



Report by the Director-General

1. Good morning everyone, and Happy New Year! Welcome once again to a snowy Geneva. Of course, for people who know snow, I was in Davos for a few hours yesterday, and also I was in Helsinki in early December, and that's where snow is, actually.

2. Maybe I will start by telling you something important that I observed in Helsinki. It's an initiative called SLUSH, started by students. I met the president, his name is Andreas Saari. Saari in my language means "winner". He exemplifies actually the winning spirit of youth. I had a chance to see the SLUSH initiative in Helsinki, where they connect new ideas from youth with financers. When I visited during the event, there were 1600 financers who were willing to finance new ideas that were coming from youth.

3. I found this to be a very important initiative, because many ideas are coming into political upheavals because of high unemployment of youth. But the thing I have observed here is, many ideas of employment can come from the youth themselves, like Mr Saari. If we can give them the platform, they can even bring disruptive ideas that can transform society. That's what I saw. It's something that can be adapted actually, and SLUSH is moving into other countries and becoming global. I feel like we have to do everything to make it global. Of course, it's about many things, health included, but something that will help get ideas from the youth, for the youth, to really change our world.

4. I just wanted to start with that because I was so humbled to see what these young people are doing. Full ownership, and many of them – thousands actually – are volunteering in that initiative. When I visited the camp, I saw that it's actually a city within a city, a city within Helsinki. You don't see the impact of the snow because you see a lot of warmth from these young people who are making it right.

5. I would also like to begin by sharing some recent experiences that really made an impression on me.

6. Last year I had the great honour of being in Kisumu, Kenya to launch that country's pilot programme on universal health coverage, which has been designed with WHO support – an initiative which is one of the four pillars of the second term of the presidency of President Kenyatta. It was a privilege to see that country embarking on its journey towards universal health coverage. I was so impressed by the commitment of the President to really push ahead, and he personally signed it in Kisumu, to show his commitment.

7. A few weeks later I was in the Democratic Republic of the Congo, to celebrate the new year with our colleagues who spent the festive season fighting Ebola, away from their families.

8. You may be surprised, but one thing we did was to demystify Ebola. You could be in the epicentre of the Ebola outbreak, in the village itself, and have a campfire with our colleagues. If you take precautions, you can be in the epicentre of Ebola itself, and you can be safe.

9. You know in 2014 how the world was getting nervous when Ebola was appearing – but that was exactly what we did in the new year. It was such a great privilege to be with our colleagues in the front line fighting Ebola and share a meal with them and demystify Ebola. If we do the right things, even in the epicentre of the outbreak, not only can we protect ourselves, but we can save lives.

10. On New Years' Day, people fighting Ebola didn't have a break. A vaccination team from the Ministry of Health visited a town called Komanda. They were attacked. A vaccinator by the name of Charles Mwenga was badly beaten and suffered a severe head injury.

11. We had to evacuate him, and I was so honoured to carry his stretcher, joining our colleagues. It was a very humbling experience. It showed me the reality; it showed me what it means to be fighting in the front lines. It was a great and humbling experience to carry in a stretcher your colleague who was attacked. It may not mean anything, because at the end of the day it is the doctors who stabilize him, but having the privilege of carrying him was meaningful to me because it shows you the reality. It humbles you. It gives you purpose.

12. I'm telling you this because I want to show you what conditions they're working in, but at the same time to make a proposal to take some of our Board members who are interested to the field to show how the people we're deploying are working in the front lines.

13. I will be visiting there with the director of the Centers for Disease Control and Prevention in early February, and if anyone would be interested to join, I would be happy. That could be too early, but we could arrange other visits to see for yourselves. We have to continue to demystify: show that we can be there, protect ourselves, but at the same time save lives.

14. Charles, the person who sustained a head injury, was evacuated to Goma for a scan; he's back to work now. That's the good news.

