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Report by the Director-General to the Executive Board at its 134th session

Geneva, 20 January 2014

1. Madam chairperson, distinguished members of the Executive Board, colleagues in the United Nations system and sister agencies, excellencies, ladies and gentlemen,

2. I wish you all a happy and healthy 2014.

3. I will be brief. This session of the Executive Board has 67 items on its agenda, with 17 resolutions. This is by far the highest number of items ever scheduled for a non-budget year. We will all need to use our time with discipline and efficiency.

4. We have a crowded agenda and a crowded room, with a record-breaking number of registered participants.

5. The heavy agenda for this session shows the diversity of your concerns and also some measure of confidence that WHO is the right agency to address those concerns. I interpret the large number of participants as an indication of the high level of interest in global health.

6. Both are good, but outstrip the capacity of the Secretariat to prepare for this session and serve it well. And there are other, more serious problems.

7. A lean, effective, and flexible WHO must be strategic and highly selective in the work it undertakes. I would rather see outstanding performance in a limited number of high-impact areas than a full menu approach that dilutes our energy and resources.

8. This is an easy trap to fall into, and it is dangerous. If this happens, WHO will have a lot to say, but little to show, especially in terms of health outcomes in your countries.

9. Keep in mind: one reason for the success of the Millennium Development Goals was their limited number. Keep in mind: the Twelfth General Programme of Work, which you approved last May, includes just six leadership priorities.

10. Part of the problem stems from the simple fact that the determinants of health have become broader and much more complex in a world where not only countries, but also policy spheres are closely interconnected.

11. We are all aware that some new challenges, especially those driven by the globalization of unhealthy lifestyles, can only be addressed through collaboration with multiple sectors, including some industries.

12. But WHO and its Member States must resist the temptation to cover every issue in the vast domain of public health. Please help us stick to those high-impact areas where we can get and measure results. Doing so becomes all the more important as the international community transitions to the post-2015 era.

13. The demands on WHO and ministries of health will only grow as noncommunicable diseases increase, populations age, cities become more crowded, and the climate changes.

14. Public expectations for health care are rising and costs are soaring. Some new medicines and medical devices are unaffordable, even for the wealthiest countries in the world.

15. Last year's G8 summit on dementia, organized by the United Kingdom, made it clear that some major and very costly health problems have virtually no effective interventions for their prevention, early detection, or cure.

16. WHO will need to perform extremely well in order to steer countries through these challenges.

17. In recent years, the Health Assembly has approved a number of global strategies and action plans for addressing specific diseases or needs. This is good. All have clearly defined objectives, targets, and indicators, and this helps ensure that countries and their partners align activities in a tightly focused and coordinated way.

18. As we all know, the large number of health initiatives and actors has led to fragmentation, duplication of efforts, high transaction costs, and heavy reporting and monitoring requirements for countries.

19. All of these global strategies and plans set out highly ambitious goals. This is also good, as it helps maintain the momentum for better health. But it has a downside.

20. Like the many partnerships and health initiatives, these strategies and plans impose a heavy burden on health system capacities and carry heavy expectations for monitoring and reporting.

21. Last year, the regional committees discussed their capacity to implement the recently approved global monitoring framework and targets for the prevention and control of noncommunicable diseases. In one region, not one single country was routinely producing the data needed to monitor some of the indicators.

22. We should be ambitious with these strategies and plans, but also pragmatic and realistic. As we have learnt since the start of this century, sustainable health improvements depend on a well-functioning health system. We must build the capacities of countries, not overburden them.

23. I welcome the attention our governing bodies have given to the strengthening of health systems. Initiatives such as the International Health Partnership Plus are especially important as they help build capacity and self-reliance, which is the foundation for true country ownership.

24. We have much work to do.

25. According to our latest estimates, only 81 of our 194 Member States regularly submit useable death registration data. Of these 81 countries, only 34 submit data of high quality.

26. The need for stronger systems for regulatory control and enforcement runs like a common thread through many of your documents, whether concerning antimicrobial resistance, the mandatory notification of diseases, or access to opioid analgesics for palliative care.

27. For medicines, only around 20% of our Member States have a well-functioning regulatory authority, 50% have variable regulatory quality, and 30% have virtually no or only very limited capacity.

