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Curriculum vitae

Dr Margaret FD Chan BSc, MD (Canada) MSc PH (Singapore)
Nationality: Chinese Age: 63

Since 2007, Dr Chan has served as the Director-General of WHO. She joined WHO in 2003, serving first as Director of the Department of Protection of the Human Environment, and from 2005, as Assistant Director-General of Communicable Diseases and Representative of the Director-General for Pandemic influenza.

Prior to joining WHO, she worked for 25 years in Hong Kong's Department of Health, moving from a Medical Officer for the maternal and child health services to the position of Director of Hong Kong's Department of Health.

In her nine-year tenure as Director, she launched new initiatives to improve communicable disease surveillance and response, enhance training for public health professionals, improve care for the elderly, and strengthen public health laboratory capacities. In that position, she also demonstrated her administrative skills in both financial and human resource management, running a complex organization which consisted of 7,000 staff and a yearly budget of nearly half a billion US dollars.

Her first professional degree was from Northercote College of Education, Hong Kong, followed by B.A. and M.D. degrees from the University of Western Ontario, Canada and a MSc (Public Health) degree from the National University of Singapore. As management training, she completed a programme for management development at Harvard Business School in Boston.

Dr Chan is fluent in Chinese and English and enjoys good health.

Dr Chan's vision on WHO priorities and strategies

Events during the first decade of the 21st century left public health struggling to move forward in a world of enormous and constantly changing complexity. The 2008 food, fuel, and financial crises demonstrated new perils in a world of radically increased interdependence and had profoundly adverse consequences for health that are still being felt.

The fact that so much progress has been made, especially towards reaching the health-related Millennium Development Goals, is a tribute to the unwavering determination of governments and ministries of health, the commitment of the international community, technical leadership from WHO, and a number of creative innovations, including ways of securing new resources.

Nonetheless, these changes have created new demands and responsibilities for public health and WHO. If elected for a second term, Dr Chan will continue the process of reforming WHO, at administrative, managerial, and technical levels, that was set in motion in 2011 in line with guidance from WHO's governing bodies and their endorsement of the process. This process will give special attention to improving efficiency, transparency, accountability, and value for money.

Health systems and capacity building

The urgent need to strengthen health systems became apparent during the previous decade, as progress towards the health-related Millennium Development Goals stalled. Dr Chan's immediate call for a revitalization of primary health care was widely welcomed, supported by conferences in each of WHO's six regions, and solidified by the 2008 World Health Report on primary health care. Her conviction that a primary health care approach is the best way to improve the fairness, efficiency, and effectiveness of service delivery will remain central to her vision of WHO priorities and strategies.

Today, the need to strengthen health systems enjoys a much higher place on the development agenda and is now an explicit objective in multiple global health initiatives, in the disbursement of funds by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in the policies of the GAVI Alliance, which makes funding for health system strengthening available in parallel with support for immunization services.

Building strong and resilient health systems will remain a priority for a second term, especially as the climate begins to change and natural disasters become more frequent and extreme. WHO capacity to lead the health cluster during humanitarian emergencies and disasters needs to be strengthened.

Scaling up the training of health care workers, as has been done in several countries, is urgently needed to meet time-bound health goals set by the international community. In numerous countries, basic systems for registering births, deaths, and cause of death need to be established with the utmost urgency. Better use of information and communications technologies with health applications will expedite achievement of this goal. Doing so contributes to greater accountability and effectiveness in the use of development aid and in measuring the health impact of investments.

Sound financing of health systems is equally important. User fees, paid out-of-pocket at the point of care, punish the poor. The 2010 World Health Report on health systems financing gives rich and poor countries alike a menu of options for financing expanded health services, especially to reach the poor, and reducing several common sources of waste and inefficiency. A priority for a second term is to support countries in implementing these recommendations and measuring the results.

A related priority is the strengthening of regulatory capacities throughout the developing world. Norms and standards set by WHO to safeguard public health mean nothing if countries lack the capacity to regulate and enforce compliance with these standards. Strong regulatory capacity is critical in areas such as improving food safety, controlling tobacco use, reducing the harmful use of alcohol, and keeping poor quality, unsafe medicines off the market.

Chronic noncommunicable diseases

Recognition of the threat to development posed by the rise of chronic diseases increased during Dr Chan's first term of office, culminating in the high-level meeting on these diseases to be held in September during the United Nations General Assembly. The priority now is to provide practical evidence-based WHO guidance on ways to control these diseases at both the population-wide and individual levels.

At the population level, advocacy and multisectoral action are needed to reduce the harmful use of alcohol, reformulate processed foods to reduce their fat, sugar, and salt content, and combat the marketing of unhealthy foods and beverages, especially to children. Dr Chan's strong stance against the tobacco industry and support for full implementation of the WHO Framework Convention on Tobacco Control will become all the more important in view of the openly aggressive tactics now being used by the tobacco industry to subvert provisions in the treaty.

