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Statement by the Director-General to the Executive Board at its 109th session

Geneva, Monday, 14 January 2002

Madam Chair, members of the Executive Board, excellencies, ladies and gentlemen,

1. I welcome you all to this 109th session of the Executive Board. The past year has been an extraordinary one. It is a year where threats to our common future have been starkly outlined. We have seen the destructive power of terrorism, with its targeting of innocent civilians and its poisoning of human relations. And it is a year where the world has finally begun to grasp the immensely destructive effects of the HIV/AIDS epidemic and how it hollows and weakens whole nations.
2. But it is also a year where we have seen the world coming together in a spirit of hope and cooperation – forming alliances and partnerships, moving towards a world that is more equitable, more determined to rout the scourge of poverty.
3. On 20 December in London, I received the Report of the Commission on Macroeconomics and Health. This Report shows quite simply that disease is a drain on development, and that, conversely, investments in health are a concrete input into economic development. The Commission's Chairman, Professor Jeffrey Sachs, goes as far as to say that health may be the single most important component for development in Africa.
4. This Report is a turning point. Health used to be the poor cousin in the family of development. It was neglected throughout the past two decades while the focus was on building infrastructure and creating favourable investment climates. The world has slowly seen the importance of education for development, but education alone cannot ensure sustainable development. Now, health is given its rightfully central role.
5. The Commission is arguing for a comprehensive, global approach with concrete goals and specific time frames. The proposed investments in health involve well-tried interventions that are known to work. They can be measured – in terms of the disease burden and health system performance. The emphasis, throughout, is on results: on investing money where it makes a difference.
6. The WHO Secretariat will work with countries as they pursue the ideas in this Report. We will also incorporate the Report's analyses and conclusions into relevant international, regional and national events. We will encourage countries to act on the Report through pursuing Commission-type work within existing forums, or through establishing their own National Commissions on Economics and Health.

7. The Commission's analyses underline the importance of effective national health systems. We will embark on an intense process of consultation – both within WHO and with experts from all regions – to develop evidence-based technical guidance for health system development. We anticipate that three initiatives will prove helpful.

8. First, we are developing locally relevant information for national decision-makers on the costs and consequences of key interventions. This is being made available through the WHO CHOICE project.

9. Second, we are developing The World Health Survey. It will help Member States obtain important information this year on the coverage of key health interventions, levels of health and risk factors and health expenditures. It will provide a sound basis for evaluating progress towards the millennium development goals, as well as helping local health managers make difficult decisions. More than 70 Member States have asked to participate in the survey this year.

10. Third, we are starting to analyse ways to improve the resources available to health systems. We will develop technical guidance both for health financing and for human resources in health systems.

11. We also need new partners to bring vital support to country action. The contribution of civil society is important. The involvement of the private sector evolves, with new milestones in terms of access to new medicines, antiretrovirals and combination antimalarials at lower prices. The world trading partners arrived at a clearer understanding of the issue of access to medicines at Doha. This is an accelerating trend and I believe it will be reinforced – not slowed down – by the events on 11 September and after.

12. Heads of State have made commitments to reduce malaria and HIV infections in their countries. The 20 countries most affected by tuberculosis have agreed on ambitious targets for reduction in TB infection rates by 2005.

13. Last year the world's leaders signed up to a new strategy for tackling HIV/AIDS. The G8 nations have responded with commitments to scale up their efforts and help achieve international targets for malaria, TB and HIV/AIDS. They have provided strong support for the Global Fund.

14. As health takes on a more central role, the expectations for the developing countries to prioritize health will be growing. But no matter how much the least developed countries invest, there will be a substantial gap which needs to be filled through development assistance. By 2015, the Commission Report estimates that US\$ 66 billion will be needed, of which just over half will have to be covered by international development assistance.

15. Some of this gap will be filled by the Global Fund to fight AIDS, Tuberculosis and Malaria. We are pleased to be working with the partners in the transition team in piloting this Fund towards its rightful position in international health. WHO is committed to serving the new Global Fund in whatever way is needed to maximize effectiveness.

16. The Fund already had commitments of US\$ 1.5 billion before it was functional. It is a groundbreaking mechanism, designed to achieve full synergy between the public and private sectors and nongovernmental organizations. I anticipate that the level of resources moving through the Fund to the affected countries will increase substantially as it begins its disbursements and showing results.

17. The World Summit on Sustainable Development, to be held in Johannesburg in August 2002 is another major milestone in the work towards a world where we all can live well fed and clothed, and with dignity, without undermining future generations' ability to do the same.

