

Report by the Director-General

1. Madame Chair, excellencies, ministers, heads of delegation, dear colleagues and friends, good morning to all of you, and a very happy New Year.
2. Three years ago today, I declared a public health emergency of international concern over the global spread of coronavirus disease (COVID-19) – the highest level of alarm under the International Health Regulations (2005), and for the moment, the only level of alarm.
3. As you know, on Friday the Emergency Committee met to consider whether that remains the case. The Emergency Committee has advised me that, in its view, COVID-19 remains a public health emergency of international concern, and I agree. As we enter the fourth year of the COVID-19 pandemic, there is no doubt that we are in a far better situation now than we were a year ago, when the Omicron wave was at its peak.
4. But since the beginning of December, weekly reported deaths have been rising. In the past eight weeks, more than 170 000 people have lost their lives to COVID-19. And that's just the reported deaths. We know that the actual number is much higher. We can't control the virus, but we can do more to address the vulnerabilities in populations and health systems.
5. That means vaccinating 100% of the most at-risk groups. It means increasing access to testing and to early antiviral use. It means taking context-specific measures when there is a surge in cases. It means maintaining and expanding laboratory networks. And it means fighting misinformation.
6. We remain hopeful that in the coming year, the world will transition to a new phase in which we reduce hospitalizations and deaths to the lowest possible level, and health systems are able to manage COVID-19 in an integrated and sustainable way.
7. Vaccination will remain an essential part of our approach. We are now working to determine the most effective mechanism for advising Member States and manufacturers on vaccine composition and vaccination frequency.
8. At the Executive Board last year, I laid out five priorities for the coming five years, as we work together to reinvigorate progress towards the Thirteenth General Programme of Work, 2019–2025, the “triple billion” targets and the health-related Sustainable Development Goals.
9. Those priorities have since crystallized into what we are calling the “five Ps”: Promoting, Providing, Protecting, Powering and Performing for health. I wish to be very clear that the “five Ps” in no way replace the Thirteenth General Programme of Work or the “triple billion” targets, which remain the Organization's guiding strategy. Rather, the “five Ps” are completely aligned with, and contained within, the Thirteenth General Programme of Work.
10. All we have done is to draw them out of the Thirteenth General Programme of Work and to package them in a way that highlights the key priorities on which we as one WHO – Member States and

the Secretariat together – must focus to accelerate progress towards the “triple billion” targets and the Sustainable Development Goals.

11. Allow me to highlight some key achievements in 2022 according to each of the “five Ps”, and by implication the “triple billion” targets. First, promoting health, by addressing the root causes of diseases, which is essential for achieving our target of seeing one billion more people enjoying better health and well-being.

12. On tobacco control, we reached our target last year to support 100 million tobacco users to quit, but there are still an estimated 600 million users who want to quit and who need our support. On trans-fat, we have seen an almost five-fold increase in the number of people protected by WHO-recommended policies on the use of industrially produced trans-fat, from 550 million people to 2.6 billion, in just four years. But as you know, five billion people are still unprotected. Every year, more and more countries either increase or introduce a new health tax. For example, last year, with support from WHO, Timor-Leste increased its tax on tobacco five-fold, increased tax on alcohol, and introduced new taxes on sugar and sugary drinks.

13. On maternal and newborn care, exclusive breastfeeding in infants for the first six months has increased from 38% to 48% globally over the past 10 years, bringing us very close to the target of 50% by 2025. We also reviewed evidence from trials in 20 countries that showed for the first time that immediate skin-to-skin care, or kangaroo mother care, can save almost one third of children born preterm.

14. On our efforts to make the world’s roads safer, with WHO’s support and leadership, the General Assembly of the United Nations held its first high-level meeting on road safety last year. We also supported many countries directly, such as the adoption of new road safety legislation in Mexico, and the development of a national road safety plan in Thailand – two countries with some of the world’s highest rates of road fatalities.

15. In our work against the health impacts of climate change, at the 27th Conference of the Parties to the United Nations Framework Convention on Climate Change in Egypt, we launched the Alliance for Transformative Action on Change and Health, which is supporting 63 countries to build climate resilient and sustainable health systems. For example, in Mozambique, one of the most vulnerable countries in the world to the impacts of climate change, WHO has strengthened the Ministry of Health’s capacity to monitor climate risks and impacts, and to coordinate adaptation efforts.

16. On ageing, we led 12 country studies on the impact of ageing on revenue generation for health, giving Member States better data and policy recommendations. And WHO’s standards for safe listening were adopted by four major technology companies, enabling billions of people to take action to prevent hearing loss.

