

« La crise financière ne doit pas compromettre la dynamique sans précédent en faveur de la santé », a-t-elle déclaré devant les ministres de la santé

23 mai 2012 | Genève – L'Assemblée mondiale de la Santé a nommé le Dr Margaret Chan Directeur général de l'Organisation mondiale de la Santé (OMS) pour un deuxième mandat de cinq ans. Dans le discours d'investiture qu'elle a prononcé devant les ministres de la santé et les représentants des États Membres de l'OMS, le Dr Chan s'est engagé à continuer d'œuvrer en faveur de la santé des plus vulnérables.

« Il me semble que la couverture universelle en matière de santé constitue le concept le plus efficace que la santé publique puisse offrir. Elle est l'expression ultime de l'équité », a déclaré le Dr Chan. « [C']est le meilleur moyen de pérenniser les progrès réalisés au cours de la décennie précédente », a-t-elle ajouté.

Elle a également estimé que le défi au cours des cinq prochaines années consistera à diriger l'OMS de manière à conserver la dynamique sans précédent en faveur de la santé qui a marqué le début du siècle.

Selon le Dr Chan, « l'avenir du financement du développement international en matière de santé est incertain ». « Si nous baissons la garde, si nous relâchons nos efforts, les problèmes que nous sommes sur le point de maîtriser s'aggraveront », a-t-elle ajouté.

Le Directeur général est le plus haut fonctionnaire technique et administratif de l'OMS et il supervise la politique relative aux travaux de l'Organisation ayant un caractère international, dans le domaine de la santé. Le Dr Chan exercera son nouveau mandat du 1er juillet 2012 au 30 juin 2017.

Le Dr Chan, ressortissant de la République populaire de Chine, est entré à l'OMS en 2003 en tant que Directeur du Département Protection de l'environnement humain. En 2005, elle a été nommée Directeur du Département Maladies transmissibles : surveillance et action et Représentant du Directeur général pour la grippe pandémique. Cette même année, elle a été nommée Sous-Directeur général chargé des Maladies transmissibles. En novembre 2006, elle a été élue une première fois Directeur général de l'OMS.

Avant d'entrer à l'OMS, le Dr Chan a été Directeur du Département de la Santé de Hong Kong pendant neuf ans. Au cours de son mandat à ce poste, elle a créé de nouveaux services pour prévenir la propagation des maladies et promouvoir la santé. Elle a également lancé de nouvelles initiatives pour améliorer la surveillance des maladies transmissibles et la riposte, pour améliorer la formation des professionnels de la santé publique et pour une meilleure collaboration locale et internationale. Elle a également su gérer efficacement les flambées de grippe aviaire et de syndrome respiratoire aigu sévère (SRAS).

Le Dr Chan a obtenu son diplôme de docteur en médecine à l'University of Western Ontario (Canada).

Discours du Docteur Margareth Chan

Acceptance speech at the Sixty-fifth World Health Assembly

Geneva, Switzerland, 23 May 2012

Madam President, excellencies, honourable ministers, distinguished delegates, ladies and gentlemen,

Thank you for this expression of confidence and trust. I will do my utmost to serve this Organization well, and honour your trust with respect and humility.

My biggest challenge over the coming five years is to steer the work of WHO in ways that maintain the unprecedented momentum for better health that marked the start of this century. We need continuity. We need to solidify recent gains, and build on them.

If we let down our guard, slacken our efforts, problems that are so close to being brought under control will come roaring back. The history of public health has taught us this, time and

time again.

Despite what we know are difficult financial times, my ambitions for the next five years are high, fully justified, and I believe, widely shared.

My overarching commitment to improve the health of women and the people of Africa will continue, sharpened by recent experiences.

I will be fully supporting Every Woman, Every Child as well as a growing number of initiatives to improve health in Africa.

As part of my commitment to women, I will be giving more emphasis to the prevention of domestic violence.

Specific priorities I will be pursuing in the next five years include: health systems and capacity building; chronic noncommunicable diseases, mental health and disabilities; health security;

health development for poverty reduction; access to medical products, and improving WHO performance through reform.

