
Report by the Director-General

1. Your Excellency Dr Patrick Amoth, the Chair of the Executive Board, Excellencies, Regional Directors, dear colleagues and friends, good morning to all Executive Board members who have joined us here in Geneva, and good morning, good afternoon and good evening to all Member States, participants and observers online. Happy New Year to you all.

2. I welcome the new members of the Board: Colombia, Guinea Bissau, India, Madagascar, Malaysia, Peru, Tonga and Tunisia. As the Chair said, we send our deepest condolences and concern, our warmest greetings and our best wishes to our sisters and brothers in Tonga, who are facing difficult days as they respond to last week's volcanic eruption and tsunami.

3. As we speak, WHO is working with our partners to support the response, providing medical expertise and supplies. A national emergency medical team, trained by WHO, was deployed almost immediately following the eruption, and we are supporting them with medical items, first aid kits, tents, portable toilets, and water filtration equipment.

4. Our country liaison officer, Dr Yutaro Setoya, is playing a crucial role in channelling communication between United Nations agencies, humanitarian partners and the government, including through the use of WHO's satellite phone, which was one of the few ways to get information in and out of the country in the first few days after the eruption. So, my appreciation to our country office and also to our Regional Director, Dr Takeshi Kasai, who is with us today.

5. This Sunday marks two years since I declared a public health emergency of international concern – the highest level of alarm under international law – over the spread of coronavirus disease (COVID-19). At the time, there were fewer than 100 cases and no deaths reported outside China.

6. Two years later, almost 350 million cases have been reported, and more than 5.5 million deaths – and we know these numbers are an underestimate. On average last week, 100 cases were reported every three seconds, and somebody lost their life to COVID-19 every 12 seconds.

7. Since Omicron was first identified just nine weeks ago, more than 80 million cases have been reported to WHO – more than were reported in the whole of 2020. So far, the explosion in cases has not been matched by a surge in deaths, although deaths are increasing in all regions, especially in Africa, the region with the least access to vaccines.

8. So where do we stand? Where are we headed? And when will it end? These are the questions many are asking. It's true that we will be living with COVID for the foreseeable future, and that we will need to learn to manage it through a sustained and integrated system for acute respiratory diseases, which will provide a platform for preparedness for future pandemics.

9. But learning to live with COVID cannot mean that we give this virus a free ride. It cannot mean that we accept almost 50 000 deaths a week, from a preventable and treatable disease. It cannot mean that we accept an unacceptable burden on our health systems, when every day, exhausted health workers

go once again to the front line. It cannot mean that we ignore the consequences of long COVID, which we don't yet fully understand. It cannot mean that we gamble on a virus whose evolution we cannot control, nor predict.

10. There are different scenarios for how the pandemic could play out, and how the acute phase could end – but it is dangerous to assume that Omicron will be the last variant, or that we are in the endgame. On the contrary, globally the conditions are ideal for more variants to emerge.

11. To change the course of the pandemic, we must change the conditions that are driving it. We recognize that everyone is tired of this pandemic; that people are tired of restrictions on their movement, travel and other freedoms; that economies and businesses are hurting; and that many governments are walking a tightrope, attempting to balance what is effective with what is acceptable to their people.

12. Each country is in a unique situation, and must chart its way out of the acute phase of the pandemic with a careful, stepwise approach. It's difficult, and there are no easy answers, but WHO continues to work nationally, regionally and globally to provide the evidence, the strategies, the tools and the technical and operational support countries need.

13. If countries use all of these strategies and tools in a comprehensive way, we can end the acute phase of the pandemic this year – we can end COVID-19 as a global health emergency, and we can do it this year.

14. What does that look like? It means achieving our target to vaccinate 70% of the population of every country, with a focus on the most at-risk groups. It means reducing mortality through strong clinical management, beginning with primary health care, and equitable access to diagnostics, oxygen and antivirals at the point of care. It means boosting testing and sequencing rates globally to track the virus closely, and monitor the emergence of new variants. It means the ability to calibrate the use of public health and social measures when needed. It means restoring and sustaining essential health services. And it means learning critical lessons and defining new solutions now, not waiting until the pandemic is over.

15. We can only do this with engaged and empowered communities, sustained financing, a focus on equity, and research and innovation. Vaccines alone are not the golden ticket out of the pandemic. But there is no path out unless we achieve our shared target of vaccinating 70% of the population of every country by the middle of this year.

16. We have a long way to go. As it stands, 86 Member States across all regions have not been able to reach last year's target of vaccinating 40% of their populations – and 34 Member States, most of them in the African and Eastern Mediterranean Regions, have not been able to vaccinate even 10% of their populations.

