

Report by the Director-General

1. Madam Chair, Excellencies, dear colleagues and friends, good morning to all of you, and a very happy New Year.
2. The dawning of a new year gives us the opportunity to look forward with hope, and to look back on the year that has been. As I look back on 2023, it is with mixed emotions.
3. It was a year to celebrate, as we marked our 75th anniversary, and reflected on the many improvements in human health that we have been part of. There were also many achievements and milestones, including the end of coronavirus disease (COVID-19) and mpox as global health emergencies.
4. But it was also a year to mourn; a year marred by conflict, disaster and preventable disease and death. And it was a year of grieving for the WHO family, as we lost our dear sister Dr Carissa Etienne, the former Regional Director for the Americas, and our colleague Dima Alhaj, who was killed in Gaza along with her entire family – her six-month-old baby, and her husband and two brothers.
5. 2023 was a reminder of why the work we do is so important, and why the world needs a strong, sustainable, effective, efficient and empowered WHO. And that is why we're here this week.
6. As always, you have a full agenda, reflecting the huge range of work of our Organization. One of the most important items on your agenda this week is the draft of the fourteenth general programme of work (GPW 14). I thank Member States for your engagement in the development of the draft GPW 14. Our aim has been to ensure continuity between the thirteenth and fourteenth general programmes of work, while incorporating lessons from the evaluation of the Thirteenth General Programme of Work (GPW 13), and reflecting the realities of our ever-changing world.
7. The three core priorities of GPW 13 – healthier populations, universal health coverage and emergency preparedness and response – are reflected in the first three of the “Five Ps” which form the overarching goal of the draft GPW 14 – to promote, provide and protect health and well-being for all people, everywhere. I look forward to our discussion on the draft GPW 14 today, as we move towards its finalization and, hopefully, its adoption at the Seventy-seventh World Health Assembly.
8. As I do every year, I would like to take a few moments to give you a snapshot of some of last year's key achievements, based on the framework of the Five Ps.
9. First, promoting health. This includes our shared work to address the root causes of disease, in our changing climate, the conditions in which people live and work, and in the products they consume. Tobacco use is declining in 150 countries, and there are now 19 million fewer smokers globally than there were two years ago. On trans fats, bans or limits were passed in six countries last year, and became effective in a further seven. And every year, we support more and more countries to address child wasting and obesity; to encourage breastfeeding; to increase taxes on alcohol, tobacco or sugary drinks;

to regulate marketing of unhealthy products to children, including e-cigarettes; to promote physical activity; and to make our roads safer.

10. On climate change, the 28th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP28) was a breakthrough moment, with a day dedicated to health for the first time, thanks to the United Arab Emirates. A total of 147 countries signed the COP28 UAE Declaration on Climate and Health, donors committed more than US\$ 1 billion, and agreed to transition away from fossil fuels, to mention a few. We have also supported more than 50 countries to build climate-resilient and climate-friendly health systems. And with our partners in the Quadripartite, we have supported many countries to develop One Health action plans, recognizing that the health of humans, animals and our environment are closely linked.

11. Now to the second of the Five Ps, to provide health, by supporting countries in their journey towards universal health coverage, based on strong primary health care. This area includes our shared work on strengthening health systems, and the services they deliver for maternal and child health and communicable and noncommunicable diseases.

12. At the political level, 2023 was a milestone year for universal health coverage, with the second high-level meeting on universal health coverage at the United Nations General Assembly last September. In the lead-up to the meeting, WHO and the World Bank published new data showing that half the world's population is not fully covered by essential health services, and that two billion people face financial hardship due to out-of-pocket health spending. In the political declaration, countries made more than 50 commitments to progressively expand access to essential health services, and to improve financial protection.

13. Indeed, that is what WHO is doing all over the world. Through the UHC Partnership, we are supporting 120 countries to advance towards universal health coverage. To support countries to strengthen primary care, we joined a consortium of development banks to launch the Health Impact Investment Platform, with funds of €1.5 billion.

14. Almost 150 countries requested WHO support to strengthen their health and care workforce, of whom a large majority are women. For example, Benin secured new funding and plans to employ 4000 more health workers, an increase of almost 25%. South Africa has committed to creating 97 000 additional jobs for health workers, particularly in underserved and rural communities. And to support nurses and midwives, we have developed a set of basic emergency care tools that has been shown to reduce mortality by up to 43% in a study in hospitals in Nepal, Uganda and Zambia.

15. 2023 was a productive year in WHO's work supporting access to medicines and other health products. We prequalified 136 medicines, vaccines, diagnostics and other products; we added new medicines for multiple sclerosis, cancer and cardiovascular conditions to the Essential Medicines List; and we issued eight alerts for substandard or falsified medical products. In the Maldives, WHO's novel testing approach enabled health authorities to rapidly detect contaminated paediatric medicines, triggering a global alert and recall that saved lives in four regions.

