

**10 years of Leadership on Global Health. Farewell to Margaret Chan**  
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**Keynote address by Kate Gilmore – Deputy High Commissioner for Human Rights,  
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It is an enormous honor and privilege, and only just a little bit intimidating, Dr. Chan, to speak on behalf of the whole United Nations development system, which stand with me at my back and at my shoulder, and wish me to say “thank you, thank you, thank you”.

It is a great honour to have the opportunity to celebrate specifically the leadership of a great woman, a woman who has shown strength, stamina and stubbornness. She was the original persister in terms of defense of the right to health and she has set a profoundly moving example for all those of us and the women who will come after us, who wish to be given the opportunity to be the best that they can be: to be leaders, not only followers; to be actors, not only observers; to intervene rather than being intervened upon.

Margaret Chan has set a powerful and inspiring example. It has been a decade of tough times. Sometimes sailing has been smoother than at other times, but she has been a firm advocate for our engagement in understanding why health holds the strongest promise for this troubled planet. She has led through tough times: times of crisis, conflict, contagion and changing climate. And that is just on the floor of the World Health Assembly! With complex systems, elaborate income sources and costs across the public and the private sector, activist and academic, she has remained a figure of engagement, of outreach, of determination; a woman of personal sacrifice and someone of deep character and influence.

For the human condition, to celebrate what has been achieved is intrinsic to our understanding of that which we could achieve in the future. This is not just a moment of decades of contribution and these most last ten years of achievement – this is a challenge to us all: to rise beyond our own expectations, to accept the greatness into which we are thrust and the expectation that falls on our shoulders, and to work tirelessly to meet it. For that is what Margaret Chan has done.

I want to just highlight a few small points that give us cause for a global gratitude to her leadership. I want to start with emphasising her loyalty to evidence, her conviction for science and her determination on accountability. She herself has borne witness in her own reflections to the achievements that the Director General outlined. She herself has spoken of the number of people whose lives have been saved because we have attacked the challenges of Malaria, Tuberculosis, and HIV/AIDS. She herself has noted that 19,000 fewer children die each day because we began to think it was important to tackle preventable infant and maternal mortality. And she has made the point: we are able to count these numbers only because of a culture of measurement and accountability at WHO. Dr. Chan has said “*what gets measured gets done*”, and she exemplifies a lesson which we would forget at our and this planet’s peril: truth, evidence and fact matter. They are the bedrock of fairness in public policy, they are central for effective decision making if we are to deliver on promises, and they are the only means by which we can hold the powerful accountable for our impact on those who have relatively less power.

Today, lifted higher on rising tides of popularism, born further and wider by oceans of social media, betrayals of fact and its constant companions of fear and prejudice are all around us. As the High Commissioner for Human Rights has pointed out, “*half-truths and oversimplification are the two scalpels of the arch propagandist, paint half a picture in the mind of an anxious individual, exposed as they might be to economic hardship, to the fear of the horrors of terrorism. Prop that up with half-truths and there you will find an open flow for the natural prejudice of people to fill in the rest*”.

Dr. Chan, in the context of the anti-vaccine movement, has resisted exactly those bigger trees. She warned, as early as 2010, on the implications of this sorted cocktail of half-truth, fear and ignorance. She said *“the days when health officials could issue advice, based on the very best medical and scientific data, and expect populations to comply, may be fading”*, and she was right. The anti-vaccine movement and its second cousins xenophobia, racism and sexism, these are fear based anti-truth movements built to the same stuff, a manufactured ectoplasm thriving on fear enabled when we turn our backs on fact and expended when we fail to be accountable for the impact of our behaviour and our decisions.

I want to be very clear. The Universal Declaration of Human Rights includes among its articles our right to enjoy the benefits of the fruits of science. To that, our dedication and our effort in reducing preventable causes of morbidity and mortality owe so much, but it is fundamentally about rights. Listen again to Dr. Chan: *“the right to health depends on regulatory authorities that keep water, air, food and medicines safe, and protect populations from exposure to harmful chemicals. The right to health depends on legislation and its enforcement in multiple other ways. Laws help ensure that people with physical or mental disability are not deprived of their liberty or their legal capacity. Legislation is one of the best ways to confer population-wide protection against threats to health”*. Here Dr. Chan emphasises the universality of the right to health and she recalls for us once again that a bigger tree, the deprivation of rights for us all, is the opponent of evidence, that prejudice has no place in health, and that the essential visceral dignity that only enjoyment of health provides is a matter not merely of preference, privilege or public dispensation by a philanthropic government, it is just a matter of justice, a justiciable obligation to so provide and justiciable right to so enjoy.

On that understanding, Dr. Chan has advocated a view of health that is not merely about a service system, but rather as a bedrock for sustainable and inclusive societies. Listen to her again: *“Health systems are social institutions. They do far more for society than deliver babies and pills, like a post office delivering parcels. Properly managed and adequately financed, a fair and equitable health system contributes to social cohesion and stability”*. *“A world that is greatly out of balance in matters of health is neither stable, nor secure”*; nor it is safe, nor it is fair.

Recently, Dr. Chan and the High Commissioner of Human Rights saw the fruits of this understanding of health when they established and benefited from the work of a High Level Working Group on Health and Human Rights. It launched on the sidelines of this year's World Health Assembly and in parallel to the most recent session of the Human Rights Council a ground-breaking report on the rights to health and through health. Co-chaired by the former President of Finland, Tarja Halonen, and Hina Jilani, from Pakistan, and supported by Denis Mukwege, from Democratic Republic of Congo, this report tackled the urgency of the need to uphold rights to and through health.

