



A56/3

**ADDRESS
BY
DR GRO HARLEM BRUNDTLAND
DIRECTOR-GENERAL
TO THE
FIFTY-SIXTH WORLD HEALTH ASSEMBLY**

**GENEVA,
MONDAY, 19 MAY 2003**

**ADDRESS BY DR GRO HARLEM BRUNDTLAND
DIRECTOR-GENERAL TO THE
FIFTY-SIXTH WORLD HEALTH ASSEMBLY**

GENEVA, MONDAY, 19 MAY 2003

Mr President, ministers, distinguished delegates, ladies and gentlemen,

We meet as we fight to defeat SARS, the first new epidemic of the twenty-first century.

The last major new disease of the twentieth century, HIV/AIDS, is still very much with us, devastating lives and communities.

Later this week we will take a giant step to reverse what could otherwise turn out to be the biggest killer for our grandchildren: tobacco smoking.

Three different threats to world health. We are fighting them all with science.

With the skills and dedication of health professionals.

We are helping each other.

International solidarity for health was in the minds of our founders 55 years ago.

But, it has never been clearer than today that a secure healthy future for us all depends on cooperation across borders and between institutions. This means sharing of information, expertise and resources openly. None of our Members need feel alone.

Our current response to SARS is bringing out the best of what we should strive for every day. By acting early, we are saving lives. By providing up-to-the-minute guidelines, we are reducing the risks of further spread.

By emphasizing surveillance and response, we are strengthening the system. And by working in close collaboration with top research institutes around the world, we are advancing the science of SARS in record time.

There are some key lessons that we have already learned from the SARS outbreak.

- We need to get access to information about disease outbreaks as soon as they occur.
- We need to share that information globally even faster than modern travel. Since we issued our global alert in mid-March, the disease has still spread to many countries. They have all benefited in their ability to contain and stop the outbreaks. We need to ensure this remains the case, so that SARS does not become a burden on countries least able to afford it.
- We need to share successful strategies to contain the disease and learn from what does not work.
- We need to ascertain whether control measures are being properly taken by affected countries.

In the last few weeks, the scientific cooperation between countries and institutions in the face of the threat posed by SARS has been exemplary and inspiring. WHO headquarters, regions and the

affected countries have been conferring daily to respond to the urgent nature of the crisis, along with experts. The networks of clinicians, of epidemiologists, of virologists, and, yes, of politicians, have all played their part.

We must be vigilant. The battle is not yet won. Our strategy is to do what is possible to defeat SARS. We should not conclude that we will just have to accept it like all other diseases already affecting humankind.

Mr President,

Globalization of disease and threats to health mean globalization of the fight against them.

SARS has been a wake-up call. But the lessons we have learned have implications that go way beyond the fight against this public health threat.

We can be grateful that we had begun to build a good network of global surveillance. But we need to work much harder to create the capacity that makes surveillance work well.

Effective surveillance and rapid response saves lives, protects economies and is an essential pillar of both national and international security. Could there be any clearer demonstration of the links between health and economic development that we have worked so hard to demonstrate during recent years?

We can no longer rely on national efforts alone to implement the scaled up system of global alert and response that the world now needs. Basic laboratory and epidemiological capacity in countries; a regional laboratory network and a strong global network; and good hospital infection control – all that must be in place.

I have already suggested some immediate changes in our budget. The Director-General nominee will address these issues later this week.

The events of the last few weeks also prompt us to look closely at the instruments of national and international law. Are they keeping up with our rapidly changing world?

The revision of the International Health Regulations is, of course, a top priority. But we are faced with many questions. What should sovereign States' legal obligations be with regard to reporting sensitive health information? How can we best combine human rights obligations and the need to restrict individual liberty to prevent the spread of disease? How should countries handle immigration in ways that safeguard public health?

Mr President,

We need to be building trust and forging solidarity.

If the world can unite against SARS, we can surely succeed in tackling other health scourges, and more fully understand how health is key to development.

The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria is an important expression of solidarity. But if it is to succeed, those with the resources need to back their commitment with real money – not just on a one-off basis – but regularly and reliably.

Where trust is absent, positions easily become entrenched. The impasse in the WTO discussions on the Doha Declaration benefits no one. Not the cause of health, not the cause of trade, not the cause of intellectual property rights.

Stalemate in crucial negotiations allows the problems that we are most concerned about – to continue unabated. They hurt the world economy. Failure to find a resolution undermines the institutions involved. Building trust, forging a sense of solidarity – are critical elements of a political solution.

We have moved a long way in reducing the price of some life-saving medicines to levels that enable the poor in the poorest countries to be treated. That is their right. We have much further to go, and we must bring others with us. Achieving more equitable prices cannot depend on one approach alone. It needs work on many fronts, involving many stakeholders. We need to be building bridges, with countries, with civil society, to really make a difference.

In our fight against ill-health we do not have all the tools we need. Innovation and the protection of intellectual property are closely linked. Ensuring that patent regimes stimulate research and do not hinder international scientific cooperation is a critical challenge – whether the target is SARS or any other threat to human health.

Mr President,

A healthy childhood should be the norm everywhere. WHO alone cannot change the environment in which our children live, learn and play. But working with others we can. Healthy environments for children, this year's World Health Day theme, and the Alliance that will guide international action, is the foundation.

Immunization levels cannot be allowed to fall. Continued introduction of new vaccines is needed. GAVI is pointing us the way. Three million children previously unprotected are now being reached.

