

Address by Dr Tedros Adhanom Ghebreyesus, Director-General¹

Your Excellency Paul Kagame, President of the Republic of Rwanda and Chairperson of the African Union, Your Excellency Alain Berset, President of the Swiss Confederation, excellencies, heads of delegations, distinguished guests, ladies and gentlemen, colleagues, friends,

One thing I would like to share with you is that my speech today, my first speech as Director-General at the Health Assembly, is dedicated to Dr Carlo Urbani. And for me, it is an honour to dedicate my speech today to Dr Urbani.

Unfortunately, Carlo is not the only WHO staff member to lose his life in active service. I also want to acknowledge the loss of another colleague, Dr Mahmoud Fikri. Even though I knew him only a short time, his sudden death in October while travelling to attend the WHO Global Conference on Noncommunicable Diseases in Montevideo, Uruguay, last year shocked me.

I would like to put on record my profound sorrow at Dr Fikri's death, my deep appreciation for Dr Jaouad Mahjour for his hard work over the past few months as acting Regional Director, and my hearty congratulations to Dr Ahmed Al Mandhari on his nomination as the next Regional Director for the Eastern Mediterranean. Before we go on, please join me in standing for a moment's silence to honour the memory of our brother, Dr Fikri. Thank you.

Ladies and gentlemen,

One year ago, I stood on this stage having just received the greatest honour of my life. Today, I remain proud and humbled that you, the nations of the world, entrusted me with the responsibility of leading this great Organization. You have high expectations of WHO. So you should; so do I.

There is no commodity in the world more precious than health, as his Excellency President Kagame just said. An institution charged with defending the health of 7 billion people therefore bears great responsibility and must be held to high standards.

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

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

¹ The Director-General's address at the second plenary meeting on Monday, 21 May 2018 is presented in the Annex.

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

I think of the WHO staff and health workers who as we speak are working around the clock to stop the outbreak of Ebola virus disease in the Democratic Republic of the Congo.

Just a week ago I was in Bikoro with Dr Moeti, the Regional Director for the African Region, and Dr Salama, my Deputy-Director General of Emergency Preparedness and Response, visiting the hospital where patients with Ebola virus disease are being treated. I was so impressed by the commitment of our staff, and the health workers who are risking their own lives to serve others. We arrived at the hospital and the health workers were actually worried about us catching Ebola virus. We said, "Don't worry about us, because you're here every single day, putting yourself at risk."

As you know, the IHR Emergency Committee met on Friday and advised me not to declare a public health emergency of international concern, although they noted that the situation remains very serious. I have accepted that advice.

It is concerning that we now have cases of Ebola virus disease in an urban centre, but we are much better placed to deal with this outbreak than we were in 2014.

I am pleased to say that vaccination is starting as we speak today. Unfortunately, the Minister for Public Health of the Democratic Republic of the Congo cannot be with us today, but I hope he will be able to join us tomorrow because he is involved in the vaccination effort.

And I am proud of the way the whole Organization has responded to this outbreak, at headquarters, the regional office and the country office. And I particularly want to thank our partners, MSF, the World Food Programme, the Red Cross, UNICEF and many others who have responded quickly.

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

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

That is why we established a High-level Commission on Noncommunicable Diseases, to stop the premature and preventable deaths of millions of people.

It is why we established an initiative on climate change and health in small island developing States, to defend the health of people who cannot defend themselves against a world that is changing around them.

It is why we are working with the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and civil society to reach 40 million people globally with quality tuberculosis treatment by 2022.

It is why we are working on an aggressive new initiative to jump-start progress against malaria, an entirely treatable disease that still kills half a million people every single year.

It is why we have launched a call to action to eliminate cervical cancer, a disease against which we have all the ingredients for success – and I was really proud to launch it last week.

It is why just last week we launched a new initiative to eliminate trans-fats from the global food supply by 2023.

And it is why we have fast-tracked the development of our Thirteenth General Programme of Work (GPW). Its objective is to promote health, keep the world safe, and serve the vulnerable.

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

I am reminded of that every day when I arrive at work and see this statue. It depicts a child being vaccinated against smallpox. The eradication of this ancient disease stands as one of the greatest achievements not only in the history of WHO, but in the history of medicine.

This is what WHO is capable of – of course with its partners. This is an organization that can change the course of history. And we are still changing history, every day.