17. Eighty-five per cent of the population of Africa has yet to receive a single dose of vaccine. How can this be acceptable to any of us? We simply cannot end the emergency phase of the pandemic unless we bridge this gap. But we can bridge it, and we are making progress.

18. Just a week ago, COVAX delivered its 1 billionth dose. In the past 10 weeks, COVAX shipped more vaccines than in the previous 10 months combined. The challenges of supply we have faced in the past year are now being replaced by the challenge of rolling out vaccines as fast and far as possible. WHO and our partners are working with countries around the clock to overcome these challenges.

19. The pandemic has been a severe disruption to health systems, economies and societies the world over, and to much of our shared work to advance towards the “triple billion” targets of the Thirteenth General Programme of Work, 2019–2023.
20. For that reason, the Secretariat is proposing a two-year extension of the Thirteenth General Programme of Work to 2025, to give us all a chance to get back on track, apply the lessons of the pandemic, intensify investments and accelerate progress.
21. Even before the pandemic, the world was off track for the “triple billion” targets. Now, we’re even further behind. That is particularly the case for our target to see one billion more people benefiting from universal health coverage. As a result of the pandemic, we could now be facing a shortfall of up to 840 million people, mostly in lower-income countries. More than 90% of countries continue to report disruptions to one or more essential health services.
22. The most recent WHO Global Monitoring Report on Universal Health Coverage shows that while service coverage has improved over the past 20 years, about half the world’s population still lacks access to essential health services, and the proportion of people facing financial hardship due to out-of-pocket health spending has increased.
23. But despite the ravages of the pandemic, we are demonstrating that with the right strategies and the right tools, we can bring some of the world’s oldest infectious killers under control.
24. On communicable diseases, 2021 was a historic year, with the WHO recommendation for widespread use of the world’s first malaria vaccine, which could save tens of thousands of young lives each year. China and El Salvador were certified by WHO as malaria-free last year, and the Islamic Republic of Iran recorded three consecutive years of zero indigenous cases of malaria.
25. Eight countries achieved the 90–90–90 targets for testing, treatment access, and viral suppression of HIV by the end of 2020; and a further 20 countries are close. With support from WHO, 15 countries have eliminated mother-to-child transmission of HIV and/or syphilis, and in 2021 Botswana became the first high-burden country in Africa to achieve Silver Tier certification on the path to elimination of mother-to-child transmission of HIV.
26. We are validating the elimination of hepatitis B and C as a public health threat in five countries: Brazil, Georgia, Mongolia, Rwanda and Thailand, with several other countries nearing validation, including Egypt. Despite the disruptions of the pandemic, 86 countries globally achieved the End TB Strategy milestone for 2020 of reducing tuberculosis incidence.
27. With WHO support, five countries eliminated a neglected tropical disease: Gambia and Myanmar eliminated trachoma; Côte d’Ivoire and Togo eliminated human African trypanosomiasis, and Malawi eliminated lymphatic filariasis. Only 14 cases of guinea-worm disease were reported last year from four countries, taking us ever closer to the eradication of this ancient disease.
28. And only five children were paralysed by wild poliovirus, the lowest level we have ever achieved. We now have a real opportunity to eradicate wild poliovirus once and for all this year, and move towards a sustainable transition in countries that are now polio-free. So, for polio eradication, this is the opportunity. In November, the first truly nationwide polio vaccination programme in several years was conducted in Afghanistan, protecting more than 2.6 million previously inaccessible children.

29. On noncommunicable diseases, we launched a new Global Breast Cancer Initiative, to reduce mortality by 2.5% every year until 2040, saving 2.5 million lives. We launched the Global Platform for Access to Childhood Cancer Medicines, a US\$ 200 million initiative to provide quality-assured medicines to 12 low- and middle-income countries. As you know, in high-income countries, childhood cancer survival is over 80%, while in low-income countries it's under 30%. We will do everything to narrow this gap.

30. To support our global strategy to eliminate cervical cancer, we prequalified a fourth human papillomavirus (HPV) vaccine for cervical cancer, to increase access and decrease prices, and several more countries have introduced HPV vaccines into national immunization schedules, including Cabo Verde, Cameroon, El Salvador, Mauritania, Qatar, Sao Tome and Principe, and Tuvalu. And we are working with 120 countries to integrate interventions for hypertension, diabetes and other noncommunicable diseases into primary health care.

31. COVID-19 has taken a heavy toll on mental health and laid bare the gaps in services around the world. WHO is supporting many countries to expand access to services, including Bangladesh, Jordan, Paraguay, Philippines, Ukraine and Zimbabwe, where we trained health workers in primary care facilities, increasing access to mental health services.

