

Report by the Director-General

1. Your Excellency Dr Harsh Vardhan, Chair of the Executive Board, thank you for your leadership during these difficult times. Excellencies, dear colleagues and friends, good morning, good afternoon and good evening to you all, and happy New Year.
2. Forty years ago, a new virus emerged and sparked a pandemic. Life-saving medicines were developed, but more than a decade passed before the world's poor got access to them. Twelve years ago, a new virus emerged and sparked a pandemic. Life-saving vaccines were developed, but by the time the world's poor got access, the pandemic was over. One year ago, a new virus emerged and sparked a pandemic. Life-saving vaccines have been developed. What happens next is up to us.
3. We have an opportunity to beat history; to write a different story; to avoid the mistakes of the HIV and H1N1 pandemics. The development and approval of safe and effective vaccines less than a year after the emergence of a new virus is a stunning scientific achievement, and a much-needed source of hope. Vaccines are the shot in the arm we all need – literally and figuratively. The recent emergence of rapidly-spreading variants makes the rapid and equitable roll-out of vaccines all the more important.
4. But we now face the real danger that even as vaccines bring hope to some, they become another brick in the wall of inequality between the world's haves and have-nots. It's right that all governments want to prioritize vaccinating their own health workers and older people first. But it's not right that younger, healthier adults in rich countries are vaccinated before health workers and older people in poorer countries.
5. There will be enough vaccine for everyone. But right now, we must work together as one global family to prioritize those most at risk of severe diseases and death, in all countries.
6. For the past 9 months, the Access to COVID-19 Tools (ACT) Accelerator and the COVID-19 Vaccines Global Access Facility (COVAX), its vaccines pillar, have been laying the groundwork for the equitable distribution and deployment of vaccines. We've overcome scientific barriers, legal barriers, logistical barriers and regulatory barriers. We have secured 2 billion doses from five producers, with options on more than 1 billion more doses, and we aim to start deliveries in February.
7. I use this opportunity to thank Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations (CEPI). COVAX is ready to deliver what it was created for.
8. But in recent weeks I have heard from several Member States who have questioned whether COVAX will get the vaccines it needs, and whether high-income countries will keep the promises they have made. As the first vaccines begin to be deployed, the promise of equitable access is at serious risk.
9. More than 39 million doses of vaccine have now been administered in at least 49 higher-income countries. Just 25 doses have been given in one lowest-income country. Not 25 million; not 25 thousand; just 25.

10. I need to be blunt: the world is on the brink of a catastrophic moral failure – and the price of this failure will be paid with lives and livelihoods in the world’s poorest countries.

11. Even as they speak the language of equitable access, some countries and companies continue to prioritize bilateral deals, going around COVAX, driving up prices and attempting to jump to the front of the queue. This is wrong. Forty-four bilateral deals were signed last year, and at least 12 have already been signed this year.

12. The situation is compounded by the fact that most manufacturers have prioritized regulatory approval in rich countries where the profits are highest, rather than submitting full dossiers to WHO. This could delay COVAX deliveries and create exactly the scenario COVAX was designed to avoid, with hoarding, a chaotic market, an uncoordinated response, and continued social and economic disruption.

13. Not only does this me-first approach leave the world’s poorest and most vulnerable people at risk, it’s also self-defeating. Ultimately, these actions will only prolong the pandemic, the restrictions needed to contain it, and human and economic suffering.

14. Vaccine equity is not just a moral imperative, it is a strategic and economic imperative.

15. A recent study estimated that the economic benefits of equitable vaccine allocation for 10 high-income countries would be at least 153 billion US dollars in 2021, rising to 466 billion dollars by 2025. That’s more than 12 times the total cost of the ACT Accelerator.

16. It’s not too late. I call on all countries to work together in solidarity to ensure that within the first 100 days of this year, vaccination of health workers and older people is under way in all countries. It’s in the best interest of each and every nation on Earth.

17. Together, we must change the rules of the game, in three ways.

18. First, we call on countries with bilateral contracts – and control of supply – to be transparent on these contracts with COVAX, including on volumes, pricing and delivery dates. We call on these countries to give much greater priority to COVAX’s place in the queue, and to share their own doses with COVAX, especially once they have vaccinated their own health workers and older populations, so that other countries can do the same.