At the individual level, better control requires addressing the need for early detection, improving access to more affordable pharmaceutical products, developing new products suitable for use in resource-constrained settings, and simplifying treatment regimens that can be delivered through primary health care.

Health security

The 2009 H1N1 influenza pandemic confirmed that the International Health Regulations are the key legal instrument for achieving collective security against the spread of infectious diseases and other threats that can cause public health emergencies of international concern. The 2011 report of the *Review Committee on the functioning of the International Health Regulations (2005) in relation to pandemic (H1N1) 2009* concluded that the world is ill-prepared to respond to a severe pandemic or to any similarly global, sustained and threatening public health emergency.

The pandemic revealed an especially urgent need to help countries establish the core capacities required to fully implement the provisions in the IHR. This need, articulated by several Member States and confirmed by the Review Committee's report, will receive high priority.

A major achievement for WHO occurred with the May 2011 adoption of a framework of action supporting pandemic influenza preparedness through better surveillance and risk assessment and more equitable distribution of the benefits of vaccines, antiviral medicines and diagnostic tests. The need now is to ensure that recommended actions are fully implemented.

A related priority is to reduce the health and economic consequences of foodborne diseases. The International Food Safety Authorities Network, or INFOSAN, which was initiated by WHO in late 2007, operates as the investigative arm of efforts to protect the safety of the food supply, conducting trace-back studies that give particular attention to contaminated items that may have entered international commerce. Given the growing intricacies of global food trade, strengthened INFOSAN performance is a clear priority for the future.

Health development for poverty reduction

The deadline for reaching the Millennium Development Goals is 2015. Despite striking results in several areas, efforts need to accelerate, especially to improve women's and children's health. For WHO, accelerated action means pinpointing unmet needs and stimulating innovation; implementing a plan of action for the Decade of Vaccines; monitoring trends; sounding the alarm when trends turn ominous, as with the rise of multidrug-resistant TB; and using the latest evidence to refine technical guidelines and simplify treatment regimens, especially for HIV/AIDS. For example, recent WHO guidelines for the prevention of mother-to-child transmission, if fully implemented, could lead to a generation of babies born free of HIV.

Abundant evidence shows that many deaths in young children can be prevented through simple primary health care interventions, reinforcing Dr Chan's firm commitment to the principles and approaches of primary health care.

In 2010, the programme for controlling the neglected tropical diseases, including river blindness, leprosy, and African sleeping sickness, benefitted from large commitments of free drugs for use in mass preventive chemotherapy from both traditional and new pharmaceutical industry donors. To date, over 800 million people have received preventive treatment for at least one of these diseases. Dr Chan will ensure this momentum continues, with the objective of eliminating some of these ancient diseases of poverty by 2015.

Improving access to medical products

Dr Chan will continue to strengthen established WHO programmes designed to ensure the quality of pharmaceutical products, rationalize their use, and reduce their costs, with particularly strong support for the production of generic medicines. In doing so, she will be guided by the Global Strategy and Plan of Action for Public Health, Innovation and Intellectual Property.

Dr Chan also wants to stimulate more innovation, with two dimensions: innovation that improves access to existing interventions, and innovation that produces new products badly needed to treat diseases of the poor.

She sees particular value in expanding the WHO prequalification programme to facilitate the procurement of quality-assured medical products. Thanks to this programme, manufacturers from the developing world have entered the market, supplies of quality-assured medical products have become more abundant, and competition has brought prices down, changing the dynamics of the market for public health vaccines, medicines, and diagnostics.

The purchasing power of development funds has expanded, and this means expanded access to medical products for the poor. For several countries with weak national drug regulatory authorities, the programme operates as a surrogate mechanism for regulatory approval. This is a value-added role of WHO that has great potential for having an even greater impact on access to medical products in the future.

Priority work for vulnerable groups, including women and the people of Africa

During her first term of office, some progress for these two priority groups was evident but insufficient, calling for continued high priority in the future.

Based on her conviction that what gets measured gets done, Dr Chan commissioned the Organization's first comprehensive report on Women and Health. The report, issued in 2009, provides a baseline of data and statistics for identifying problems and devising efficient policies for change.

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The 2010 launch of the Global Strategy for Women's and Children's Health has great promise, and WHO has a leadership role in supporting this strategy. As an immediate contribution, WHO issued its first model list of a limited number of medicines considered essential for improving the health of women and children. Making the strategy work, in accountable ways, will be a high priority during a second term.

After nearly four decades of stagnation, 2010 estimates showed a significant worldwide drop in maternal mortality, with the greatest declines, of around 60%, reported in Eastern Asia and Northern Africa. Some attribute this decline to recent efforts to strengthen health systems. Sub-Saharan Africa continues to be the heartland for AIDS, tuberculosis, and malaria, though the situation for all three diseases, and malaria in particular, has begun to turn around. African leaders have expressed a clear desire to move towards greater self-reliance.

Capacity building, training, and technology transfer, as exemplified during the development of the new conjugate vaccine for epidemic meningitis, will be given top priority, in line with explicit requests from African Member States.