15. Two weeks ago, I was in Afghanistan, where I met a young woman called Sajeda, who was recovering from a bullet wound in a trauma care hospital in Kabul, run by an Italian nongovernmental organization called Emergency that works in partnership with the Government of Afghanistan. I could see, even in difficult situations, what can be done when public and private partners save lives like Sajeda's, who is 21 years old. Her life was on the line, but because of that partnership, she was able to recover.

16. And two days later I was in Pakistan, where I had the honour of vaccinating a young child against polio, and meeting the brave women and men who are on the frontlines of our determined final push to rid the world of this crippling disease.

17. For me, these experiences encapsulate our mission – to promote health, keep the world safe, and serve the vulnerable.

18. On the first of January this year, our strategic plan, the General Programme of Work (GPW), took effect. The clock is now ticking on the ambitious targets we have set ourselves for the next five years: 1 billion more people benefitting from universal health coverage; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being. There is no time to lose. We must act with urgency every single day.

19. In the past year, we have already made great progress towards each of the “triple billion” targets. Allow me to offer a few highlights on each one.

20. First, on universal health coverage, the work we have done to support Kenya is just the tip of the iceberg.

21. Last year, India also launched its Ayushman Bharat scheme, which will significantly advance universal health coverage for hundreds of millions of people. With support from WHO, Indonesia has extended coverage to about 78% of its population.

22. All countries in our Eastern Mediterranean Region signed the Salalah Declaration on Universal Health Coverage (UHC) and committed to the UHC2030 global compact. About 90% of countries in the European Region now have a national health policy aligned with Health 2020 and the Sustainable Development Goals (SDGs), with defined targets and indicators.

23. With Kazakhstan and UNICEF, we hosted the Global Conference on Primary Health Care, and adopted the Declaration of Astana, which reaffirms primary health care as the backbone for universal health coverage.

24. We opened a new country office in Greece to support the government to implement its new primary health care rollout plan. From its first primary health care unit in December 2017, there are now almost 100 community-based units providing primary care for 1 million people across Greece.

25. We're working with the World Medical Association, the Nursing Now campaign, the World Organization of Family Doctors and other associations of health professionals to fill the gap in the global health workforce.

26. We issued the first WHO Essential Diagnostics List. We launched a pilot project to prequalify biosimilars, a key step towards expanding access to cancer medicines. We have launched a campaign to eliminate cervical cancer. We published a new guideline on intrapartum care, consolidating 56 evidence-based recommendations on labour and delivery.

27. The 11th revision of the International Classification of Diseases, ICD-11, was released, reflecting critical advances in science and medicine. For the first time, it's fully electronic and easier to implement.

28. On communicable diseases, Paraguay and Uzbekistan were both certified as malaria-free last year. With the RBM Partnership, we have now launched the "High Impact, High Burden" initiative to reinvigorate the malaria response in the most-affected countries to tackle the 216 million cases we see every year. Timor Leste, Democratic People's Republic of Korea and Singapore eliminated measles, and more than 37 million people were vaccinated against measles in Pakistan in just two weeks. Even as we celebrate these triumphs, we are responding to outbreaks of measles in Europe and the Americas, and reinforcing the life-saving power of vaccines.

29. On tuberculosis, we launched a new campaign with the Global Fund and the Stop TB Partnership to find and treat 40 million people with tuberculosis, and issued new guidelines on multidrug-resistant tuberculosis. On HIV, we worked with UNITAID to support almost 60 countries to adopt our guidelines on self-testing into their national policies. Malaysia eliminated mother-to-child transmission of HIV and syphilis.

30. We published new treatment guidelines for hepatitis C. Combined with rapid price reductions, these guidelines are helping many more people to be treated and cured. Egypt, a trailblazer on hepatitis C, screened 25 million people and treated 800 000 people between October and December.

That's 800 000 people reached with curative treatment for a potentially deadly disease. Pakistan is also making significant progress in the fight against hepatitis.

31. One billion people received treatment for a neglected tropical disease, and eight countries eliminated at least one neglected tropical disease, including trachoma in Nepal and lymphatic filariasis in Viet Nam.