19. Second, we call on vaccine producers to provide WHO with full data for regulatory review in real time, to accelerate approvals. We also call on producers to allow countries with bilateral contracts to share doses with COVAX, and to prioritize supplying COVAX rather than new bilateral deals.

20. And third, we call on all countries introducing vaccines to only use vaccines that meet rigorous international standards for safety, efficacy and quality, and to accelerate readiness for deployment.

21. The theme for World Health Day this year is health inequality. My challenge to all Member States is to ensure that by the time World Health Day arrives on the 7th of April, COVID-19 vaccines are being administered in every country, as a symbol of hope for overcoming both the pandemic and the inequalities that lie at the root of so many global health challenges. I hope this will be realized.

22. The pandemic has lessons for all of us – for every Member State, and for the Secretariat. All of us must have the humility to learn, to change, to innovate and to grow.

23. The work of the Independent Panel for Pandemic Preparedness and Response, the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Independent Oversight and Advisory Committee of the WHO Health Emergencies Programme will all have recommendations for Member States and the Secretariat.
24. But several lessons are already staring us in the face.
25. First, preparedness and response. COVID-19 surprised even some of the world's richest and most powerful nations. It caught them unprepared, and revealed a collective failure to invest in emergency preparedness.
26. Even before the pandemic, WHO was working to strengthen preparedness and response as part of our transformation, knowing that the next pandemic was just a matter of when, not if. With the World Bank, we established the Global Preparedness Monitoring Board two years ago, we created a new Division of Emergency Preparedness, a new Science Division, and we developed new digital tools for surveillance and early warning.
27. In the past year we have taken further steps, which are described in our report to you for this meeting. At the World Health Assembly in November I announced the creation of a new repository for specimens at a secure facility in Switzerland, to facilitate the voluntary sharing of viruses and the rapid development of medical countermeasures. We're calling it the BioHub. I'm pleased to say that in addition to previous commitments from Italy and Thailand, South Africa has now committed to share samples of the new variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) with the BioHub. We encourage all Member States to share data and samples of the new variants in a timely way.
28. In November, I also proposed a new mechanism for strengthening preparedness based on mutual trust and mutual accountability – the universal health and preparedness review. And I thank Benin and the Central African Republic for proposing the idea on behalf of the Africa Group. Previous tools such as joint external evaluations based on expert review of national preparedness have value, but the pandemic has shown they have not been sufficient.
29. The universal health and preparedness review is based on a voluntary mechanism of peer-to-peer review, led by Member States, to promote greater, more effective international cooperation by bringing nations and stakeholders together in a spirit of solidarity.
30. In December we briefed Member States on the universal health and preparedness review. We have begun discussions to develop the tool, and in the coming weeks we plan to begin a pilot phase with the first group of countries that have volunteered. We encourage all countries to engage actively and to help us build this initiative together.
31. The second key lesson the pandemic is teaching us is that the health of humans, animals and the planet are intimately intertwined. We can only protect and promote human health by fundamentally enhancing the monitoring and management of the risks at the interface between humans, animals and ecosystems. This is not a new idea, but the pandemic has brought it into sharper focus. More than 70% of emerging diseases discovered in recent years are linked to animal-to-human transmission.
32. More than a decade ago WHO, the Food and Agriculture Organization of the United Nations and the World Organization for Animal Health, came together as the tripartite to develop and promote the "One Health" concept.

33. The pandemic has shown that we must take our partnership to a new level, and that it must become more than a concept, it must be translated into systems that keep people safer in countries. It's also clear that One Health must be about more than zoonoses; it must address the full range of issues that affect the relationship between humans, animals and planet, including deforestation, intensive agriculture, pollution, climate change and so on.

34. Together with our partners in the tripartite and the United Nations Environment Programme, we have now agreed to establish a One Health High-Level Expert Council, supported by a joint secretariat. The council will analyse scientific evidence and policy responses in countries and advise the four agencies on actions to take and recommendations to develop. Its first priority will be to examine and advise on immediate priorities for the prevention, prediction, detection, monitoring and response to emerging zoonoses with epidemic and pandemic potential. We expect the first meeting of the council by the World Health Assembly in May, and we will keep you updated as the council and its agenda takes shape.

35. At the same time, we must translate this high-level work into concrete systems at the most local level possible to pick up signals of new outbreaks and contain them at source where possible.

36. At last year's Assembly, Member States also requested the Secretariat to work with our partners to identify the zoonotic source of the virus. As you know, 14 members of the international mission studying the origins of the virus have now arrived in China. Another three are working with the team remotely.