17. The second priority is providing health, by reorienting health systems towards primary health care, which is essential for reaching our target to see one billion more people benefiting from universal health coverage.

18. Last year, the Special Programme on Primary Health Care provided technical assistance to 119 countries, with experts working hand-in-hand with ministries of health to strengthen the foundations of health systems. We continued supporting countries to strengthen their health workforce, which is the backbone of every health system. With international partners we developed a global road map to invest in national public health workforce capacity.

19. We have also added eight countries to the WHO Health Workforce Support and Safeguards List, for a total of 55 countries that need additional protection against active international recruitment. We launched the Nursing and Midwifery Global Community of Practice, with more than 6500 members from 180 countries. And in the coming year we plan to launch a global campaign to provide access to basic emergency care training for 25% of nurses and midwives from 25 countries by 2025.
20. On health financing, based on WHO guidance, 49 countries changed policies to remove financial barriers to essential health services, especially for COVID-19. We continued to support Member States to expand access to essential medicines, which is a pillar of universal health coverage.
21. In 2022, WHO recognized regulatory systems in six Member States – China, Egypt, Nigeria, the Republic of Korea, Singapore and South Africa – as having achieved maturity level 3 or 4, which means a stable, well-functioning system or advanced performance. And we issued a major update to our guidelines for biosimilars, making these complex medicines easier to evaluate for regulators, and ultimately facilitating greater access for patients.
22. On antimicrobial resistance, the Tripartite officially became the Quadripartite with the addition of the United Nations Environment Programme. WHO supported the development of new international targets to address the use of antimicrobials in humans, animals and agriculture. There are 127 countries now gathering data on antimicrobial resistance and consumption through the Global Antimicrobial Resistance and Use Surveillance System, and 170 countries have national action plans to guide multisectoral response to antimicrobial resistance. All this work is helping to alleviate suffering and to save lives, from all causes of death, disease and injury.
23. Last year, we supported dozens of Member States to restore essential health services disrupted during the COVID-19 pandemic, including for routine immunization, when we saw the largest sustained decline in childhood vaccination in 30 years. As a result, 25 million children missed out on life-saving vaccinations, and catching up is now one of our key priorities. For example, with WHO support, the Democratic Republic of the Congo has not just restored its routine immunization programme to pre-pandemic levels, it has increased coverage by 5%.
24. On noncommunicable diseases, we published a new guideline on hypertension, and through the WHO HEARTS technical package, 7.5 million people in 31 countries have been correctly diagnosed and put on treatment. We aim to double that number this year. India, for example, won the 2022 United Nations Interagency Task Force and the WHO Special Programme on Primary Health Care Award for its Hypertension Control Initiative, which by implementing the HEARTS package has put 3.5 million people on treatment since 2018. On diabetes, Member States adopted a set of global targets for the first time. And on cancer, we have supported 65 countries to improve access to quality care as part of the WHO Global Initiative for Childhood Cancer – a 50% increase from 2021.
25. This year, we plan to provide medicines for all children with cancer in six countries, with the goal of reaching 50 countries by 2027. Last year, WHO also supported multiple countries to develop national plans for cervical cancer elimination, including Maldives, Rwanda, Sri Lanka and more.
26. We're also making very encouraging progress on mental health. The WHO Special Initiative for Mental Health has now been implemented in nine countries, expanding access to mental health services for more than five million people in Argentina, Bangladesh, Ghana, Jordan, Nepal, Paraguay, the Philippines, Ukraine and Zimbabwe.

27. On communicable diseases, the COVID-19 pandemic was a severe setback, but in the past year we have seen encouraging signs. On malaria, after increasing in 2020, the number of annual deaths appears to have stabilized, and cases increased at a slower rate.

28. Meanwhile, the world's first malaria vaccine, RTS,S/AS01, is saving lives. In Ghana, Kenya and Malawi, where more than 1.2 million children have now received the vaccine, we have seen a substantial decrease in hospitalizations for severe malaria, and a more than 10% drop in child deaths. Following WHO's recommendation for widespread use of the vaccine, at least 28 more countries in Africa are planning to introduce it, starting this year.

29. On tuberculosis, based on WHO recommendations published last year, 109 countries are now using the first fully oral treatment regimens for multidrug-resistant tuberculosis. Realizing our vision for ending tuberculosis will require new vaccines. The only vaccine that we have, bacille Calmette-Guérin vaccine, is 100 years old and it does not adequately protect adults and adolescents. More than 16 candidate vaccines are in clinical development, and just two weeks ago we established a ministerial-level TB Vaccine Accelerator Council, to bring new vaccines to people as quickly as possible.