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

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

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

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

We are honoured that this new initiative will be led by Dr Gro Harlem Brundtland, and Mr Elhadj As Sy, Secretary General of the International Federation of Red Cross and Red Crescent Societies. You know Dr Brundtland, a former Director-General of WHO and former Prime Minister of Norway.

What is less visible, but just as important, is the impact of our normative work. Prequalification enables millions of people to have access to safe and effective medicines and vaccines. The International Classification of Diseases helps to track the reasons people get sick and die, so health systems can respond accordingly. The guidelines and standards we produce ensure that people all around the world receive safe and effective care, based on the best evidence.

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

The vision set at our founding 70 years ago was not a modest vision. Our Constitution is not a modest document. Our founders did not set out to make modest improvements to health. They

envisioned a world in which all people enjoy the highest attainable standard of health, as a fundamental human right.

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

We will not settle for a world in which people get sick because the air they breathe is not fit for humans. We will not settle for a world in which people have to choose between sickness and poverty because of the costs of paying for care out of their own pockets. That is what our new GPW is all about.

Its aim is to focus WHO on delivering impact in countries and making a measurable difference in the lives of the people we serve. So what will it take? What will it take to translate the ambitious “triple billion” targets of the strategic plan into a global reality that touches the lives of people all over the planet?

I believe there are the three keys to success.

First, we need a stronger WHO. A transformed WHO. For the past year, I have been focused on laying the four foundations of this transformation.

First, the GPW itself, which has been developed 12 months ahead of schedule, to establish our mission and strategic plan, not only for my term, but for the long term. That is what I said – a sense of urgency.

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

And thirdly is a strong senior leadership team, with deep experience and talent from all over the world. I am proud that for the first time, women now outnumber men in WHO’s senior leadership ranks. And I would like to thank my team for all the hard work they have done over the past few months. You have been incredible.

By the way, the 64% in WHO’s top management – women are 64% – and for those of you who do not know, in Rwanda, 64% of parliamentarians are women.

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

I also want to acknowledge the outstanding collaboration of the Regional Directors and I thank you for your friendship, your advice, and the spirit of cooperation you have brought to each of our monthly meetings.

And fourthly, we have developed an investment case that describes what a fully funded WHO could achieve. There is little point in an ambitious mission if it is not matched by ambitious investments. I was so happy to hear President Kagame outlining the areas especially focused on financing. But it is not just the quantity of funding that matters; it is the quality – as he said.

I must tell you frankly: we cannot achieve our mission if earmarking continues at the current level. Instead of breaking down silos, earmarking creates silos and fuels internal competition for funds. Instead of building a single, coherent WHO, earmarking drives us apart.

To execute the GPW, we urge all countries to support WHO with high-quality, flexible funds. I know some countries are already starting the movement.

Of course, I well understand that WHO must be good value for money, as His Excellency President Kagame said again. Every dollar you invest is precious and must be made to work as hard as possible. You want to see results for your commitment. So do I.

That is exactly what our transformation plan is about. It is about making sure we are more focused on results where they matter most – in countries. The good news is, we have all the ingredients for success. WHO has great people and great products, but we are not maximizing their potential.

One of the greatest privileges of my first year has been to interact with our staff all over the world. They are incredibly talented, experienced and committed people. We actually are turning the whole Organization into an advisory machinery to actually listen to what our staff say.

Many of the ideas in the GPW and the transformation plan came from the staff themselves. In fact, my first meeting after my election last year was with the headquarters Staff Association, to listen to their concerns. I have also listened to the concerns of staff all over the world. That is why we have the GPW a year ahead of schedule.

And I have also listened to the concerns raised by our interns. Interns make an enormous contribution to WHO's work, and the experience they gain is an important investment in building country capacity. But I have to be honest: we must treat our interns much better than we do. Too often we use them as free labour, rather than an investment in youth, and in developing the health leaders of the future.

We have already taken some steps towards improving conditions for our interns, such as giving them health insurance, lunch vouchers – very simple – and the same rights to time off as staff. And we are also considering paying a stipend by 2020 to interns who lack the financial resources to support themselves.

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

I will tell you my own story. I am the first WHO Director-General to be educated by WHO at master's level and become its head. That's true – I know the value of this from my own experience. I myself benefited from a WHO scholarship, which enabled me to do my master's degree in London. I am living proof of the value of this programme, which is why I want to bring it back as soon as possible – but on a larger scale.

