

## **Address by Dr Tedros Adhanom Ghebreyesus, Director-General**

Dr Bounkong Syhavong, President of the Seventy-second World Health Assembly, Your Excellency Margaret Kenyatta, First Lady of Kenya, Your Excellency Madame Antoinette Sassou Nguesso, First Lady of the Republic of the Congo, excellencies, ministers, heads of delegations, colleagues, friends,

For 71 years, the world has come together in Geneva to discuss how we can create a healthier, safer, fairer world. This year is no exception.

Over the course of the next nine days, we will all do a lot of talking – maybe too much talking! But we must also listen. We must listen to each other. We must listen to the voices of young people, such as Natasha, who will inherit the world we leave them. And we must listen to the voices of those who are not here. Those who have no voice. Those who have been left behind. It is them we are here to serve.

Today, I want to describe the achievements of the past year, according to each of the “triple billion” targets in the Thirteenth General Programme of Work, 2019–2023, through the stories of some of those people. Of course, to summarize all of WHO’s achievements from the past year is an impossible task. The WHO results report provides a much more detailed and easy-to-read account of the impact we have delivered, with the resources entrusted to us.

Needless to say, 2018 was an incredible year. First, the world has made great progress towards universal health coverage. Last year, I mentioned Kenya’s ambitious plans to implement a new universal health coverage scheme, with support from WHO. In December, I had the honour of being with President Kenyatta of Kenya for the launch of that programme in Kisumu. It is already producing results.

Take the case of Immaculate Otene, a 33-year-old mother of four. Immaculate is unemployed, and her husband often goes without work. But thanks to Kenya’s new UHC plan, designed with support from WHO, her family can now access health services free of charge. She says, “Just knowing we can access treatment anytime has removed the worry and anxiety that my husband and I used to have. My whole family is now registered, and I can take any one of my four children to hospital without hesitation.”

Consider Bolu Rambhav Omble, a 65-year-old labourer from Pune, in India. About 10 years ago, Bolu began to complain of pain and swelling in his knees. It turned out he needed a knee replacement that would cost three times more than his entire family earns in a year. Then Bolu discovered that he was eligible for surgery free of charge under India’s new Ayushman Bharat insurance programme, which was launched last year, with support from WHO. A week later, Bolu had the operation and began physiotherapy. He’s now back on his feet and back to work.

We could tell similar stories from South Africa, which passed a National Health Insurance Bill last year. Or the Philippines, where the Universal Health Care Act was signed into law in February this year. Or Egypt, which last year passed a new Universal Health Insurance Law: the new health insurance system, to be funded in part by a new tax on tobacco products. Or El Salvador, which just a month ago passed a new law to integrate health services, introduce innovative health financing, increase access to primary health care and improve regulation of the medicines agency.

Or Greece. Take the example of Pantelis Leousis, an 80-year-old retired musician. He has had cancer twice, with regular visits to public hospitals and private doctors. But thanks to Greece's health system reforms, he now has a primary health care clinic just 10 minutes from his house, where he pays nothing for care. With support from WHO, Greece is expanding its network of primary health care clinics, with an emphasis on services for health promotion and prevention.

The Declaration of Astana on primary health care, endorsed by all 194 Member States last year, was a vital affirmation that there will be no universal health coverage without primary health care. Primary health care is where the battle for human health is won and lost. Strong primary health care is the front line in defending the right to health, including sexual and reproductive rights. It is through strong primary health care that countries can prevent, detect and treat noncommunicable diseases. It is through strong primary health care that outbreaks can be detected and stopped before they become epidemics. And it is through strong primary health care that we can protect children and fight the global surge in vaccine-preventable diseases such as measles.

That is why primary health care is at the heart of the Immunization Agenda 2030, our new strategic initiative, which we are designing with you, to maximize the power of vaccines. Because we cannot achieve health for all without vaccines for all.

Of course, strong primary health care depends on having a strong health workforce, working in teams. Doctors, nurses, midwives, laboratory technicians, community health workers – they all have a role to play. But the world is currently facing a shortfall of 18 million health workers, who are needed to achieve and sustain universal health coverage by 2030.

