WHO colleagues, here in Geneva and elsewhere around the world,

This is my first day in office as Director-General. I am honoured to follow the tradition of addressing staff at the start of my official duties.

Most of my predecessors have taken office in July. I believe I am the first Director-General who can take office and, on the same day, wish staff a happy new year. May this year be a happy and healthy one for you and your families.

I must first express my deep appreciation to Dr Anders Nordstrom. He took over abruptly following the tragic death of Dr LEE Jong-wook and has kept things running smoothly. He led us through the G8, regional committees, the development of several key policy documents, and the election. He has overseen preparations for the coming Executive Board. Given this key engagement, I am pleased to announce that Anders and I will both be reporting to the Executive Board later this month.

I also want to express my appreciation to WHO, to you its staff, and to my predecessors. I take office with pride: pride in our reputation for technical excellence, pride in the value and impact of our work, and pride in the efficiency of our performance.

Much is expected of us. Starting with a good foundation allows us to be bolder in our ambitions and tougher in the way we assess our impact.

I believe these are optimistic times for health. Why do I say that? Never before has our work enjoyed such a high profile on the political agenda. The amount of money being made available by foundations, funding agencies, and donor governments is unprecedented. Certainly, there are still huge unmet needs, but health has never before seen such wealth. Never before have we had such an array of effective tools waiting for the political will and funds to put them to work.

Here is just one example. Last month I travelled to Washington, DC to attend the White House Summit on Malaria. There I saw first-hand the renewed enthusiasm for combating a very old disease. Malaria is no longer a domestic threat to health in most wealthy countries. Yet these countries are committed to helping others, to seeing that essential interventions, like bednets, medicines, and insecticides, are delivered to those in need. Because outside the wealthy world, this disease causes vast numbers of preventable deaths and saps the strength of vast populations.

I view this renewed commitment to malaria, as well as to many other health problems, as an expression of global solidarity where health is concerned. I also see this commitment as recognition that poor health and poverty are closely tied, as are better health and the prospects for development.

We see global solidarity for health at work in many other initiatives. This, too, is cause for optimism. The threat to international security posed by outbreaks is an obvious example. The threat of an influenza pandemic has not receded. I look forward to June of this year when the revised International Health Regulations will come into force. Their implementation will strengthen effective mechanisms for
outbreak alert and response that are already in place.

The neglected tropical diseases provide another example of our solidarity. These diseases do not travel internationally, threaten the health or economies of wealthy countries, or make headline news. Yet they cause immense suffering and disability for millions of people and anchor them in poverty. The world is now paying attention to these diseases and making progress in unprecedented ways, with ambitious goals, excellent interventions, and growing evidence of multiple benefits for health. This attention to long-neglected diseases is a positive sign that health is a responsibility shared by the international community.

The fundamental importance of health is clearly reflected in the Millennium Development Goals. This is another example of international solidarity. We are aware of the corresponding challenges for WHO and its partners and also know that our work extends far beyond the attainment of these goals.

Paradoxically, one of our biggest challenges is to manage all this vigorous interest in health in ways that ensure lasting improvements and also do not overburden recipient countries. The landscape of public health has become a complex and crowded arena for action. In the midst of so much optimism and activity, I see a coordinating role as one of the biggest responsibilities for WHO. As the acknowledged leader in public health, we need to ensure that the growing number of health initiatives meets comprehensive health needs, in a coordinated way, in line with the priorities of countries and their populations.

Disease-specific initiatives have their place. I want to emphasize this point. But a primary health care approach is essential to ensure that activities are better integrated. What we need to see is close interaction between programmes to bring multiple health benefits. There is no net gain when a country moves forward on some disease-specific targets only to fall backwards on many other basic indicators for health. In a welcome trend, we are seeing initiatives, such as that for measles, delivering a package of health-promoting interventions, including insecticide-treated bednets, deworming tablets, vitamin A supplements, and polio vaccine in addition to measles immunization.

It is our job to set the international health agenda – to set it in a way that makes compelling good sense to all our many partners. We are constitutionally mandated to act as the directing and coordinating authority on health. This is our responsibility. We must fulfil it in a way that acknowledges the strong contribution of our many partners.

I believe it is also our job to constantly assess the impact of our activities. One thing I learned from my previous life is this: what gets measured gets done.

Colleagues,

As I have said, I will articulate my vision for WHO more fully when the Health Assembly meets in May. For now, I will clarify some of my initial commitments and outline some plans for this year.

