

## Address by Dr. Margaret Chan, Director-General of WHO at the 65th session of the WHO Regional Committee for Europe

Excellencies, honourable ministers, distinguished delegates,

my dear colleague Zsuzsanna Jakab, ladies and gentlemen, good morning.

Let me first and foremost thank the Government of Lithuania for hosting the 65th session of the Regional Committee.

The world has changed dramatically since the start of this century, when the Millennium Development Goals became the focus of international efforts to reduce human misery.

At that time, human misery was thought to have a discrete set of principal causes, like poverty, hunger, poor water and sanitation, several infectious diseases and lack of essential care during childhood, pregnancy and childbirth.

The results of that focus, and all the energy, resources and innovations it unleashed – millions of lives were saved – exceeded the wildest dreams of many. It demonstrated the power of solidarity and brought out the best in human nature.

I was actually personally not optimistic about the prospects of reaching Goals 4 and 5, until the Every Woman, Every Child strategy kicked in, with spectacular results.

Some of the strongest supporters of that strategy are here in this room. I thank you for your commitment, as well as Mr. Secretary-General Ban Ki-moon, for his unwavering support for the strategy.

I see no signs that the momentum for better health, driven by commitment to the Millennium Development Goals, is beginning to slow.

On the contrary, one of the best signs of the success of the health-related Goals comes from the fact that Member States are approving new strategies and plans of action with even more ambitious goals.

These include ending the HIV and tuberculosis epidemic, eliminating malaria from a large number of countries and ending preventable maternal, newborn and childhood diseases and deaths.

Later this month, the United Nations General Assembly is expected to finalize the new agenda for sustainable development. The agenda currently has 17 goals, including one for health, and 169 targets. The factors that now govern the well-being of the human condition, and of the planet that sustains it, are no longer so discrete. That agenda will try to reshape a very different world.

More and more, we are seeing the worst in human nature: international terrorism, senseless mass shootings, bombings in markets and places of worship, ancient and priceless archaeological sites reduced to rubble and seemingly endless armed conflicts that have contributed to the worst refugee crisis since the end of the second World War.

Your Regional Director has issued a statement on the health needs of refugees and migrants. I fully agree with her views. I am sure that this subject – migration and health – will continue to be debated in WHO.

Ladies and gentlemen,

Since the start of this century, newer threats to health have gained prominence.

Like the other problems that cloud humanity's prospects for a sustainable future, these newer threats to health are much bigger and more complex than the problems that dominated the health agenda 15 years ago.

Chronic Noncommunicable Diseases (NCDs) have overtaken infectious diseases as the biggest killers worldwide.

Few of the world's health systems were built to manage chronic, if not life-long, conditions. Even fewer doctors were trained to prevent them.

And even fewer governments can afford to treat them. For example, every new cancer drug approved in 2014 by the US Food and Drug Administration cost more than US\$ 120 000 per patient per year. Many of these treatments extend life by only a few months.

The climate is changing. WHO estimates of mortality from air pollution, the single most important environmental hazard in this Region, have finally given health a place in debates about the consequences of climate change.

Worldwide, this past July was the hottest month since at least 1880, when scientists began keeping records. This year's thousands of deaths associated with heat-waves in India and Pakistan provide further headline evidence of the health effects of extreme weather events.

In December, Paris will host the 21st Session of the Conference of the Parties to the United Nations Framework Convention on Climate Change. Many regard this Conference as our best chance ever to prevent the next generation from inheriting a ruined planet.

Medicine is losing more and more mainstay antimicrobials as pathogens develop resistance. Superbugs haunt hospitals and intensive care units, also here in Europe. Gonorrhoea is now resistant to multiple classes of drugs.

An epidemic of multidrug-resistant typhoid fever is rolling across parts of Asia and Africa. In Europe, as elsewhere, only around half of all cases of multidrug-resistant tuberculosis can be successfully cured.

I appreciate the leadership of governments represented in this room in tackling the antimicrobial-resistance crisis with an appropriate sense of urgency, alert to the need for innovation.

Through the European Commission, this Region is also addressing the need for research and development (R&D) incentives to develop replacements for products that fail.

Ladies and gentlemen,

Do not underestimate the challenges that lie ahead.

Protecting our children from the marketing of unhealthy foods and beverages is harder than protecting our children from vaccine-preventable diseases.

Persuading countries to reduce greenhouse-gas emissions is harder than digging wells or building latrines.