I am determined to make WHO an employer of choice for young health professionals around the world. Part of that is making sure that WHO is a safe place to work.

In recent months, we have all learned of a series of sexual misconduct scandals affecting a number of humanitarian and development organizations. Let me be clear: WHO has zero tolerance for

sexual harassment and sexual exploitation and abuse. That applies everywhere, from headquarters to the smallest country office.

I repeat: zero tolerance.

But of course, our results do not only depend on us. That leads me to the second key to success: political commitment.

I know from my own experience in politics that with buy-in from the highest levels, anything is possible. Without it, progress is difficult. That is why I have made a priority of engaging with leaders all over the world, to advocate for political action on health, and especially on universal health coverage.

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

I saw this very clearly during my first week in the job, when I was invited to speak at the G20 meeting in Hamburg. It is clear that the twin messages of health security and universal health coverage resonate loudly with world leaders.

At the session of the Executive Board in January, I issued a call to all countries to commit themselves to three concrete steps towards universal health coverage in full. Several have already started rising to the challenge.

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

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

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

And Brazil has already submitted a list of 10 commitments it is making on universal health coverage.

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

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

Rwanda is an outstanding example of how all countries at all income levels can make progress towards universal health coverage. I have been to Rwanda many times, but during my visit in January, compared with previous visits, I could see how the country is being transformed incredibly. The incredible transformation that has occurred in that country is visible for everybody to see under the leadership of His Excellency President Kagame. And he was leading reform of the African Union

before he became its Chairperson and as its Chairperson he is moving quickly to reform the African Union.

At the health centre I visited in Mayange, just outside Kigali, all pregnant women deliver at the health centre, all children are vaccinated and all residents have community health insurance. A focus on primary health care and community ownership – that is the best mix that can bring results.

Of course, no health system is perfect, and no two countries are the same.

Every country's journey towards universal health coverage is unique. But in all countries, the key is primary care that delivers the services that people say they need, rather than the services someone else decides they should have.

In 1978, our predecessors gathered in Alma-Ata and committed themselves to the dream of health for all. But we must admit that 40 years later, we have failed to deliver on that promise. That is not because the dream was too big, or the promise was too difficult to keep. It is because we failed to make the political commitment to make it happen.

It is not often you get a second chance, but this year, we do. In Astana, Kazakhstan, this October, we will meet again to recommit ourselves to primary care as the foundation and the future of health. This time, we must not fail. Our meeting in Kazakhstan will be a vital step towards next year's high-level meeting on universal health coverage at the United Nations General Assembly.

We are also seeing incredible political commitment to fight diseases. For the first time, this year's United Nations General Assembly will include high-level meetings on two health issues: noncommunicable diseases and tuberculosis. The people affected by these diseases all over the world are relying on us: the people who cannot get the care they need; the people who cannot afford the care they need; and the people who are not even aware they are infected with a potentially deadly pathogen. We owe it to them to ensure that we do not waste these opportunities.

But achieving the "triple billion" targets is not a job for WHO alone, and political will alone will not get us there. The third key to success, therefore, is partnership.

The great advantage we have now that we did not have 70 years ago, or even 40 years ago, is that there are so many other actors in global health. There are thousands of other organizations all over the world that share our vision, and that have knowledge, skills, resources and networks that we do not.

Some people say that WHO is under threat because of the number of new actors in global health. I say we are more likely to succeed than ever before. By leveraging the experience, the skills, resources and networks of our partners, our impact can be exponentially larger than if we were acting alone.

So to those who say that WHO is under threat, it is quite the contrary. All those global partners are coming with opportunities and WHO should consider them as such. To truly fulfil our mandate, we must make our partnerships even deeper and stronger.

We are doing this in several different ways. We have signed new memoranda of understanding with the World Bank Group, UNEP, UNDP and more. We are reinforcing our relationships with old

friends such as UNICEF and the GAVI Alliance, and forging relationships with new partners such as the Institute for Health Metrics and Evaluation.

We are working with the Wellcome Trust on a new project to map research and development capacities globally that could be deployed to rapidly develop new vaccines in case of an epidemic. With the Bill & Melinda Gates Foundation, we are more focused on primary health care now as a foundation for universal health coverage.

