



World Health
Organization

OUR FIRST YEAR TOGETHER

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Director-General

World Health Organization

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It's now been just over a year...

... since I received the greatest honour of my life and was elected to become the eighth Director-General of the World Health Organization.

Today, I remain proud and humbled that the nations of the world entrusted me with the responsibility of leading this great Organization.

They have high expectations of WHO. So they should; so do I. There is no commodity in the world more precious than health. An institution charged with defending the health of 7 billion people therefore bears great responsibility and must be held to high standards.

The most powerful reminders of that responsibility in the past year have been the people I have met all over the world whose health we work to protect.

I think of the camp for the internally-displaced I visited in Borno State, Maiduguri, Nigeria, and the baby I met there. Despite all the hardship her family has endured, there was innocence and happiness in her eyes.

I think of the desperation on the face of the mother I met in Yemen, who walked for hours with her malnourished child to reach the health centre, begging the staff to take care of her child.

I think of the WHO staff and health workers who have worked around the clock to stop the Ebola outbreak in the Democratic Republic of the Congo (DRC).



I'm proud of the way the whole Organization has responded to this outbreak, at headquarters, the Regional Office and the Country Office.

And I particularly want to thank our partners, Médecins Sans Frontières, the World Food Programme, the Red Cross, UNICEF and the many others who have responded quickly.

The outbreak in DRC illustrates once again that health security and universal health coverage are two sides of the same coin. The best thing we can do to prevent future outbreaks is to strengthen health systems everywhere.

It also reminded me of what is at stake every day I come to work. It reminded me that we must act with a sense of urgency in everything we do, because every moment we lose is a matter of life and death.

That's why we established a High-Level Commission on Noncommunicable Diseases, to stop the premature and preventable deaths of millions of people;

it's why we established an initiative on climate change and health in small island developing states, to defend the health of people who cannot defend themselves against a world that is changing around them;

it's why we're working with the Stop TB Partnership, the Global Fund and civil society, to reach 40 million people globally with quality tuberculosis treatment by 2022;

it's why we're working on an aggressive new initiative to jumpstart progress against malaria, an entirely treatable disease that still kills half a million people every single year;

it's why we have launched a call to action to eliminate cervical cancer, a disease for which we have all the ingredients for success;

it's why we have launched a new initiative to eliminate trans fats from the global food supply by 2023;

and it's why we have fast-tracked the development of our 13th General Programme of Work (GPW).

The objective of the GPW is to promote health, keep the world safe, and serve the vulnerable.

This is our shared sense of purpose. This is the goal to which we all subscribe. In fact, these three principles have always been part of our DNA.

We now aim to reach our "triple billion" target by 2023:

- 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.

I'm reminded of that every day when I arrive at work and see a statue depicting a child being vaccinated against smallpox.

The eradication of this ancient disease stands as one of the greatest achievements not only in the history of WHO, but in the history of medicine.

This is what WHO is capable of – of course with our partners. This is an organization that can change the course of history.

And we are still changing history, every day.

I saw this in DRC.

I saw it in Yemen, where WHO and our partners have saved tens of thousands of lives, establishing more than 1000 treatment centres, and vaccinating hundreds of thousands of people against cholera.





I saw it in Madagascar, where we sent 1.2 million doses of antibiotics and released a substantial amount of emergency funding – bringing the plague outbreak under control in just three months.

In the past year, WHO has responded to 50 emergencies in 47 countries and territories, from Bangladesh and Brazil to Nigeria and Syria.

Earlier this year we took another very important step towards a safer world by establishing the Global Preparedness Monitoring Board. This is an independent initiative convened by WHO and the World Bank to monitor system-wide preparedness for emergencies.

We're honoured that this new initiative will be led by Dr Gro Harlem Brundtland, and Mr Elhadj As Sy, Secretary General of the International Federation of the Red Cross and Red Crescent Societies.

What's less visible, but just as important, is the impact of our normative work.

Prequalification enables millions of people to have access to safe and effective medicines and vaccines.

The International Classification of Diseases helps track the reasons people get sick and die, so health systems can respond accordingly. The guidelines and standards we produce ensure that people all around the world receive safe and effective care, based on the best evidence.

So our new GPW or strategic plan is not about reinventing the wheel. It's about making a bigger impact than we already make. It's ambitious, and it must be. Too much is at stake for us to be modest.

The vision set at our founding 70 years ago was not a modest vision. Our Constitution is not a modest document.

Our founders did not set out to make modest improvements to health. They envisioned a world in which all people enjoy the highest attainable standard of health, as a fundamental human right.

We follow in their footsteps when we say that we will not settle for a world in which there is a 33-year difference in life expectancy between some countries.

We will not settle for a world in which people get sick because the air they breathe is not fit for human consumption.

We will not settle for a world in which people have to choose between sickness and poverty because of the costs of paying for care out of their own pockets.

That is what our new GPW is all about.

Its aim is to help us keep our focus on delivering impact in countries and making a measurable difference in the lives of the people we serve.



KEYS TO SUCCESS

So what will it take?