Getting industrialized food producers to reduce their massive use of antibiotics is harder than getting companies to donate medicines for leprosy or river blindness.

All of these newer efforts face fierce opposition from powerful economic operators and their equally powerful lobbies. Economic power readily translates into political power.

These newer threats do not neatly fit the biomedical model that has historically guided public health responses. Their root causes lie outside the traditional domain of public health.

They are also beyond the traditional domain of sovereign nations accustomed to governing what happens in their territories. In a world of radically increased interdependence, all are transboundary threats.

The globalized marketing of unhealthy products respects no borders. By definition, a changing climate affects the entire planet.

As sharply illustrated by malaria, tuberculosis and bacteria carrying the famous NDM-1 enzyme, drug-resistant pathogens travel well internationally.

Ladies and gentlemen,

Many of the risk factors for NCDs arise from the behaviours of multinational corporations.

In the interest of prevention, ministers of health, notoriously underfunded, are now challenged to change corporate behaviours. Wow! You have a tough job.

World Bank data show that, in 2011, more than 60% of the world's 175 largest economic entities were companies, not countries. Data also show that this concentration of power is rapidly growing.

Friends, colleagues, the new distribution of power raises an absolutely critical question for health in the sustainable-development era.

Who really governs the policies that shape our health? Is it democratically elected officials acting in the public interest? Is it multinational corporations acting in their own interest? Or is it both: that is, governments making policies that are heavily influenced by corporate lobbies?

I urge you, as ministers of health, to continue your insistence on coherent government policies. Ministers of health look at the medical and scientific evidence. But ministers of finance and trade often listen to other voices.

Strengthening implementation of the WHO Framework Convention on Tobacco Control is on your agenda.

Countries wishing to protect their citizens through larger pictorial warnings on packages or by introducing plain packaging are being intimidated by tobacco companies, and have to deal with the fear and the reality of lengthy and costly litigation.

Mechanisms for settling investor–state disputes are being used to sue governments for tobacco legislation that hurts industry profits.

To date, let me report to you, Australia has spent nearly A\$ 50 million defending its right as a country to introduce plain packaging.

We need to watch all of this very closely. What's at stake here is nothing less than the sovereign right of a nation to enact legislation that protects its citizens from harm.

On the positive side, there may very well be a limit to how far corporate behaviours can push the tolerance of the public and the press.

Last month, The New York Times ran a front-page story exposing how one soda giant is funding scientists to shift the blame for obesity away from sugary drinks.

As the newly launched Global Energy Balance Network argues, the real cause of obesity is the lack of physical activity. The Network is funded, by the way, by the soda company.

The group cites "strong evidence" that the key to preventing weight gain is not reducing calorie intake, but "maintaining an active lifestyle and eating more calories". By the way, the so-called strong evidence cited is actually two studies funded by the soda company.

Ladies and gentlemen,

You will be discussing a physical activity strategy for Europe covering the next 10 years. As noted in the strategy, exercise has multiple benefits that go well beyond preventing weight gain.

You are wise to add such a strategy to your arsenal of preventive tools.

As noted, in 47 countries, representing 87% of the Region's population, more than 50% of adults are overweight or obese. In several countries, the rate is close to 70% of the adult population.

But physical activity alone will not be sufficient to curb this Region's obesity epidemic.

As the WHO Commission on Ending Childhood Obesity reported earlier this year, "Addressing the obesogenic environment is not enough, but no approach that fails to address this environment can be successful."

The Commission identified many factors that help explain why the prevalence of childhood obesity is increasing in all countries. But it singled out one particularly pervasive driving force: the globalized marketing of unhealthy foods and beverages. In fact, the Commissioners described the evidence of its impact on childhood obesity as "unequivocal".

This example raises a critical question.

Can science be bought to give industry's tactics a respectable veneer, to confound the evidence, confuse the public and reduce its concerns?

Does health advice derive from the evidence, or can its content be shaped by the biggest bidder?

The tobacco industry certainly used this tactic successfully for a number of years. But let's hope the world has changed.

The launch of the Global Energy Balance Network unleashed a firestorm of criticism in the print and social media. We will need to have the weight of public opinion, sometimes even outrage, on our side as we struggle to help people make the right lifestyle choices.

Ladies and gentlemen,

For WHO, Europe has always been a pioneering Region. Many of your "firsts" provide the foundation for responding to new health challenges in the era of sustainable development.