30. On HIV, last year we published new guidelines on the use of long-acting injectables for preventing HIV – a potential game-changer for those most at risk. So far, four countries have approved the use of long-acting injectables, and 10 are conducting implementation studies. The Medicines Patent Pool has negotiated a voluntary licence and soon at least three generic manufacturers will start production.

31. And every year, more countries eliminate more diseases. As we mark World Neglected Tropical Diseases Day today, we can be proud that, in 2022, eight countries were validated or certified for eliminating a neglected tropical disease: the Democratic Republic of the Congo, Equatorial Guinea, Malawi, Rwanda, Saudi Arabia, Togo, Uganda and Vanuatu. Egypt also eliminated measles and rubella, and Oman eliminated mother-to-child transmission of HIV and syphilis.

32. The third priority is protecting health, by strengthening the global architecture for health emergency preparedness, response and resilience. In 2022, WHO responded to 72 graded emergencies, across all regions, including three public health emergencies of international concern, outbreaks of Ebola virus disease and cholera, conflicts in Ethiopia, Syrian Arab Republic, Ukraine and Yemen, and humanitarian crises in the greater Horn of Africa, the Sahel and much more.

33. Thanks to the generosity of donors to the WHO Contingency Fund for Emergencies, we were able to release more than US\$ 87 million immediately to support rapid response. And we delivered essential health supplies to 90 countries from our Dubai Logistics Hub in the United Arab Emirates. Last year, we also launched the first consolidated WHO Global Health Emergency Appeal, and just last week we launched this year's appeal for US\$ 2.5 billion.

34. Of course, WHO does not act alone. In 2022, we worked with thousands of partners through the Health Cluster, the Global Outbreak Alert and Response Network, Emergency Medical Teams and more. We continued to work with partners in building a rapidly deployable global health emergency corps for future health emergencies. We continued to support countries to respond to the COVID-19 pandemic, with up-to-date technical guidance, training and support for health workers, convening experts to advance science and much more.

35. Through our partnerships in the Access to COVID-19 Tools Accelerator and COVAX, the vaccines pillar of the Access to COVID-19 Tools Accelerator, we supported the provision of more than one billion vaccines and procured 320 000 courses of antivirals. The number of countries with less than 10% vaccination coverage reduced from 34 at the beginning of last year to nine, averting thousands of hospitalizations and deaths.

36. In July, I declared a public health emergency of international concern over the global outbreak of monkeypox/mpox. In total, more than 85 000 cases and 86 deaths have been reported to WHO from 110 countries. The number of weekly reported cases of monkeypox/mpox has now declined significantly, although 36 countries in all six regions continue to report new cases.

37. In September, the Government of Uganda declared an Ebola virus disease outbreak. Working with many partners, we supported the government to respond to and to extinguish the outbreak. During the outbreak, WHO's R&D Blueprint for action to prevent epidemics, working with the Ugandan health ministry and researchers, coordinated a global coalition of partners to accelerate the availability of investigational doses of three candidate vaccines and rapid preparation for the integration of vaccine research in the response.

38. Last year also saw an unprecedented number of cholera outbreaks reported in 30 countries, with a massive increase in the number of people within affected countries who are now at risk. In response, WHO supported large-scale vaccination campaigns and provided cholera kits to treat more than 500 000 people. In Haiti, one of the worst-affected countries, the Pan American Health Organization has delivered more than one million doses of oral cholera vaccine, and almost three quarters of those eligible have received one dose. We have now raised the global cholera crisis to a grade 3 emergency, the highest level in our internal grading system, due to the high case fatality, the potential for further spread and the severe limitations in vaccine supply.

39. On polio eradication, after an all-time low of just five wild poliovirus cases in 2021, we saw an increase last year, with two cases in Afghanistan, eight in Mozambique and 20 in Pakistan. However, no cases of wild poliovirus have been reported since early September last year. In addition, last year three million previously inaccessible children in Afghanistan received polio vaccines for the first time. And in October, donors pledged US\$ 2.6 billion to support the work of WHO and our partners to consign polio to history. At the same time, as part of the polio transition we have integrated polio assets in more than 50 countries to support immunization, disease detection and emergency response.

40. As you know, last year the Secretariat reviewed more than 300 recommendations from multiple reviews on the future of preparedness and response to pandemics and other health emergencies. Based on that analysis, we made 10 key proposals for strengthening the global architecture for health emergency preparedness, response and resilience. These proposals included actions for stronger governance, stronger financing, stronger systems and tools, and a stronger WHO.