37. No one should be in any doubt that this is a scientific exercise. The objective is to understand how and when this new coronavirus emerged, so that we can all take steps to prevent the emergence of other zoonotic pathogens in future.

38. The third major lesson the pandemic is teaching us is that the world needs a strong WHO. Again, this is not a new realization. Those of us who have been working in global health for any length of time know the strengths and weaknesses of WHO.

39. Strengthening WHO is the focus of the transformation journey that we have been on together for the past three and a half years. I provided an update on transformation in my remarks at the Assembly in November. I also refer you to the detailed progress report we published in December, and we look forward to your further feedback this week on the paper on transforming for enhanced country impact.

40. We appreciate the broad support for transformation expressed by Member States to date, and we welcome the comments made by the Chair of the Independent Expert Oversight Advisory Committee during the meeting of the Programme, Budget and Administration Committee last week that transformation is delivering results.

41. But we have also heard your call for more focus on transformational impact in countries. Transformation is a journey. We have already come a long way, and we still have further to travel. In the coming year, we will continue to learn, to change and to listen.

42. As you know, at the end of last year, the Regional Directors and I decided to award the WHO Award of Excellence to the entire WHO workforce for their extraordinary efforts in the most extraordinary year. This is as our Board Chair, Dr Harsh Vardhan, communicated in his speech.

43. In recognition of 2021 as the International Year of Health and Care Workers, we have also decided to make 2021 the Year of the Workforce, to focus on making WHO an organization that attracts the best people, gives them the best environment – inclusive and diverse – and enables and empowers them to do and be their best.

44. Member States have themselves identified that one of the biggest barriers to WHO being the best it can be is sustainable and predictable financing. We know Member States are serious about strengthening WHO, so they must be serious about sustainable financing, and about addressing the gulf between what is expected of us, and the resources we have to do it. I would like to thank France and Germany for taking the lead on this issue.

45. As you know, the Secretariat has made significant efforts to address this issue, through the first WHO Investment Case, a new resource mobilization strategy, the first Partners' Forum, and most recently, through the formation of the WHO Foundation as part of the transformation, which we started in 2017.

46. The WHO Foundation is an independent legal entity that aims to generate 1 billion US dollars in the next three years from sources that WHO has not accessed before. Between 70% and 80% of those funds will be for WHO, and the remainder will be for other public health organizations focused on civil society.

47. The Foundation has a strong board led by Dr Thomas Zeltner, with representation from all regions, and its first Chief Executive Officer, Anil Soni, began his work at the beginning of this year. We anticipate that the Foundation will help to diversify WHO's donor base, and will be a source of further flexible funding.

48. These are some of the strategic solutions that we proposed during the diagnosis, when we started the transformation. However, there is still much work to be done to ensure WHO has the sustainable and predictable funding it needs.

49. This week, you will consider a proposal to establish an inclusive working group to define the principles for what should be funded, develop options for how much funding is needed, and consider how those priorities should be funded. If agreed by Member States, the working group could consider a proposal that will come back to this Board before going forward to the World Health Assembly in 2022.

50. We are committed to accountability, and to giving you value for money. And it's the right thing to do, but we ask Member States to ensure that the Secretariat receives adequate money for value. Even as we work relentlessly towards ending the pandemic and responding to other emergencies, we will continue to transform to deliver an impact where it matters most – in countries.

51. Your agenda this week reflects the immense scope of WHO's work, including patient safety, noncommunicable diseases, oral health, eye care, antimicrobial resistance, orphan diseases, substandard and falsified medical products, mental health, polio, immunization and much, much more.

52. I know that some Member States have concerns about the late publication of documents for this meeting. I personally apologize for any difficulty this has caused in your preparations. We remain committed to timely delivery of Governing Bodies documents, and we have made very good progress in this area.

53. We seek your understanding given the exceptional circumstances under which our staff have been working, and the very tight turnaround between the resumed World Health Assembly in November and this session of the Executive Board.

54. We look forward to a constructive discussion this week as we work together to address the myriad other health challenges the world's people face every single day. By the end of this year, we expect to deliver up to 90% of the work we committed to at the beginning of the biennium.

55. To respond to the disruption to essential health services in many Member States, WHO is implementing a "Boost Initiative" to assign staff virtually from headquarters to work with regional and country offices, in line with country needs. In the first phase, staff have been assigned to 20 countries for system and community strengthening, financing, diagnostics, therapeutics, surveillance and more.

