



WORLD HEALTH ORGANIZATION

FIFTY-EIGHTH WORLD HEALTH ASSEMBLY
Agenda item 3

A58/3
17 May 2005

Address by the Director-General to the Fifty-eighth World Health Assembly

Geneva, Monday, 16 May 2005

The Director-General begins in French.

Your excellency, the President of the Republic of the Maldives, Mr Bill Gates, Madam President, honourable ministers, distinguished delegates, ladies and gentlemen,

1. Sixty years ago, the world's leaders were engaged in intense debate about how to ensure human well-being after the second world war. They realized that it was for them the moment to put into practice the knowledge they had acquired at devastating cost through the struggles of the previous years. Part of the outcome of their efforts was the United Nations system.

2. We in our turn have gathered here this week to learn from the past and put that knowledge into practice. The world situation has continued to change, and our institutions have continued to adapt. The agenda of this Fifty-eighth World Health Assembly reflects that process of change while also reflecting the constant and central importance of disease control and health improvement for a viable global society.

The Director-General continues in English.

3. I would like to thank the Vienna Philharmonic for becoming our goodwill ambassador this morning. By playing for us this morning they have already provided an excellent summary of WHO's message to the world. It is that effective health work is, as our founders rightly put it, "basic to the happiness, harmonious relations and security of all peoples."

4. This Health Assembly gives us a unique opportunity to ensure that our action is well-informed, and our knowledge is well-used. Health work teaches us with great rigour that action without knowledge is wasted effort, just as knowledge without action is a wasted resource.

5. The most inclusive recent expression of the will of governments around the world is the Millennium Development Goals, and they place health at their centre. Yet the translation of those goals into reality is still very far from completion, and progress towards them is not reassuring. Unless we succeed in bringing about the major changes we are working for in the very near future, the targets for reducing child mortality will not be achieved by 2015. This is a simple clear fact. Although the coverage rates for some health interventions have risen as planned, we have not yet seen the necessary improvement in health indicators. In some areas death rates have actually risen as a result of extreme

poverty and epidemics. The technical and practical know-how exists for achieving what is necessary for global health but we have not yet found the ways to apply it on a large enough scale.

6. The most encouraging trend so far has been the rise in funding for health development. Although it is still only a small fraction of what is needed, it has risen steeply. This means we have at least begun to overcome one of the biggest obstacles to progress on the Millennium targets, which is lack of resources. This intensifies the need to make the best use possible of the means we do have at our disposal.

7. You will be discussing our Proposed programme budget for 2006–2007 early this week. It is aimed at reinforcing the positive trend by improving results in countries. To do so, the budget shows increases in the areas of epidemic alert and response, maternal and child health, noncommunicable diseases, tobacco control, and response to emergencies. It reflects our commitment to increased efficiency in our action through results-based budgeting, and increased responsibility at the point of delivery of health care.

8. Negotiation is a powerful means of ensuring that knowledge leads to action. The Framework Convention on Tobacco Control is a shining example of what can happen when creative dialogue combines the efforts of many partners. The Convention has now entered into force and has 64 Contracting Parties. Our goal is for the greatest possible number of Member States to become Contracting Parties so as to maximize the impact of the Convention and fulfil its potential for saving lives.

9. This success in reaching agreement and moving without delay to ratification is the proof that patient negotiation can get results. Tomorrow we will be considering the outcome of discussions that potentially have even more far-reaching implications for global health. The revised International Health Regulations have received intense attention during the last few months and, as many here will attest, during the last few nights and days. Agreement on these Regulations will be a landmark event for public health. But its significance will only be fully realized when the Regulations are in place and are being observed and implemented.

10. Implementation will require very strong national capacities for detection, verification and response to disease outbreaks and other events. Achieving this will be a major undertaking in the immediate future.

11. Global coordination has acquired a valuable asset with the Strategic Health Operations Centre, which was constructed and came into use last year. It serves as the nerve centre for bringing together the logistics and health information needed to respond to public health emergencies. With headquarters, regions and countries, there are now more than 60 offices included in the Emergency Network. It provides an environment of instant communication between Member States and technical partners. Following the tsunami in Asia, our Health Action in Crises unit used it to its maximum advantage to coordinate responses. At present it is enabling local, national and international health workers to contain the outbreak of Marburg haemorrhagic fever in Angola.

