

## Address by Dr. Margaret Chan

### WHO Director-General

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Mr. Chairman, Mr. Executive President, Madam Vice-President, excellencies, honourable ministers, distinguished delegates, my dear Zsuzsanna, ladies and gentlemen, a very warm welcome to all of you.

I have been saying that this Region is, if not the best, one of the best. And I'll tell you why. This Region, with its largely affluent populations and stable democracies, has always been a frontrunner in matters of health, addressing problems that would later become important for the rest of the world.

This Region was the first to recognize the significant impact on health of environmental factors, including air pollution, toxic wastes, and tainted food and water, and call for urgent action.

From the first United Nations Conference on the Human Environment, held in Stockholm in 1972, to last year's climate agreement in Paris, your capitals have been the seat of historic turning points in global environmental policy. Thank you for that.

This Region was the first to raise the alarm about the rise of noncommunicable diseases (NCDs), to profile the role of lifestyle choices and to define a policy approach that aimed to make healthy choices the easy choices.

In parallel, you redefined the meaning of multisectoral collaboration, going beyond traditional work with friendly sister sectors, like education, nutrition, and housing, to take on the behaviours of powerful economic operators, like the tobacco, alcohol, and food and beverage industries.

Your countries have used the tools of advanced democracies, including legislation and fiscal measures, to confer population-wide protection against these behaviours.

You also broadened the base of preventive actions to embrace the social determinants of health, as far upstream as possible. Thanks to you and many other countries in other regions for your work to pass FENSA [the WHO Framework of Engagement with Non-State Actors]. It could not have been done without you.

The need for health in all policies, and for whole-of-government and whole-of-society approaches, was first articulated in this Region.

You were the first to advise ministries of health on practical ways to engage non-health sectors, including economic arguments that make the case for policy coherence.

The Tallinn Charter: "Health Systems for Health and Wealth" was a watershed event that laid the foundation for people-centred health systems that deliver integrated services across the life-course.

All these policy advances are now embodied in the Health 2020 policy framework for Europe.

European countries have consistently cared deeply about gender equality, the health of mothers and children, and the rights of women and girls, at home and abroad. I heard about your exciting discussion yesterday and look forward to your successful discussion today.

Your countries have also been leaders in the donor community, sharing your wealth with the developing world.

International cooperation in health development has benefited greatly from the International Health Partnership (IHP+), which was launched by countries in this Region.

IHP+ is now applying its principles for mutual accountability, its mechanisms for promoting harmonization and alignment, and its advanced monitoring framework to help developing countries move their health systems towards universal health coverage.

Since the start of this century, Europe's leadership role in health has taken on greater prominence. The crises you are addressing now are globally shared.

Your countries remain frontrunners and leaders, but the time lag between your work and what the rest of the world needs to do has been shortened.

Your work is deeply and immediately relevant to health everywhere in the world. In one area after another, European countries are producing models for other regions to follow.

Ladies and gentlemen,

Antimicrobial resistance (AMR) is a global crisis. For more than a decade, the European Union (EU) has been a world leader in the struggle to combat AMR.

This is readily apparent in the number of policies, directives, technical reports, strategies, and regulatory decisions designed to reduce antibiotic consumption in humans and animals, ensure the prudent use of these fragile medicines and protect specific agents that are critically important for human health.

You have moved forward in remarkable ways, as reflected in several Region-wide networks, for surveillance of both resistance and consumption patterns and for susceptibility testing.

Significantly, the EU-wide ban on the use of antibiotics as growth promoters in animal feed has not weakened the Region's leading position in global food production.

In responding to the AMR crisis, we have as guidance a global action plan approved by all Member States at last year's Health Assembly. What we need to see now is action.

In February, I attended the EU Ministerial Conference on Antimicrobial Resistance, hosted by the Netherlands.

The focus of that Conference was on the urgent development of national action plans. You are moving forward quickly.

Another boost for action came with the release in May of the United Kingdom's long-awaited review on AMR, chaired by the eminent economist Lord O'Neill.

With its 10 recommendations, that report presented a number of innovative ways to tackle AMR, and also to pay for it, including through a proposal for market entry rewards. This is a most welcome and compelling report.

We need research and development (R&D) incentives for new antibiotics, but also for better diagnostic tests that can reduce needless prescriptions, and for new vaccines that can reduce infections in the first place.

Around the world, we are seeing some encouraging signals. Some multinational food companies have announced that they will no longer source their meat from animals fed antibiotics, at subtherapeutic doses, as growth promoters.

