

Centesimus Annus pro Pontifice Foundation - Solidarity, Cooperation and Responsibility: the antidotes to fight injustices, inequalities and exclusions

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How can solidarity be put into practice: some concrete cases

Your Eminence Cardinal Tagle, your excellencies, distinguished guests, friends,

Let me begin by sharing Dr Kluge's deepest apologies for not being able to address you in person today, due to illness. He was greatly honoured to be part of such an illustrious event with world-renowned speakers, and I know he was looking forward to this valuable exchange very much.

Hans asked me to address you on his behalf, and it is my privilege to do so.

Solidarity forms the essence of the World Health Organization's constitution. The "*attainment by all peoples of the highest possible level of health*" has been our guiding principle for over 70 years.

WHO brings together **public health** [Public Health defined as "*the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society*" (Acheson, 1988; WHO)] and the human right to health for all through **multilateralism**. We unite a wide range of stakeholders to deliver health for everyone.

There is both the scientific imperative and the ethical responsibility to work together for the public good. Solidarity comes from both the head and the heart. And it is a conscious choice to take decisive action with others for a common cause.

These values are also the bedrock of the WHO Regional Office for Europe's current programme of work (the EPW) "United Action for Better Health in Europe" that is guiding our activities across the 53 countries in the European Region, to deliver health and well-being to the almost one billion people we serve.

I would like to speak about three examples of solidarity for health with you today. So let me begin by looking back through history, to share a pertinent example of how solidarity has delivered fundamental public health gains.

Are you familiar with the name Ali Maow Maalin? He was a hospital cook and health worker from Somalia, and the last known person to have been infected with naturally occurring Variola minor - **smallpox**. He was diagnosed with the disease in October 1977 at the age of 23, and fortunately made a full recovery.

Until about 40 years ago, smallpox was a serious, life-threatening illness [up to 30% of people who contracted the virus died], that had plagued humanity for at least 3,000 years and killed 300 million people in the 20th century alone. But in 1980, the World Health Organization declared that smallpox was eradicated from the face of the earth.

It was eradicated because the global community worked together to ensure that everyone received the life-saving smallpox vaccine. This required a 10-year effort spearheaded by WHO, with thousands of health workers around the world administering half a billion vaccinations at a cost of US\$300 million.

Key to success was *innovation* - production of high-quality freeze-dried vaccine; *coordination* - the establishment of a case surveillance system; and *universality* – the vaccine was administered through mass vaccination campaigns.

It is estimated that with smallpox eradicated, the world has saved over US\$1 billion per year since 1980. Again, a moral and an economic reason for solidarity.

Having survived smallpox, Maalin focused his energies on ridding the world of another communicable disease - **polio**. He became a staunch advocate for vaccination and was involved in the successful poliomyelitis eradication campaign in Somalia.

Thanks to coordinated efforts, the world is now on the brink of eradicating polio too. The European Region was certified free from polio in 2002. And as of 2020, wild poliovirus type 1 affects two countries: Pakistan and Afghanistan.

Tragically, Malin died in 2013 at the age of 59, from yet another deadly disease, **malaria**. Malaria transmission was interrupted in the WHO European Region in 2015, but still threatens almost half of the world's population. But we are making progress. As you perhaps heard in the news, earlier this month, WHO recommended the use of a malaria vaccine among children in areas affected by the disease. With the promise of this vaccine, through consolidated efforts, and with solidarity, we can effectively tackle communicable diseases that still blight and cut short so many lives.

Another example of solidarity for health, relevant to all of us today, is **road safety**. Road trauma kills more people age 5-29 than any other cause in the 53 countries of the WHO European Region.

However, since 2000 deaths at all ages have fallen by 42% (from 119,000 to 69,000). Reducing the number of deaths, and the many serious injuries that occur on our roads, requires implementing evidence-based policies and actions across a range of sectors, to put health first.

This means enacting and enforcing **legislation** on speed, drink driving, and the use of seatbelts, helmets and child restraints. It also requires road **infrastructure** to take account of the safety of all road users, for example separating pedestrians, cyclists and motorized traffic, and creating safe crossings. And it calls on manufacturers to improve the **safety of vehicles**, through features such as electronic stability control and advance braking, for example. Finally, effective and timely **emergency care** in the event of a crash is needed to improve survival rates and the long-term effects of injuries.