These priorities align well with the priorities of WHO Member States.

I will be pursuing these priorities at an exciting time for public health.

We are seeing a growing wave of countries, at different levels of economic development, from different parts of the world, that are reforming their health systems with equity as an explicit goal.

They want to reach every one of their citizens with good quality care, based on need, and not on an ability to pay.

They want access that is fair, and they want financing that is fair.

It is almost counterintuitive to think that, at a time of rising public expectations for health care, soaring costs, and shrinking budgets, more and more countries are launching plans to reach universal coverage.

But this is what is happening.

In another welcome trend, countries that have achieved universal coverage are organizing international conferences in solidarity with other countries moving in the same direction.

Germany's launch of the 2010 World Health Report on health system financing was a watershed event.

It had a snowball effect, building a momentum that eventually included a host of national and regional meetings and workshops, debates published in the medical and health financing literature, and international conferences, with the latest organized by Mexico, South Africa, and Thailand.

This has happened in every region of the world.

I am deeply encouraged by what almost looks like a movement. It is a bright spot of hope for billions of people in a profoundly unfair world.

As these meetings have shown, the impact of moving towards universal coverage is truly uplifting, almost magical.

As just one example we heard about this week, Turkey's health reforms, introduced in 2003, reduced child mortality by more than three-fold.

I want to thank the government of Mexico for inviting me to a G20 event that will recognize WHO's contribution to global health. Given Mexico's achievement, this will be an ideal place to talk about universal coverage.

In my view, universal coverage is the single most powerful concept that public health has to offer.

It is our ticket to greater efficiency and better quality. It is our saviour from the crushing weight of chronic noncommunicable diseases that now engulf the globe.

Universal coverage is the umbrella concept that demands solutions to the biggest problems facing health systems.

That is: soaring costs yet poor access to essential medicines, especially affordable generic products; an emphasis on cure that leaves prevention by the wayside; costly private care for the privileged few, but second-rate care for everyone else; grossly inadequate numbers of staff, or the wrong mix of staff; weak or inappropriate information systems; weak regulatory control, and schemes for financing care that punish the poor.

Universal coverage is the hallmark of a government's commitment, its duty, to take care of its citizens, all of its citizens.

Universal coverage is the ultimate expression of fairness.

Ladies and gentlemen,

I am sometimes asked what WHO stands for in the 21st century.

WHO stands for fairness.

Transparency and accountability are also important and have my full commitment. These are words we hear increasingly as pressure mounts to invest scarce resources wisely.

When I was on the campaign trail for election for a first term, I set out 22 commitments in my manifesto. These were 22 promises to Member States and their citizens of what I would do if elected.

I am holding myself accountable. In June, I will issue a report card assessing how well WHO performed, under my leadership, in delivering on each of these promises.

Ladies and gentlemen,

If the future means struggling to move forward against some stiff head winds, then WHO starts this race in pole position.

Since the beginning of this century, WHO and its Member States have agreed on a number of instruments for global health governance.

Negotiations were long and difficult, but agreement was reached in each and every case, even when specific provisions crossed purposes with powerful economic interests.

I can think of no other area of international relations where countries have consistently put aside their differences and reached agreements that bring collective security against shared threats, like tobacco, like emerging and epidemic-prone diseases.

I am proud of this, not as a tribute to the effectiveness of WHO, but as a sign of the genuine high priority given to health, and the collective will of Member States to make this world, in every nook and cranny, a healthier place.

Fairness is at the heart of the framework for influenza pandemic preparedness. The negotiations, which took more than four years, were difficult, at times nearly explosive.

But in the end, Member States gave WHO, and the world, a powerful model of fair behaviour.

As I said, WHO stands for fairness.

Developing countries know they will always get a square deal at WHO. This is a high tribute to the collective will of all Member States and their deep, often courageous commitment to health.

A financial crisis cannot dislodge that commitment.

I look forward to the next five years with great optimism and high expectations.

Thank you.