On 21 September, the United Nations (UN) General Assembly will convene its first high-level meeting on AMR, signalling awareness among heads of state and government that AMR is indeed a crisis that threatens decades of hard-won gains in medicine and public health.

The meeting further signals the need for global cooperation at the highest political level.

The expected outcome is a political declaration. I have done some intelligence work and thanks to all countries in the world for the successful negotiation of the outcome document that will go to the General Assembly for endorsement. That outcome document can galvanize political will, build agreement on goals and stimulate broad-based policy approaches.

The meeting gives strong emphasis to achievement of the five strategic objectives set out in the WHO global action plan.

Two further events during the UN General Assembly are especially relevant to health challenges in this Region.

On 19 September, the UN will convene its first high-level summit on addressing large movements of refugees and migrants, with the aim of securing a more coordinated and humane approach to the crisis.

The summit represents an historic opportunity to craft a blueprint for a better international response.

Roundtables will address the root causes of large movements of refugees and the drivers of migration, consider a global compact for sharing the responsibility for refugees, with due respect for international law, and address the vulnerability of refugees and migrants during their journeys.

Ladies and gentlemen,

More than one million refugees and migrants entered the European Region in 2015. During that year alone, more than 3700 people seeking to reach Europe are known to have died or gone missing at sea.

The despair continues, with already more than 3000 lives lost this year.

This is a great human tragedy. The wars in the Syrian Arab Republic, Iraq and Yemen are humanitarian catastrophes. All these issues are highly charged politically.

Your strategy and action plan for refugee and migrant health is evidence-based, objective, principled and guided by a respect for human dignity and human rights.

I agree entirely with your assessment. This is not an isolated crisis, but an ongoing reality with medium- and longer-term implications for security, economies and health.

People seeking refuge in your countries include many elderly and disabled persons, as well as an increasing number of unaccompanied children.

I respect that the capacity of individual countries has been pushed to the limit. Thank you for your generosity. Let us all hope that the UN summit will deliver a better way of collectively addressing this tragedy.

That ultimately means addressing root causes, like global inequalities in standards of living and opportunities and seemingly endless armed conflicts.

Military forces that drop barrel bombs and poisonous gas on civilian populations and deliberately target hospitals should not be allowed to operate with impunity.

The UN General Assembly will also launch the report of the High-level Commission on Health Employment and Economic Growth. And I'd like to thank President Hollande of France and President Zuma of South Africa for leading the Commission. The report proposes solutions to address the deepening mismatches and inadequacies in the health workforce.

Under the pressures of demographic ageing; the heavy burden of NCDs, including dementia; and rising public expectations for care, the World Bank estimates that the world will need an additional 40 million health care workers by 2030.

By that same date, WHO projects a shortfall of 18 million health workers, primarily in low- and middle-income countries.

To address this imbalance, the Commission's report articulates a powerful narrative that views investments in the health workforce as contributing to more equitable health care, the creation of millions of decent jobs and the promotion of economic growth that is inclusive, especially for youth and women. Can you imagine the number of jobs that can be created in the health sector? Health is an investment, not just an expense.

Addressing health workforce needs is another area of European leadership. I'm sure you remember how many of your countries championed the WHO Global Code of Practice on the International Recruitment of Health Personnel. Thanks for this success.

This Region is both a source and a destination of international health migration. The new "brain drain to brain gain" project is measuring workforce migration and implementation of the Code in selected source and destination countries.

In collaboration with the Organisation for Economic Co-operation and Development (OECD) and Eurostat, you are also systematically strengthening the database for evidence-informed workforce policy and investments, with the aim of building a sustainable health workforce in every country in the Region.

Ladies and gentlemen,

The European Region enters the era of sustainable development with a number of new strategies and action plans for priority challenges facing this Region.

Again, the way you address these challenges, the solutions you find and the strategies you apply, will provide a model for other regions to follow.

The HIV situation is critical. Against a backdrop of declining global incidence, new infections in this Region are worrying. They increased by 76% between 2005 and 2014 and more than doubled in eastern Europe and central Asia.

The situation in Europe is a stark warning that the epidemic is by no means over. How you adjust the control programme to reach key populations at higher risk and expand coverage with high-impact interventions will provide important lessons.

You will be considering the Region's first action plan for viral hepatitis, emphasizing the need to give special attention to the most affected groups and those most at risk.

The plan addresses multiple challenges, but how you address two in particular will be especially instructive: the high risk among prisoners and people who inject drugs, and the extremely high costs of novel therapies for hepatitis C.