We are strengthening our tripartite cooperation with FAO and OIE to fight antimicrobial resistance, based on a “One Health” approach. We will be signing a new Memorandum of Understanding between the three organizations at the end of this month. We are working with RESULTS and the United Nations Foundation to map the capabilities of civil society organizations, who play a critical role in advocacy, service delivery and other areas.

And we are also engaging with the private sector, which will be a crucial partner in achieving health for all. The Framework of Engagement with Non-State Actors, adopted by the Health Assembly in 2015, provides the guard-rails for that engagement, but the Framework is not a fence. We must use whatever partnerships are open to us, in whatever way we can, to achieve our goal. We have to believe in partnerships – that is the only way.

A few weeks ago, I received a letter from Chancellor Merkel of Germany, President Akufo-Addo of Ghana and Prime Minister Solberg of Norway. The letter calls on WHO to take the lead in developing a global action plan to achieve healthy lives and well-being for all, ahead of the World Health Summit in Berlin in October. The request from these three Heads of State and Government sends a strong signal from the international community that they expect stronger cooperation among partners, and that they are looking to us to lead that process.

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

I started by telling you about some of the people I have met in conflict zones and other emergency situations during the past year. But for every heart-breaking situation, I have also seen stories of triumph and hope.

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

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

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

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

In the 12 months since you gave me the honour of leading WHO, I have been more and more humbled every day – by the commitment and dedication of our talented staff all over the world; by the growing support for health at the highest political level; by the spirit of collaboration I see in our partners; and by the everyday people I meet wherever I go who look to us to help them to realize a simple dream: good health and well-being – for themselves, for their families, for their communities.

Thank you so much for your support for WHO, and your commitment to a healthier, safer and fairer world. I am proud of the progress we have made so far.

But we are only getting started.

Thank you. Merci beaucoup. Muchas gracias. Asante sana. Murakoze cyane. Shukraan jazeelan. Xie Xie. Spasibo. Ameseginalehu.

ANNEX

**ADDRESS BY DR TEDROS ADHANOM GHEBREYESUS,
DIRECTOR-GENERAL, AT THE SECOND PLENARY MEETING
OF THE SEVENTY-FIRST WORLD HEALTH ASSEMBLY**

Excellencies, ministers, heads of delegation, distinguished guests, ladies and gentlemen, colleagues, friends,

It gives me great pleasure to be here to open the General Debate.

I had the honour of giving my first address to the Health Assembly as Director-General this morning. Our aim was to celebrate our past achievements, and to look forward to the challenges ahead. I do not want to repeat the remarks I made earlier, but allow me to reiterate the key points.

The Thirteenth General Programme of Work (GPW), our five-year strategic plan, is an ambitious document that is designed to focus WHO on delivering impact where it matters most – that is, in countries. It establishes a clear mission: to promote health, keep the world safe, and serve the vulnerable.

At the heart of the GPW are the “triple billion” targets that I am sure you are all familiar with:

- 1 billion more people benefitting from universal health coverage;
- 1 billion more people better protected from health emergencies;
- 1 billion more people enjoying better health and well-being.

This morning I said that I see three keys to success: a stronger WHO, political commitment and partnership.

Of the three triple billion targets, universal health coverage is the foundation. Investments in health systems, based on people-centred primary care, are the key to improving health security and in achieving better health and well-being for all, at all ages.

I know many of you attended the Walk the Talk event in Geneva yesterday, which was a tremendous success.

We need to Walk the Talk on physical activity, but we also need to Walk the Talk on universal health coverage. All roads should lead to universal health coverage. That is why, at the session of the Executive Board in January, I issued a challenge to all countries to make a commitment to three concrete steps towards universal health coverage. Of course, many of your countries already have very strong health systems. Others have recently taken important steps on this journey.

But no system is perfect. There is always room for improvement, and there are always new challenges that need new solutions. Gains can easily be lost. Universal health coverage does not happen by accident. It takes strong leadership and careful planning.

So my call is for all of us to be proactive, and even aggressive, to ensure that all people can access the health services they need, without facing financial hardship. We all have experiences to share and lessons to learn.

I look forward to hearing your commitments, and to hearing how WHO can provide support to you on the road to health for all.

Thank you so much again, and I wish us a successful debate.

I thank you.

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