I am committed to integrated primary health care as a strategy for strengthening
health systems. Of all my initial commitments, this one has provoked the most discussion within and outside the Organization. As you know, we have made the primary health care approach a focus for wide consultation.

In the broader context of development, we can see the importance of the value system that is part of this approach: the focus on equity, universal access according to need, the provision of comprehensive and affordable care, local ownership, and sustainability. With health now directly linked to poverty alleviation, and with our commitment to the Millennium Development Goals, we can see the core importance of these values in today’s international development agenda.

I have said that I want my leadership to be judged by the impact of our work on the health of two populations: women and the people of Africa. These two commitments do not necessarily mean the creation of new clusters or special programmes, or a reallocation of funds. This commitment concerns performance, the relevance of our work and its impact on those in greatest need.

WHO has a long history of commitment to those in greatest need, including the most vulnerable groups. Women are a vulnerable group – because of the work they do, their care-giving role, the risks they face during pregnancy and childbirth, and their low status in some societies. But women are also agents of change.

I have heard it said that we need less “capacity building” and more “capacity release”. How refreshing! I agree. Individuals, families, and communities have strengths that, if harnessed and channelled, can transform societies.

The impact of our work on the health of African people is another essential measure of our performance. In this regard, I was pleased to see the first African Regional Health Report issued in November of last year. In these optimistic times, this report provides a sobering reminder of the daunting challenges we face.

While the problems are not new, they have been brought into sharper focus – and have acquired greater urgency – as health has come to be seen as a key to socioeconomic development. Nor are these problems confined to the African continent. We can find these problems wherever disadvantaged populations reside.

Let’s look at three specific challenges. First, the African report concludes that limited health development is largely attributed to infectious diseases, and three in particular: HIV/AIDS, tuberculosis and malaria. These are the “big three” killers in many parts of the world, but most especially so in Africa.

Second, the report draws attention to the added burden of chronic diseases. We are witnessing the rise of chronic diseases worldwide. But in Africa, the complications of these diseases, such as stroke, cardiac and renal failure, and certain forms of cancer, occur at younger ages and in larger populations.

Finally, in a third major conclusion, the report cites weak national health systems as the continent’s biggest public health challenge. I fully agree and would add that the strengthening of health systems is one of the biggest challenges for this
Organization as a whole.

This is why our work to reinvigorate the primary health care approach is so important. As we do so, we must not forget the new problems created by chronic diseases. Health systems can often cope with the intermittent emergencies of infectious diseases, but cope much less well with the demands of chronic diseases.

Although the situation is most acute in Africa, these conclusions pertain to underserved populations and pockets of poverty found throughout the world – whether in AMRO, EMRO, EURO, SEARO, or WPRO.

During my travels and conversations over the past few weeks, I have become ever more convinced that I have inherited a strong Organization. As an outsider working in Hong Kong, during my previous life, I thought of WHO as one of the most efficient and effective of the UN agencies. Last year, in a front page story about avian influenza, a leading financial paper described WHO as one UN agency that is “worth its money”. We must strive to maintain this reputation for efficiency and effectiveness.

I also inherited some important commitments. Foremost among these is the drive to eradicate polio. Quite simply, we must succeed. This is not just about meeting a goal. It is about delivering a perpetual gift to every future generation of children to be born. We start this year with new tools and strategies capable of doing the job twice as well as in the past. We also need a fresh surge of conviction and commitment, from both political leaders and the donor community.

Colleagues,
Two things always happen when leadership changes. First, WHO is placed in the limelight, and second, what we do is very closely scrutinized.

Being in the limelight is not a bad thing. This is an occasion for taking stock. Why is WHO important? Why does it deserve good leadership? Judging from recent news stories and editorials, the work we do together is seen as essential. Many observers have further concluded that we deserve more funds. This is good to hear, isn’t it? – especially in a budget year.

Scrutiny is another matter. I know I am being closely observed. I know I must lead by example. My behaviour as an international civil servant must be beyond reproach. This is an expectation that I extend to all staff. Let me give two examples of what this means. First, I will not tolerate harassment or any other form of misconduct. I will deal with it promptly and fairly.

Second, I will not tolerate abuse of our relationship with Member States. I remind you that it is inappropriate to use the good will of countries to attempt to influence the Organization for personal benefit or for the benefit of any programme. The trust that Member States place in us is based on our commitment to impartiality and objectivity.

I now want to address what must be the most pressing concern for you. Am I going to announce a big shake-up today? No. I will stick with my promise. Reform, yes.
Upheaval, no.