18. Health needs to have a more prominent role in the World Summit on Sustainable Development than they did in Rio. Agenda 21 provides us with an important entry point in dealing with the sustainable development agenda. We will stress the central role of health in the development process and the linkages between health and poverty reduction. We will stress the health risks and determinants beyond communicable diseases, and the impacts of economic globalization on health.

Madam Chair,

19. We have reported, once again, an increase in the number of people living with HIV. In particular, the number of children living with HIV is far larger than we had realized. But there is good news too. The United Nations General Assembly Special Session on HIV/AIDS in July last year has clearly shown that the world is now ready to turn back the epidemic, learning from those who have blazed a trail, scaling up best practice and confronting AIDS systematically.

20. Over the past year, I believe we have seen the start of a real change. Taboos are starting to erode. Governments are confronting the epidemic. New information provides solid scientific evidence for the benefits of investing in poor people's health – including efforts to stem the spread of the HIV/AIDS epidemic.

21. WHO, together with its United Nations partners has played an important role through the Accelerating Access Initiative in lowering the cost of AIDS medicines. Essential health services for people at risk of HIV are being designed. Health staff is being trained in the management of care for people at risk of HIV infection and AIDS.

22. We want to increase access to antiretroviral therapy and so to strengthen the link between HIV prevention and care. This will reduce stigma and discrimination, encourage uptake of counselling and testing and offer new opportunities for prevention.

23. Progress has been made in developing standardized antiretroviral therapy protocols for use in resource-poor settings. In October, a global expert consultation agreed on major guidelines for such treatment, bringing us considerably closer to effective and safe use of antiretroviral medicines in places where the use of these drugs have until now been impossible.

24. In short, we have built the foundations for significant progress. We have seen that communities and countries can turn the tide on AIDS. Our challenge is to take such successes to a global scale, and to win this vital battle for the future of humanity.

25. There has been much progress on the potential for increasing access to medicines. At the recent Doha trade Ministerial meeting there was consensus that trade agreements "can and should be interpreted and implemented in a manner ... to protect public health and, in particular, promote access to medicines for all".

26. The WHO Model List of Essential Drugs is a guide for the development of national and institutional essential medicine lists. Most countries have national lists and some have provincial or state lists as well. Every two years since 1977, the Model List has been updated by the WHO Expert Committee on the Use of Essential Drugs.

27. At its meeting in 1999, the Expert Committee proposed that the methods for updating and disseminating the list be revised. Many Member States have expressed their interest in participating in such expert committees. We will make the process of selection of experts more open and transparent.

Madam Chair,

28. As I reported to the 107th session of the Executive Board, I implemented a consultative process on the framework and the methods relating to health systems' performance assessment.

29. I also established an advisory group to advise on health systems' performance assessment, and a scientific peer review group to advise on the methods to be used in future rounds. Regional consultations were held in each of the six WHO regions involving scientific experts and members of government. Eight technical consultations on specific topics were also held involving internationally renowned scientific experts.

30. I met with the Advisory Group in November, which is advising me on the process. It was very supportive of the broad activities to engage the international scientific community and the governments of Member States in the consultative process.

31. The Scientific Peer Review Group, which is reviewing the scientific merit of the methods the WHO Secretariat is working on for the next round of health systems' performance assessment, met for the first time in December in Geneva. Their work is currently on-going, and they would require some time to address the difficult methodological and scientific issues before them. Taking into account the work of the Scientific Peer Review Group and the recommendations of the Advisory Group, I have therefore decided that the detailed annexes to *The world health report* on country health system performance will be produced in 2003.

Madam Chair,

32. WHO has a key role to address a range of specific global concerns – such as the “Global Outbreak Alert and Response Network”, and task forces on the deliberate use of biological and chemical agents as weapons – such as anthrax and smallpox. However, such alert and response mechanisms still need to be strengthened, especially with respect to chemicals and threats involving the food and water supply chains, and especially in developing countries.

33. In October, WHO made available an updated and revised edition of “The Public Health Response to Biological and Chemical Weapons”. This timely book describes how biological and chemical agents may endanger public health and provides the standard principles of risk management that Member States may take to prepare for the deliberate release of biological or chemical agents.

34. In 1999, the World Health Assembly had authorized the retention of variola virus stocks until “not later than 2002” to allow additional research under supervision of the WHO Advisory Committee on Variola Virus Research. This Committee met in December 1999 and in February and December 2001. It has recommended that further research is needed before destruction of the virus and that a specific time frame for research cannot be predicted.

