



A time of transition and transformation for global human health

By drawing on some recent speeches by Dr Margaret Chan, Director-General of the World Health Organization, we offer some insights into how the agency is responding to some of the most pressing global health issues

Impact Outlook

- 'The threats to health have multiplied, but so has our capacity to respond.'
- 'Effective aid is channelled through existing health systems and infrastructures, not around them. Doing so builds self-reliance'

We are beginning to see a lot more attention to health in talks about the consequences of climate change. How do you see COP21 as being a defining point for human health?

Though often lost in the debate, saving the planet also means saving the conditions that sustain human life in good health. Many of the same inefficient and polluting energy choices that are driving climate change are also devastating human health. Climate change degrades air quality, reduces food security and compromises water supplies and sanitation. The health sector has critical evidence, and positive arguments, to bring to the climate talks. Existing strategies that work well to combat climate change also bring important health gains. Investments in low-carbon development, clean renewable energy, and greater climate resilience are investments in better health. Implementing and enforcing higher standards for vehicle emissions and engine efficiency can reduce emissions of short-lived climate pollutants, like black carbon and methane. Policies that promote walking and cycling bring added dividends for health. It is reassuring to see that human beings are now recognised as the most important species threatened by climate change. Human health has been sidelined in climate talks far too long.

Your last presentation to the World Health Assembly focused on how WHO is responding to some of the biggest health emergency

responses, with a particular emphasis on the Ebola outbreak. In what ways has this changed WHO emergency operations going forward?

The world was ill-prepared to respond to an outbreak that was so widespread, so severe, so sustained, and so complex. WHO was overwhelmed, as were all other responders. The demands on WHO were more than 10 times greater than ever experienced in the almost 70-year history of WHO. With support from many partners and numerous Member States, the three countries have made tremendous progress in recent months. The Ebola outbreak has pushed the process of WHO reform into high gear, giving top priority to changes in WHO emergency operations. I have heard calls for clear lines of command and control, for streamlined administrative procedures that support speedy action, for effective coordination with others, and for stronger community engagement and better communications.

As Director-General of WHO, I am committed to building an organisation with the culture, systems, and resources to lead the response to outbreaks and other health emergencies. I am making some fundamental changes to enable WHO to do this job well. I am





creating a single new programme for health emergencies, uniting all our outbreak and emergency resources across the three levels of the organisation. The new programme is designed for speed, flexibility, and rapid impact. Strengthening national response capacity is a major aim of this initiative. Partnerships with key UN agencies and other international responders is a core feature.

I have developed plans for a global health emergency workforce drawn from the Global Outbreak Alert and Response Network, the Global Health Cluster, foreign medical teams, and others. Their work will be coordinated by the new programme. I am strengthening the skills base of my emergency staff, adding logisticians, medical anthropologists, and experts in risk communication. The programme will have a roster of experienced and competent emergency coordinators from across the entire organisation that can be deployed quickly to lead field operations. The programme will have its own business rules and operational platforms.

The Ebola outbreak shook this organisation to its core. As noted in the interim assessment report, this was a defining moment for the work of WHO and an historic political moment for world leaders to give WHO new relevance and empower it to lead in global health.

What are your drivers behind the establishment of the significant contingency fund for emergency response recently set up by WHO?

With the support of Member States, I am establishing a US\$100 million contingency fund, financed by flexible voluntary contributions, to ensure we have the necessary resources available to immediately mount an initial response. In summary, I am making the following five changes: I am creating a unified WHO programme for health emergencies, accountable to me; I am establishing clear performance metrics for the programme, built on partnerships with other responders; I am establishing a global health emergency workforce, and I am strengthening our core and surge capacity of trained emergency response staff; I am developing new business processes to facilitate a rapid and effective response; and I have proposed options for a new US\$100 million contingency fund. I do not ever again want to see this organisation faced with a situation it is not prepared, staffed, funded, or administratively set up to manage.

How do you see the momentum behind the Millennium Development Goals continuing post-2015, and in what ways will WHO be guiding these efforts?

We have good reason to expect great things from public health, with the value it places on equity and the contribution it makes to

social stability and cohesion. We have good reason to be ambitious. The health sector enters the new development era with a number of distinct advantages. Progress in health is readily and reliably measured. In fact, health measures are among the best measures of progress in the overall SDG (Sustainable Development Goals) agenda. The MDG (Millennium Development Goals) era left a legacy of innovative mechanisms and collaborations, like Gavi (the Vaccine Alliance), the Global Fund, and a host of global health initiatives. It created a new breed of public-private partnerships for developing affordable new products for diseases of the poor. It introduced frameworks for accountability and new mechanisms for the independent monitoring of results. We have seen this very clearly in the Every Woman, Every Child initiative and many others. Success is another advantage. Recent experience tells us this: if the world really wants to improve health, it can do so, no matter what the odds.

Lessons from recent experiences are another advantage. Commitment and ownership at the highest level of government are the first prerequisite for success. The engagement of women is the second. Countries want capacity, not charity. Effective aid is channelled through existing health systems and infrastructures, not around them. Doing so builds self-reliance. Self-reliance is the best exit strategy for development assistance. No global health initiative, no matter how large or rich, can achieve lasting improvements in the absence of a well-functioning health system. The world's defence against the infectious disease threat will be secure only when more countries include disease surveillance, laboratory, and response capacities as an integral part of their health systems. Disease surveillance is further needed to detect NCDs (non-communicable diseases) early, when patient management has the best chance of success at the lowest cost. Accountability means counting. Strong information systems must be in place.

The threats to health have multiplied, but so has our capacity to respond. For some reason, health brings out the very best in human creativity and determination. We enter the post-2015 era blessed with a host of new initiatives, instruments, interventions, including new vaccines, and precise strategies with time-bound goals. Above all, our work is driven by a fierce commitment to equity, social justice, and the right to health. As the number of countries aiming for universal health coverage grows, we are in a position to change the mind-set that poor people living in poor places will inevitably have poor healthcare. This is no longer true.