32. The second target in the GPW is to see 1 billion more people better protected from health emergencies.

33. Last year we responded to 66 outbreaks and other emergencies in 49 countries. Our events-based surveillance system picks up around 7000 signals of public health threats every month; an average of 30 require formal field investigation.

34. As you know, last year we responded to two outbreaks of Ebola virus disease in the Democratic Republic of the Congo. The first, in May, was in the western part of the country, and was brought under control quickly because that area, largely, was peaceful. The second outbreak is in the east part of the Democratic Republic of the Congo, and has been much more difficult to contain because of the insecurity in that part of the country. As of today, there have been 699 cases and 433 deaths.

35. I have addressed the UN Security Council twice on the outbreak. Thanks to Bolivia, Ethiopia and Sweden, the Security Council passed a resolution calling for increased security. With support from the Secretary-General António Guterres and the Under Secretary-General for Peacekeeping Operations, Jean-Pierre Lacroix, the United Nations Stabilization Mission in the Democratic Republic of the Congo now has more troops on the ground, providing better protection for the response, as per the request from our colleagues in the field.

36. When I called them, they told me one thing: "Tedros, we don't give up. We will stay here to finish the job, but we need better protection." I'm glad to see that we're working with our UN colleagues to respond based on their request.

37. But insecurity and some community resistance remain major challenges. That's why we remain committed to staying in the Democratic Republic of the Congo for as long as it takes to end this outbreak.

38. Of course, Ebola is not the only emergency to which we are responding. Last year we responded to the largest outbreak of yellow fever since the 1940s in Brazil, measles in Venezuela and diphtheria in Haiti, to name a few. We have responded to the health needs of migrant populations all over the world. We continue to respond to severe humanitarian crises in Yemen, Syrian Arab Republic and Bangladesh. And at the end of last year, the Emergency Committee reiterated its advice that polio remains a public health emergency of international concern.

39. This year I have taken over as chair of the Polio Oversight Board. That's why my first trip of the new year was to Afghanistan and Pakistan. These are the two countries that are the last frontier of wild poliovirus. We are so close to ridding humanity of this disease, and I am personally committed to ensuring that we do. I was really impressed by the commitment of the Governments of Afghanistan and Pakistan.

40. At the same time, we have been working on several initiatives to ensure countries are better prepared for emergencies. Last year we supported 24 voluntary external evaluations to strengthen the core capacities of countries under the International Health Regulations (2005). We worked with the

Democratic Republic of the Congo and nine neighbouring countries to scale up their readiness for Ebola. We continued to implement our global preparedness strategies for yellow fever and cholera.

41. The Global Influenza Surveillance and Response System, GISRS, tested almost 4 million specimens to monitor the evolution of flu viruses, and more than 110 countries shipped samples to WHO collaborating centres for further analysis of the epidemic and pandemic risk of influenza samples. With the World Bank, we launched the Global Preparedness Monitoring Board, to identify and address gaps in the world's defences. We developed a new concept we call EPI-BRAIN – Epidemic Big Data Resource and Analytics Innovation Network – using artificial intelligence to predict epidemics. We have also started the Epidemics Readiness Accelerator in partnership with the World Economic Forum, on public-private partnership principles.

42. The third pillar of the GPW is to see 1 billion more people enjoying better health and well-being.

43. On this front, we have taken several steps to address the determinants of health. We started a new initiative to eliminate trans-fats from the global food supply. Thailand became the most recent country to ban their use, and the European Union is now also considering a ban. We published new data on air pollution and health in more than 100 cities. We completed the first phase of the initiative on climate change and small island developing States in more than 40 countries.

44. The High-Level Commission on Non-Communicable Diseases delivered its report and recommendations. The Commission is co-chaired by the President of Uruguay, my good friend Sania Nishtar, and Finland and Russia. Sri Lanka introduced measures to address risk factors for noncommunicable diseases, including a tax on sugary drinks. Finally, the civil society task team delivered its recommendations on how WHO and civil society can work together more systematically to deliver the “triple billion” targets.

