



# WORLD HEALTH ORGANIZATION

**FIFTY-SECOND WORLD HEALTH ASSEMBLY**  
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## **Looking ahead for WHO after a year of change**

### **Statement by the Director-General to the Fifty-second World Health Assembly**

**Geneva, Tuesday, 18 May 1999**

Madam President,

Let me wish all the health leaders that are gathered here today a heart-felt welcome to the 1999 World Health Assembly. In the days to come many will be looking to Geneva. We will be setting the future direction for global health policy. That is our role.

Our responsibility is to capture the aspirations of the millions of people on Earth who wish for better health, equal opportunities and the right to enjoy the benefits of development and progress.

The health gains of the 20th century count as one of the biggest social transformations of our times. Living conditions dramatically improved for the large majority of human beings.

But the century left a legacy. More than a billion fellow human beings have been left behind in the health revolution.

We must bring the excluded billion on board. This can be done. The world has the knowledge and the means to address the unfinished health agenda of the 20th century. We know what it will take and we can go a long way in the next decade.

We have to do so while being ready to confront new challenges from re-emerging infections, an ageing world population and a dramatic increase in noncommunicable disease. And - not to forget - to unveil and to seriously address the growing burden of mental illness.

And we have to address difficult questions: What will be the health consequences of climate change? Can the world manage to feed a growing world population, meet their energy needs and secure clean water for all? How can we be sure that ethical norms will govern the scientific advances that offer hope, but also carry risks? How can we care for the growing migrant and displaced populations? And will humanity continue to experience conflict and violence - killing and mutilating people and hampering development in so many parts of the world?

Look to the Balkans. In just a few months more than a million people have been deprived of their identity, their homeland and their future security. The toll on human health will weigh for a long time throughout the entire region. WHO alongside the entire United Nations system will do what we can to assist people forced into tragic misery.

Let us also remind ourselves that similar disasters have happened and are happening in other parts of the world - in areas where the TV cameras do not tell the stories or spread the images. All people who suffer deserve our attention.

Madam President,

This is a time for leadership.

Humankind has never made progress by giving in to complexity. This is a time for cool heads and warm hearts. We can make a difference.

My message is that with vision, realism and commitment the world could end the first decade of the 21st century with some notable accomplishments. It will take global leadership to set the process in motion and this Organization is ready to play its role.

Times may be changing, and we will be on the side of the change process.

WHO has done it before. Health for All unleashed a powerful movement. Inspiration and guidance from Alma-Ata in 1978, with its emphasis on the critical role of primary health care, contributed in no small measure to the health revolution and tangible health gains in the last two decades of the 20th century.

Looking ahead, WHO can do it again.

The world is fast discovering how better health can drive development. We have long known that poverty is a fundamental cause of ill-health. Now we are learning a more powerful lesson - that health gains trigger economies to grow and poverty to be cut.

Think about it: In poor countries, it would take very little to increase life expectancy by addressing the main killers of children and adolescents. A five-year difference in life expectancy may yield an extra annual growth of 0.5%. It is a powerful boost to economic growth. Modest improvements in health can help children, women and men to better achieve their potential, unlocking value in every area of their lives.

We are not aiming at modest gains. In East Asia, life expectancy increased by over 18 years in the two decades that preceded the most dramatic economic take-off in history. Repeat these gains - and we could be launching a new leap forward for human progress and development.

This knowledge is made available to us by people who have searched for a deeper understanding of development. One of them will address us later this morning. I wish to pay tribute to Professor Amartya Sen, Nobel Laureate in economics. Having placed poverty and development at the core of economic theory, linking the social and economic dimensions of human development, he has been instrumental in shaping international development thinking. He deserves our warm appreciation.

Madam President,

This year's World Health Report highlights four key challenges:

First and foremost, there is a need to greatly reduce the burden of excess mortality and preventable disability suffered by the poor. The goal of halving the number of people living in absolute poverty by the year 2015 is attainable, but will require major shifts in the way governments all over the world use their resources. In several regions of the world we need more money for health. But equally important - we should have more health for our money.

