World Health Organization

Dr Margaret Chan
Director-General

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Mr Chairman, honourable ministers, distinguished delegates, Dr Alwan, ladies and gentlemen,

During the May World Health Assembly, Member States adopted a resolution declaring the completion of polio eradication a programmatic emergency for global public health.

That resolution cited a report of the Strategic Advisory Group of Experts on immunization which stated that failure to eradicate polio "is not acceptable under any circumstances."

Should commitment falter, polio will come roaring back. Should our resolve waver, this will be the most expensive failure in the history of public health.

We have to get the job done. India has done its part. By stopping wild poliovirus transmission dead in its tracks, India provided definitive proof that eradication is technically feasible, even under extremely challenging conditions.

India's success tells the world that the virus is not permanently entrenched. It is not destined to remain a perpetual threat to each new generation of children. It can indeed be driven out of existence.

Finishing the job is a matter of human will and human competence. Surely we can outsmart a microscopic, mindless virus.

Two of the three remaining strongholds of the poliovirus are in the Eastern Mediterranean Region.

The most critical factor for success is ownership of the programme, from the local to the national level. Ownership lets the best of our human creativity flourish to solve locally unique problems.

During an event at the UN General Assembly last week, I personally witnessed high-level commitment expressed by the Presidents of Afghanistan and Pakistan.

This commitment must now find expression in stronger ownership and accountability at the district level, where formidable challenges remain.

In southern Afghanistan, managerial and administrative obstacles at the district level impair efficient polio campaigns.

Parts of Pakistan face these problems and others, including the suspension of immunization by local leaders and attacks on polio eradication staff.

I congratulate both governments for developing and implementing national emergency plans. The challenge now is to address constraints head-on and improve ownership, oversight, and accountability. This is accountability to your children, your citizens, and to the rest of the world.

This is an emergency situation with a higher priority than ever before. Let me repeat: failure is not acceptable under any circumstances. No excuses.

WHO, its Regional Office, your Regional Director, our country offices, our experienced staff, are right here to give you our full support.

But the leadership to end an emergency situation, and the ownership of programmes for doing so, are the responsibility of individual governments. Public support for polio campaigns can be generated and sustained only by political and religious leaders in this region.

I call on you to do so with an urgency that befits an emergency.

Any disease that we can eradicate, eliminate, or get under tight control frees capacity and resources for dealing with the next big challenges, already with us or certain to come.

Let me thank the Kingdom of Saudi Arabia and Qatar for their assistance in identifying and investigating unusual cases of severe

respiratory disease with renal failure. This action led to the characterization of a new coronavirus and put health authorities worldwide on alert for similar cases of unusual illness.

We remain vigilant but have no evidence, at this time, that the new virus has established itself in humans or has the potential to cause a serious outbreak.

This instance of quick detection and heightened vigilance worldwide shows the strengthened power of the International Health Regulations to improve our collective global health security.

Ladies and gentlemen,

The prevention and control of noncommunicable diseases is on your agenda. Experts within and well beyond WHO describe the rise of these diseases as one of the greatest global health challenges of the 21st century.

In a sense, this is a slow-motion disaster, as many of these diseases develop over a number of years. But the lifestyle changes that contribute to their rise are spreading around the world with a stunning speed and sweep.

The report to this session is a warning, a wake-up call, an alert to the urgent need for some serious policy changes.

The news is not good. Big trouble is already with many countries in this region, and on its way for all the others.

The challenges created by these diseases are unprecedented in their scope and complexity. They threaten not only health, but also economies, and call into question the very viability of our health care systems and the schemes in place to provide financial protection.

Throughout human history, the conquering of infectious diseases has accompanied improvements in hygiene and living conditions, and paved the way for further socioeconomic progress.

Today, with the rise of noncommunicable diseases, the tables have been turned. Left unchecked, these diseases have the power to cancel out the benefits of economic progress.

Growing evidence shows that economic growth in an interdependent world creates an entry-point for the rise of diseases like heart disease, diabetes, chronic respiratory disease, and cancers, especially cancers linked to tobacco use and unhealthy diets.

This entry point has been opened wide by the pressures of urbanization and the globalization of unhealthy lifestyles.

In this region, diets are changing, for the worse. Highly processed foods, loaded with sugar, salt, and unhealthy fats, are cheap, convenient, tasty, widely available, and highly profitable for multinational food corporations.

Physical activity is declining. Obesity is on the rise. This region already has the highest prevalence of diabetes in the world.

Your populations are being targeted by the clever marketing of junk food, sugary beverages, tobacco products, and alcohol. This is the environment in which people make their lifestyle choices. In my view, governments have a responsibility to shape this environment, to make healthy choices the easy choices.

As the report notes, current approaches to NCDs in this region are hospital-centred. This mind-set must change. Policies must move towards prevention as well as curative care, from hospital to primary health care, from management of acute events to chronic care aimed at preventing these severe complications in the first place.

The report gives you sound advice on how to do so in affordable, efficient, and effective ways.

The costs alone make such shifts imperative. These are the diseases that break the bank. In some countries, care for diabetes alone consumes as much as 15% of the national health care budget.

This is all happening, within this region, in a context of rising public expectations for care, soaring costs, and shrinking budgets, resulting in the introduction of measures for cost containment and cost recovery. In some low-income countries in this region, the

share of out-of-pocket payments at the point of care is as high as 75% of total health expenditure.

High out-of-pocket payments punish the poor. They go against the goals of poverty alleviation, fair financing of health care, and universal health coverage.

On the positive side, the report notes an encouraging increase in awareness among policy-makers. The international conference on healthy lifestyles and noncommunicable diseases, held last month in Saudi Arabia, is a big step in the right direction.

The rise of NCDs vividly makes the case for reforms, sometimes sweeping reforms, in the way health care is being delivered in this region.

The strengthening of health systems is on your agenda. You have before you what is, in my view, an outstanding analysis of health systems in this region and what needs to be done to strengthen their performance.

Over the years, this committee has reviewed reports on pieces of the problem, such as the need for national policies on essential medicines that promote generic products, or the need to improve the training and retention of doctors and nurses.

The report for this session pulls everything together into a coherent picture. Its frank and hard-hitting analysis shows that countries in this region, rich and poor alike, face a long list of challenges and problems that have, with few exceptions, not been met with an appropriate level of political concern.

Again, this report spells out ways to move forward. It turns a comprehensive analysis of weaknesses and bottlenecks into seven proposed priorities for improving health system performance. It concludes that the predominant challenge in many countries, regardless of levels of wealth, is for high-level political will and commitment to move towards universal health coverage.

Ladies and gentlemen,

WHO and its Member States face two big assignments where we absolutely must get things right. The first is WHO reform, which

you will be discussing during this session. The second is placing health on the past-2015 development agenda. I value your guidance as we collaborate on both tasks.

The MDGs were a compact between developing countries and their needs, and wealthy countries that promised to address these needs through the commitment of funds, expertise, and innovation.

When we consider the nature of today's threats to health, a simple compact between the haves and the have-nots fails to capture the complexity of the determinants of these threats.

In my view, one of the best ways to respond to these challenges is to make universal health coverage part of the post-2015 development agenda.

At a time when policies in so many sectors are actually increasing social inequalities, I would be delighted to see health lead the world towards greater fairness in ways that matter to each and every person on this planet.

Thank you.