12. In Thailand at the tsunami conference earlier this month, journalists asked me about WHO's concern about health risks during the first days of devastation. We issued strong warnings of cholera, malnutrition and epidemics potentially due to poor sanitary conditions, and the question now was whether those had been false alarms. My answer was: definitely not. We and our partners took rapid action to ensure the safety of water, the adequacy of nutrition, and the reliability of disease surveillance. That is how the escalation of the disaster was averted. All types of organization were

involved in this unprecedented effort of collaboration – government, nongovernmental and private sector. It has given us a welcome demonstration of what is possible.

13. In that case action was effective because it was based on knowledge. The participants in the conference also highlighted many areas in which action was ineffective or even counterproductive for lack of knowledge and coordination. In emergencies it is particularly clear that action without knowledge is just as wasted as knowledge without action. We are working with our partners to achieve a better balance in future crises.

14. Overall, the rapid and effective response to the tsunami was thanks to the outstanding efforts of colleagues in the affected countries and elsewhere around the world. When prevention efforts are successful they are liable to go unnoticed. I would like to take this opportunity therefore to acknowledge the tremendous effort made by the many health and relief workers who worked day and night for many weeks to limit the devastating effects of this disaster.

15. The capacity to respond to health threats quickly with well-coordinated action is indispensable for public health in the twenty-first century. That capacity is growing rapidly. WHO started the Global Outbreak Alert and Response Network five years ago. With the technical institutions of Member States and the WHO collaborating centres, the Network has responded to more than 50 major disease outbreaks. There are now 130 institutions in the Network, with more and more from developing countries. Major demands placed on it include those of avian influenza, Ebola, Marburg, meningitis, myocarditis and plague. The Network is also involved in setting up the early warning systems being established following the tsunami disaster.

16. The success of our global effort to maintain and increase security depends on reliable information that is available and clear to all who need it. We have to be able to see with clarity and precision the health needs confronting us and the means at our disposal for meeting them.

17. The Health Metrics Network will provide extremely valuable support for this effort. This is a new partnership for strengthening national health information systems, with generous support from the Bill and Melinda Gates Foundation, and is hosted by WHO. Progress on this core information function for all our activities is also highlighted this year by a new publication, *World health statistics*. It provides national, regional and global information on 50 health indicators.

18. Clear communication, mutual understanding and agreement are also essential in all areas of disease control. Where the reason for actions are not known, they are liable to fail. This was made painfully clear in the early stages of controlling Marburg in Angola, when villagers were more afraid of the health workers than of the disease they had come to control. We have to not only increase and use the expertise that is available but make its purpose and value understood.

19. Research has always been a high priority, and it is arguably more important for our work now than ever. The need for new diagnostics, vaccines and treatments is urgent, and so is the need for new ways to deploy the technologies that already exist. The Ministerial Summit on Health Research in Mexico in November of last year stressed this need. It called for research policy to be made an integral part of the effort to strengthen national health systems.

20. Following a series of consensus-building meetings, we are now ready to move forward with an International Clinical Trial Registry. This will do much to strengthen the research process and its ability to win public trust.

21. With great and well-founded expectations, we launched the Commission on Social Determinants of Health in Santiago, Chile, in March. Leading practitioners from all six of our regions are contributing their outstanding abilities to this effort. Devising initiatives to make health systems work effectively and fairly is their immediate task. They are doing this in the context of defining and confronting major underlying causes of ill-health in the twenty-first century.

22. Meanwhile, the Commission on Intellectual Property will be drawing its findings together and presenting them to the Health Assembly one year from now. Their work will lead to more effective modes of cooperation on the drugs and vaccines that are essential for disease prevention and control.

23. Partnership is the mark of all our major activities. That is especially clear this year with our focus in *The world health report* and World Health Day on the health of mothers, the newborn and children. All the organizations concerned with these areas of health must join forces. And the areas of care themselves, for mothers, the newborn and children, must be combined. Many people in many countries and organizations have been working hard to make this year, 2005, mark a decisive shift towards a decline in mother and child mortality.

24. Our key partner in this effort is UNICEF. As a mark of the solidarity between our two agencies I would like to introduce the new Executive Director of UNICEF, Ann Veneman. She began her time in office two weeks ago. I asked her to come and say a few words to us today about her plans for UNICEF and our common mission. With your permission, Madam President, I would like to invite her to do that now.

Ann Veneman speaks.

The Director-General resumes his speech.

25. Thank you. The cooperation between our organizations has been a great strength for our work from the very beginning. I believe it will become an even greater one in the common tasks that lie ahead.