The report makes three clusters of recommendations. First, it calls for constructive enabling environments to the rights to, and through, health by upholding the right to health in the highest laws of the land. Enshrined in Constitutions, the right to health becomes an asset to processes of stability, inclusion and the best of democratisation. Second, it calls for health financing to be rights-based, for health to be understood as driven by the realisation of human rights. It recalls that human rights themselves are determinants of health and calls for the end to toxic norms related to culture, gender and age that expose in particular young people to poor health outcomes. Third, the report urges partnership with people themselves as agents of their own health and it argues for defence of health workers against attacks both in conflict zones and beyond. It advocates for much stronger routine of public accountability for health and through health in evidence, and it urges us all to make the evidence of our realisation of rights freely available to those who depend upon our work.

In this, Dr. Chan has been a leading advocate, as she would say it to us: We know what needs doing, we know why it should be done and we understand that we've promised to do

it. We know that it makes financial sense to invest in this powerful relationship between health and prosperity. We want only for the universal and heart-felt conviction that this should be done. We need only the political, commercial and civil society understanding at leadership levels that the health of women, children and young people in particular matters enough for us to grant it to them.

I want also to praise Dr. Chan's legacy for understanding and making material the power of partnerships. In her words, *"countries want capacity not charity"; "They want a hand up not a hand-out. Good development assistance is a mutual undertaking, not the generous and warm-hearted giving by the wealthy to the poor. Dependency negates dignity. Hand-outs steal hope. Hopelessness stifles that human aspiration."* In this, Dr. Chan has positioned the WHO and the larger health partnership known as the H6, and has indeed insisted that her colleagues at country level understand that it is countries themselves who will advance health; that it is a country's budget itself that is a larger investor in health; and it is leadership at country level that is essential if health is to progress.

In this area, she has insisted that gender not be forgotten. She began her time ten years ago championing women's health and she promised to focus on the health of women and girls; she did just that. She inherited stagnation in the delivery of reduction of preventable maternal and infant mortality and reversed the trend of under delivery and non-performance in the area of MDG 3, 4 and 5 through the first global strategy "Every Women, Every Child". For that work that saved the life of millions we owe an enormous deed of gratitude.

But that legacy is under a misanthropic attack and calls on us for constant vigilance. There is a rollback on hard-won health gains, particularly for women and girls in the area of sexual and reproductive health and rights. The consequences of that attack in these most intimate rights is discriminatory, arbitrary (being grounded in neither science, nor evidence or international law), and it brings devastating consequences for newborn, pregnant women and adolescent girls. From our communities, our families and from those individuals themselves it is exacting a cost that none of us can afford.

Attacks on these most intimate places where health and human rights, if realised, can make the difference between life and death, will not only erode the legacy that courageous leadership such as Dr. Chan's has granted us and enabled us to enjoy (which is reductions in preventable maternal and infant mortality); attacks will also deny fundamental rights that you and I have inalienably to autonomous decision making and respect to our bodies and our physical and mental integrity. When asked what the simplest way to serve health gains anywhere in the world is, Dr. Chan said this: *"The question deserves a simple answer: educate girls, empower women. Nothing will pay a bigger dividend and it keeps paying back, from generation to generation"*.

Excellences, Dr. Chan,

You know we are by any number of measures called globally in amidst of an extraordinary moment in history, a moment of challenges and an unprecedented opportunity: more people on the move; more people forced out of their homes and livelihood at record levels; more young people alive to date than ever before, and growing numbers of older people; unprecedented rates of urbanisation and pollution; widespread degradation of environment, including by force of climate instability; armed conflict and corruptions; cruel erosion of peace; the crisis of famine and feud. These are shaping cruel realities for unprecedented numbers of people, including as well deliberate targeting of health workers and health facilities.

These are the stories of our modern times and our future. This is our unprecedented "now"; the moment which, if lost, will see unprecedented preventable sorrow, suffering and indignity for generations to come. A burden to be born perhaps not by us directly, who have enjoyed the benefits of so much development, but most certainly a burden to bin the bags of our children and our children's children. The great gift, however, in the face of this change is a

sustainable development agenda, which makes of challenge an unprecedented opportunity, including its promise to universal health access, again part of Dr. Chan's legacy to us.

We truly have a mandate to advance human dignity through development, peace and justice to leave no one behind. However, in this, we must remember Dr. Chan's invocation that an investment in health is an investment in stability; an investment in health is an investment in security. An investment in health is the surest way to foster a talented, creative and innovative population ready to meet the challenges of that world that so troubles our gaze every time we open the newspaper today.

Ten years ago, Steve Jobs, in his classic black outfit, took hold of the stage and made a huge announcement; he said *"we are going to make history together today, we are going to introduce the iPhone"*. At the time, the Microsoft CEO tweeted: *"There is no chance that the iPhone will ever get any significant market share; no chance"*.

People have always underestimated small packages, the electric personality; underestimated someone who understands health as a personal device for dignity and for well-being; underestimated those who are adaptive and adaptable, who understand why health should indeed be more user-friendly. That is what Margaret Chan has advocated for and that is what she has led us to a deeper understanding of and a deeper celebration of. We do celebrate her. All her work is all the more remarkable because she is a woman. She has been a woman in an international system afflicted with the same inability to achieve gender equity as seen in the outside world, which has made her achievements necessarily all the more cause for celebration.

There are more CEOs and Board Chairs of the "Footsie" 100 companies named "John" than there are women. But there is, and always will be, only one Margaret.