28. Worldwide, an estimated 2.7 billion people live in countries with no safety net to cover health care costs. In such a situation, how can health work as a poverty-reduction strategy, especially as the costly burden of noncommunicable disease shifts to the developing world?

29. When I think about these statistics, I also think about people, the many millions of people being left behind in our highly unequal world. I thank Member States and partner agencies for their strong commitment to universal health coverage. In my view, this is one of the most positive and powerful trends in global health.

30. The world again faces simultaneous humanitarian crises. This time there are four: in the Syrian Arab Republic, the Philippines, the Central African Republic, and South Sudan. These crises are testing WHO’s emergency performance in a highly visible way. Given the challenges, I believe we are doing well.

31. Vigilance is our watchword as we continue to monitor sporadic cases of MERS coronavirus, and H7N9 and other avian influenza viruses, including North America’s first case of H5N1 reported earlier this month.

32. Nothing can be predicted with certainty, but on present evidence, none of these viruses shows a potential to spread widely or cause an explosive outbreak. Nonetheless, this situation reinforces the importance of building the core capacities of the International Health Regulations (2005) to detect cases, report, and respond.

33. As I said, WHO must be strategic and highly selective in responding to these and many other challenges. This is one central purpose of WHO reform. Let me summarize a few achievements as the reform process continues to mature.

34. Two financing dialogues have now been held with frank and open discussions. These discussions have included the identification of areas where resources can be used more efficiently and recommendations for some novel remedial actions that can help save money.

35. A new web portal to support the programme budget offers open access to data on monies coming into the Organization, where those monies go, and what they are expected to deliver. The web portal was welcomed as a major contribution to transparency.

36. Further financing reforms aim to strengthen coordinated resource mobilization at all levels of the Organization. Human resource reforms, including streamlined recruitment and selection processes,

are being aligned with programmatic needs, staff needs for learning and development and, of course, fiscal realities.

37. Let me conclude by illustrating what I mean by outstanding performance in high-impact areas.

38. To date, WHO has prequalified more than 400 medical products, including 62 last year. Thanks to these and other efforts, WHO estimates that 97% of the global vaccine supply is currently of assured quality. Worldwide, 65% of babies are immunized using WHO pre-qualified vaccines.

39. Last year, The Lancet published the largest study to date, coordinated by WHO, on severe complications and "near misses" in pregnancy. The study concluded that having life-saving interventions available in health facilities will not reduce maternal mortality in the absence of overall improvements in the quality of maternal care and emergency services.

40. This tells us clearly that we must focus more sharply on improving the quality of care. The WHO Safe Childbirth Checklist, which is now undergoing trials in more than 100 hospitals, can help move us in this direction. This is a simple checklist, but evidence to date suggests it can have a major impact on the quality of care for mothers and their babies.

41. The accountability framework, developed to support the Every Woman, Every Child strategy, has given us a new model for results-driven structuring and monitoring of development work. The framework incorporates the safeguard of rigorous independent monitoring, another important innovation.

42. As we are seeing, getting and using better information can set off a chain of events, with improved health outcomes as the end result. We have seen this most dramatically in Niger, one of the poorest countries in the world, where the availability of high-quality data was instrumental in reducing child mortality by a stunning 43%.

43. In fact, I think we have enough evidence to conclude that any country, no matter how poor, can improve health if it really wants to.

44. In December of last year, the WHO certification commission that oversees the eradication of guinea-worm disease declared that four African countries are now free from this disease. Nigeria is one of them.

45. When the eradication initiative was launched, Nigeria was the epicentre of this disease, with more than 650 000 cases reported each year.

46. Going from that number to zero is a major achievement that must be praised. Those who follow the African media will know how much certification means to Nigeria and its President, who has expressed his commitment to do the same for polio.

47. Nigeria's certification also has some lessons. Surveillance for cases and the investigation of rumours were done hand-in-hand with polio immunization teams.

48. This is the kind of joined-up effort that makes the most effective use of our human and financial resources, which will always be limited, and has a dramatic and measurable impact.

49. For polio eradication, India, which has not seen a case for three years, is another shining example. This achievement sets the stage to certify all of South-East Asia polio-free very soon.

50. There are many more examples, but I promised to be brief.

Thank you.

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