It means giving renewed attention to diseases like HIV/AIDS, tuberculosis, malaria and other childhood killers. It will mean investing more in women's health: reducing maternal mortality and improving maternal and childhood nutrition. It will mean revitalizing and extending the coverage of immunization programmes and ensuring access to cost-effective health technologies such as essential drugs.

Second, there is the need to counter potential threats to health resulting from economic crises, unhealthy environments and risky behaviour. In health the success stories often give rise to new challenges. If we succeed in curbing poverty and giving populations a real chance to climb the development ladder, then new health threats will follow, from noncommunicable diseases, from the very fact that people live longer, from changing lifestyles and from exposure to threats such as tobacco.

So the message is: Let us prepare wisely.

Third, we need to develop more effective health systems. In many parts of the world, health systems are ill-equipped to cope with present demands, let alone those they will face in the future. Pressure for change provides an opportunity for reform. But reform requires a sense of direction. Better health for all, securing equitable health services must guide the change.

Fourth, there is the need to invest in expanding the knowledge base that made the 20th century revolution in health possible. A key message in the World Health Report is the critical role played by the generation and application of knowledge. Knowledge about diseases and their control. Knowledge about the effectiveness of interventions and healthy behaviour. Knowledge made available through research - through experiences - through learning from successes and failures.

Our search for knowledge - the research agenda - cannot be limited to diseases and risk factors or about the right technical interventions. Many governments find it difficult to shift resources away from expensive curative services which primarily serve their wealthier and more influential constituents to basic services that benefit the majority of the population.

We must also better understand the impact and politics of priority setting. This is one of the themes at the round tables for ministers this afternoon. Poor countries, and the poor within rich countries, are inadequately protected from financial exploitation or treatment of varying efficacy when they use the private sector. We need to know how the required regulatory mechanisms can be developed to protect the public without deterring innovation.

Public service providers often fail to treat people with respect and dignity. We need to re-examine how to improve public sector performance - including giving people a real voice in holding service providers to account.

Madam President,

In the global economy there are things that the market cannot buy. There are critical tasks that will not be fulfilled unless someone does it on behalf of all. WHO is a repository of public health knowledge for the whole world. Today I plead with you to safeguard this vital public good.

There are functions that the economic actors cannot deliver. Such as setting global standards for blood safety. Establishing and reporting objectively from a global surveillance system, which monitors new and emerging diseases. Determining every year's influenza vaccine. Providing unbiased figures on the global burden of disease. Maintaining updated international health regulations, a road map to a safe future for all generations.

WHO can provide the mirror in which Member States see a reflection of their own performance. If this performance is weak - particularly if the poor do not participate in health gains - we must be prepared to say so based on solid evidence from reliable health indicators.

I am pleading the cause for a global advocacy and normative function - a well-informed voice in a complex and changing world. Maintaining a solid and reliable global agency is a cost-effective investment that benefits everyone. This year your countries will spend some 2300 billion dollars on health care. The knowledge generated and made available by WHO can positively influence how wisely this money -10% of the world's GDP - is spent.

You are the owners of the World Health Organization. Take good care of it.

Madam President,

When I was elected Director-General I pledged that WHO can and must change to become more effective, more accountable, and more receptive to a changing world. Today, looking back at months of intense work with my staff, I feel I can say that we are moving decisively in that direction.

Let me highlight some of the main features:

Priorities are coming back to the World Health Organization. World health is an immensely broad and complex area to cover. Even a global organization would lose its focus if it tries to do everything.

The programme budget we present to you is a first major step. We have sharpened our focus and shifted resources to priority areas. The budget for the next biennium represents a shift from the past, but it is only a beginning. The next budget will be prepared from scratch with a focus on how WHO as a whole - in countries, regions and headquarters - can make the most substantial impact - by our own activities and through those of our partners.

At headquarters we have refocused our work around nine clusters, sending a very clear message of what business we are in.

For the first time there is an empowered senior management team - 10 Executive Directors with real corporate responsibilities. Representing all WHO regions, they make a truly global team.