35. I therefore propose, that the WHO Advisory Committee on Variola Virus Research continues to oversee the Variola Virus Research Programme and that the Research Programme be conducted in an open and transparent manner. In the meanwhile, the regular biosafety inspection of the storage and research facilities be continued to confirm the strict containment of existing stocks and to ensure a safe

research environment for work with variola virus. The World Health Assembly could review the progress of research in two to three years time.

36. WHO's work in emergencies seeks to offer the most up-to-date information and the capacity to coordinate health-related responses by a range of groups involved in health action. In Afghanistan this task is taken on by the Regional Health Coordinator, who is working with WHO Representatives in the involved countries. The focus now is on reconstruction of the Afghan health system.

37. In November, I visited the Democratic People's Republic of Korea. This is a country that for several years has suffered a crippling shortage of food. An unknown number of people died of hunger and diseases related to malnutrition. But the world community stepped in and provided assistance. In doing so, we have helped save thousands of lives.

38. It is clear that the Democratic People's Republic of Korea needs substantial assistance for its health sector or the effects of the crisis will be felt for decades. Yet, when I met the press after leaving the country, I was asked the justification for continuing to help in emergencies. Journalists questioned the wisdom of maintaining assistance when there is no promise of a quick solution. The question reflects the importance of understanding what emergency assistance can and cannot do. Emergency assistance – on its own – cannot “solve” emergencies. It is not a substitute for concerted international action to mitigate conflicts.

39. What emergency assistance does do is to save lives – thousands of lives. Moreover, it can prevent an emergency from turning into a major catastrophe. It can prepare the ground for a sustained solution. It is a bridge to peace: a vital foundation for a safer, more secure and more peaceful world.

40. Stronger efforts are needed to encourage leaders to facilitate access to the vulnerable in humanitarian crises.

41. We have seen how effective Days of Tranquillity can be. The best example is poliomyelitis. Through concerted regional immunization campaigns, we have been able to cut both the number of cases and the number of countries affected by half over the past year with less than 1500 cases worldwide in 10 countries.

42. With this progress, Member States now face the challenges of the poliomyelitis end-game – ensuring certification quality surveillance worldwide, appropriate containment of laboratory stocks and the development of a post-eradication immunization policy for poliomyelitis. These are issues that will need thorough discussion over the coming 12 months.

43. We are working within a range of such partnerships designed to intensify health action. Most combine country and global perspectives and have been organized around specific health conditions. The Global Alliance for Vaccines and Immunization (GAVI) has blazed a new trail with its focus on evidence-based programming, independent reviews, independent monitoring and results-based disbursement. In all of them we see WHO's role in securing agreement to evidence-based strategies and promoting best practice.

Madam Chair,

44. 2002 will be a year with focus on children. The United Nations General Assembly Special Session on Children in New York in May will enable us to scrutinize the progress over the past decade. We have no reason to be complacent. We have seen some of the gains of previous decades

levelled out or even reversed. A large number of those who die from infectious diseases are children. Emergencies, poverty, violence, all hit children the hardest.

45. Carol Bellamy and I are convening a Global Consultation on Child and Adolescent Health and Development in March. The Government of Sweden has generously offered to host this meeting in Stockholm. These consultations will help in laying the foundation for the role of health in the United Nations General Assembly Special Session on Children and setting our course towards the Millennium Goals that will determine the outcomes for children and adolescents in the coming decades.

46. The area where we most rapidly could save millions of children's lives is that of child immunization. The Vaccine Fund has already supported 53 of the 74 GAVI eligible countries, accounting for nearly half the world's population. At the same time, WHO is committed to supporting the goal of halving the number of measles deaths by 2005.

47. Another crucial area for improving child survival is infant feeding. Our draft global strategy for infant and young child feeding is the fruit of more than two years of collaborative effort, together with our traditional partner UNICEF, that has involved not only well over 100 Member States, but also nongovernmental organizations and other members of civil society.

48. This new global strategy provides a potentially powerful tool for ensuring substantial – and lasting – improvements in infant feeding practices worldwide. The moment is right for governments, civil society and the international community to renew their commitment to promoting the health and nutrition of infants and young children and work together for this purpose. Your inputs are thus essential “value added” as the draft strategy makes its way to the Health Assembly.

49. The Making Pregnancy Safer Initiative is now launched in 10 countries and promotes evidence-based technical and health system interventions to improve maternal and newborn health.