What will it take to translate the ambitious “triple billion” targets of the strategic plan into a global reality that touches the lives of people all over the planet?

I believe there are **three keys to success**.

First, we need a stronger WHO. A transformed WHO.

For the past year, I have been focused on laying the four foundations of this transformation:

First, the GPW itself, which has been developed 12 months ahead of schedule, to establish our mission and strategic plan, not only for my term, but for the long term.

Second, a transformation plan, to make WHO more efficient and effective by streamlining the business practices that lead to wastage, and that slow us down and hold us back. The plan has been developed and accepted by each of the Regional Directors, and is now being rolled out across the Organization.

Third, a strong senior leadership team, with deep experience and talent from all over the world.





I am proud that for the first time, women now outnumber men in WHO's senior leadership ranks.

Of course, we must go further and make sure we have gender balance and greater geographical diversity throughout WHO.

And **fourth**, we have developed an investment case which describes what a fully-funded WHO could achieve. There is little point in an ambitious mission if it is not matched by ambitious investments.

But it's not just the quantity of funding that matters; it's the quality.

Frankly, we cannot achieve our mission if earmarking continues at the current level.

Instead of breaking down silos, earmarking creates silos and fuels internal competition for funds.

Instead of building a single, coherent WHO, earmarking drives us apart.

To execute the GPW, we urge all countries to support WHO with high-quality, flexible funds. Some countries are already moving in this direction.

Of course, I well understand that WHO must be good value for money. Every dollar our Member States invest is precious and must be made to work as hard as possible.

They want to see results for their commitment. So do I.

That's exactly what our transformation plan is about. It's about making sure we are more focused on results where they matter most – in countries.

The good news is, we have all the ingredients for success. WHO has great people and great products, but we are not maximizing their potential.

One of the greatest privileges of my first year has been to interact with our staff all over the world. They are incredibly talented, experienced and committed people.

Many of the ideas in the GPW and the transformation plan came from the staff themselves.

In fact, my first meeting after my election last year was with the Headquarters Staff Association, to listen to their concerns. I've also listened to the concerns of staff all over the world.

And I've listened to the concerns raised by our interns. Interns make an enormous contribution to WHO's work, and the experience they gain is an important investment in building country capacity.

But we must treat our interns better than we do. Too often we use them as free labour, rather than an investment in youth, and in developing the health leaders of the future.

We have already taken some steps towards improving conditions for our interns, such as giving them health insurance, lunch vouchers and the same rights to time off as staff.



And we are also considering paying a stipend by 2020 to interns who lack the financial resources to support themselves.

But we're not stopping there. We have plans to re-launch the WHO scholarship/fellowship programme to enable students from low- and middle-income countries to study abroad.

I have personal experience of the value of this programme. I myself benefited from a WHO scholarship, which enabled me to do my Masters degree in London. I am living proof of the value of this programme, which is why I want to bring it back as soon as possible, but on a larger scale.

I am determined to make WHO an employer of choice for young health professionals around the world.

Part of that is making sure that WHO is a safe place to work.

In recent months, we have all learned of a series of sexual misconduct scandals affecting a number of humanitarian and development organizations.

Let me be clear: WHO has zero tolerance for sexual harassment and sexual exploitation and abuse. That applies everywhere, from headquarters to the smallest country office.

But of course, our results don't only depend on us.

That leads me to the second key to success: political commitment.

I know from my own experience in politics that with buy-in from the highest levels, anything is possible. Without it, progress is difficult.

That's why I have made a priority of engaging with leaders all over the world, to advocate for political action on health, and especially on universal health coverage.

What I have discovered is that most leaders I talk to need little convincing. We are living in a time of unprecedented political commitment to health.

I saw this very clearly during my first week in the job, when I was invited to speak at the G20 meeting in Hamburg.

It's clear that the twin messages of health security and universal health coverage resonate loudly with world leaders.

At the Executive Board meeting in January, I issued a call to all countries to commit to three concrete steps towards UHC.

Several have already started rising to the challenge.

Earlier this year I was honoured to meet President Kenyatta of Kenya in Nairobi.



The President has announced that affordable healthcare will be one of four pillars for his second term in office, and during our meeting he asked me if WHO would help him to design the best health financing system for his country.

India has announced its new National Health Protection Scheme, called *Ayushman Bharat*, which will benefit 500 million people and establish 150 000 health and wellness centres.

And Brazil has already submitted a list of 10 commitments it's making on UHC.

Japan, a country that first introduced UHC in 1961, has taken a leadership role, hosting the UHC Forum in Tokyo last December, and committing US\$ 2.9 billion to support UHC around the world.

Many of the other countries I have visited, including China, Cuba, Denmark, Oman, Saudi Arabia, Sri Lanka, Thailand, the United Arab Emirates and the United Kingdom are living proof that universal health coverage is not a pipedream; it's a reality for countries all over the world, at all income levels.

Rwanda is an outstanding example of how all countries at all income levels can make progress towards UHC.

I've been to Rwanda many times, but during my visit in January, I could see how the country is being transformed.