41. This framework will enable us to converge and align the many different activities and initiatives that Member States, multilateral agencies and others are undertaking. This is especially critical as Member States begin negotiations on a "zero draft" of a legally binding pandemic convention, agreement or other international instrument, in addition to ongoing discussions on amendments to the International Health Regulations (2005).

42. In November, under the leadership of Indonesia's presidency of the Group of 20, a new Pandemic Fund was established at the World Bank, with WHO playing a central role, including as chair of the Technical Advisory Panel. The WHO Hub for Pandemic and Epidemic Intelligence is now fully

operational and last year it engaged with almost 250 institutions around the world to foster collaborative surveillance and intelligence. And four countries have now completed the pilot phase of the Universal Health and Preparedness Review: the Central African Republic, Iraq, Portugal and Thailand. We are also now convening a process to create an end-to-end platform for equitable access to medical counter-measures, building on lessons from the Access to COVID-19 Tools Accelerator, the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, and other mechanisms.

43. The fourth and fifth priorities are enablers of the first three priorities and the “triple billion” targets. The fourth priority is powering health, by harnessing research, innovation, data, digital technologies and partnerships.

44. On research, we established a grant programme for young researchers from low- and middle-income countries on noncommunicable diseases. Eight were chosen from Cameroon, China, Egypt, Ethiopia, India, Peru and Uganda. We also created a behavioural science unit, which has run training in four regions, provided technical assistance for pilot projects in several countries and contributed to our work on antimicrobial resistance and nutrition.

45. On innovation, the mRNA vaccine technology transfer hub in South Africa has started transferring technology to manufacturers in 15 countries. And training in the Republic of Korea. We also launched a mobile app developed for health workers in humanitarian emergencies to improve delivery of WHO child health recommendations.

46. On data, we completed the beta version of the World Health Data Hub, providing a single source for publishing health data. The World Health Data Hub will be made publicly available this year. And 76 countries are now actively implementing the 11th Revision of the International Classification of Diseases, providing better data to support better policy decisions.

47. On digital health, with support from WHO, more than 120 Member States have developed national digital health strategies to guide their health system transformation. We have provided training for 600 health leaders in 103 countries on digital health strategy, governance and implementation. And our leadership led to a global consensus on a technical interoperability standard for COVID-19 certificates, which are now in use by over 120 countries, enabling over three billion people to use digitally augmented vaccine and test results.

48. On partnerships, last year we held civil society dialogues on climate and health, monkeypox/mpox, the Universal Health and Preparedness Review, tuberculosis, sexual misconduct and more. We are working to establish a civil society commission before the Seventy-sixth World Health Assembly. We engaged with parliaments and the private sector, and just this weekend we held the first meeting of the WHO Youth Council. Yesterday, the delegates briefed me on their proposals to accelerate progress on universal health coverage, noncommunicable diseases, mental health and youth leadership.

49. I would like to join Madame Chair in encouraging all Member States to meet our youth, they are in the building, at least for today, if there are issues that you would like to discuss. But at the same time, we ask you to include youth representatives in your delegations to the Health Assembly. We also expect gender parity of the delegations to the Health Assembly. And our partnership with Qatar and the International Association Football Federation enabled us to reach billions of people globally with messages about physical activity and more during the 2022 World Cup. And that was the first time. We learned a lot. It was a success.

50. The fifth and final priority is performing for health, by building a stronger WHO that delivers results and is enabled and empowered to play its leading role in global health. As Member States, you look to us to provide world-class, evidence-based norms, standards, research, data and technical and operational support. And that's what we're doing.

51. Last year, we produced 213 global public health goods, including key reports and guidelines on artificial intelligence, disabilities, marketing of milk formula products, oral health, physical activity, priority pathogens, refugee and migrant health, safe abortion and much more. In addition, the WHO Science Council published its first report on accelerating access to genomics for global health.

52. Through our OpenWHO learning platform, 7.5 million learners from all Member States accessed 190 courses in 67 languages. The OpenWHO learning platform will be an important part of the new WHO Academy, which will play a key role in building the capacity of the global health workforce, including WHO's own staff.

53. We have now finalized an updated business model for the WHO Academy, and we are developing a catalogue of courses that respond to major global health challenges and the needs of health workers. With the strong support of France and other Member States, the WHO Academy is mobilizing new resources to ensure its sustainable financing, and we expect the WHO Academy campus hub in Lyon to open its doors in September 2024.

54. We are committed not only to building an even more experienced, qualified and talented WHO workforce, but also to creating a workplace that allows our people to be and do their best. For a decade, WHO has given special attention to fostering a workplace where all staff are respected, enabled and protected through the Respectful Workplace Initiative and related efforts on diversity, equity and inclusion, mental health at work, flexible working arrangements and more. From 2023, this initiative will transform into a dedicated programme, with fixed staff and resources to focus on sustained cultural change.

