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Colleagues, ladies and gentlemen,

It is my pleasure to welcome you as Director-General to this series of briefings – I have of course attended in another capacity in the past. As the sixth Director-General of WHO, I have brought in a number of new colleagues. We are working on some new initiatives that I will mention, but also want to emphasize continuity. For example, we need to finish polio eradication and get the Framework Convention on Tobacco Control in force and smoking levels cut down.

In the discussions over this week, we will be hoping to learn more about your interests and concerns, and to see how we can help one another achieve our objectives.

Resources, as always, are important. On our regular budget, you will remember there is an option for countries who pay an increased share under the new UN formula to ask for relief against some of their increase. This relief is paid for from our miscellaneous resources. Some countries whose burden is great have said they will not take this relief; others, whose burden is not so great, have indicated that they will. I would appeal to countries to minimize the demand for relief as that will mean more money for programmes.

As regards voluntary funding, this is now larger than the regular budget. Any sudden reductions, therefore, affect our work quite severely. We very much value the planning discussions we have with donors on these issues as they help us develop an integrated budget. Integration of our budget is also an important part of developing one WHO, bringing together all our Offices. Initially, Dr Brundtland raised the banner of WHO, we are pushing this forward keenly and quickly.

A key need is to develop human resources. Inside the Organization this means more direct participation in supporting health work in countries, more mobility, and more training opportunities.

But national health systems also need to focus on this. Especially in low-income countries, it is the first requirement for rebuilding health infrastructure shattered by epidemics, poverty and conflict. It is also a way of helping to revive economic life by stimulating employment where it is most badly needed. No amount of facilities,

equipment and supplies, can get results until they are in the hands of skilled, motivated and coordinated human beings.

As you have probably heard, one of our new initiatives is called “3 by 5”. It means getting three million of the people living with HIV infection in developing countries on to antiretroviral therapy by 2005.

In terms of need, it was not hard to choose this emphasis from among all the others possible. HIV/AIDS is the worst epidemic disaster the world has seen for several decades.

In terms of achievability, the choice required more thought and some courage as well. Many people still maintain that it will require more trained health workers, more medication and more resources than can be mobilized in such a short time. However, the same was said in Brazil about universal access to ARV therapy. This has now been achieved.

Earlier this year, by moving decisively against SARS, we stopped the epidemic in 120 days. By “we” of course I do not just mean WHO, but include governments, health systems, laboratories, information networks, financial institutions, hospitals, airports, the press and the general public.

In that case, all of us responded quickly with concerted action to meet an urgent need. The result was success, although we did not even know how to stop the progress of this new disease once it had become symptomatic. We do know how to do this in the case of AIDS, and we have just over two years left in which to demonstrate that “3 by 5” can succeed.

Oftentimes, we set targets 10 to 15 or 20 years down the line, and my colleagues follow them. I doubted that linkages of targets with day-to-day work is seen. In this case, the target is actually short: about two years’ time to demonstrate progress. This is a deliberate attempt to inject a sense of urgency.

You will hear in the briefings about how the plans are going ahead and how they fit in with our other activities. Because of co-infection, AIDS is fuelling the TB epidemic and so the “3 by 5” activities are being close coordinated with TB. The other lethal epidemic that thrives on poverty – malaria – is also controllable wherever health systems are functioning properly. The malaria control programmes are therefore also working side-by-side with “3 by 5”.

SARS also emphasized the need to strengthen global disease surveillance and to get the revised International Health Regulations agreed over the next 18 months. Let me also say that there is no guarantee that SARS will not return and, if that were to happen, WHO will continue to take the necessary decisive action.

I do not also want to forget the important and critical work that we are doing in crisis situations in many locations around the world.

We want to help national health systems adapt to today's health needs:

By focusing on results. To ensure the needed health outcomes for the poor, we must improve our tools and systems for measurement. These measures provide the means for effective management and for accountability.

By working with greater speed and determination. Emergencies and outbreaks force us to work in different ways. What we learn from one emergency we can apply to others.

By linking prevention and care. All too often, prevention and care are seen as conflicting approaches, and compete for resources. In practice they are inseparable. In the case of AIDS, for example, the availability of treatment increases uptake of counselling and testing services and thereby strengthens prevention.

By mobilizing more resources. Health care budgets remain inadequate in most developing countries and the financial burden on the poor is unacceptable. Many skilled workers are leaving the public health services in search of better career prospects.

A recent report released by the Stop-TB Partnership showed that 17 of the 22 high-burden countries found their efforts to reach their targets hampered by staff shortages. But during a recent visit to Kenya, a WHO "3 by 5" team was informed that 4000 nurses were currently unemployed owing to economic policies that have restricted the recruitment of health workers into the public sector. Every one of those nurses is badly needed. We can mobilize them by refocusing policy and providing a national health framework in which they can be effectively used.

By coordinating national health activities. Two weeks ago I was in Kazakhstan to celebrate the 25th anniversary of the Declaration of Alma-Ata. "Health for All" was not only a resounding moral challenge but a rationale and a set of principles for responding to it. It enabled everyone at every level of expertise to contribute to strengthening national health systems. No need to wait for further scientific evidence or a massive scaling up of help from rich countries. Whoever took the initiative, there was a structure and a rationale for placing and using their contribution.

We need to recover some of that genius for our own work now. With your help we can do it. The world needs it as never before. There are many ways in which you can contribute to this process of accelerating and refocusing our work and realizing the potential that is there. The Assistant Directors-General and Directors will be giving you the details about what is going on. We will be delighted to get your feedback and advice.

Thank you for your interest in our work and for all your support.