It is imperative that all countries invest in jobs to close that gap and deliver health for all. In addition to WHO's work supporting stronger health systems, we have also contributed to significant progress against many of the world's leading causes of death and disease.

Just last month, we celebrated a historic milestone in the fight against one of the world's most ancient diseases, with the launch of the world's first malaria vaccine in Ghana and Malawi, which is being rolled out on the basis of recommendations from WHO's Strategic Advisory Group of Experts on Immunization.

Consider Gilimbeta Tazona and her 5 month-old daughter Lusitana. Last month, at the Mitundu Community Hospital in Malawi, Lusitana became the first child in the world to be vaccinated outside of a clinical trial with the world's first malaria vaccine.

But even as we introduce new tools, we are also working to make better use of the tools we have, through the "High burden to high impact" initiative, to reinvigorate progress against malaria.

Last year, Uzbekistan and Paraguay were certified as being malaria free, and at this Health Assembly, Argentina and Algeria will join them. Congratulations to both countries.

Last year, we also launched a new initiative to eliminate cervical cancer, which kills more than 300 000 women every single year.

This is Laura Brennan, a 26-year-old Irish woman, who lost her battle with cervical cancer in March this year. In the last 18 months of her life, Laura became a vocal advocate for human papillomavirus (HPV) vaccination, and worked with the WHO European Region to promote it.

We have now developed a draft global strategy for the elimination of cervical cancer as a public health problem, and we have supported the introduction of HPV vaccination in 13 countries, and screening and treatment in 10 countries.

We know how important WHO's normative work is to Member States. In the past year, we produced hundreds of new normative products that are being integrated into health systems all over the world, to protect and promote health.

We released the eleventh revision of the International Classification of Diseases, ready to be considered for adoption by this Health Assembly.

We prequalified 200 products, including the first heat-stable rotavirus vaccine.

We published the first essential diagnostics list.

The UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction published research showing that a new formulation of a drug to prevent life-threatening bleeding after childbirth is as safe and effective as the gold standard.

The first high-level meeting of the General Assembly on the fight against tuberculosis saw unprecedented political commitment from around the world to end the world's deadliest infectious disease.

As part of our commitment to reducing the global burden of maternal and infant mortality, we developed a new Framework for Action for Strengthening Quality Midwifery Education for Universal Health Coverage 2030.

We launched a new strategy to prevent and control snakebite envenoming, the Global status report on road safety, the global action plan on physical activity 2018–2030, the first guidelines on risk reduction of cognitive decline and dementia, and our first guideline on recommendations on digital interventions for health systems strengthening, to name but a few.

Together with our partners, we are also stepping up the fight against antimicrobial resistance, one of the most urgent health threats of our time. Just three weeks ago, we delivered the report of the Interagency Coordination Group on Antimicrobial Resistance to the United Nations Secretary-General. We are now fully committed to implementing the recommendations of that report with the Food and Agriculture Organization of the United Nations, the World Organisation of Animal Health and other entities.

Let me now mention a few highlights from our efforts over the past year to keep the world safe. Last year, WHO responded to 481 emergencies and potential emergencies in 141 countries.

On this platform a year ago, I described my recent visit to the Democratic Republic of the Congo, where WHO was responding to an outbreak of Ebola virus disease in the western province of Equateur. That outbreak was controlled in just three months. But shortly after it ended, another outbreak started, this time in the eastern part of the Democratic Republic of the Congo. And as you know, it is still going.

I would like to commend my brother Dr Oly Ilunga Kalenga, the Minister of Public Health of the Democratic Republic of the Congo, and the Government for their leadership and commitment to ending this outbreak. We can be proud of the fact that so far, the outbreak has not spread outside two provinces in the Democratic Republic of the Congo. But I emphasise “so far”. The risk of spread remains very high. Because this outbreak is one of the most complex health emergencies any of us have ever faced.

We are fighting one of the world’s most dangerous viruses in one of the world’s most dangerous areas. We are fighting with even better tools than we used to extinguish the Equateur outbreak in three months. So far we have vaccinated more than 120 000 people. And we now have evidence that the vaccine is more than 97% effective in preventing Ebola virus disease. We also have four experimental treatments that we have used to treat 800 patients.