These costs make the affordability and sustainability of treatment problematic, especially given the number of people in need.

I was pleased to note the technical briefing on access to new high-priced medicines. In the past, discussions about drug prices tended to focus on the importance of affordable prices to improve access in the developing world.

Recent events have shifted this focus. Several high-profile instances of exploitation by pharmaceutical companies have provoked expressions of outrage in the media and by the public, patient groups and parliamentarians.

Even the richest countries in the world cannot afford new treatments for common conditions like cancers and hepatitis C that cost US\$ 50 000–150 000 per patient per year. This trend is the opposite of sustainable.

At the other extreme, ladies and gentlemen, the generic industry is losing interest in manufacturing older, off-patent medicines with prices slashed so greatly that the incentive to produce and market them is lost.

WHO is working on a model for the fair pricing of pharmaceuticals that addresses both extremes.

With universal health coverage at the centre of the health agenda for sustainable development, ways must be found to ensure that drug pricing is fair yet sufficient to stimulate R&D innovation.

In other cases, technical innovations are helping to reduce costs, especially when they support people-centred care that extends to the community and household levels. Examples include rapid diagnostic tests, self-monitoring tools for diet and exercise, and devices that enable blood pressure measurements to be taken at home. Innovation is important going forward, especially now that it is so hard for health promotion to tell governments what to do. It is more important to empower people to promote their own health.

Your action plan for the prevention and control of NCDs is especially rich in lessons, given your long experience in tackling these diseases and the recent sharp declines being recorded. The opportunity to have a dramatic impact on health outcomes is considerable.

Two thirds of premature deaths in the Region are still caused by cardiovascular diseases, diabetes, cancers and chronic respiratory disease.

At least 80% of all heart disease, stroke and diabetes and 40% of cancers could be prevented.

Mortality from cardiovascular diseases has declined; a clear downward trend in smoking continues, and alcohol intake is steadily decreasing, though improvements are slower in eastern Europe and people in the lowest income groups suffer the most.

We are seeing some good progress and success in tobacco control. This year, the European Court of Justice upheld the 2014 EU Tobacco Products Directive, which is based on the WHO Framework Convention on Tobacco Control.

Countries in this Region are also leading the drive to introduce plain packaging. In May, France and the United Kingdom brought into force laws for plain packaging.

Both countries have made great efforts to make the packaging less attractive.

Other countries – including Hungary, Ireland and Norway – are also moving forward.

Public health has won one extremely important battle. After six years of harassment by the tobacco industry and its lawyers, tiny Uruguay, with its population of 3.5 million people, defeated the world's largest tobacco company.

In July, an arbitration court run by the World Bank ruled that Uruguay had the right to continue its anti-tobacco policies, and ordered Philip Morris to reimburse the country for some US\$ 7 million in legal costs.

This is a landmark victory for tobacco control, as it upholds the right of a sovereign government to protect its citizens from a deadly and addictive product, and gives precedence to that right.

So ends a cynical attempt by a rich multinational giant to batter a small country with limited resources as a cautionary example for the rest of the world. This time the good guys won.

But beware. The battle lines are drawn.

In a world full of so many uncertainties, economic, trade, and industry considerations can dominate the agenda and override the best interests of public health.

As noted in your report, industry is re-emerging as a force of opposition to progress in tobacco and alcohol control, and is impeding efforts to improve diets.

Powerful instruments, including the WHO Framework Convention and the EU Tobacco Products Directive, are not being used to their full potential.

Through skilful and successful marketing and by modifying product-design features, the tobacco and alcohol industries have created a fast-growing market for female and underage smokers and drinkers.

You also need to engage with the food industry. We must engage them and give them the incentive to do the right thing for people. Up to three quarters of salt consumed in this Region is pre-added by the food industry. Baby food can contain up to 30% free sugars, and saturated and trans fats are far too common in diets.

Ladies and gentlemen,

As this is the last time I will address this Committee, let me conclude with a heartfelt request. The Region must do more to combat its obesity epidemic, especially in children.

The often-heard argument that lifestyle behaviours are a matter of personal choice does not apply to children.

As policy guidance, you have the report of the WHO Commission on Ending Childhood Obesity.

That report urges governments to accept their responsibilities to protect children, including a responsibility to take action without considering the impact on producers of unhealthy foods and beverages.

Take care of your children. Obesity and overweight in children is society's fault, not theirs.

Thank you.