From legislators to manufacturers, from health service providers to urban planners, promoting road safety requires action in each separate focus area. Yet when combined, these activities provide a safety net that addresses the complexities of keeping people moving while protecting their health. Through working together from local to national levels and across sectors to lower risk factors, road safety can, and is being improved.

I cannot speak of solidarity, without referring to the global pandemic that is still affecting all of us. It is heartbreaking that almost **5 million people** around the world have lost their lives to this virus. My thoughts and prayers are with their families and loved ones. But it is of course heartwarming to have witnessed and been part of the extraordinary outpouring of support and consolidated efforts that have meant that essential services have continued, and that we have maintained personal contact with each other. This is a testament to the strength of the human spirit, that *does* act in the collective interest in times of difficulty. Our frontline workers demonstrate this solidarity on a daily basis.

Since the very beginning of the COVID-19 pandemic response, WHO has based its work on the principle of solidarity – providing a global response to a global challenge. 20 months of evidence demonstrate that going it alone doesn't work. The world needs to approach the pandemic in a multi-country, multisectoral, multi-stakeholder, multidisciplinary, multilateral way.

And it needs to build on the experiences and lessons learned from the pandemic to address the systemic issues – the wicked problems - that enabled it to occur.

The third example of solidarity I would like to speak about today, begins back in August 2020. At that time last year, Dr Kluge called on the pre-eminent figure, Professor Mario Monti, President of Bocconi University and former Prime Minister of Italy and a former European Commissioner, to lead a Commission to reflect on the lessons of the current pandemic, and make recommendations on investments and reforms to improve the resilience of health and social care systems for when we face the next.

He, and 19 other leading lights from the political, academic, financial and economic spheres came together as the **Pan-European Commission** on Health and Sustainable Development.

Last month, this non-remunerated, independent Commission published its findings and recommendations. These findings underlined the interlinkages between human, animal and environmental health, the long-standing underinvestment in health systems and social care, and in surveillance systems, as well as the increasing deep-seated inequalities between and within societies that have created mistrust and left many impoverished and vulnerable.

Time restraints do not allow me to go through all the Commission's recommendations, but one of their key proposals is to implement the concept of "**One Health**". This has solidarity at its core. It offers a whole-of-society approach to health and well-being, where all policies take the health of all living things and their shared environment into account. This 'one health' approach sees our well-being as inextricably linked to the health of the planet and the natural environment.

The Commission calls on governments to establish cross-government One Health strategies, and that international health and environmental agencies collaborate more closely. Yet it requires all sectors, at all levels to work together to promote and prioritize one health.

Human activities such as deforestation, the trade and consumption of wildlife, and international travel, are thought to have led to the emergence of COVID-19 and facilitated its global spread. We, and our descendants, now face a precarious future unless we all take urgent action to correct course.

Let me take this opportunity to encourage you to read the full report, published on the WHO/Europe web site.

Today, as we reflect on examples of solidarity, we must look to the discussions and deliberations that will be taking place in Glasgow in the next few days, at COP26.

The **climate crisis** is the greatest test to solidarity that we face today. It is also a health crisis, putting an overwhelming pressure on health systems. It drives the spread of vectors and pathogens (including the mosquito that spreads malaria), affects mental health, threatens livelihoods, exacerbates noncommunicable diseases, and causes injuries and malnutrition. A focus on climate and its health impact is integrated into every WHO policy. No country, no person is safe from the effects of climate change. Climate change disproportionately affects the most vulnerable, so addressing it is also a way of fighting inequity.

Solidarity is not charity or altruism. It is the only way we can tackle the borderless challenges that affect us all.

In closing, I would like to underline - Crises trigger change. COVID-19 provides an opportunity to rethink services and close gaps that have been magnified by a lack of solidarity.

The virus has exposed societal fractures. Both evidence and our experience tell us that dedication, solidarity, equity and science are what helps push obstacles out of the way. The eradication of smallpox, progress on road safety, are proof of what we are capable of if we work together for a common goal. We need to hold on to our faith in humanity.

The pandemic will leave profound footprints in our memory, but it has also paved the way for an invaluable understanding of health as a precondition for economies and societies, that health is a bond between people and our planet. And that each of us have an invaluable role to play.

Thank you.