50. Integrating gender concerns into the work of WHO is sound public health. As stated in the Programme budget 2002-2003, “gender considerations are being incorporated in the planning and achievement of expected results in all areas of work”.

51. Gender factors are important to understand if we are to improve health globally. Risk factors and exposures may differ between men and women; the manifestation, severity, frequency and consequences of disease may be different, as well as the access to health services. Even the social and cultural responses to disease may differ according to gender. We are gathering more evidence on how gender impacts on all these aspects of women's and men's health.

52. Our efforts to promote gender equity require a change in attitudes and way of working, cooperation and teamwork across clusters and regions, as well as increased competence in clusters, regional and country offices.

53. For the first time, in 2001, World Health Day and *The world health report* addressed the same topic – mental health. The day was celebrated in many countries with mass events, often with the participation of the head of the state and other government leaders. In addition, half a million children from across the world participated in contests on the theme of mental health.

54. WHO has launched the mental health Global Action Programme (mhGAP). This five-year initiative is aimed at closing the gap between the available and the needed resources to reduce the

burden of mental disorders. It will provide support and guidance to countries and spearhead innovative and practical global mental health activities.

55. Every day, around 4500 people die violent deaths. These include over 2200 suicides; nearly 1400 homicides, and almost 900 war-related deaths. In addition, far too many women experience violence by intimate partners. The forthcoming *World report on violence and health* is both a call to action and an invaluable resource for preventing violence.

56. As I announced during last year's World Health Assembly – World Health Day 2002 will focus on physical activity, and I shall mark that Day in Sao Paulo, Brazil. *The world health report 2002* will publish new information on the magnitude and strategies to manage major risks to health.

57. Adolf Ogi, the Special Adviser to the United Nations Secretary-General on Sport for Development and Peace, and representatives from the International Olympic Committee, the Federation internationale de Football Association, the Federation internationale de l'Automobile, and Olympic Aid joined me when I launched the Tobacco Free Sports Campaign on the opening day of the third round of negotiations to develop a framework convention on tobacco control.

58. The message is simple: tobacco and sport do not and should not mix. Sports should not be used to spread the message of disease and death. We need to break the dependence on tobacco and tobacco sponsorship and at the same time expand support for increased participation in sport and physical activity worldwide.

59. Two significant steps in separating sports and tobacco are the 2002 Salt Lake City Winter Olympics and the 2002 FIFA World Cup, in Korea and Japan. Both events will not only be smoke-free, but the issue of health and sport and sport's ability to promote peace and development will figure prominently.

60. A record 168 Member States took part in the third round of negotiations on the framework convention on tobacco control in Geneva last November. In preparation for the negotiations, intersessional consultations were hosted by Algeria, Bhutan, Brazil, Estonia, Iran, New Zealand, and the Russian Federation. These consultations moved the negotiation process forward as many countries were able to develop common negotiating positions in preparation for the third session of the intergovernmental negotiating body.

61. During this third round, significant progress in advancing the negotiations was made, and revisions were accepted as a foundation for future negotiations.

62. Governments are not waiting for the framework convention on tobacco control to be approved before they act. They understand the tragedy of the millions of lives lost to tobacco and the urgency of action required. We have heard from many Member States about legislative, fiscal, and educational progress on tobacco control – encouraging examples of effective public health action.

63. Canada, for example, has implemented new packaging measures that include warnings and graphic colour photos illustrating the ill-effects of smoking covering 50% of the pack.

64. Australia has passed new laws strictly limiting point-of-sale tobacco advertising in an attempt to curb youth smoking, while Brazil passed laws prohibiting the advertising and marketing of tobacco products.

65. In India, the Supreme Court has passed a verdict making all public spaces tobacco-free and the Government has promised to implement this verdict in full measure.

66. Tonga has passed laws regulating advertising and promotion of tobacco products and the labelling of tobacco products as well as sale of tobacco to young people.

67. South Africa's Tobacco Products Amendment Bill strengthens the country's tobacco control laws by making further restrictions on smoking in public places; sponsorship of sports; point-of-sale advertising; and nicotine and tar product labelling.

68. This year, the United Nations will hold its Second World Assembly on Ageing in Madrid, Spain, from 8 to 12 April. I will be taking part in this important global event to reflect on the multiple implications of ageing – the silent revolution of our time. Never before in the history of mankind have we experienced such a rapid ageing of our population, both in the developed and the developing world.

