Mister President, Excellencies, honourable ministers, distinguished delegates, ladies and gentlemen,

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By early July of that year, less than four months after the first global alerts were issued, WHO could declare the outbreak over. Rarely has the world collaborated, on so many levels, with such a strong sense of shared purpose.

Experiences during the SARS outbreak sparked extensive revisions of the International Health Regulations. These revisions gave the world a greatly strengthened legal instrument for detecting and responding to public health emergencies, including those caused by a new disease.

We are dealing with two new diseases right now.

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Though the number of cases remains small, limited human-to-human transmission has occurred and health care workers have been infected.

At the end of March, China reported the first-ever human infections with the H7N9 avian influenza virus. Within three weeks, more than 100 additional cases were confirmed. Although the source of human infection with the virus is not yet fully understood, the number of new cases dropped dramatically following the closing of live poultry markets.

I thank China for collecting and communicating such a wealth of information, and for collaborating so closely with WHO. Chinese officials have promptly traced, monitored, and tested thousands of patient contacts, including hundreds of health care workers.

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These two new diseases remind us that the threat from emerging and epidemic-prone diseases is ever-present. Constant mutation and adaptation are the survival mechanisms of the microbial world. It will always deliver surprises.

Going forward, we must maintain a high level of vigilance. I cannot overemphasize the

importance of immediate and fully transparent reporting to WHO, and of strict adherence to obligations set out in the International Health Regulations.

As was the case ten years ago, the current situation demands collaboration and cooperation from the entire world. A threat in one region can quickly become a threat to all.

Ladies and gentlemen,

The debate on the place of health in the post-2015 development agenda continues to intensify. The Millennium Development Goals strongly influenced resource flows. Competition among multiple sectors for a place in the new agenda is fierce.

I ask Member States to do everything they can to ensure that health occupies a high place on the new agenda.

Health contributes to and benefits from sustainable development and is a measurable indicator of the success of all other development policies. Investing in the health of people is a smart strategy for poverty alleviation. This calls for inclusion of noncommunicable diseases and for continued efforts to reach the health-related MDGs after 2015.

At the same time, I want to assure you that efforts to reach the health-related Millennium Development Goals have accelerated during these last thousand days.

This is especially true for women's and children's health, and this is especially encouraging. Accelerating efforts to reach these two goals means accelerating efforts to overcome some long-standing barriers to service delivery.

A new Integrated global action plan for the prevention and control of pneumonia and diarrhoea was released by WHO and UNICEF last month. The plan focuses on the use of 15 highly effective interventions. Each one can save lives. When the 15 are put to work together, this is powerhouse that can revolutionize child survival.

The newest vaccines and best antibiotics are included, but so are some time-tested basics, like breastfeeding, good nutrition in the first 1000 days, soap, water disinfection, sanitation, and the trio of vitamin A, oral rehydration salts, and zinc.

Equally impressive are the ingenious delivery solutions, worked out by front-line workers, for reaching the poor and hungry children who are most at risk.

I find this integrated delivery approach an exciting way to move forward. The tremendous success in controlling the neglected tropical diseases clearly tells us that integrated strategies can stretch the impact of health investments.

Ladies and gentlemen,

I am most pleased to inform you that well over 9 million people living with HIV in low- and

middle-income countries are now seeing their lives improved and prolonged by antiretroviral therapy. This is up from 200,000 people just eleven years ago. This is the fastest scale-up of a life-saving intervention in history.

WHO progressively simplified testing and treatment approaches to make it possible to deliver high-quality care in some of the poorest settings in the world. Prices dropped dramatically. Treatment regimens became safer, simpler, and more effective. Sites for testing and treatment moved closer to people's homes, and they are trusted and used.

The value of HIV treatment is now well recognized. Where external funding has levelled off, domestic funding has stepped in to ensure continued scaling up of treatment. In June, WHO will simplify things further by issuing revised, consolidated guidelines for the use of antiretroviral drugs for both HIV treatment and prevention.

For tuberculosis and malaria, recent progress has been encouraging, but is increasingly threatened by the spread of resistance to mainstay medicines.

Efforts to stimulate the development of new medical products are critically important for every country in the world. The spread of antimicrobial resistance is rendering more and more first-line treatments useless.

Some observers say we are moving back to the pre-antibiotic era. No. With few replacements in the pipeline, medicine is moving towards a post-antibiotic era in which many common infections will once again kill.

Health care cannot afford a setback of this magnitude. We must recognize, and respond to, the very serious threat of antimicrobial resistance.

Last month, I attended the Vaccine Summit in Abu Dhabi. Participants explored how the Global Vaccine Action Plan can be used as a roadmap to save more than 20 million lives by 2020 by expanding access to ten existing vaccines.

Polio eradication was given special attention as a milestone in this visionary roadmap. A comprehensive eradication and endgame strategy was issued last month and discussed during the summit. Participants appreciated the strategy's many innovations and expressed the view that it has a very good chance of success.

I agree, but am fully aware of the challenges we face. Insecurity continues to compromise the eradication effort. We mourn the many polio workers who have lost their lives trying to deliver vaccines.

Importations continue to threaten polio-free countries. We are today responding to new outbreaks.

Ladies and gentlemen,

Research, evidence, and information are the foundation for sound health policies, for monitoring the impact, and for ensuring accountability. They keep us on track.

The World Health Statistics report, issued last week, brings some extremely good news. The past two decades have seen dramatic improvements in health in the world's poorest countries. Progress has been equally dramatic in narrowing the gaps between countries with the best and the worst health outcomes.

The Millennium Development Goals, with their emphasis on poverty alleviation, have unquestionably contributed to these encouraging trends.

We have a right to be proud of recent achievements, and also of the many innovative mechanisms and instruments that were created in the drive to reach the goals. They brought out the very best in human ingenuity and creativity.