And let us go the last few metres and get poliomyelitis eradicated.

We can do no more good for our children and future generations than to adopt the framework convention on tobacco control at this Health Assembly. And then see that it comes into force as soon as possible.

What an enormous effort it has been. From all of us, from civil society, from governments, from WHO staff.

Let me pay tribute to the two Chairs of the negotiation process, Foreign Minister Celso Amorim and Ambassador Luiz Felipe de Seixas Corrêa of Brazil. Let me also thank all of the negotiators. There was a true spirit of mutual respect and understanding despite the long hours.

This time I also want to pay tribute to my own country, Norway, one of those which has shown the way. An advertising ban was already in place 30 years ago, before I myself moved from the public health to the political and environmental agenda.

Wednesday, 21 May 2003 is set to be a historic day; and let us all be proud to be part of it. Billions of people in generations to come will be healthier and will lead longer, more productive lives because we have chosen to act together.

Mr President,

The leaders of the countries represented in this room have signed up to a set of goals in the Millennium Declaration. Three of the eight goals, eight of the 18 targets, and 18 of the 48 indicators are health related. Health, once again, at the heart of development. They will continue to provide a focus for our work together.

They are not just another set of targets to be reached by developing countries. They are also the expression of a compact or a deal. Targets on one hand, the conditions necessary for achieving them on the other. Developed countries have responsibilities too.

Let us understand the targets and indicators as a form of shorthand, and a way of monitoring progress. They are not the whole story. It is reducing ill-health that really matters. That means seriously addressing the determinants of ill-health, the issues of reproductive health, noncommunicable diseases, injuries and violence. That is what reduces poverty.

The focus of the Millennium Development Goals is on outcomes. Rightly so. But we also know that adequately-resourced national health systems are central to the achievement of those outcomes.

The generation before us went to Alma Ata 25 years ago. The message of equity and primary health care is as vital today as it was then.

Our understanding of health systems has increased a lot. But there is still a significant agenda of unfinished business.

Countries ask for advice about the advantages and disadvantages of different approaches to health systems and their financing. Without more attention to the issue of human resources, many countries will not be able to deliver, even if the money is there. Countries ask: what should be the role of the State in stewardship of the health system in different national circumstances?

The fact is that more often than not, there is no one right answer to health systems questions. Countries need evidence, and advice, in a form that helps them make choices in a complex political and institutional environment.

There is vital international interest in scaling up equitable health systems in the poorest countries. We do not have a global fund for health systems and must find the solution to integrate national efforts and international financing. I see this as the most important challenge today – to have a public health system that is robust enough to respond to new threats as they arise, while delivering effective interventions against existing diseases that will help lift the poor out of poverty.

Mr President,

It is essential that countries work together when responding to the challenges of rebuilding health systems in countries affected by war, of responding to epidemics, of addressing the drama of AIDS, the challenge of mental health and of protecting women and children.

The war and rebuilding in Iraq, the SARS outbreak, HIV/AIDS in southern Africa, all have shown how important WHO's work is in countries. We need a much stronger WHO presence in countries, better equipped to strengthen national capacities for health.

Mr President, distinguished delegates,

There will be no sustainable development, no international security, unless we tackle the diseases that drive and are driven by poverty.

Health is central to development.

Poor people will remain disadvantaged and deprived of a fundamental freedom until governments regard health as a fundamental right.

We all know there are competing claims on public resources both for national governments and for donors. We are part of a broad drive for development involving many sectors.

But the share of health in national expenditure is much too low in too many countries. There is no alternative: we must increase that share.

I ask all heads of government and finance ministers to look at the evidence we have built up over the past five years, not least through the Commission on Macroeconomics and Health.

Never forget that it is not just about budgets. As I said last year, every day, every hour and every minute, a fellow human being is suffering, and approaching an early death. Families are faced with tragedy.

We depend on greater solidarity and increased global support for people-centred development. As you know, in all that I have spoken about, WHO is working with others.

Let me ask the question: How are we doing on partnerships? How are we working with others? I know that some have been cautious, fearing the consequences of opening up to others.

We are right to keep a close watch. But WHO's voice has been immeasurably strengthened by listening and by working with others and by learning from partners.

I believe our global stewardship role has been greatly enhanced by the recognition that we can do so much more by building alliances.

But let no one imagine that WHO has gone soft. We have firm teeth when called for. And that firmness rests on solid science, backing by our Member States and a professional and independent staff.

I want to recognize all of our country representatives and their staff who are on the front line.

I want us today to remember Dr Carlo Urbani who was based in our Viet Nam office. Dr Urbani was hit by SARS as he was treating victims of the disease. His heroic efforts helped identify this new disease and stop its international spread. To him and all health workers stricken by SARS we pay special tribute.

I want also to remember Mr Maryan Baquerot, our Executive Director for General Management who had served the United Nations system for 35 years and who so unexpectedly died last week. He too exemplified what it means to serve the international community.

To our national staff in Iraq, who kept going throughout the war, theirs was a really admirable effort.

I have been very proud of the WHO staff globally as they serve you, and the people we all serve.

Mr President,

Five years have passed since I made my acceptance speech at this rostrum. As I am preparing to hand over the great honour of serving this vital Organization, its goals, values and principles, I feel confident that WHO is now stronger and better prepared to rise to new global challenges.

I am happy to see that the key role of health for the future of humanity is much more broadly understood than five years ago.

It is with gratitude and humility I can say I have been served in this our common mission by dedicated, hard-working people all over the world.

Thank you.