45. It's a long list, but I wanted to give you a picture of the incredible amount of excellent work that WHO is doing every day, and how humbled I am by the hard work of my colleagues who are working day and night to make this happen.

46. 2019 promises to be even more productive, as we begin to implement the GPW in earnest.

47. This week you will discuss several new initiatives: a draft global action plan on refugees and migrants; a draft global strategy on health, environment and climate change; and a draft global plan of action on climate change in small island developing States. Each has the potential to improve the health and change the lives of millions of people.

48. In addition, this year we will begin a special initiative to expand access to quality and affordable care for mental health in 12 countries, for 100 million people. The Global Health Observatory will be re-launched, with a new user-friendly interface and enhanced data visualizations. In September, the UN will host the first High-Level Meeting on Universal Health Coverage at the General Assembly. Collectively, we have to use the opportunity to make it a success. Together with our partners, we will launch the full version of the Global Action Plan for Healthy Lives and Well-Being for All. And we're establishing an expert panel to develop global standards for oversight of human gene editing.

49. We have a lot on our plate. To succeed, we must transform. We must build a modern organization that works seamlessly to deliver results – an agile organization. Transformation is not about tinkering at the edges. It's about a fundamental revamp of the way WHO does business, building on the work started by my predecessor.

50. Our transformation is also closely aligned to the broader UN reforms being led by Secretary-General António Guterres. I want to emphasize that WHO is fully committed to UN reform – not just to participating in it, but to playing an active leadership role. As a technical specialized agency, we have the most to gain from UN reform because it allows us to amplify the impact of our normative work. It's a great opportunity for global health.

51. That's why the SDG Global Action Plan is so important – it empowers our country representatives to lead on health as part of the UN's overall efforts to deliver the SDGs. To take advantage of that opportunity, it is vital that we have a predictable minimum presence at country level to play our part in the new UN country teams.

52. At our Global Management Meeting in Nairobi, Kenya in December, we had a very candid discussion with Deputy Secretary-General Amina Mohammed, which clarified many of the important ways WHO transformation and UN reform will complement each other. That discussion really helped to clarify matters, and we're very clear about what we can do with UN reform.

53. At the heart of transformation are four major shifts.

54. First, everything we do must drive a measurable impact at country level. The measure of success is the results we deliver in countries, and the value for money we deliver for donors. That's why we have developed the impact framework, which we will continue refining with you to get it right.

55. The second major shift is that WHO must be relevant in every country. There is a difference between reliance and relevance. Not all countries are reliant on our expertise, but for all countries, that expertise is relevant. That's why WHO should be relevant in all countries, including high-income countries. If we're committed to normative functions, then WHO's field is the whole world. That shift actually will change WHO significantly, but contribute to global health even more significantly.

56. The third major shift is that we must ensure our leadership and normative and technical work remains consistently world-class and that we continue to find ways to improve the way we work, including an aggressive focus on capacity-building and training.

57. And fourth, WHO must get ahead of the curve, to focus on innovation and anticipate health challenges.

58. Last year, the African Region developed an innovation challenge, attracting more than 2500 submissions. And we have established an innovation hub here at headquarters to identify and scale innovative ideas that improve health for those left furthest behind, because equity should be the rule of the game.

59. Digital health is one critical area. That's why last year we launched a strategic partnership with PATH to develop our digital health strategy and accelerate the use of digital technologies for health.

60. As you all know, the future of health will be influenced by digital health significantly. It's a must that we embrace it, but at the same time, WHO should be ahead of the curve in digital health, in order to contribute to global health.

61. We also collaborated with Google to integrate our evidence-based indicators for physical activity into the Google Fit smartphone application.

62. And we're working with the International Telecommunications Union to find new ways of using artificial intelligence to get care to remote communities.

63. These are the four shifts that we must make to transform WHO, deliver the "triple billion" targets and achieve the SDGs:

- Measurable impact
- Relevance in all countries
- Normative and technical excellence
- Innovation, with a focus on digital health, which is the future of health care.