At the same time, I need to remind you that what lies ahead, especially as we tackle noncommunicable diseases, is not going to be easy.

Today's health challenges are vastly different from those faced in 2000, when the Millennium Declaration was signed. Efforts to safeguard public health face opposition from a different set of extremely powerful forces.

Many of the risk factors for noncommunicable diseases are amplified by the products and practices of large and economically important forces. Market power readily translates into political power.

This power seldom impeded efforts to reach the MDGs.

No PR firms were hired to portray the delivery of medicines for HIV and TB as interference with personal liberties by the Nanny State, with WHO depicted as the Mother Superior of all Nannies. No lawsuits were filed to stop countries from reducing the risks for child mortality.

No research was funded by industry to cast doubt on the causes of maternal mortality. Mosquitoes do not have front groups and lobbies.

But the industries that contribute to the rise of NCDs do. When public health policies cross purposes with vested economic interests, we will face opposition, well-orchestrated opposition, and well-funded opposition.

WHO will never be on speaking terms with the tobacco industry. At the same time, I do not exclude cooperation with other industries that have a role to play in reducing the risks for NCDs.

There are no safe tobacco products. There is no safe level of tobacco consumption. But there are healthier foods and beverages, and in some cultures, alcohol can be consumed at levels that do not harm health.

I am fully aware that conflicts of interest are inherent in any relationship between a public health agency, like WHO, and industry.

Conflict of interest safeguards are in place at WHO and have recently been strengthened. WHO intends to use these safeguards stringently in its interactions with the food, beverage, and alcohol industries to find acceptable public health solutions. WHO will continue to have no interactions whatsoever with the tobacco industry.

As I said, this is not an easy time ahead. As just one example, not one single country has managed to turn around its obesity epidemic in all age groups.

The UN political declaration on NCDs clearly states that prevention must be the cornerstone of the global response. I agree. Yet even if prevention were perfect, we would still have clinical cases of heart disease, diabetes, cancer, and chronic respiratory disease.

The response to NCDs depends on prevention but also on clinical care which is cost-effective and financially sustainable. This is another challenge that lies ahead.

Ladies and gentlemen,

You will be considering three draft global action plans, for noncommunicable diseases, mental health, and the prevention of avoidable blindness and visual impairment.

All three plans call for a life-course approach, aim to achieve equity through universal health coverage, and stress the importance of prevention. All three give major emphasis to the benefits of integrated service delivery.

Global strategies and action plans make an important contribution to international coordination and promote a unified approach to shared problems.

But sound health policies at the national level matter most.

Public health has known for at least two decades that good health can be achieved at low cost, if the right policies are in place.

We know this from comparative studies of countries at the same level of economic development that reveal striking differences in health outcomes.

Last month, a study from the Rockefeller Foundation revisited this issue with new data from a number of countries. That study leads me to a positive conclusion.

Member States, we are doing a lot of things right, on the right track.

According to the study, factors that contribute to good health at low cost include a commitment to equity, effective governance systems, and context-specific programmes that

address the wider social and environmental determinants of health. An ability to innovate is also important.

Specific policies that can make the greatest difference include a national medicines policy that makes maximum use of generic products, and a commitment to primary health care and the training of health care workers.

Above all, governments need to be committed and they need to have a vision set out in a plan.

This is also true for WHO.

The 12th General Programme of Work sets out a high-level strategic vision for WHO, with priorities and an overall direction. It aims to make the work of WHO more strategic, more selective, and more effective.

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Ladies and gentlemen,

We are living in deeply troubled times.

These are times of financial insecurity, food insecurity, job insecurity, political insecurity, a changing climate, and a degraded environment that is asked to support more than it can bear.

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Large numbers of people are living on edge, fearing for their lives.

Insecurity and conflict mar several parts of the world, endangering the health of large populations.

WHO is aware of reports of assaults on health personnel and health care facilities in conflict situations.

We condemn these acts in the strongest possible terms. Conflict situations sharply increase the need for health care.

The safety of facilities and staff must be sacrosanct.

In these troubled times, public health looks more and more like a refuge, a safe harbor of hope that allows, and inspires, all countries to work together for the good of humanity.

This is what you are doing, and we see the results.

Fear of new diseases can unite the world, but so can determination to relieve preventable human misery.

This is what makes public health stand out from other areas of global engagement: the motives, the values, and the focus.

We know we have to influence people at the top, but it is people at the bottom who matter most.

Nothing reflects this spirit better than the growing commitment to universal health coverage.

Universal health coverage reflects the need to maximize health outcomes for everyone. Everyone, irrespective of their ability to pay, should have access to the quality health care they need, without risking financial ruin.

A focus on universal health coverage continues the strong emphasis on equity and social justice articulated in the Millennium Declaration and in The Future We Want, the outcome document of the UN Conference on Sustainable Development.

I am inspired by your commitment to universal coverage. Nothing gives me greater cause for optimism, or a greater sense of pride and privilege to work as the head of this agency.

I thank my staff for their dedication, wisdom, and experience. They are unbeatable.

I thank Member States for caring so much about health, nationally and internationally.

I thank them for doing so much to improve the relevance, efficient performance, and measurable impact of WHO, at all three levels.

We need to keep doing the right things, on the right track. The world's people depend on this Organization for so much.

And our work creates benefits that extend beyond health.

By increasing fairness in access to care and equity in health outcomes, our work contributes to social cohesion and stability, and these are assets for every single country in the world.

I encourage you to keep doing the right things, on the right track. It is my great privilege to support you.

Thank you.

-

Dr Margaret Chan
Director-General

Address to the Sixty-sixth World Health Assembly
Geneva, Switzerland, 20 May 2013

Check against delivery

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