But we are not just fighting a virus. We are fighting insecurity. We are fighting violence. We are fighting misinformation. We are fighting mistrust. And we are fighting the politicization of an outbreak. Since January, there have been dozens of attacks on health facilities in the province of North Kivu. Every attack disrupts our operations. Every attack makes it harder to reach communities. Every attack gives the virus an advantage, and puts the responders at a disadvantage.

Every life lost is a tragedy. But every life saved is a triumph.

This is Faustin Kalivanda, an survivor of Ebola virus disease from Beni in North Kivu. Faustin lost his wife and his five-year-old daughter Ester to Ebola. Despite this tragedy, Faustin believes that as a survivor he has a duty to protect others. He now works at the Ebola treatment centre as a nurse assistant.

These are the stories of hope that keep us going. When I visited the Democratic Republic of the Congo following the death of Dr Richard Valery Mouzoko Kiboung, I discovered that our staff were shocked and shaken, but undeterred. They told me, “We’re here to save lives. We will not be intimidated by violence. We will finish the job”.

I have also met with His Excellency the President of the Democratic Republic of the Congo and opposition leaders to urge a bipartisan approach to ending this outbreak. Because Ebola virus disease does not take sides. It is the enemy of everybody. Unless we unite to end this outbreak, we run the very real risk that it will become more widespread, more expensive and more aggressive.

I have also briefed the United Nations Security Council twice on the outbreak. The Secretary-General and I have agreed on a further strengthening of the response across the entire United Nations system.

But, of course, Ebola virus disease is not the only emergency to which we are responding. Last year we also responded to: the largest recorded cholera outbreak, in Yemen; diphtheria in Cox’s Bazaar in Bangladesh, the ongoing humanitarian crisis in the Syrian Arab Republic; and many others that did not make the headlines.

And together with our partners in the Global Polio Eradication Initiative, we have launched a new strategy to address the most difficult remaining areas in Afghanistan and Pakistan. Earlier this year I came across a video of a man called Irfanullah, wading through snow to deliver polio vaccines in Pakistan. With the dedication and commitment of people such as him, I have no doubt we will succeed in making polio history.

Excellencies, ladies and gentlemen, we have a moral duty to respond urgently and effectively to outbreaks and other emergencies. But it makes no sense either morally or economically to continue spending money responding to emergencies, without investing in preventing them. That is why we have set up a new division of emergency preparedness, in addition to our existing work on emergency response. We will save more lives and more money if we provide support to countries so that they can put in place the measures to prepare for and prevent emergencies, instead of waiting for them to happen.

The third of our triple billion targets is to see 1 billion more people enjoying better health and well-being. Let me spend a few moments talking about our achievements in this area.

In October last year, we hosted the first WHO Global Conference on Air Pollution and Health. Every year, 9 million people are killed by the air they breathe.

An installation available to delegates at the time of last year's Health Assembly simulated what it is like to breathe the air in several cities around the world. I only spent five minutes inside, and that was hard enough. Millions of people spend a lifetime breathing air that is killing them.

At the end of the Global Conference, leaders from national and city governments made more than 90 voluntary commitments, and set an aspirational goal to reduce the number of deaths from air pollution by two thirds by 2030. We are working hard to secure many more ambitious health commitments of this kind at the Secretary-General's Climate Action Summit in September.

We have also completed the first phase of our new initiative on climate change and health in small island developing States. As you know, climate change affects the whole world, but small island developing States are disproportionately affected. We have now completed three rounds of consultations with Ministers of Health and Environment from the Pacific (in Fiji), Indian Ocean States (in Mauritius) and Caribbean countries (in Grenada). We now have a much clearer idea of what the countries need and are moving into implementation.

Last year was also an important year in the fight against tobacco use. The Protocol to Eliminate Illicit Trade in Tobacco Products came into force, further strengthening the world's only public health treaty. This gives us a powerful new tool in the fight against the evil of Big Tobacco. But the more countries that ratify it, the more powerful it will be. If your country has not yet ratified the protocol, I urge it to do so as soon as possible.