64. So, what does transformation look like in practice?

65. It consists of four main parts: a new strategy, new processes – 13 of them – a new operating model, and a new culture for WHO.

66. The first step, as you know, was to develop a new strategy – the GPW.

67. Now we're starting to link the GPW to the work of every staff member. In February we will be holding our first "Goals Week", in which we are asking every employee to identify how their work aligns with the "triple billion" targets and the outputs identified in the programme budget.

68. This is a major shift, aligning strategy with daily business, because in our analysis we found that there was no alignment between the strategy and day-to-day business. If that happens the Organization is in trouble, as you know. So we want to align strategy to daily business, strategy to individual activities.

69. Our new strategy is supported by a new investment case – a first for WHO.

70. The second part of transformation is new processes. To deliver impact in countries, we need to be more effective and efficient in the way we work across all three levels of the Organization.

71. Through extensive consultation, we have identified 13 processes for redesign, in three areas: technical processes, external relations, and business and administration processes. This is the first time in WHO's history that almost all the processes are ready to be redesigned to be more effective and efficient. The production of any product depends on the efficiency of the process – even to produce a shirt. So we're checking every line we use in WHO to produce a product. We're redesigning the processes in a robust way.

72. You'll hear more about this in the discussion on transformation, but let me give you just one example. Our new recruitment process is designed to cut our average hiring time by more than half, from more than five months to 80 days, without compromising the necessary checks and balances.

73. New strategy, new processes. The third part of our transformation is a new operating model that will ensure we are vertically and horizontally aligned, with clear roles and responsibilities and agile ways of working across all three levels, because WHO is one. It has to be aligned vertically, and it has to be aligned horizontally in order to deliver. A fragmented WHO cannot deliver, and that's what we have agreed with the Regional Directors and my other colleagues. Two weeks ago, the Regional

Directors and I met to discuss those options. We plan to announce our new structure by the end of February.

74. The fourth piece of the transformation is a new culture and a new mindset. As you know, management tools can help. Without the right mindset, management tools don't help. So we need a combination of management tools and a mindset that can implement what we're talking about.

75. We began with a culture survey to assess what our staff think of how well our vision is aligned, their ability to execute that vision and our ability to innovate in a changing world. More than 60% of staff took part. The survey showed that our staff are proud to work for WHO, but that we needed to do more work to clarify our strategy and vision, and empower our staff to work to that vision, and also build an open organization, with a better work environment that motivates staff to be more productive. That's what the GPW, the planning strategy and goals week are designed to deliver.

76. Late last year we also conducted a "Values Jam" to engage our staff in an online conversation about what sort of organization we want to be. Almost 3000 staff engaged in this conversation about our vision, our mission and, above all, our identity. As a result, we have drafted a preliminary "Values Charter" that includes five major features of our identity. This is like identifying the reasons why we exist.

77. These values will be used as we recruit new talent. They will be applied when we evaluate our performance, as we train leaders and managers, and as we consider staff for promotion. They will be among the first things we talk about with our new hires.

78. One of those key values is integrity. That means WHO has zero tolerance for all forms of harassment and sexual harassment, exploitation and abuse. We take all reports of misconduct very seriously.

79. Last year, as you know, I received an email expressing concerns about discrimination, lack of diversity and allegations of misconduct by WHO personnel. I understand the distress that the public distribution of this email has caused the staff who are named in it. Because as you know, some of the staff are named in that anonymous email.

80. Let me say very clearly that we are committed to the presumption of innocence, to our duty of care for all staff, and to due process to find the truth. As WHO's leadership, on behalf of my colleagues, we want to know the truth more than anybody. I would like to assure you of that, and we will do everything to know the truth.

81. That process is based on the principle of protecting both the integrity of the investigation, and the confidentiality of those involved. We urge staff who have concerns to use those established processes, such as the integrity hotline, which is completely independent and managed by an external organization. We have also enhanced the mechanisms by which anyone can report misconduct.