Last year I told you: the time has come to increase the number of women in the World Health Organization. Women represent half of the world's population, but carry much more than half of the world's health burden. How can we then accept massive under-representation of women at WHO?

The answer is simple: We will not accept it. Time has come for a change.

We will do what we can to take the gender balance towards parity. It cannot be done overnight, but we will work steadily to get there. Cabinet has set a target of 60% of new recruits being female.

Of my Executive Directors, five are women and five are men. Last July, only four out of more than 50 directors were women. We have taken advantage of a process of rotation and mobility to change that equation. Today, 10 out of 33 department directors are women. The ratio has gone from a few per cent to close to 30%. We are on track.

We are developing a gender policy in WHO. We need to evaluate how men and women are served by health systems. The aim is clear: They should benefit equally from the fruits of health and development.

Madam President,

Let me say from this rostrum: I pay tribute to WHO staff who have been through a profound process of change. With their technical skills and capabilities they constitute our ultimate resource. They deserve our appreciation. I am proud of my staff.

In 10 months we have been through a major administrative overhaul. We have invested in priority areas by sunsetting other activities. This is not a one time operation, it will continue.

We have moved management support near to the managers. The Management Support Units are an innovation in the United Nations system. The role of administration and management is truly to support, facilitate and back up all our technical work.

During these months we have worked closely with the Regional Directors seeking to assure consistency throughout WHO. We are One WHO, not seven, one in Geneva and the six regional offices. We are seeking more unity of purpose and each regional office has undertaken studies of its own structure and direction to better pursue our new priorities and strategic directions.

The real untapped resources of this Organization, however, are not located in Geneva or in the regional offices. They are in countries. For the first time ever in the history of WHO we brought the WHO Representatives and Liaison Officers to Geneva for a week in February. During that week we started a process of change towards a more determined focus on how we can make a tangible difference in our work in and with countries.

That is where people live. That is where they struggle to make ends meet, combat disease and strive for a healthy future. That is where our focus must be.

Madam President,

What lies ahead? Let me share with this Assembly how I see the next stage in the process of change of the World Health Organization.

The real change, and the change that really matters, is where we must now focus our attention. I am talking about increasing our effectiveness as an Organization, so that we can maximize the impact we have on peoples' health.

The next stage will be pursued with determination. If the only change we make is to repack and simply dress up in new clothes, we will achieve little, and convince no one.

Making a difference is our watchword. In everything we do we have to ask: how can we best - through our own efforts - and through that of others with whom we work - make the biggest impact and difference in people's health?

For too long, our spending patterns have been driven too much by traditions and not enough by the real needs of a changing world.

This is now changing.

WHO is not itself a funding agency. WHO is first and foremost a technical agency devoted to the support of sustainable health systems, which offers its advice strategically to support the real needs of countries. We have a clear mandate. But our role is also to be catalytic - to unleash the resources of national governments, development banks and bilateral partners.

We hear the call from Member States: They want to see One WHO, acting to maximize what its contribution can achieve. We will respond to that call.

But we also need to challenge our Member States. If we are to be more strategic and continue to shift resources to priority areas - then we need your support for these changes at the regional committees.

WHO's contribution to the national health budget should not be spread thinly across a large number of inputs and activities. To take just one example: In one country US\$ 4.9 million from WHO's regular budget was allocated to cover the cost of 428 priority activities in 44 different national health programmes. That is not the best way to make a difference and should now be considered past history.

Madam President,

WHO is the lead agency in health, one of several key players. I have called for a change in our working relationship towards the other players, many of which should be our natural partners.

Since July we have pursued a policy of reaching out to these partners, knowing that it is the combined impact of our efforts that will make a lasting difference. In doing so we preserve our public health values and our integrity.

We have created and recreated partnerships - within the United Nations family, with the Bretton-Woods institutions, with the private sector, with nongovernmental organizations, with research and with civil society.

