WHO’s New Strategic Directions

DCVMN 19th AGM – Kunming, 29 October 2018

Mariângela Simão
“Today, instead of health for all, we have health for some”.

Tedros Adhanom Ghebreyesus
HH Pope Francis and WHO Director-General: Health is a right and not a privilege
Health inequities persist within and between countries.
OPPORTUNITIES - A GLOBAL COMMITMENT
AGENDA 2030

SUSTAINABLE DEVELOPMENT GOAL (SDG) 3
“Ensure healthy lives and promote well being for all at all ages”

14 out of 17 SDG have health related targets

“Achieve Universal Health Coverage...access to safe, effective, quality, and affordable essential medicines and vaccines for all”
GLOBAL PROGRAMME OF WORK— GPW 13

ACHIEVING IMPACT FOR PEOPLE AT COUNTRY LEVEL

Approved at the WHA 2018

Sets out WHO’s strategic direction – 2019-2023

Priorities

Goals/impacts and outcomes

Strategic and organisational shifts

Aligns with and articulates WHO’s response to the SDGs

Provides a framework for accountability and measurements
WHO’s mission

Promote health
Keep the world safe
Serve the vulnerable
1 billion more people enjoying better health and well-being

1 billion more people better protected from health emergencies

1 billion more people benefitting from universal health coverage
PROMOTING HEALTHIER POPULATIONS

1 billion more people enjoying better health and wellbeing

Five Platforms

1. Improving Human Capital across the life course

2. Accelerating action on preventing non-communicable diseases and promoting mental health

3. Accelerating elimination and eradication of high impact communicable diseases

4. Tackling anti-microbial resistance

5. Addressing health effects of climate change in small island developing states and other vulnerable states
91% of the world's population live in areas with air pollution above WHO limits

Annual mean concentration of PM2.5* per cubic metre air in urban areas

Lima, Peru, was South America's most polluted capital city in 2018, recording PM2.5 at four times the WHO safe level.

Bamenda, Cameroon, recorded 132 micrograms in 2016. Kampala recorded 104.

Nine of the world's 10 most polluted cities in 2018 are in India, including Kanpur (173 micrograms) and Delhi (143).
“A smog of complacency invades the planet”...

Air pollution

Air pollution is the ‘new tobacco’, warns WHO head

Exclusive: Simple act of breathing is killing 7 million people a year and harming billions more, but ‘a smog of complacency pervades the planet’, says Dr Tedros Adhanom

Dr Tedros Adhanom Ghebreyesus: Air pollution is the new tobacco. Time to tackle this epidemic

Damian Carrington and Matthew Taylor
07:00 CEST Saturday, 27 October 2018
ACHIEVING UNIVERSAL HEALTH COVERAGE

1 billion more people benefitting from UHC

Fully aligned with SDG 3.8 - achieving UHC

- At least half of the world's 7.3 billion people still lack full coverage with essential health services

- 80–90% of a person's health needs across their lifetime can be covered by primary health care.

Strong primary health care based health systems lead to

• better health outcomes
• improved quality of care
• longer life expectancy
40TH ANNIVERSARY OF THE ALMA-ATA DECLARATION

THE ASTANA DECLARATION ON PHC
ADDRESSING HEALTH EMERGENCIES

1 billion more people protected from health emergencies

Goals

Build and sustain resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies.

Ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services including health promotion and disease prevention.

All hazards approach

Closely linked to health systems strengthening

Serve the most vulnerable in fragile and conflict-affected countries.
ON GOING EMERGENCIES – GRADE 3*

Bangladesh - Rohingya crisis
Democratic Republic of the Congo
Nigeria
Somalia
South Sudan
Syrian Arab Republic
Yemen

Grade 3: a single or multiple country event with substantial public health consequences that requires a substantial WCO response and/or substantial international WHO response. Organizational and/or external support required by the WCO is substantial. An Emergency Support Team, run out of the regional office, coordinates the provision of support to the WCO.

*As of 28 October 2018 – www.who.int
Ebola virus disease – Democratic Republic of the Congo
18 October 2018
Chikungunya – Sudan
15 October 2018
Ebola virus disease – Democratic Republic of the Congo
11 October 2018
Cholera – Zimbabwe
5 October 2018
Cholera – Niger
5 October 2018

*As of 28 October 2018 – www.who.int
**IMMUNIZATIONS CONTRIBUTION TO WHO’S STRATEGIC PRIORITIES**

**IMMUNIZATIONS WILL CONTRIBUTE TO ACHIEVING 20% THE 3 BILLION TARGET***

### A billion more people with health coverage
- Increasing vaccine coverage for women, infants, children, adolescents, adults, and the elderly
- Contribution to the reduction of:
  - Respiratory infections
  - Diarrhoeal diseases
  - Vector born diseases
  - Viral diseases
  - Influenza

### A billion more people made safer
- Contributing to a safer world with vaccines
  - Tuberculosis (BCG), Diphtheria, Tetanus, Pertussis, & Polio
  - Measles & Rubella
  - Meningococcal, Pneumococcal & Hib meningitis
  - Rotavirus
  - Yellow-Fever, Typhoid, JE, (in specific regions and populations)
  - Seasonal Influenza

### A billion more lives improved
- Reduction in the burden of NCD - cancers (cervical & liver)
  - Ebola, Cholera, Yellow-Fever, Meningitis, Polio, Measles, Diphtheria

- Human Papilloma Virus (HPV)
- Hepatitis-B

*Note: The 3 billion target refers to the number of people estimated to be alive by 2030.*
ACCESS TO MEDICINES, VACCINES AND HEALTH PRODUCTS

AFFORDABLE
EFFECTIVE
QUALITY-ASSURED
SAFE
CHALLENGES have expanded to DEVELOPED COUNTRIES

Latest treatments for cancer and hepatitis C

e.g. USA 2015 - average prices for new cancer drugs US$ 7,500 to US$ 28,000 per month

Orphan drugs for rare diseases

HPV costs for MIC

Insulin (discovered in 1923) - cost up to US$ 340

Need for balance between R&D costs and final price – a “FAIR PRICE”
Some of the global challenges that need to be addressed

Functionality of National Regulatory Authority

2015 BASELINE 2017 2019 2021
50 60 72 84

≈30% of NRAs globally have capacity to perform all core regulatory functions for medicines (much less for biotherapeutic products)
PREQUALIFICATION AND CRP
Safety monitoring of medicines, vaccines and health products is essential to protect people from harm

- New products in LMICs- developed in well-resourced settings - baseline safety data may not be entirely applicable to the resource constrained settings

Smart Safety Surveillance – risk-based prioritization for PV

- To strengthen pharmacovigilance capacity in LMICs
- Establish end-to-end safety surveillance of products from their clinical development to the post-market stages
- Pilot ongoing in 2 countries with selected medicines and vaccines

Access to medicines and vaccines roadmap

To be presented at the WHA 2019
“WHEREVER HUMAN BEINGS ARE CONCERNED, TREND IS NOT DESTINY”

Rene Dubos