



Office of the Director- General

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Health for the 21st Century

Senator Frist,
Ladies and Gentlemen,

You are asking the question whether WHO can deal effectively with deteriorating health conditions in the world.

The brief answer is yes. This is the very sense of being of the World Health Organization. But we cannot do it alone - we need broad partnerships - with the UN family, with civil society - and with the private sector. Here at Davos I would like to focus more specifically on our relations to industry.

Despite the major health achievements in this century there is a large and unfulfilled agenda ahead of us. One fifth of humanity has no access to health services and one half lacks regular access to essential drugs. Inequalities are widening in the developed as well as the developing world.

The poverty trend is negative. More than 1 billion live in extreme poverty and the numbers are increasing. Here there needs to be a change. Poverty makes no sense - morally, socially, politically and indeed economically.

We have studied the Global Burden of Disease into the next century. Looking ahead - what are the causes of not only mortality but also disability - and how can we fight them?

The leading causes of mortality or disability in 1995 show the traditional three on top: lung diseases, diarrhoea, and perinatal conditions, the same three that would have been on top had we done this study back in 1965 or even earlier.

What about the leading risk factors? First, there is malnutrition. Then follows poor water and sanitation. And then comes unsafe sexual behaviour - largely linked to the spread of HIV/AIDS.

Looking towards 2020 there are major changes ahead - due to an ageing population - and economic and social transition. The three leading causes of mortality and disability in 2020 are likely to be heart disease, mental depression and road accidents - unless there are new and unpleasant surprises from the spread of communicable diseases.

And what about the leading risk factors?

Many are the ones as we know today. But our studies - and that of others - show one remarkable shift. That is the dramatically increasing role of **tobacco**.

By 2020 the burden of disease due to tobacco is expected to outweigh that caused by any single disease. From its 1990 level of being responsible for 2.6 per cent of all disease burden worldwide, tobacco is expected to increase its share to close to 10 per cent. These are the dry facts.

What, then, is WHO's strategy?

We take a broad perspective. The fact is that poverty is the main reason for disease and suffering. But it also works the other way around. Ill-health breeds poverty.

We are assisting countries to fight the scourge of communicable diseases - such as HIV/AIDS, malaria, tuberculosis and polio.

We are assisting countries to cope with the growing burden of noncommunicable diseases - cancer, heart disease and diabetes. Many countries have to cope with a double burden of disease - having to fight at the same time communicable diseases and the new epidemic of noncommunicable diseases.

We are assisting countries to cope with rising challenges - such as depression, ageing and the health consequences of environmental degradation.

A fundamental role for us is to assist countries in reforming their health sectors so that they can really cope with these trends and challenges.

We send an important and simple message: Investing in health is sound economics. From being perceived as an unproductive consumer of public budgets, wise investment in health is now increasingly understood to be key to productivity itself.

Let me then touch on our relations with the private sector.

With the pharmaceutical industry we have an unfinished agenda. They are in the business of developing, producing and selling drugs and vaccines. We are in the business of helping countries to get access to essential drugs. They are in the business of making profits. We are in the business of seeing to it that the most vulnerable - those who have little or no purchasing power - also get access to drugs. There are obvious bridges to build.

There are joint initiatives - such as our drive to develop new malaria drugs to combat the re-emerging threat from malaria - currently killing 3000 children every day.

Malaria is a human and social tragedy. It is also a severe economic impediment. Professor Sachs at Harvard has studied the economics of malaria and provided a deeper understanding of the negative effects malaria has on development. To be precise: How many of you would think twice before investing in an area where malaria is flourishing?

Our project Roll Back Malaria includes partners from industry. Together with the World Bank and Rockefeller Foundation we will establish a Venture Capital Fund, initially financed by grants from public sector institutions. It will stimulate the discovery of promising and cost-effective new, anti-malarial products.

There are other innovative contributions such as the recent major donation of drugs by Smith-Kline Beecham, joined in partnership by Merck, to support our struggle against the tragic disease of lymphatic filariasis. Merck has also made crucial contributions to the control of river blindness, which is now within reach through successful programmes in Africa and Latin America.

Another example is our struggle against poliomyelitis. Thanks to steady progress in vaccination, we are on the brink of eradicating this crippling disease - with an ambitious target of eradication by the end of next year.

The success in the fight against polio has been greatly helped by Rotary International who, by the end of this year, will have raised close to 500 million dollars for vaccination programmes. That is a fantastic effort.

We need an estimated 370 million dollars more, in order to carry out those last essential vaccination campaigns. A world free of polio would save 1.5 billion dollars annually in vaccination costs. Think about it. A one-time investment of 370 million dollars will give savings of 1.5 billion dollars every year for as long as you can imagine. I can think of few investments with a better return than this one.

I will end on another urgent area for cooperation - **tobacco control**. Three and a half million die from tobacco every year - with two thirds dying in middle age - not in old age. That figure is expected within one generation to triple to ten million. All of that growth will be coming in the developing world. One out of three Chinese men who are today under thirty are expected to die from tobacco.

We face a real epidemic - it will hit countries which at present have very weak means of

defence - it is driven by a part of industry which is massively focusing its marketing efforts on youth and women in those countries.

Nicotine is addictive. Habits start in youth. Eighty per cent of smokers start their dangerous habit before the age of 18. We are talking about 12, 13, 14 year-old kids embarking on addiction. That is not freedom of choice.

We work with the World Bank, UNICEF and other UN partners to strengthen control, taxation policies, and a ban on advertising.

But we also need to help people not to start smoking - and to help those who have started to quit. How can industry help? Many of you do by urging and supporting your staff to quit smoking and by setting the example yourself. Well done.

I am pleased to announce a new partnership here today. We have just set up a Partnership Project in our European Region, with the objective of reducing tobacco-related death and disease among smokers. The project, which is open to both private, non-commercial and public-sector partners, will support the key strategic goals of our Tobacco-Free Initiative.

Three major pharmaceutical companies have joined this partnership: Glaxo Wellcome, Novartis, and Pharmacia & Upjohn. They all manufacture treatment products against tobacco dependence. Together, these companies will support a common goal that will have a significant impact on public health.

Tobacco dependence treatments are effective. Industry has the products which can help people quit. Stopping is wise. Helping people to stop is a good idea.

In conclusion: We are facing major health challenges. There is a real scope for meeting them. It is within our grasp to drastically reduce the global burden of disease. WHO is determined to do its part. And I am happy to welcome other stakeholders - and that includes industry - to join us - because investing in health yields high returns.

Thank you.

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