A Director-General usually has six months to prepare before taking office. I have had just six weeks. I have therefore introduced a three-phase transition period lasting until the end of this year. The first phase of listening and preparation continues until the end of January. A second phase of change will last from February to July. A final consolidation phase will extend from August until the end of the year.

During this first preparatory phase, I have been listening and learning, gathering the information and views I need as a basis for decisions. I have spoken with each of the Regional Directors on several occasions. My transition team held videoconferences with each regional office. I am holding personal meetings with all directors at headquarters. Most of these meetings have taken place.

While on the campaign trail, I heard the views of a number of heads of state and ministries of health and have met several more since then.

I have also held personal meetings with as many executive heads of partner organizations and NGOs as possible. To date, I have met the heads of UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, UNICEF, and UNFPA, and both the outgoing and newly appointed Secretaries-General of the UN. Meetings with other agencies will take place soon.

I have met officials at the Bill and Melinda Gates Foundation, the UN Foundation, the African Union, and the Nippon/Sasakawa, Bloomberg, Doris Duke, and Rockefeller Foundations. Here in Geneva, I have held discussions with the ambassadors of many countries.

All of these agencies and people either complement or facilitate our work, or express the health needs of populations. It is part of my job to ensure that activities among so many players are coordinated and work together in a strategic way.

These meetings and conversations have impressed on me the excellent reputation of WHO. I have witnessed a profound respect for the work we do and a deep appreciation for our technical authority. We can make the Organization better, of course: leaner, more flexible, and more responsive to very complex and rapidly changing demands.

During the second phase of transition, beginning in February, I will appoint my senior management team. But I will do so gradually. There is one exception. I need to appoint my Deputy Director-General promptly and will do so within the next few days.

The pool of talent and experiences that I need at the top is driven by what this Organization plans to accomplish and how best to get the job done. The same is true for our organizational structure, which needs some fine-tuning. Our structure needs to be logical and encourage coordinated action among related programmes. This will amplify the impact of our activities and our resources.
I see some opportunities for bringing related activities closer together. I am establishing a task force to implement these structural changes over the coming months. This change management task force will be led by the Deputy Director-General. Its members will be drawn from regional and country offices as well as headquarters.

I am determined to uphold WHO’s leadership role as the technical authority on health. To do so, I must ensure that the guidance we provide is cohesive and based on the best evidence. To get policy and strategy right, we need organization-wide coherence. I will meet regularly with Regional Directors to exchange views and map out joint strategies, both managerial and programmatic. I will also hold weekly meetings with Assistant Directors-General.

Good performance – action with an impact – requires clear and cohesive guidance from WHO. It also requires both political and technical accountability. Regional Directors are elected officials. In their performance, they are politically and technically accountable to the countries within their region. Assistant Directors-General are appointed on the basis of their technical leadership. They are accountable for the technical implementation of programmes throughout the Organization.

As I have stated before, the true measure of our effectiveness rests with our impact on people – people within countries. In this regard, our country offices have critical responsibilities and roles to play. In the past weeks, I have heard repeatedly about the importance of work done in country offices, and the value of the first-hand experience of WHO Representatives.

From 20 to 22 March, I will hold a meeting of senior staff to bring together Regional Directors, Assistant Directors-General, directors from headquarters and regional offices, and WHO Representatives and liaison officers from country offices. This meeting will give us an opportunity to discuss my vision for the future with all our senior staff, and will also help us align our work across the Organization.

Also in March, I will bring to Geneva the presidents of all staff associations so that I can listen to their views. My ability to manage this Organization effectively depends on understanding the views of all. I value consultation and communication. Sharing of information and fair treatment of all staff will be the rule.

I said at the beginning that I want this to be a good year for staff. Health, I believe, is one bright spot in a world of troubling news. I think this is another reason why we are seeing such a growth in the number of actors and initiatives drawn to public health. Health work allows all of us to express our humanity to humankind.

The performance of WHO depends on its staff. In my responsibility as chief administrative and technical officer, I aim to manage this Organization in a way that safeguards our reputation for technical excellence and relevance. I can help steer the right course among competing interests and shield us from undue political influence. In this way, I can help motivate you, help you enjoy working for WHO.

Motivation is also a personal matter. This is my concluding suggestion. Wherever
you were born, whatever country brought you up and taught you, look into your culture and your beliefs. I am sure you will find values that are upheld every day in the work we do. This is the beauty of cultural diversity, our universal values, and the human value of our work.

Colleagues,
I thank you again and wish you and your families good health in this new year.