16. We also continue to support Member States to strengthen their regulatory systems. We recognized Türkiye and Saudi Arabia's regulatory systems as having reached high levels of maturity. The Republic of Korea, Singapore and Switzerland were the first three countries to have WHO-Listed regulatory Authorities, making them "regulators of reference" that meet internationally recognized standards and practices. And with WHO leadership, we continue to foster technology transfer and local manufacturing.

17. We also hosted the first global summit on traditional medicine in India, to support evidence-based, safe, effective and sustainable use of traditional, complementary and integrative medicine.
18. All of this work to strengthen health systems is supporting our work to save lives and improve quality of life across the life course, especially for women and children. After dramatic gains in maternal and child mortality under the Millennium Development Goals, there has been little progress since 2016.
19. We continue to work with Member States to identify the barriers and to give them the tools to overcome them. Last year we published new road maps or guidelines on postpartum haemorrhage, labour care and adolescent health, and supported dozens of countries to implement them. As you know, postpartum haemorrhage is one of the major killers of mothers during delivery. At the other end of life, we supported 18 countries to strengthen care for older people, including new guidelines on lower back pain.
20. On sexual and reproductive health, we supported 23 priority countries to facilitate access to quality, survivor-centred services for sexual violence. And 11 more countries introduced the human papillomavirus vaccine for cervical cancer last year.
21. One of the biggest disruptions caused by the COVID-19 pandemic was to routine immunization programmes in many countries, leading to outbreaks of measles, diphtheria, polio and yellow fever.
22. In April last year, we launched “The Big Catch Up” with UNICEF and Gavi, the Vaccine Alliance, to support countries to shut down outbreaks and restore immunization programmes at least to pre-pandemic levels.
23. Meanwhile, the Strategic Advisory Group of Experts on Immunization, SAGE, last year recommended new vaccines for dengue and meningitis, and a second vaccine for malaria, the R21-Matrix M vaccine. Having two vaccines for malaria will help to close the huge gap between demand and supply, and could save tens of thousands of young lives, especially in Africa. Following WHO’s recommendation in 2021 of the RTS,S malaria vaccine based on successful pilots in Ghana, Kenya and Malawi, widespread roll-out of the vaccine is beginning today in Cameroon. At least 29 countries intend to introduce the vaccine, and 20 have already been approved for Gavi support and plan to roll it out this year.
24. Last year we also issued new recommendations on a new generation of insecticide-treated nets. And we certified Azerbaijan, Belize and Tajikistan as malaria free, and we added Cabo Verde to that list just a couple of weeks ago.
25. On tuberculosis, more than 7.5 million people with tuberculosis received access to diagnosis and treatment in 2022, the most since we began monitoring almost 30 years ago. In addition, the second United Nations General Assembly high-level meeting on tuberculosis agreed new targets to end TB, and we launched the Tuberculosis Vaccine Accelerator Council, to facilitate the development, licensing and equitable use of new tuberculosis vaccines.
26. On HIV, more than 75% of people living with HIV globally are now receiving antiretroviral therapy, and almost all of those on treatment are achieving viral suppression, which means they cannot infect others. We are now beginning to see a path towards the Sustainable Development Goal target of ending the HIV epidemic. Australia became the first country to announce that it is close to the virtual elimination of HIV transmission, in inner Sydney. And in Zimbabwe, integrating services for HIV and

sexual and reproductive health led to seven times more women being screened for HIV and sexually transmitted infections.

27. Meanwhile, on hepatitis, Egypt became the first country to achieve “gold tier” status on the path to elimination of hepatitis C. This is a historic milestone.

28. On neglected tropical diseases, Benin, Iraq and Mali eliminated trachoma, Ghana eliminated African trypanosomiasis, and the Lao People’s Democratic Republic and Bangladesh eliminated lymphatic filariasis. Bangladesh also became the first country in the world to eliminate visceral leishmaniasis, thanks to a collaboration between many partners, including WHO and the Special Programme for Research and Training in Tropical Diseases.

29. Meanwhile, we continue to intensify our efforts to eradicate poliomyelitis. Last year, six cases of poliomyelitis due to wild poliovirus were reported in Pakistan and six in Afghanistan, the second-lowest number of cases reported in a calendar year. Our target is to interrupt transmission of wild poliovirus this year, and I hope that will be the case. We’re also deploying a new vaccine for poliovirus type 2, to reduce the risk of outbreaks of vaccine-derived poliovirus.

30. There is also much to be proud of in our work on noncommunicable diseases. Last year, we supported more than 80 countries to integrate services for noncommunicable diseases into their health systems. For example, in Ethiopia we supported strengthening of screening, diagnosis and treatment in 85 health facilities across seven regions.

