



WORLD HEALTH ORGANIZATION

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Mr President, honourable Ministers, distinguished delegates, ladies and gentlemen,

By electing me as the first Director-General of WHO for this new millennium, you have conferred on me an enormous responsibility.

The responsibility not only to press ahead with the tasks begun by my distinguished predecessors, but also to ensure that WHO is capable of responding to the ever-growing demands made upon it.

This challenge calls for excellence in knowledge, good will and determination on the part of each and every one of us. It also calls for political sensitivity, technical skills and an ethical vision.

Today I will briefly describe the main values that should guide us over the next five years, the global health situation, and how we must respond to current health challenges.

The world today needs leadership in the ongoing struggle for security from infections, and justice for those worst affected by diseases of poverty. The United Nations system was founded precisely to uphold these two principles of security and justice. They are interdependent. The world leaders who drafted the United Nations Charter saw that peace and security depended on establishing what they called “conditions under which justice ... can be maintained”.

The WHO Constitution, signed in 1946, takes up this theme; if it is true for global politics, it is equally so for health. The Organization has an inclusive mission: to work for the highest attainable standard of health “for every human being without distinction of race, religion, political belief or economic or social condition”. Our Constitution commits us to solidarity. It warns that “unequal development in the promotion of health and control of disease” is a “common danger” for all peoples. These commitments are not naive. They emerged from the most destructive war the world has ever seen.

Today, more than ever, it is clear that the values of the United Nations Charter and the WHO Constitution have to orient our work.

In many ways the global health situation has improved during the 55 years since WHO was founded. We have seen historic achievements, including the eradication of smallpox; significant reductions in childhood mortality; and much longer life spans in many countries.

But these successes present a sharp contrast with today's unmet health challenges, and the suffering of millions of people still without access to the benefits of medical and scientific progress.

The great infectious killers continue to spread. The HIV/AIDS pandemic is erasing decades of gains in life expectancy in some countries – 25% of adults in the hardest-hit areas may be killed by AIDS within 10 years. Partly because of the synergy with HIV, progress toward controlling tuberculosis is slow. Two million people die from tuberculosis every year. Meanwhile, malaria causes 3000 deaths a day, mainly among children.

We also face major new challenges. The SARS outbreak underscores the world's vulnerability to new infections. Ten days ago I was in Beijing to discuss the situation there with the Chinese Government. I saw for myself the determined efforts now being made to control SARS. I also confirmed the urgent need for stronger disease surveillance and response mechanisms at local, national, and global levels.

At the same time, noncommunicable diseases are taking a heavier toll. Together, they accounted for more than 45% of the world's disease burden in 2001. That percentage is projected to rise. We see the unmet challenges in women's health, including maternal health. There has been little progress in reducing maternal mortality rates over the last decade. We also see huge challenges in the area of mental health.

Behind such figures lie struggling health systems. Many countries face critical gaps in infrastructure, medical technologies, and human resources for health. Investment in health systems in developing regions remains inadequate. Countries, donors, and international agencies have yet to work out a coherent and effective response.

As a result of these patterns, global health inequalities continue to widen. Consider two extremes. A girl born in Japan in 2002 has a reasonable chance of living to see the twenty-second century. A child born in Afghanistan in the same year has a one in four chance of dying before the age of five.

Average life expectancy in some high-income countries is approaching 80 years. But in parts of sub-Saharan Africa, HIV/AIDS and other health threats are pushing average life expectancy down towards 40 years and less. A globalized society characterized by such extreme disparities is neither acceptable nor even viable.

The question of equity has special meaning for me. I come from Korea. When I was a boy, my country was impoverished and torn by war. Our people suffered the afflictions known to many other poor countries then and now. Koreans of my generation have not forgotten the lessons of an earlier time. We know what it means to face conflict, poverty, and widespread sickness. From this formative experience comes my determination to stress the health needs of the disadvantaged.

Mr President,

Let me speak now about how WHO and its partners will address global health challenges in the years ahead. The main directions of our work are already clear.

Twenty-five years ago, the Alma-Ata Declaration announced the goal of “health for all by the year 2000”, to be achieved by strengthening primary health care systems. We cannot turn back the clock to Alma-Ata. But we must renew the fundamental commitment to equity expressed by “health for all”. WHO must work to translate this ideal into measurable results, through a new relationship with Member States.

The key to WHO’s work in the coming years will be a new commitment to results at country level. Five years from now, our operations will be significantly more focused in countries. We will be “closer to the ground”, working more intensively with national health authorities to respond to their priority health goals. We will focus on achievable objectives in areas where WHO can provide skills and resources.