32. Last year, experts in mental health and psychosocial support were deployed to support scaling up of services in 18 countries and territories in response to public health and humanitarian emergencies. WHO is also supporting countries to expand access to rehabilitation services, including, Georgia, Guyana, Jordan, Nepal, Rwanda and Solomon Islands.

33. 2021 was also a landmark year for WHO's work to increase access to medicines and health products. We gave Emergency Use Listing to 10 COVID-19 vaccines, prequalified injection devices and therapeutics, and most recently, we recommended two new drugs for the treatment of COVID-19. The COVID-19 Technology Access Pool, C-TAP, and the Medicines Patent Pool finalized its first licensing agreement for a COVID-19 serological antibody test. We established the mRNA technology transfer hub in South Africa to boost vaccine production on the continent. And more than 100 Member States co-sponsored a World Health Assembly resolution on strengthening local production.

34. On antimicrobial resistance, a recent study estimates that more than 4.9 million deaths were associated with antimicrobial resistance in 2019, making it one of the world's leading causes of death. Despite disruptions due to COVID-19, a record 163 countries have responded to the fifth round of Tripartite AMR Country Self-Assessment Survey on the status of their response to antimicrobial resistance. The survey shows that less than one quarter of national action plans on antimicrobial resistance are costed and funded, so WHO has piloted and launched a costing and budgeting tool to support the implementation of national action plans on antimicrobial resistance. The Antimicrobial Resistance Multi-Partner Trust Fund, established in 2019, is successfully dispersing funds for global and national activities in already 9 countries.

35. 2021 also saw good progress in our efforts to see one billion more people enjoying better health and well-being. This area has enormous potential: we estimate that at least half of the global disease burden could be prevented by supporting safer and healthier environments that allow people to make healthy choices and adopt healthy behaviours.

36. Our current estimates suggest that 900 million people will enjoy better health and well-being by 2023, making the target of the Thirteenth General Programme of Work within reach. However, these

gains were mostly in high-income countries, and stark and immense inequalities within and between countries highlight the need to read this achievement with caution.

37. Nevertheless, we have many successes to be proud of. Tobacco use continues to decline. In line with the WHO Framework Convention on Tobacco Control, we worked with 90 countries to reduce tobacco use last year, and launched a global campaign to encourage at least 100 million tobacco users to quit. Sixty countries are now on track to achieving the voluntary global target of a 30% reduction in tobacco use between 2010 and 2025.

38. As part of WHO's initiative to eliminate trans-fatty acids from the global food supply, mandatory policies prohibiting the use of trans fats are now in effect for 3.2 billion people in 57 countries. In 2021, best-practice policies came into effect in Brazil, Peru, Singapore, Turkey and in the European Union, while India and the Philippines became the first lower-middle-income countries to pass a best-practice policy.

39. We have identified 23 countries to implement the Global Action Plan for Child Wasting, and 57 countries have already reached or are on track to meet the 2025 target of reducing childhood wasting rates to below 5%.

40. For the first time, the most recent Conference of the Parties to the United Nations Framework Convention on Climate, COP26, included a health programme, in which more than 50 countries committed to strengthening the resilience of their health systems to climate risks, and transition towards zero-carbon health care. WHO has already assisted over 30 countries to begin this journey, and will further scale this up over the next five years.

41. In the past year, new legislation or regulations on the marketing of breastmilk substitutes were approved in Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Mauritania, Oman, Sao Tome and Principe and Sierra Leone. More than 23 000 facilities in 182 countries participated in WHO's global campaign on WASH in health care, covering over 14 million health workers and 5.4 million beds.

42. Since the launch of the Global Plan for the Decade of Action on Road Safety in October, at least 28 countries have launched local initiatives, with support from WHO. Four countries established new laws to reduce exposure to lead paint, which causes about 1 million deaths every year: Georgia, Morocco, Peru and Ukraine, and WHO is working with 40 countries to develop and implement lead paint laws.

43. We hosted the Tenth Global Conference on Health Promotion, which endorsed the Geneva Charter for Well-being. We hosted the Small Island Developing States Summit for Health, supporting countries who are most at risk of the impact of climate change to create climate-resilient health systems, and mobilize new resources. Together with our partners in the Tripartite Plus, we established a One Health High-Level Expert Panel to provide policy and technical guidance to the four partner agencies.

44. On our "triple billion" target to see one billion more people better protected from health emergencies, our current estimates are that we will get close to one billion, but the pandemic shows we need to be much more ambitious, much better prepared, and improve the way we measure protection against health emergencies. Supporting countries to respond to COVID-19 continues to be the focus of our work, at all three levels of our Organization.

