launch a new concerted effort. Africa is responding. African leaders are committing to a renewed effort to control malaria. Africa should be spearheading the project.

I believe we should answer Africa's call and that of other regions if they choose to engage. I will invite a broad range of stakeholders to join us in this initiative, UNICEF, the World Bank, industry, foundations and all others who have a stake, a commitment and a contribution to make.

I encourage the leaders of the G8 countries to answer the call when they meet later this week.

Let me stress: Roll Back Malaria will not exclude work on other diseases. To the contrary. Successful containment is no endpoint. Rolling Back Malaria is no victory unless health systems are equipped to sustain the gains.

That means connecting the services with the primary location for action; the family - the home - and the mother. Efforts against all infectious diseases will benefit. Drawing upon what we learn we will be ready for a fast track on a future Roll Back TB - and a reinvigorated action against HIV/AIDS and the tropical diseases.

My second emphasis is in the field on noncommunicable diseases. We need to address a major cause of premature death which is dramatically increasing - killing four million people this year - and - if we let it go on without action - 10 million people in 2030 - half of them dying in middle age - not old age. The major focus of the epidemic is now shifting to the developing countries.

I refer to tobacco. I am a doctor. I believe in science and evidence. Let me state here today. **Tobacco is a killer.**

We need a broad alliance against tobacco, calling on a wide range of partners to halt the relentless increase in global tobacco consumption.

Children are the most vulnerable. Habits start in youth. The tobacco industry knows it and acts accordingly. This is a medical challenge, but also a cultural challenge. Tobacco shouldn't be advertised, subsidized or glamorized.

Mr President,

I wish to get to work on 21 July on a challenging agenda, demonstrating that we can make a real difference. There are important achievements to build on:

Child mortality is decreasing. We must push the numbers further down.

Immunization rates have taken a dip. We must push the numbers further up.

Mental health is slowly gaining acceptance as a major public health concern. We must push for the evidence and the best policy advice.

Women are the prime caretakers. We must push for real change for women, children and families.

The Cairo Summit put population and reproductive health on the agenda but there is still so much to do. We must help doing it.

My motivation will be this: Making a difference. I see that as a privilege - being able to make an effort - being one of many dedicated people working together for what we believe in.

I envisage a world where solidarity binds the fortunate with those less favoured. Where our collective efforts will help roll back *all* the diseases of the poor. Where our collective efforts assure universal access to compassionate and competent health care.

Bringing the world one step closer to that goal is our call for action.

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