Madam Chair,

69. The ACHR Report on Genomics and World Health focuses on the expectations, concerns and possibilities for the use of new genetic knowledge in improving world health. It focuses on the need for genetic policies that result in benefits being shared among all countries so that risks for all people are reduced.

70. The potential for new research on the human genome to improve health is clear. For this to be realized, societies throughout the world will need to be served by basic genetic services and research. WHO will help developing countries establish the capacity to respond to emerging genomic issues. An example is the recently announced WHO-NIH/Fogarty US\$ 15 million, five-year programme to support joint work by developed and developing countries for strengthening research capacity in genetics and genomics.

71. Recent developments in cloning have unprecedented ethical implications and raise serious concerns for the safety of individuals and subsequent generations of human beings. WHO recognizes the use of cloning for the replication of human individuals as ethically unacceptable and contrary to human dignity and morality. In addition, related research and development should be carefully monitored and assessed, with the rights and dignity of patients respected.

72. Scientific research involving stem cells, especially those derived from fetal and embryonic tissue, has the potential to yield treatments for medical conditions and diseases for which treatments are currently not available. However, there is a need for a full and open debate among a broad range of interested parties to enable conclusions to be reached on the utility, safety and desirability of scientific research involving stem cells.

Madam Chair, excellencies, ladies and gentlemen,

73. Within WHO we are constantly looking at ways to improve our work.

74. During 1999, we worked as one Organization to identify four strategic emphases for WHO's work that reflect the emerging consensus. We spelt out six core functions through which WHO's contribution could best be made. This was presented in the corporate strategy which was developed in 1999.

75. During 2000, we developed a strategic programme budget that would encompass the core work of the whole Organization for the coming biennium. We brought together activities at the regional and Geneva levels, whether they are funded through regular or extrabudgetary sources. We based the budget on 35 agreed areas of work, 28 of which are technical areas in which we seek to make an optimal contribution.

76. This means increased emphasis on monitoring performance regularly and evaluating impact throughout the Organization. We will analyse the ways in which we, as an Organization, perform with the regular budget and extrabudgetary funds at our disposal, monitoring progress against expected results in a systematic manner, presenting results through the Cabinet to the Executive Board and World Health Assembly and to Meetings of Interested Parties.

77. We will use the strategic programme budget as the base, and build on the best of programme reviews against work plans that are already undertaken within clusters and departments in headquarters, regions and countries. We will present the results to the Executive Board and World Health Assembly: linking the Meetings of Interested Parties with the Executive Board. We will continue to develop the Meetings of Interested Parties as an opportunity for open review of areas of work and processes, but it is under the overall review of the Executive Board and other governance mechanisms.

78. The “Country-Focus” Initiative will ensure that all elements of our network give maximal attention to what happens in countries. Our strategy for improving our performance at country level has a number of elements.

79. The Country Cooperation Strategies, combined with strategic programme budgeting involves extensive consultation with a wide range of stakeholders, and WHO staff – about the areas of work where we should concentrate most in a particular country.

80. Where it has been completed, it has provided the basis for decisions by the regional and the country office on changes in staffing, job descriptions and reallocation of the country budget. Cambodia and Indonesia are examples where this has already been done. In Russia too, significant changes in the balance of our work and in our staffing are in the making.

81. We have defined core competencies of country teams to enable them to perform new roles as catalysts, brokers, convenors and facilitators, in the context of the development and the use of appropriate mechanisms for managing global health and development funds; continuing build-up of technical capacity in priority areas.

82. We are making sure that our management systems properly support country operations. Part of our current drive to strengthen country offices also involves reviewing and revising the process, terms and conditions for engaging country representatives and other country staff, and reconsidering the minimum staff presence required for a country office to be effective.

83. Together with our regional offices, we are looking to our administrative systems to see how they can become more supportive in facilitating the work of country teams. We are also considering a small discretionary fund for the Representative, to enable him or her to respond quickly to urgent needs.

84. We are developing country-focused information systems to ensure that country offices are fully informed of global developments and Geneva and regional offices are kept updated on country developments.

Madam Chair,

85. Our agenda has several items where events have been unfolding over the past weeks and days, for example the Global Fund to Fight AIDS, Tuberculosis and Malaria and the issue of the destruction of variola virus stocks. This has contributed to the situation where some of the papers have been dispatched to you later than you expected. We have to do better, and will be reviewing these processes to improve them.

86. We have a very full agenda ahead of us. I look forward to our discussions on these important issues.

Thank you.

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