45. But of course, COVID-19 was far from the only emergency last year. We responded to 76 health emergencies, from acute crises in Afghanistan, the Democratic Republic of the Congo, Ethiopia and

Tonga to multiple outbreaks of cholera, yellow fever, meningitis and Ebola, to protracted emergencies in the Syrian Arab Republic and Yemen and in Cox's Bazaar.

46. Through the WHO Logistics Hub in Dubai, we have provided almost US\$ 50 million of urgent medical supplies to 120 countries. The operation has increased by a factor of 40 in recent years, and now includes a state-of-the-art cold-chain facility.

47. We have also taken several steps to put in place new mechanisms for future emergencies. Reflecting longstanding mandates from the World Health Assembly to strengthen pandemic preparedness, we established pathfinding initiatives with Member States, such as the WHO Hub for Pandemic and Epidemic Intelligence, the WHO BioHub System, and the Universal Health and Preparedness Review, which you will hear more about later this week. These new initiatives are aligned with many of the recommendations from the various reviews, and provide a solid foundation for strengthening the global health architecture to manage the risks of epidemics and pandemics.

48. Underpinning all of these achievements is the core business of developing top-quality norms and standards for which Member States depend on us, and a commitment to strengthen data and health information systems to monitor progress.

49. In 2021 we produced new guidelines, strategies, action plans and reports across the spectrum of health challenges, from air quality to artificial intelligence; from hepatitis to hypertension; from suicide prevention to sexual and reproductive health, and much more. All of these technical products have been quality-assured by our Science Division, which was established as part of our transformation to ensure we give you, our Member States, the highest quality norms and standards, and to translate those products into impact in countries.

50. We also launched the digitalized ICD-11, the "triple billion" dashboard, the World Health Data Hub and more. We used behavioural science to support the pandemic response in Malaysia, Nigeria and Zambia and other health challenges, from nutrition to antimicrobial resistance and maternal health. We launched the WHO Academy in Lyon. Through the Global Action Plan for Healthy Lives and Well-Being for All, 13 partner agencies are collaborating for greater impact in 50 countries, in primary health care, health financing, data and more.

51. Ending the acute phase of the pandemic must remain our collective priority. One of the greatest risks now is that we move on to the next crisis and forget the lessons the pandemic has taught us – lessons that have come at a great price.

52. The most important of those lessons is the centrality of health. COVID-19 is so much more than a pandemic – it is a global crisis that touches every area of life: economics, education, families, employment, business, technology, trade, travel, tourism, politics, security – and so much more. It's a very long list. When health is at risk, everything is at risk.

53. The pandemic is a brutal reminder that health is not a by-product of development; not an outcome of prosperous societies; not a footnote of history. It's the heartbeat; the foundation; the essential ingredient without which no society can flourish. Health is central.

54. Our forebears knew this when they wrote in the Constitution of this World Health Organization that the health of all peoples is fundamental to the attainment of peace and security, and is dependent upon the fullest cooperation of individuals and States; that unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger;

and that the highest attainable standard of health is one of the fundamental human rights of every human being.

55. That is the vision this Organization was created to fulfil. And that is the vision for which we must continue to strive. We need a new determination, a new ambition, a new hope to fulfil that vision.

56. Of course, the world in which we work, and the challenges and opportunities we face, are very different from the world in which our Constitution was written: ageing populations in some regions and a youth boom in others; searing inequalities in gender, race and income that harm health and inhibit access to services; historic levels of migration driven by conflict, poverty and the hope of a better life; and a changing climate with profound implications for the future of health.

57. Our challenge is to reinterpret, revitalize and reimagine our founding vision for our modern world. Realizing this vision requires a paradigm shift in all countries in how health is seen, and how health is financed. Indeed, that's why we established the Council on the Economics of Health for All last year, to develop a new vision for the way health is financed. For far too long, health has been compartmentalized and deprioritized, nationally and internationally. It's time to recognize that if we fail to invest in health, we fail to invest in the future.

58. The "triple billion" targets of the Thirteenth General Programme of Work, and the Sustainable Development Goals on which they are based, remain our guide. We have made progress against the General Programme of Work, and the transformation has positioned us to deliver, but we have more work to do. In particular, our commitment in the coming year – and in the coming five years – is to dramatically strengthen our ability to deliver results in countries.

59. Let me outline five key priorities for the world, and for WHO as we move forward. First, to support countries to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes. The pandemic has demonstrated that we must elevate protecting and promoting health as a top priority, with significantly increased investment in countries, and at WHO.

