WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

Statement by

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Director-General

at

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Mr Chairman,
Excellencies,
Distinguished delegates, friends and colleagues, ladies and gentlemen:

It is a great pleasure to be with you today, five years on from the historic meeting that brought us together in Cairo. We are here to assess results and to measure the distance that separates us from the Cairo goals. We are here to renew and reinvigorate our efforts. Most important of all, we are here to achieve recommitment at the highest political level and bring to life key actions that will make our pledges in Cairo a reality. WHO will give its full support and mobilize increased efforts, moving together down the path we mapped out in Cairo.

There are three key areas to which WHO will be directing special attention. **The first is the challenge of combating poverty,** the central challenge to development. People become ill because they are poor. And they become poor because they are ill.

Poverty is an underlying cause not only of ill health but also of under development. Lifting the burden of ill health from the shoulders of the poorest in our societies can have an impact on wages and productivity.

In poor countries, just three conditions account for over one third of all healthy years of life lost among women of reproductive age – they are pregnancy-related complications, sexually transmitted diseases and HIV/AIDS. The three only account for 12% in the developed world. Moreover, these three conditions account for a much larger proportion of the burden of ill health among the poor, compared with the wealthy. All of these conditions can be prevented or managed at low cost. WHO will work with countries and development partners to identify and implement key interventions to reduce this unnecessary burden.

Poverty has many faces. When poor people are asked, 'What is poverty?", a central theme emerges. Poverty is not just about lack of money, but even more about lack of choice. This is particularly evident in people's – especially women's – sexual and reproductive lives. Few choices are more fundamental in life as the decision about marriage, and when and how many children to bring into the world. When people are denied choice they are denied options for improving their lives and the lives of their loved ones. Giving such opportunities is a key obligation.

My second point is the importance of the right to information. To make sound choices people need accurate and timely information and the skills to act upon it. It is no good if the information is incomplete or reaches us too late. Young people especially, as they embark upon their sexual and reproductive lives, must be able to protect themselves from disease, abuse and exploitation. They have a right to information and to services.

Based on the mandate of the World Health Organization, I have an obligation to draw attention to the

costs of failing to address the specific needs of young people. Every year, there are 333 million new cases of curable sexually transmitted diseases, and one in 20 adolescents contracts an STD. Every year, 5.2 million people are infected by the HIV virus, over half of them young people less than 24 years old. Every year, thousands of young people become pregnant unintentionally; many of them risk their lives and health through recourse to unsafe abortion; many more find their future hopes dashed as they are obliged to leave school.

There are different perceptions about the most appropriate and effective ways of ensuring that young people have access to the information and services they need to protect themselves. WHO's strategy rests upon a recognition that the most effective way to prevent problems is to address the needs of young people in a comprehensive way. Young people need and want adult support and help in all aspects of growing up, whether in terms of their access to education and employment, or in terms of avoiding high risk behaviours such as smoking, alcohol and illicit drug use, and unsafe sex.

Failure to deal with these issues means failing to protect our most precious asset-the generations of tomorrow. Giving young people information does not encourage promiscuity, rather it fosters mutual respect and shared responsibility. As parents we would consider ourselves to have failed if we did not provide our children with the information and skills they need to function in today's world – to form relationships, to take on responsibilities, to earn a living, to cross a busy street. Dealing with the normal process of maturation and relationships is part and parcel of those skills which our children need and to which they have a right.

That brings me to my third point-the urgent need to save all pregnant women from death and disability due to pregnancy.

As we look back over the past half century of development, we can see great cause for optimism. But also for concern. We must address the growing gap between rich and poor. Access to health care is one of the most striking inequities around the world. At the end of the 20th century we remain unable – or unwilling – to ensure that poor women are able to make use of the benefits of modem health care. Although progress has been made in child survival, access to key elements of reproductive health care has lagged far behind. The majority of poor women in developing countries **do not have the assistance of a skilled health care provider during labour and delivery.** This is the most important **single intervention** needed. This is not a luxury but a key indicator of development. Ninety-nine per cent of pregnant women in developed countries benefit from skilled birth attendance, while in developing countries, only every second woman has that security. I am glad to see that there is specific mention of this essential indicator among the proposals for key actions.

Indeed, ensuring that all women can have high quality health care during pregnancy and childbirth is a sound social and economic investment that will bring vast returns in the capacity of individuals, communities and societies. There is a human rights imperative involved. All women should profit from the fruits of scientific progress. After all, the techniques to make pregnancy safer have been known for over 50 years.

I want to reaffirm WHO's commitment to safe pregnancy and safe motherhood, and will secure renewed energies so that the Organization can fulfil its role as a responsible global technical agency. There are no more excuses for failing to act – we know what needs to be done. Our goals are attainable given the political will and the necessary human and financial resources.

A key element of our response to this challenge is a focus on strengthening the health system response to those with greatest needs. We must ensure that the poor are protected from financial exploitation, whether in the public or private sector, and that the essential support systems that supply

the drugs, maintain the equipment, and manage human resource development are in place. Across the whole of WHO, we will be intensifying our efforts to address these issues.

We have learnt our lessons. We know there are limits to what can be achieved through isolated interventions. We have seen too many pilot projects that never went to scale – remaining as islands of excellence in an under-resourced sea. We hear from our Member States about health projects that failed because insufficient attention was paid to their institutional environment.

Clearly, WHO is only one of many partners on the international scene and only one actor among many who are called upon to support the implementation of the Cairo Programme of Action. WHO can help provide the evidence of what works. Our role is catalytic – bringing together partners, forging strategic alliances, and using our technical strengths to influence the work of others. Our success will depend on partnerships with other agencies, civil society, the private sector, and the research community.

Examples of successful partnerships are already available and we must jointly build upon them. Together with its sister UN agencies – UNICEF, UNFPA, UNAIDS, The World Bank – WHO has developed and disseminated guidelines for planning and programming in adolescent health. We will be launching the inter-agency joint statement on maternal mortality reduction, a statement which brings together the experiences of the past decade of action and presents the evidence base upon which programming must be based.

At the World Health Assembly I announced that WHO is ready to join the UN Development Group. We are already active in many countries in helping to shape the UNDAF. But we see UNDAF not just as a means for harmonising the work of UN agencies, but also as a necessary step towards wider and more meaningful collaboration with other development partners as well.

In the final analysis, the challenge of implementation lies with countries. WHO is ready to support you in your efforts to move forward with renewed vigour and commitment in order to fulfil the commitments we made in Cairo.

Thank you.