First of all we work differently and more closely with our Member States. We have increased communications with governments through frequent interaction with the missions here in Geneva. We have developed more strategic methods of work in and with the Executive Board. Last year's retreat with the Board will be repeated this fall. Let me take this opportunity to thank the Chairman of the Board, Sir Kenneth Calman, for his support and creativity during this year of change.

Most importantly, we wish to see a politically strong and vocal World Health Assembly - and it is my hope that discussions and decisions during the coming days will send a clear health message to the world.

Last week I met with the leading providers of voluntary contributions to WHO as well as with representatives of developing countries from the regions. Our objective was to start a discussion on how

the major financial players in health can pull in the same direction - on how we can target our effort so that what we do really spurs development and benefits the poor. WHO will pursue this agenda and take the emerging consensus further towards concerted action.

I am pleased with the way we have come closer to our fellow United Nations agencies. UNICEF and WHO have strengthened collaboration for the home stretch of the polio eradication campaign. I have met with Dr Nafis Sadik of UNFPA and we have agreed to collaborate more closely in the areas of sexual and reproductive health, in particular at a country level.

I will meet again with Carol Bellamy of UNICEF to review how we can have more impact through joint activities related to child health and development, not least in the area of immunization. I have enjoyed working closely with Peter Piot and UNAIDS, to take our joint efforts further. WHO has chaired the Committee of Co-sponsors, and for the first time we have developed and set in motion an Organization-wide strategy within the context of a unified response by all the UNAIDS Co-sponsors.

And as we speak, WHO is working closely with UNHCR to address the public health challenge from the refugee crisis in the Balkans.

During my visits to countries I have met with representatives of the United Nations partners and I have seen what we can achieve when we work well together at a country level.

I support the Secretary-General's call for closer interagency collaboration and from what I have seen and learned this year I believe the time has come for WHO to make a significant move.

We are ready to formalize and intensify our collaboration with our United Nations partners in countries, including joining them on common premises when that is appropriate and when it will add to our efficiency. I announce today that the World Health Organization is ready to join the United Nations Development Group.

We have intensified our cooperation with the World Bank. We welcome ideas such as the Comprehensive Development Framework that has been proposed by its President, Jim Wolfensohn. This framework takes sector-wide thinking a stage further - making the links between the overall economy, the structure of government, and the many facets of human development much more explicit.

We have engaged in a new dialogue with the International Monetary Fund, speaking out for the need to better protect health and social services in times of financial turmoil.

We have taken new steps with the private sector.

Over the last 10 months we have held a number of round tables with industry as well as with nongovernmental organizations exploring how we can provide drugs and vaccines to the most vulnerable populations. Gradually we are getting closer to doing away with many of the old obstacles.

We have conducted external and internal studies of WHO's own research agenda to ensure that we can meet the needs of the next century. We are now better equipped to interact with the global research community and to pursue our own role in setting the public health agenda in research.

We are also completing an evaluation of the way we work with WHO collaborating centres. There are several thousand of these centres, and they add a crucial dimension to our work. With this evaluation we will be able to deepen our cooperation and to take it further into new areas of work.

Madam President,

Can we achieve this change in the way we work as an organization and the way we work with our partners? My answer is yes - and we have some very concrete examples of that already happening.

When I was elected I introduced two specific projects: Roll Back Malaria and the Tobacco Free Initiative - one in the area of communicable diseases and the other in the area of noncommunicable diseases. In both cases WHO needed to respond with increased and focused action.

Malaria is a killer. We need to confront it with traditional and innovative means.

Roll Back Malaria is drawing on existing initiatives, especially in Africa, and introduces new ways of taking malaria control and prevention forward. At a country level Roll Back Malaria is evolving into a social movement - integrating with the health sector, but also going beyond it to reach all those vulnerable populations that a fragile health sector does not reach.

Success will require commitment from governments in malaria-affected countries. It will require new sources of funding. This Assembly is invited to adopt a resolution to endorse Roll Back Malaria. This new drive has the ambition to cut by half the number of deaths from malaria within a decade through better access of all people in malaria-affected areas to a range of effective interventions.