55. Recognizing that talent is universal but opportunity is not, we are launching the Young Professionals Programme, to give junior professionals from least developed countries the opportunity to work with WHO for two years, and then to take the experience that they have gained back to their respective countries. The first round has been completed, with 14 young professionals recruited from Afghanistan, Bangladesh, Bhutan, Chad, Madagascar, Malawi, Myanmar, Nepal, Senegal, Sierra Leone, Sudan, Uganda, United Republic of Tanzania and Zambia.

56. This programme started in partnership with the Buffett Foundation. I'd like to thank the Buffett Foundation and the representative of the Foundation who is with us today. I believe this programme, if expanded, will be a game-changer that will help low-income countries in particular to build capacity. We will hire more junior professionals to work with us for at least two years to build capacity, and once home, to better service their countries.

57. Last year, we also took strong action on mainstreaming gender in our work, by developing an internal policy and strategy, updating our gender parity policy and championing gender equality, human rights and equity both internally and externally. Programmes such as polio and health emergencies now have specific programmatic strategies to promote gender equality, which are strengthening our country operations. And for the first time in WHO history, we have reached overall gender parity for staff across all appointment types and categories of positions.

58. As you know, 2022 was a landmark year for the Organization, with the agreement of Member States to increase assessed contributions to 50% of the base budget over the next decade. The Programme budget for the next biennium, which you will consider this week, will, if approved, include the first increase in assessed contributions of US\$ 200 million. This is also the first Programme budget in which country offices will be allocated more than half of the total budget for the biennium.

59. Strengthening our country offices is a key priority. For the past three weeks, six country representatives have been working to develop a 100-day plan of action in seven critical areas, including core presence in country offices, rotation and mobility, adequate and predictable financing, delegation of authority and more. Some of these actions are already under way through the transformation, and others will be implemented immediately after the plan of action is finalized and agreed. To support this initiative, in the coming year we will be working closely with 45 country offices using a “delivery for impact” approach to focus on the highest priority, highest impact interventions.

60. As a complement to the increase in assessed contributions, the Secretariat is also proposing a new replenishment process, which we will submit to Member States for consideration. We recognize that with increased flexibility and sustainability come increased expectations for transparency, efficiency, compliance and accountability. All of this is leading to results.

61. As you know, we have made progress on preventing and responding to sexual misconduct, and I will have more to say about our ongoing work in this area when we discuss that agenda item.

62. I thank the Agile Member States Task Group on Strengthening WHO’s Budgetary, Programmatic and Financing Governance for its recommendations, which have been incorporated into the monitoring mechanism to track progress on the Secretariat’s implementation plan on reform. The implementation plan contains 98 actions, 38 of which have already been completed.

63. We will continue to implement the remaining actions and we look forward to the Executive Board’s support and continued oversight. We appreciate, as you do, the delicate balance between the governance role of Member States and the management responsibilities of the Secretariat. We all want a WHO that is agile, proactive and able to move quickly to respond to global health threats.

64. The Secretariat is committed to implementing the priorities and the plans of Member States as agreed at the Health Assembly. In turn, we ask Member States to give the Secretariat the necessary latitude to carry out our mandate to achieve those priorities and plans.

65. I have tried to give you a taste of the huge scale and scope of work that the Organization does, and which your agenda for this week reflects. But it’s only a taste. I have barely scratched the surface. It’s impossible to do justice to the work that we are doing around the world.

66. And none of it is possible without the people who make WHO what it is. I do not have the words to express my gratitude, admiration and respect for my colleagues. Staff, consultants, contractors, junior professionals and interns; general service staff, professional staff – I don’t like the division – directors, assistant directors-general, executive directors and regional directors. From the front lines to the back office. In megacities and on remote islands. Working on the big picture and the small details.

67. As you know, this year marks the Organization’s 75th anniversary. This anniversary belongs to all of us – to every Member State and to every member of staff. This is our opportunity to tell our story and to imagine our future.

68. Accordingly, I have asked every country and every regional office to design a localized campaign to celebrate WHO's achievements in every corner of the world. We have a lot to be proud of over the past 75 years.

69. But it's not the past 75 years that matter, it's the next 75. Not the past five years, but the next five. Not yesterday, but tomorrow. We look back with pride so that we can look forward with hope. We learn the lessons of the past so that we can apply them in the future. Thank you for your confidence and trust. We are proud to be WHO – proud to be your WHO. I thank you.

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