82. And we have trained more than 95% of staff – myself included – to make sure our staff understand what constitutes sexual harassment and abuse, and how to identify and report it.

83. As a trainee myself, by the way, I'm now more enlightened. I know what it constitutes, I know the procedures, and I can easily use them. I was actually glad to be trained because it means I'm not floating; I'm close to the reality.

84. I have referred these allegations to the Office of Internal Oversight, which is looking into them according to our established procedures, in which I have confidence. By the end of this week, the Office of Internal Oversight will have completed its preliminary review. We will then know how many of those allegations will need further investigation.

85. At the same time, within their respective mandates, I have also decided to invite the Independent Expert Oversight Advisory Committee, chaired by Dr Wilson, the Independent Oversight and Advisory Committee, chaired by Professor Felicity Harvey, and External Audit to be involved in the review of these matters. Both independent committees have agreed to be involved.

86. Any substantiated allegations will be reported to Member States through the mechanisms we have.

87. It's important that even as we investigate these matters thoroughly, we do not allow them to undermine the selfless work our staff are doing every day, putting themselves at risk to keep the world safe. I'm incredibly proud of them.

88. We know that every organization can learn and improve. We welcome suggestions about how the investigative process can be enhanced. That's how organizations can learn and grow, because we're committed to learning, and we want WHO to be a learning organization. With my colleagues, that's what we have decided, for WHO to be a learning organization that believes in continuous improvement, taking change as a constant.

89. On the issues of diversity, we know that WHO needs to be more diverse at all three levels. This was not news to me or to us. In fact, if you remember, it's something I advocated for in my campaign, and that I started addressing as soon as I took office.

90. We started with the senior management, because that was the easiest to influence for a new Director-General, which is now one of the most diverse of any UN agency, with 64% of our senior management women, and all regions represented for the first time. I can say it proudly.

91. But we're not satisfied with that, so we have set ourselves a target in the GPW to increase the number of headquarters directors who come from developing countries to at least one third by 2023, from less than 12% in 2017.

92. We're also reforming the global internship programme, with a target of receiving 50% of interns from low- and middle-income countries by 2022. The first group of people I met, by the way, after I became Director-General was the interns.

93. Already we have implemented several quick wins to increase diversity in the selection process of interns. The current interns are very different from the previous ones. We have already provided health insurance and lunch vouchers for our interns at headquarters, and with the aim to start paying a stipend by 2020. When we start paying a stipend, those who are excluded from developing countries will have the opportunity to come. Because the problem is, high-income countries can finance their citizens, but low-income countries cannot. So if you want to bring equity, then you pay stipends to bring those who cannot pay their way to come to Geneva. That's why we appreciate that you endorsed this at the last Health Assembly. We will start by 2020, and that will help in diversity too.

94. But we won't stop here either. We're committed to continuous improvement in everything we do, which is why we're redesigning the entire recruitment process. The quick wins helped us move some

distance, but we will do the redesign, achieve even more, and we will continue to improve it, because improvement and change are constant.

95. Let me assure you that we are determined to address any discrimination, whether real or perceived. We know you might have more questions about these issues, and I would be happy to answer those questions during the discussion. But I would like you to know that this is dear to the hearts of all the leadership of WHO. We will do our best, and your support will be important here.

96. Excellencies, colleagues, ladies and gentlemen, thank you for your commitment and support. I look forward to getting down to business over the next 10 days. But as we do, I urge you to see beyond this room.

97. I ask you to remember Charles Mwenga, the Ebola fighter who I had the privilege to carry on a stretcher, the vaccinator in DRC who is rejoining his colleagues to keep people safe from Ebola after he recovered from his injury.

98. I ask you to remember the last remaining children at risk of polio who we are striving to reach.

99. And I ask you to remember people all over the world who lack access to the most basic health services that you and I take for granted.

100. They are why we're here. May our deliberations this week result in a healthier, safer, fairer world for everyone, everywhere.

Thank you. Merci beaucoup. Shukraan jazeelan. Xie xie. Muchas gracias. Spasiba. Obrigado.

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