At the health centre I visited in Mayange, just outside Kigali, all pregnant women deliver their babies and all children are vaccinated. All residents have community health insurance.

Of course, no health system is perfect, and no country is the same.

Every country's journey towards universal health coverage is unique.

But in all countries, the key is primary care that delivers the services that people say they need, rather than the services someone else decides they should have.

In 1978, our predecessors gathered in Alma-Ata and committed to the dream of health for all. But we must admit that forty years later, we have failed to deliver on that promise.

That's not because the dream was too big, or the promise was too difficult to keep. It's because we failed to make the political commitment to make it happen.

It's not often you get a second chance, but this year, we do. In Astana, Kazakhstan this October, we will meet again to recommit to primary care as the foundation and the future of health.

This time, we must not fail. Our meeting in Kazakhstan will be a vital step towards next year's High-Level Meeting on universal health coverage at the UN General Assembly.

We're also seeing incredible political commitment to fight diseases. For the first time, this year's UN General Assembly will include High-Level Meetings on two health issues: noncommunicable diseases and tuberculosis.

The people who suffer from these diseases all over the world are relying on us: the people who cannot get the care they need; the people who cannot afford the care they need; and the people

who aren't even aware they are infected with a potentially deadly pathogen.

We owe it to them to ensure that we do not waste these opportunities.

But achieving the "triple billion" targets is not a job for WHO alone, and political will alone will not get us there.

The third key to success, therefore, is partnership.

The great advantage we have now that we did not have 70 years ago, or even 40 years ago, is that there are so many other actors in global health.

There are thousands of other organizations all over the world who share our vision, and who have knowledge, skills, resources and networks that we do not.

Some people say that WHO is under threat because of the number of new actors in global health.

I say we are more likely to succeed than ever before. By working more closely with our partners, our impact can be exponentially larger than when we act alone.

To truly fulfil our mandate, we must make our partnerships even deeper and stronger.

We're doing this in several different ways. We've signed new Memoranda of Understanding with the World Bank Group, UN Environment, the UN Development Programme and more.



We're reinforcing our relationships with old friends like UNICEF and Gavi, the Vaccine Alliance and forging relationships with new partners like the Institute for Health Metrics and Evaluation.

We're working with the Wellcome Trust on a new project to map research and development capacities globally that could be deployed to rapidly develop new vaccines in case of an epidemic.

With the Bill & Melinda Gates Foundation, we are more focused on primary health care now as a foundation for universal health coverage.

We're strengthening our tripartite cooperation with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to fight antimicrobial resistance, based on a "One Health" approach.

We're working with RESULTS and the United Nations Foundation to map the capabilities of civil society organizations, who play a critical role in advocacy, service delivery and other areas.

And we're also engaging with the private sector, who will be crucial partners in achieving health for all. The Framework of engagement with non-State actors, adopted by the World Health Assembly last year, provides the guardrails for that engagement, but FENSA is not a fence. We must use whatever partnerships are open to us, in whatever way we can, to achieve our goals. We have to believe in partnerships – it's the only way.

Earlier this year, I received a letter from Chancellor Merkel of Germany, President Akufo-Addo of Ghana, and Prime Minister Solberg of Norway. The letter calls on WHO to take the lead on developing a global action plan to achieve healthy lives and well-being for all, ahead of the World Health Summit in Berlin in October.

The request from these three heads of state and government sends a strong signal from the international community that they expect stronger cooperation among partners, and that they are looking to us to lead that process.

WHO is proud to accept this challenge, and we look forward to working with our partners to develop a plan, and to execute it. Obviously, there will be strong links between the global action plan and the GPW.

Because ultimately, they are both about people.

For every heart-breaking situation I have seen, I have also witnessed stories of triumph and hope.

Like Lucy Watts, the young woman I met in London who has a neuromuscular disease that means she has been dependent on a wheelchair since she was 14 years old, and who has become a passionate advocate for palliative care.

Or Sanath Kumar, the young man I met in Sri Lanka who suffered severe spinal injuries 30 years ago and was told he would only ever be able to walk with crutches. Thanks to the treatment he received, he now plays sports and works as a mechanic at the hospital where he received rehabilitation treatment.

And Aina, the 8-year-old boy I met in Madagascar who survived plague thanks to the prompt action of health workers and the government, supported by WHO and partners.

Each of these experiences has reminded me that targets, plans, strategies, guidelines and meetings, although important, are not ends in themselves; they're not the reason we exist. The reason we exist is people: to promote health, keep the world safe, and serve the vulnerable.



In the past 12 months, I have been more and more humbled every day:

- by the commitment and dedication of our talented staff all over the world;
- by the growing support for health at the highest political level;
- by the spirit of collaboration I see in our partners; and
- by the everyday people I meet wherever I go who look to us to help them realize a simple dream: good health and well-being – for themselves; for their families; for their communities.

Thank you so much for your support for WHO, and your commitment to a healthier, safer and fairer world.

I am proud of the progress we have made so far.

But we're only getting started.



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