31. On hypertension, 10 new countries implemented the HEARTS technical package. The Global Initiative for Childhood Cancer provided technical and financial support in more than 70 countries in partnership with St. Jude Children’s Research Hospital. We supported nine countries to expand access to mental health services for almost 20 million more people. And at least 45 countries have made progress in addressing the unmet health needs of migrants and refugees, from Bulgaria to Cambodia to Jordan.

32. Meanwhile, we continue to support countries to respond to the crisis of antimicrobial resistance. The number of countries reporting data on bacterial infections has more than tripled in seven years, and 11 more countries developed multisectoral national action plans on antimicrobial resistance last year.

33. This year’s United Nations General Assembly high-level meeting on antimicrobial resistance will be another important opportunity to secure concrete commitments for this urgent global threat, which kills at least 1.3 million people every year.

34. Now to the third of the Five Ps: protecting health. 2023 was a significant year in our work to prepare for, prevent and respond to health emergencies. After almost three and a half years, in May I declared an end to both COVID-19 and mpox as global health emergencies, although both remain global threats. More than two thirds of the global population has now received a complete primary series of a COVID-19 vaccine. COVAX, which closed at the end of last year, played a vital role, delivering nearly two billion doses and saving an estimated 2.7 million lives in lower-income countries. We continue to urge all Member States to maintain and reinforce the capacities they built during the pandemic as part of their commitment to preparedness for future emergencies.

35. Meanwhile, there were many other crises demanding our attention last year. In all, WHO responded to 65 graded emergencies, from earthquakes in Türkiye and Syria, to conflict and insecurity in the Democratic Republic of the Congo, Ethiopia, Haiti, Myanmar, Sudan, Ukraine, and of course the occupied Palestinian territory, especially the Gaza Strip.

36. We supported countries to access vaccines and treatments to respond to outbreaks of cholera, diphtheria, meningitis and yellow fever. And emergency medical teams played a vital role in our response to 19 emergencies in 18 countries – so just giving the list because if I tried to explain what we did in all of these emergencies in these countries it would take all day. But at least you know what we have been doing from various reports. Last week, WHO launched our Health Emergency Appeal, with a request for US\$ 1.5 billion to support our work responding to emergencies this year.

37. While our work responding to emergencies often makes the headlines, our work to prevent and prepare for emergencies is less visible, but equally important. The WHO Framework for Health Emergency Preparedness, Response and Resilience provides a road map for the governance, systems, tools, workforce and financing needed to strengthen national, regional and global health security.

38. We have many ongoing initiatives in this area, as you know. For example, the Pandemic Fund is up and running, and has made its first round of disbursements, of US\$ 338 million to 37 countries. The second round is now under way, with funding of US\$ 500 million.

39. We're also making progress on the interim mechanism for medical countermeasures, the Global Health Emergency Corps, the Universal Health and Preparedness Review, the International Pathogen Surveillance Network, the WHO BioHub System, the mRNA Technology Transfer Hub, the WHO Hub for Pandemic and Epidemic Intelligence and the Preparedness and Resilience for Emerging Threats Initiative. There are more than ten initiatives actually, based on our experience during the COVID-19 pandemic. I cannot go into detail explaining all of these initiatives, but I know that when we implement all of these initiatives the world will be better prepared.

40. At the political level, world leaders at the United Nations General Assembly high-level meeting on pandemic prevention, preparedness and response agreed a strong political declaration, including a commitment to conclude negotiations on the pandemic agreement and amendments to the International Health Regulations (2005) by May this year. But I must say I am gravely concerned that Member States may not meet that commitment. Time is very short, and there are several outstanding issues that remain to be resolved.

41. In my view, a failure to deliver the pandemic agreement and the amendments to the International Health Regulations (2005) will be a missed opportunity for which future generations may not forgive us. It will take courage, and it will take compromise. You will not reach consensus if everyone remains entrenched in their positions. Everyone will have to give something, or no one will get anything.

42. I urge all Member States to work with urgency and purpose to reach consensus on a strong agreement that will help to protect our children and grandchildren from future pandemics. And I would like to use this opportunity to thank the two co-chairs and the Bureau members for their leadership in the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005).

43. Excellencies, dear colleagues and friends, the overarching goal of GPW 14 is to promote, provide and protect health. Those three core priorities are supported by the fourth and fifth Ps – to power and perform for health.

44. Powering health is about harnessing the power of science, research, digital technologies, data and communications to support countries most effectively to accelerate towards the targets of the Sustainable Development Goals.