What such dedication to results in countries can mean was shown by our WHO colleague, Dr Carlo Urbani. Dr Urbani died of SARS on 29 March. He was the first to recognize the significance of this new disease, and he treated the earliest cases in Hanoi. With other WHO doctors and scientists, he initiated the worldwide alert that spurred efforts to contain the infection, saving numerous lives.

Shortly before Dr Urbani became ill, his wife worried about the danger in which he was putting himself. Dr Urbani replied: “If I cannot work in such situations, what am I here for – answering e-mails and pushing paper?”

Carlo Urbani has given us WHO at its best – not pushing paper, but pushing back the assault of poverty and disease.

Today we are honoured to have Giuliana Chiorrini, Dr Urbani’s wife, present with us. I ask her and her family to accept the expression of our condolences and our profound gratitude for his work and life.

Mr President,

Commitment to results at country level is the core of my vision for WHO. As I see it, this has five main implications. Let me briefly indicate the broad importance of each of these for our work together.

The **first** implication is aggressive pursuit of **measurable health objectives**, including the Millennium Development Goals, which were adopted at the United Nations General Millennium Summit in September 2000. They set clear objectives for countries in nutrition; access to safe water; maternal and child health; infectious disease control; and access to essential medicines. These goals are strategic focal points within a broad health agenda that builds on the Alma-Ata legacy.

Central to this agenda must be an intensified engagement against HIV/AIDS. Working with UNAIDS, the Global Fund, Member States, civil society, and other stakeholders, I will ensure that WHO provides leadership toward the bold “three-by-five” target: three million people in developing countries on antiretroviral treatment by 2005. As treatment is rolled out, HIV prevention efforts must also intensify. We will use the delivery of HIV/AIDS services as a way to build up health systems. We will work with partners to strengthen community involvement in HIV/AIDS prevention, care, and treatment.

We will also press forward towards other health targets. For eight years, I headed campaigns against poliomyelitis, for four years in the Western Pacific Region, and later from headquarters. I pledge to complete the eradication of poliomyelitis during my tenure as Director-General.

The commitment to results has a **second** implication for our work together, which is **shifting more resources to countries**. Decentralizing WHO's work is a means of serving countries more effectively. It will be pursued in cases where it will promote positive results on the ground. It is about building up our institutional strength wherever it can best serve countries' needs, in the totality of WHO.

This is closely related to my **third** watchword, which is **efficiency**. Shortly, I will propose specific shifts in prioritization and cost-cutting measures. A key to increased efficiency is better use of new technologies. We have made progress on information technology, but much remains to be done. I propose to accelerate investment in information technology and specifically in the communication infrastructure that links country offices with the regions and headquarters.

The **fourth** implication is a new emphasis on **accountability**. As Director-General, I will substantially strengthen the audit function at WHO.

Yet I understand accountability not just in terms of finances, but also in terms of the effectiveness of our contributions to health outcomes.

More broadly, all of the work of countries must be guided by more reliable and timely health data. Accordingly, improving global health surveillance and data management will be a key WHO objective in the coming five years.

I will lead WHO and its partners in a major expansion and strengthening of the Global Outbreak Alert and Response Network. SARS is the first new disease threat of the twenty-first century, but it will not be the last. We will complete control of SARS and reinforce our defences against the *next* new infectious killer. Ninety per cent. of resources will go to build disease surveillance capacity at country and regional levels. Substantial funding has already been committed, and the recent announcement of United States support for this area of work is most welcome.

We will also expand and improve health measurement, with a strong emphasis on capacity-building in countries. Rationalized systems for health metrics are needed to track progress toward health targets, and to reinforce mutual accountability among countries, donors, and international agencies.

My fifth and **final** watchword for the years ahead will be **strengthening human resources**, both inside and outside the Organization.

I am developing plans to create more coherent career paths that will clarify institutional expectations and enable professional growth throughout the span of a WHO career. I am also determined to see WHO's professional staff reflect more fully, gender balance and the diversity of our Member States.

Likewise, externally, we must help countries meet the challenge of human resources for health. I will use WHO's expertise and influence to develop solutions to the personnel crisis facing many health systems.

Mr President,

I began these remarks by recalling the core values of security and justice, which are inseparable. I spoke of the challenges of today's global health situation. And I told you how I believe WHO can take the lead in confronting those challenges: through a new commitment to results-driven work in countries and five key themes.

In my work at WHO and as a physician before joining the staff, I learned the value of listening. I want WHO to become more of a "listening organization" with an emphasis on open communication. I will strive to model this attitude myself. Sharing ideas will be vital in the coming months. But our final test lies in action. Let us unite our strength for the work ahead.

Thank you.

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