60. The highest attainable standard of health does not only mean the highest attainable standard of care. It means keeping people healthy and preventing the need for care. It means true health care, not sick care. It requires empowering and enabling individuals, families and communities to make healthy choices; and it requires governments to create the conditions in which health can thrive by addressing the root causes of disease that lie outside the health sector. All the determinants of health.

61. In particular, it requires radical action to safeguard the health of the planet on which all life depends, by addressing the existential threat of climate change. Such a shift could cut the global disease burden in half, but it would also offer massive economic gains, by reducing the burden on health systems and increasing the productivity of populations.

62. The second priority is to support a radical reorientation of health systems towards primary health care, as the foundation of universal health coverage.

63. That means restoring, expanding and sustaining access to essential health services, especially for health promotion and disease prevention, and reducing out-of-pocket spending. It means focusing on the least-served, most vulnerable populations, especially women, children and adolescents, migrants and refugees. It means ensuring access to vaccines, medicines, diagnostics, devices and other health

products. And it means investing in a health workforce with the training, skills, tools, safe working environment and fair pay to deliver safe, effective, quality care.

64. The third priority is to urgently strengthen the systems and tools for epidemic and pandemic preparedness and response at all levels, underpinned by strong governance and financing to ignite and sustain those efforts, connected and coordinated globally by WHO.

65. The decision by Member States at the recent Special Session of the World Health Assembly to negotiate a convention, agreement or other international instrument on pandemic preparedness and response is a giant stride forward. We urge all Member States to engage in this process constructively.

66. Such an instrument will be a vital tool, but it will not solve every problem. There are many other steps we must take together to strengthen pandemic preparedness and response, and the architecture to support it. But this agreement, I hope, will be a generational agreement. That will be a gamechanger.

67. The fourth priority is to harness the power of science, research innovation, data and digital technologies as critical enablers of the other priorities – for health promotion and disease prevention, for early diagnosis and case management, and for the prevention, early detection, and rapid response to epidemics and pandemics. The Solidarity Trials for vaccines and therapeutics, and the trials supporting the recommendation for widespread use of the world’s first malaria vaccine highlight the key role WHO can play as a convener of research.

68. And the fifth priority is to urgently strengthen WHO as the leading and directing authority on global health, at the centre of the global health architecture; to continue our transformation journey to make this Organization – your Organization – more effective, efficient and accountable.

69. COVID-19 has proven that health is not just a national issue; it’s an international issue. The scale of challenges we face is immense, and is reflected by the breadth of your agenda this week.

70. The needs are great, and you are right to have great expectations of your WHO. You are right to expect top-quality norms and standards, based on the best science. You are right to expect even more results in countries. You are right to expect a robust and coordinated international response to emergencies. You are right to expect enhanced governance, efficiency, accountability and transparency. You are right to expect the highest standards of conduct, and you are right to expect an Organization that has zero tolerance for sexual exploitation, abuse and harassment.

71. The thousands of talented, dedicated people around the world who are proud to work for this Organization share your expectations – and so do I. They are committed not just to meeting your expectations, but exceeding them – and so am I. Just as health workers need the resources and tools to do their jobs, so your Secretariat needs the sustainable, predictable and flexible funds to do ours.

72. So, I ask Member States to ensure the quality and quantity of your investments match your expectations. Entrust us with the resources to deliver the results you rightly expect.

73. Let me put it plainly: if the current funding model continues, WHO is being set up to fail. The paradigm shift in world health that is needed now must be matched by a paradigm shift in funding the world’s health organization.

74. We must look to the future. We must raise our eyes, and our ambitions. What do we want the world to look like in 2030, or when WHO turns 100, in 2048? We will be 75 next year.

75. We all want a healthier world: a world in which the air people breathe, the food they eat, the water they drink and the conditions in which they live and work nurture health, instead of harming it.
76. We all want a safer world, in which all countries work together to prevent, detect and respond rapidly to outbreaks and other health emergencies.
77. We all want a fairer world, in which all people can access the health services they need, without having to make life-and-death decisions between paying for care and feeding their families. The world has the resources. It is not because we don't have resources.
78. We all want a world in which science triumphs over misinformation; solidarity triumphs over division; and equity is a reality, not an aspiration. How many times have we said "equity, equity, equity"? It can be a reality. If there is a will, there is a way.
79. If that's the world we want, we must start working for that world now. it will take vision and partnership; it will take negotiation, compromise and sacrifice. Most of all, it will take hope.
80. We are one world, we have one health, and we have one WHO.
81. Thank you so much. Merci beaucoup.