56. We will continue to support countries to progress towards universal health coverage, through intensified technical assistance for primary health care and to maintain essential health services, including for immunization and sexual, reproductive, maternal, newborn, child and adolescent health.

57. We will support Member States to protect and expand fragile gains against HIV, tuberculosis, malaria, hepatitis, sexually transmitted infections and neglected tropical diseases. We will implement the global strategy to accelerate the elimination of cervical cancer, approved by Member States in November.

58. We will intensify our support for countries to progressively cover one billion additional people living with noncommunicable diseases and mental health conditions by 2023 with essential health services and medicines.

59. Despite setbacks last year, we remain totally committed to the twin priorities of polio eradication and polio transition, and to using polio infrastructure for the roll-out of COVID-19 vaccines.

60. At the request of Member States, we're developing new strategic policy directions for nursing and midwifery.

61. In light of the significant toll that COVID-19 has taken on older people, and to increase the quality of care they receive, we are studying the organization and financing of long-term care systems.

62. We will continue strengthening country capacity to implement national action plans for antimicrobial resistance, while strengthening surveillance of antimicrobial resistance and antimicrobial consumption.

63. In response to increasing requests from Member States, we will work to strengthen local production of, and access to, quality, safe, effective and affordable medicines and other health products.

64. Following approval of the global strategy on digital health, we are developing tools to support Member States to implement national digital health strategies, including a digital vaccination certificate.

65. We will work with countries to implement the policy prescriptions recommended in the Manifesto for a Healthy and Green Recovery.

66. In June we will host a virtual health summit for small island developing States, focusing on resilient health systems that can respond to the twin threats of noncommunicable diseases and climate change.
67. We will support national health data system strengthening through the SCORE (Survey, Count, Optimize, Review, Enable) technical package.
68. We will continue to hold ourselves accountable through delivery stock-takes to track progress towards the “triple billion” targets.
69. We will strengthen the development of normative guidance, to ensure it is timely, relevant, based on the latest evidence and easy to access.
70. We will strengthen capacity for high quality, ethical research in all countries, and ensure accelerated scaling of innovations and health products to meet public health needs.
71. And we will continue to strengthen collaboration with our multilateral partners through the Global Action Plan on Health and Well-Being for All, to reinforce vaccine equity, drive recovery and support Member States to get back on track for the Sustainable Development Goals.
72. At the same time, we are also looking ahead to the next biennium, which is supported by the draft proposed programme budget for 2022 and 2023 that you will be considering this week. The draft proposed budget reflects the need to forge ahead with the work we have to do, implementing the lessons we have already learned from the pandemic, even while we wait for the recommendations of various review processes.
73. We have therefore developed a flexible proposed programme budget, built around four key strategic themes: first, the urgent need to accelerate progress towards the “triple billion” targets and the Sustainable Development Goals, including appropriate resourcing of country offices; second, the need to strengthen health emergency preparedness and response at all levels; third, the need to build resilience through stronger primary health care, as the foundation of both health security and universal health coverage; and fourth, the need to advance WHO’s leadership in science and data.
74. The budget document explains each of these themes in more detail. It also proposes extending the deadline for the “triple billion” targets by two years, to 2025. Extending the deadline will allow us to identify the specific areas in which countries are lagging behind, and potential solutions to accelerate progress.
75. One year into the greatest crisis of our time, there is no question that we still face unprecedented danger. But we also have an unprecedented opportunity to make health the heartbeat of development, and the foundation of a more secure, and more equitable world.
76. In the past year we have lost more than 2 million of our sisters and brothers to this pandemic, including many health workers who gave their lives in the service of others. We have also lost colleagues including Belinda Kasongo, murdered in the Democratic Republic of the Congo as she worked to protect others from Ebola virus disease. Her sacrifice was not in vain. It was because people like Belinda put themselves in danger that we were able to end the Ebola outbreak in eastern Democratic Republic of the Congo, one of the most complicated emergencies we have faced. And next week marks one year since the passing of our dear friend and colleague Pete Salama. Gone but never forgotten, his legacy lives on.

77. We owe it to all of them to ensure that whatever challenges we face, we overcome them; whatever lessons the pandemic is teaching us, we learn them; and whatever opportunities we have to build a healthier, safer, fairer world, we take them. I thank you.

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