As stated in one of your documents, "No health issue today can be adequately dealt with without an intersectoral response".

You were the first to look at lifestyle-related diseases, the first to explore ways of changing human behaviours and the first to address the social determinants of health.

Early on, this Region recognized environmental hazards as an upstream cause of ill health and began to tackle them in a systematic way.

With the landmark Tallinn Charter, European Member States were among the first to formulate convincing economic arguments for investing in health systems.

This Region brought phrases like "health in all policies" and a "whole-of-government approach" into the health policy vocabulary. Health 2020, which many of you refer to, draws on these achievements. They are shaping many of your health policies and strategies. They underscore the commitment to equity and solidarity as the Region's defining values.

And you have other assets.

The first mobile laboratory deployed to Guinea at the start of the Ebola outbreak came from this Region.

Your countries contributed health professionals, logisticians, engineers, managers, vehicles, supplies, military personnel and quite a lot of money.

Nongovernmental organizations and charities based in your countries provided the bulk of clinical care, comfort and compassion.

Officials in this Region helped solve the challenge of medical evacuation, which deterred so many countries from sending medical teams.

The outbreak is not yet over, but we are very close. We are in a phase where we can track the last chains of transmission, and break them. To get to this phase, WHO deployed more than 1000 staff to 68 field sites in the three countries. Many of them are short-term staff recruited from African countries.

As the pace of the response slows and the facts begin to come in, the picture of WHO leadership during the outbreak differs markedly from the narrative in most media reports.

At an Ebola workshop organized by the US Institute of Medicine earlier this month, WHO was described as "a convenient scapegoat during the outbreak". And it went on to say, it was so easy to slap WHO around.

Ladies and gentlemen,

As the head of this agency, I need to take a stand. Doing so is all the more important as some of our achievements support WHO reforms under way to strengthen WHO leadership during future outbreaks and other health emergencies.

Already during the outbreak, WHO staff from all regions and headquarters dealing with outbreaks and humanitarian crises worked together. This collaboration helps provide proof of concept for the single new programme I announced in the World Health Assembly last May. Staff recruitment and deployment were too slow at the start, but we found a way to streamline administrative procedures and speed things up.

The managerial lessons we learned will feed into the design of the programme's expedited recruitment and deployment procedures, which will be separate from the rest of WHO.

Prior to the outbreak in West Africa, Ebola was a rare disease. All responders had trouble finding sufficient numbers of experienced clinicians and epidemiologists.

Many agencies and organizations, in their great desire to help, took on roles that went well beyond their mandates and previous experience.

Those with no experience in the clinical management of Ebola took several months to become operational.

No internationally agreed procedures were in place for coordinating the activities of the multiple response teams that eventually arrived.

To reduce some of the chaos of uncoordinated and sometimes inappropriate aid, WHO made an inventory of the qualification and skills of foreign medical teams and developed a register. Again, this work will feed into plans for establishing a global health emergency workforce. And on that subject I would like to thank the European Commission for your discussion with WHO to develop a European emergency corps. I will work with you to ensure it feeds into the global health emergency workforce.

WHO used two networks to deploy 32 laboratories to the three countries and Nigeria. With these partners, we developed the logistics of specimen transportation needed to ensure that every district, county and prefecture in the three countries had access to laboratory services within 24 hours.

By the last quarter of 2014, the speed and quality of testing approached that seen in wealthy countries. This is equity and solidarity to the best.

The world is on the verge of having a safe and effective vaccine. At the request of the government of Sierra Leone, the WHO clinical trial of the new vaccine, which has been running in Guinea, has been extended to also include this second country.

Being able to vaccinate close contacts of confirmed cases gives us another ring of protection.

We have pre-qualified four rapid point-of-care diagnostic tests. We are developing a blueprint for R&D, with generic clinical trial protocols and arrangements for fast-track regulatory approval, to expedite the development of new medical products during the next emergency.

All of these achievements were made possible by the unprecedented support of many countries and the unprecedented collaboration of multiple partners, coordinated by WHO. As just one example, laboratory support involved collaboration with 19 institutions in two networks.

Like all other responders, we were slow at the start, but we made quick course corrections. These changes that I have just described created conditions that made it possible for multiple responders, national and international, to work to their full advantage in future epidemics and pandemics.

This is leadership.

And I thank you for your attention.