



### **End-of-year message to all staff from the Director-General**

Dear colleagues,

The end of a year is a good time to look back, reflecting on achievements, and to look forward, to see what we still need to accomplish.

In an organization as big as WHO, with over 8,000 staff working on a wide range of activities in many different parts of the world, no one can ever see the entirety of our work. That's a pity, because in fact, what we are able to do in support of our Member States and their people is quite remarkable. We don't usually draw attention to the work of individual staff - we work as a whole. But in this message to you I want to look at a few particular moments through the year where I have been especially proud of what has been achieved. And at the outset I want to thank you all, especially those of you who are far from your homes, working in remote or difficult places.



Last week I visited the earthquake zone in Pakistan. Wherever I went, people praised the health response to the disaster and particularly thanked WHO.



From the very first days of the disaster, our staff quickly moved medical supplies out to the affected areas and started saving lives. Experts came from all over the globe to work on the relief effort. The Regional Office in Cairo did an excellent job in sending teams who were sensitive to the special needs of the people, for example, ensuring female health workers were available to assist the many women giving birth.



Health centres were destroyed - this is what remains of the records in a TB clinic .



Dr Bushra Shams is the WHO TB Programme officer for Pakistan-administered Kashmir. When disaster struck she quickly offered her medical skills, dressing and stitching wounds, and providing medical care for hundreds. National Programme Officers like Bushra play an increasingly important role in the work of WHO worldwide. We appreciate the essential role you play.

In a disaster scenario there are so many unsung heroes - staff members whose photographs are not here, who have assessed the needs, assembled teams, moved supplies to where they were needed most, started life-saving treatments, and linked up with all the others in the relief job.



Response to disasters has featured strongly in our work this year. When the Tsunami struck last December 26, many staff were on holiday. Within hours of the news, you were calling in. There was no shortage of volunteers for international teams. The scale of the disaster was almost overwhelming - more than 5 million people affected in eight countries simultaneously.



We were one of the first agencies on the scene. Within a short time we had experts positioned in an emergency operations centre in the regional office in New Delhi and on board the US aircraft carrier Abraham Lincoln off the coast of Aceh. These in turn were linked to the "SHOC room" - the strategic operations centre in headquarters from where our response was coordinated. It was an incredibly demanding time. But you rose to that challenge, and continue to do so, as you continue to support the work of reconstruction.

2005 has seen a series of other crises - the more visible ones have been the natural disasters like the Tsunami, the earthquakes in south Asia, or the hurricanes in North America. Conflict too brings health crises, as devastated and displaced populations lose contact with medical services and experience increased vulnerability and trauma. Then there are the unpredictable outbreaks of diseases like Ebola in Congo or Marburg in Angola which need a specialized technical response. In each of these events, WHO lived up to expectations. Our Member States know they can rely on us to mobilize quickly and respond securely. They trust us.



Over and over again, WHO staff are doing much more than a job.



The Central African Republic is one of many hardship posts in WHO. It is not an easy place to work. There are security concerns, and the WHO office has been looted.



Augustin Dibert, a WHO staff member based in Bangui, the capital of the Central African Republic, doesn't just do his day job. He also hosts a weekly radio show on a variety of health topics, for example on the importance of safe drinking-water.

But dealing with acute crises is only a small part of what you do. In Niger, severe drought and a locust invasion left 3.6 million people short of food. The health consequences are far reaching. Malnutrition is rife: 6 out of 10 children show signs of stunting, and are

vulnerable to disease. While we can't help with failed crops, our work on feeding practices can make a significant difference to child survival.



Nearly half of the total population, or 32 million people in nine West African countries suffer from malnutrition. Longer-term, these countries need investment in development initiatives and structural changes. Without these more fundamental changes, these populations will teeter on the brink of disaster year after year.



There are many external threats to health that public health measures have limited ability to influence. But health services can make a significant contribution to the health of families and communities and there are many effective tools, that need to be made much more widely available and accessible. We can help mothers to go through pregnancy safely and give birth to healthy children, whom they feed appropriately. We can help protect those children with, for example, vaccination, bednets, and family knowledge about safe water.



Recently Bill Gates told the GAVI Alliance that immunization was the best investment that the Bill and Melinda Gates Foundation had made. This year, we pushed polio back across west and central Africa, and saw the new monovalent polio vaccine introduced to great effect in India, Yemen, and Indonesia, with continuing progress in the remaining disease endemic countries like Pakistan, despite the recent disaster. The eradication effort has taken a huge amount of energy, resources and commitment. It continues to do so, and in the process, is building an extended team of volunteers and health workers across developing countries.

We are making great strides with leprosy elimination. Since 1985, more than 14 million patients have been cured. At the beginning of 2005, the number of cases of leprosy worldwide was 286 000, 38% down from the beginning of 2004. The greatest credit for this progress rests with committed governments, and the staff of national programmes, with improved coverage of leprosy services. Multidrug therapy is available free to all disease endemic countries, thanks to support from donors.



"3 by 5" and your work to increase access to antiretrovirals have shown remarkable results. These successes have inspired universal access to treatment for those who need it.

The G8 stated its commitment to this goal, and the countries at the Millennium Summit reiterated it.

These are the high-visibility diseases which attract the world's attention. There are many that don't get so much attention, like sleeping sickness, or leishmaniasis, but which our colleagues are working on steadily.

WHO's profile in the world is high. Expectations continue to rise. You continue to meet them. And with those expectations, and the trust placed in us, have come unprecedented resources - tangible proof of the high value the world places on health. This year at the World Health Assembly, Member States increased our regular budget by 4% and overall by 17% for the next biennium. Voluntary contributions have grown by 40% this biennium.

The balance of where that money goes has decisively shifted. My aim when I took office was to make sure our resources were used responsibly and effectively. That meant putting most of the budget where it was needed - in countries - and building strong accountability mechanisms. Three years ago only 40% of our resources went to countries and regions. This year that proportion has changed to 60%. This May, Member States voted to allocate 75% of our resources to activities in countries and regions in 2006-2007.



Information Technology is making our work easier. We reached a major milestone this month, as all African country offices have now joined the Global Private Network (GPN). The Global Management System, which will be introduced in the coming year, will also

dramatically change the way we work. Although those of you who work in administrative support offices may not always see the impact your work has on people's health, I want to assure you that it is very important and much appreciated.

Our Member States continue to support and frequently express confidence in our work. With the threat of pandemic influenza looming, there has never been a greater need for health leadership, and health partnership. As so much of our work this year has shown, we work best when we work together.

This year's World Health Assembly demonstrated the will to work out solutions together. Some of you worked into the early morning hours to assist Member States reach a workable agreement on the International Health Regulations (2005). This shows both that the regulations are a real force to be reckoned with, and that progress through international consensus is feasible. In February the Framework Convention on Tobacco Control came into force and has become binding international law. That's a first for WHO, and another signal of the new way in which we are able to mobilize the strengths of our Organization in coordination with our Member States to make progress. This is the message I would like us all to take forward into 2006.

We can look ahead into the new biennium with confidence, hope and resilience. We know that there are vast problems ahead: intractable poverty, fragile international security; and the certainty of unexpected outbreaks of disease. But we also know that we have the right resources to meet those challenges.

Thank you for all your hard work. I wish you all the very best for the new year ahead.