If we succeed - and we will - what we learn will reach beyond malaria. The ultimate ambition is to strengthen the health sector and build capacity in that system as well as in people - in their communities and in the prime arena for health - the home and the family. This is a new way of working for WHO, for governments and for our other partners. As we proceed, what we learn will benefit our work in other areas, not least in our fight against HIV/AIDS and tuberculosis.

Madam President,

Tobacco is also a killer, and we must confront it. I repeat what I said from this rostrum last year. Tobacco should not be advertised, subsidized or glamorized.

We need to urgently curb a growth rate which is about to turn tobacco use into the single largest cause of death and instability - 10% of the global burden of disease - some 20 years from now.

Some point to the threat that effective tobacco control would represent for tobacco growers. Let us remind ourselves. The issue here is human health. Succeeding in a lasting change will take years - enough time for other sectors to adapt. And do not let second agendas take the high ground. At this Assembly we present a World Bank study on the economics of tobacco. The truth is simple: Tobacco is not only bad for health. It is also bad for the economy.

And it is particularly bad for the developing world. The tobacco epidemic is about to hit the developing world, penetrating countries which at present have very weak means of defence. In 20 years it will add an extra 7 million premature deaths and yet another load to already overburdened health systems.

We invite the Member States of WHO to initiate work on a Framework Convention - to take the first step in a process that the World Health Assembly has called for before.

The Convention will offer important support to countries. But the treaty will only be effective if it works in conjunction with, and builds upon, sound domestic interventions.

Last month I invited the International Conference of Drug Regulating Authorities to look into the way tobacco products are regulated. I was encouraged to note that their response was positive.

It is an amazing fact. A product which kills every second of its consumers is not regulated. The fact is this: Tobacco is the only product on the market which when used as intended leads to death. That should change.

Madam President,

Looking ahead we see that all our knowledge is about the past, whereas all our challenges lie in the future.

Think for a moment of the researcher. She needs to build on evidence. But she also needs to take risks. She needs to go for her vision - to reach one step further than anyone has done before.

In health we have seen it so many times. Decades ago, a polio vaccine was just a dream. A debate was raging between those who fought for it, and those who wanted better iron lungs and rocking beds to help alleviate the suffering of the polio victims.

As we approach the historic event of polio eradication - made possible by the development of effective oral vaccines - we often forget how difficult the decision was to keep investing in a dream that no one could know would become a reality.

Now we have new vaccines for pneumonia and new tools for attacking major killers of children. But when will we see the dream come true of getting them to those who have the need but lack the means? That is a challenge as big as developing the vaccines themselves.

Let us repeat a well-known fact: Whereas 90% of the disease burden is in the developing countries, these countries have only got access to 10% of the resources going to health. It cannot change overnight, but it has to change.

Take the HIV/AIDS pandemic. The pandemic of the 20th century will succeed in entering the 21st century in full force. It has become the first cause of death in Africa, it is on the rise in Asia and in large parts of Europe. A historic human, social and economic setback is unfolding.

We must not walk away. We need to confront the epidemic with renewed energy and commitment. As long as HIV/AIDS affects any community or any country, our world is in danger. In the new WHO we are not confining our HIV/AIDS activities to a single department. It is the entire Organization, through its technical resources and skilled people, which is now being marshalled. We will actively play our role - also in taking forward the emerging partnership against the pandemic in Africa.

Madam President,

Health is a fundamental human right.

We need public voices - and you can count WHO as one - to speak out for all those who are denied their human rights to health. You can count on WHO to speak out for the most courageous of all - the woman who gives birth.

We need to renew our commitment to combat maternal mortality. No other indicator so starkly reflects the disparities between rich and poor, between the haves and the have nots, between the developed and developing worlds. Each death is a tragedy. The death of a young woman, who may have other children is a multiple tragedy. These deaths are preventable with simple and cost-effective interventions.

We can make pregnancy safer. A newborn healthy baby is hope, expectation and promise.

Let us go to work. Together we can make a difference.

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