26. Creative solidarity between all those engaged in the struggle for health is the key to attaining our objectives, and is itself one of the eight Millennium Development Goals. Effective modes of combining our expertise and resources are our greatest need now, and the strongest basis for hope. With our partners in fighting the major infectious diseases, eradicating poliomyelitis and preventing and treating chronic diseases, WHO's defining goal of universal access to effective health care is attainable.

27. This is dramatically illustrated by our current campaign to get treatment to three million people living with HIV/AIDS by the end of this year. It is a global effort involving several hundred partner organizations and it is gaining momentum. It has passed the milestone for last December, which was 700 000 people on treatment, and its next progress report is due in June.

28. The WHO Prequalification Project is providing vitally important support for the effort to make the necessary drugs and diagnostics available. We are working with our partners to increase its strength and capacity.

29. Rapid scale-up is bringing care to families and individuals who were without hope. The "3 by 5" target is a first step towards universal access. Planning for the next steps, for 2006 and beyond, is under way. Effective prevention is indispensable for defeating the HIV pandemic, and providing

treatment is an integral part of this larger effort. WHO and UNAIDS have intensified their joint effort of research and development work on a vaccine.

30. These activities are also driving the larger public health agenda of strengthening health systems and expanding prevention and care services for chronic diseases.

31. Progress towards the global tuberculosis control targets has continued. The treatment success rate has reached 82% but case detection is still lagging behind at 45%. The need is greatest in Africa, where the HIV epidemic is fuelling the resurgence of tuberculosis. We have to reach and cure more patients. This means adopting WHO policies for HIV-linked tuberculosis and drug-resistant disease, and bolstering service quality. The fight against tuberculosis demands the determination and tenacity of all of us.

32. Malaria still kills over a million people a year, and impoverishes many millions more. Under-investment in malaria control has accelerated drug resistance and excluded whole populations from proper protection against this disease. The new artemisinin-based combination therapies, and long-lasting insecticide-treated nets are known to be highly effective. An intense effort is needed to get these and the other existing resources funded, made available and used on the necessary scale. We are preparing a major strategic initiative to achieve this.

33. Behind every area of vulnerability in national and global health systems is the shortage of adequately trained staff. It is in health workers themselves that knowledge becomes life-giving action. *The world health report* for 2006 will be on human resources for health, and this will also be the theme of World Health Day. The preparations are involving a large group of constituencies. The report will launch the Decade of Human Resources for Health, and set the directions for tackling this major worldwide challenge.

34. Preparations are also well advanced on the General Programme of Work for 2006 to 2015, which will be presented to the Health Assembly next year. It will be about promoting human well-being through access to care, controlling epidemics, and improving the quality of life. Disease patterns change, but it is as clear for today and tomorrow as when WHO's Constitution was written, that health is "basic to the happiness, harmonious relations and security of all peoples".

35. Poliomyelitis eradication is in the headlines again because children are being paralysed in Yemen and Indonesia – countries which had been poliomyelitis-free for a decade. This underscores the urgent challenge we face to finish this job. None of our children are safe until poliomyelitis is eradicated everywhere. The greatest danger is not these imported cases but the countries from which the virus can continue to spread.

36. But there the news is good. Nigeria has restarted immunization and has already cut cases by 50% since last year. India and Pakistan are gaining ground and are on the verge of completing eradication. The setbacks we have seen in these countries are being dealt with rapidly. What places poliomyelitis eradication most in jeopardy now is the funding gap, which we must deal with equally rapidly to ensure that children in the Horn of Africa and other high-risk areas are protected.

37. Madam President, I would like to end by drawing attention to the most serious known health threat the world is facing today, which is avian influenza. The timing cannot be predicted, but rapid international spread is certain once the pandemic virus appears. This is a grave danger for all people in all countries. We can get some idea of its magnitude from the Spanish influenza pandemic in 1918, which killed between 20 and 50 million people.

38. At that time public health and medical scientists had very little idea of what was happening until it was too late. By good fortune we have had time – and still have time – to prepare for the next global pandemic, because the conditions for it have appeared before the outbreak itself. We must do everything in our power to maximize that preparedness. When this event occurs, our response has got to be immediate, comprehensive and effective.

39. For all the major health problems before us now, the solutions are available, but we have to put them into practice. Our task here this week and next is to decide on the ways to do this. The energy and goodwill available in the world today are more than sufficient to meet the challenges before us, but they have to be well-informed. The knowledge and skills are available, but they have to be put into practice. Let us make full use of the historic opportunity we have now to meet this double need.

Thank you.

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