45. In 2023, we supported 50 countries with a “Delivery for Impact” approach, which is a relentless, systematic and data-driven approach to implementation and delivering results. For example, Madagascar is using this approach to prevent lymphatic filariasis. And with a Delivery for Impact approach, Viet Nam is on course to reduce tobacco use among men from 44% now to 33% by 2025.

46. The World Health Data Hub now includes the largest inequality and mortality databases, and tailored country data profiles. More than 120 countries have now implemented the eleventh revision of the International Classification of Diseases (ICD-11), which now includes a second module on traditional medicine.

47. 2023 was also a significant year in our work supporting countries to harness the power of digital technologies and artificial intelligence for health. We launched the Global Digital Health Certification Network and the Global Initiative on Digital Health, and we issued guidance on regulation of artificial intelligence for health.

48. The Council on the Economics of Health for All delivered its final report. And in October this year, the WHO Academy campus in Lyon will open, marking the start of a new era – and I thank France for its continued support. The Academy, when fully functional, will be a game changer in capacity-building, both for Member States and for our staff.

49. The fifth and final P, performing for health, means our continued work to build a stronger WHO. This builds on the seven pillars of the transformation, which we began six and a half years ago, to strengthen our strategy, operating model, processes, partnerships, financing, workforce and culture.

50. We are continuing to make progress in each of these areas. We’re rolling out of our new enterprise resource management system, BMS; that is going to replace the current system. Our new supply chain strategy is enabling us to pre-position supplies to respond to emergencies more effectively. We’ve cut recruitment time by 40% in four years. We’re implementing a new system for contracting staff. We’re improving access to mental health care for employees. We’ve achieved overall gender equality and increased equality at the higher grades. We launched the WHO Youth Council and WHO Civil Society Commission, and improved the way we consult with non-State actors.

51. And we continue to build a new approach to financing that is more sustainable and predictable. I thank Member States for the substantial progress you have already made in implementing the recommendations of the Member State Working Group on Sustainable Financing.

52. One of the Working Group’s key recommendations is the idea of an investment round, which the Health Assembly endorsed last year, and which is before you for consideration this week. The objective of the investment round is to fund the fourteenth general programme of work, to increase the predictability and flexibility of funding, and to eliminate the pockets of poverty that have been so problematic in the past.

53. I thank all Member States for your constructive engagement on the investment round to date. I look forward to our discussion and, I hope, to your approval. I would like to use this opportunity to thank Björn Kümmel for chairing the Working Group on Sustainable Financing; the recommendations for assessed contributions and the investment round were made under his leadership. So, vielen dank, Björn.

54. Of course, we well understand that Member States expect a return for their investment, in the shape of a more effective and efficient WHO; a WHO that delivers a measurable impact. And so you should. We remain committed to delivering the changes you asked for through the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, and to which we have committed through the Secretariat implementation plan on reform.

55. That includes our commitment to making zero tolerance for any form of sexual misconduct a reality. In the Democratic Republic of the Congo, we have provided one year of support for victims based on the United Nations standard, but we recognize that may not be enough for some women, so we are extending support on a case-by-case basis.

56. One of my main priorities this year is to strengthen our country offices in a way that has never been done before. Just over a year ago, we established the Action for Results Group, made up of WHO Representatives from all six regions, to develop a plan for achieving that goal.

57. Their work has now been consolidated into a six-point action plan that we are in the process of implementing. To establish a core predictable presence in each country office, we have prioritized 400 positions for recruitment in country offices. We've committed US\$ 200 million to fund these posts. Five regional directors and I have issued a joint global delegation of authority to WHO Representatives, to empower them to provide more responsive and timely support to our Member States; so to empower our Country Office heads.

58. And the Global Geographical Mobility Policy was initiated last year and is now in its voluntary phase, and the first voluntary phase has been completed.

59. 2024 will be a defining year for global health, and for our WHO. It is a year of opportunity. This year, you have the opportunity to shape the world's global health strategy for the next four years, in the GPW 14. This year, you have the opportunity to shape the future of health emergencies, through the pandemic agreement and the amendments to the International Health Regulations (2005). And this year, you have the opportunity to shape the future of this Organization, through the investment round. These are three big tasks. As I was saying to the Chair, this is a very historic opportunity: to focus on these very big issues that will shape the Organization for many years to come.

60. I urge you to seize these opportunities. They do not come very often. We are all here because we want to make a difference, because we believe in the mission and vision of the World Health Organization. This year is our opportunity to make that difference, and to make the world a healthier, safer, fairer place – and especially, a more peaceful place.

61. Thank you all for your continued commitment and support. My colleagues and I remain committed to working with you to promote, provide, protect, power and perform for the health of the world's people. Your support during the past six years in the transformation agenda has been very crucial, and I would like to thank you, on my behalf and on behalf of all my colleagues in WHO, and we believe you will continue your support for a better world. I thank you.

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