In response to our call to eliminate industrially produced trans-fat from the global food supply by 2023, 28 countries have now introduced limits or bans, covering one third of the world's population. The International Food and Beverage Alliance, which represents some of the world's largest food-producing companies, has officially made a commitment to adhere to WHO's target of eliminating industrially produced trans-fat from the global food supply by 2023.

The WHO Independent High-Level Commission on Noncommunicable Diseases delivered its report, and most of its recommendations were included as commitments in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable

diseases last year. We are now working with countries to turn those commitments into action. Several countries have also introduced new measures to address risk factors for noncommunicable diseases, including taxes on sugary drinks.

So as you can see, it has been an extremely productive 12 months. I have only just skimmed the surface of everything WHO has accomplished. Once again, I commend the WHO Results Report to you for a more in-depth summary of our achievements.

I said last year that one of the keys to WHO's success was a transformed WHO. In March we announced some of the most wide-ranging reforms in WHO's history.

There are five components to our transformation: a new strategy; new processes; a new operating model; a new culture; and a new approach to partnerships. At last year's Health Assembly, you approved the new General Programme of Work, with its emphasis on outcomes and impact, which is a major shift. This year, we are asking you to approve the programme budget that supports that plan, and we are now developing an operational plan to execute the General Programme of Work.

Our new processes are based on best practices to modernize the Organization, cut bureaucracy and make us more responsive. We have already started implementing some of these new processes. Our new operating model is designed to help us to operate as one WHO, horizontally and vertically aligned, with clarity of roles and responsibilities at all three levels, with agile teams to break the silos and deliver results. But the best strategy, the best management tools, the best processes and the best operating model will not deliver results unless we have the right culture and mindset. Our new Values Charter, launched last month, is one important way we are changing that.

And our new approach to partnerships is helping us to move from a risk-averse organization to one that manages risks. This is not just a slogan, it is already changing. Already we are engaging much more proactively with civil society organizations and the private sector.

But all of these changes are about one thing: impact. Our transformation is about delivering results for the people we serve, and value for money for those who entrust resources to us.

It is about investing in science and the world-class technical expertise for which we are known. It is about strengthening our country offices to deliver results where it matters most. It is about investing in a talented, motivated and diverse workforce, and empowering them to excel. It is about being the trusted health leader that you expect us to be. And it is about strong partnerships that leverage the comparative advantages of our partners.

One way we are doing that is by expanding our network of global health champions.

Today I am pleased to announce that we have appointed Her Excellency Ellen Johnson Sirleaf, former President of Liberia, as Goodwill Ambassador for Health Workforce.

We have also appointed Mr Alisson Becker, goalkeeper of the Brazilian national football team and Liverpool Football Club, together with his wife, Dr Natália Loewe Becker, as Goodwill Ambassadors for Health Promotion.

And we have appointed Ms Cynthia Germanotta, who with her daughter, Lady Gaga, co-founded the Born This Way Foundation, as Goodwill Ambassador for Mental Health. I am delighted that Cynthia is with us today.

I welcome each of our new Goodwill Ambassadors. I look forward to working with each of them in the coming years.

The next 12 months will be decisive for global health. We have all the ingredients for success. But I believe there are three priorities that must guide our discussions this week and throughout the next year.

First, health is about political leadership.

The 2019 G7 summit in Biarritz, France, and the G20 summit meeting in Osaka, Japan, will be important moments to reaffirm the place of health on the international agenda. And in September, the world will come together in New York for the first United Nations High-Level Meeting on Universal Health Coverage. I am asking each of you to do everything possible to ensure that your Head of State or Head of Government attends this historic event, and makes concrete commitments to universal health coverage.

Secondly, health is about partnership.

The Global Action Plan for healthy lives and well-being for all is a unique opportunity to leverage the collective power of the global health architecture to deliver the health-related targets in the Sustainable Development Goals. We are now working with our partners to finalize the Action Plan, which will be presented at the United Nations General Assembly in New York in September. We ask that every country endorse the Action Plan.

But we also need your partnership as our Member States. This week, we are asking you to approve an ambitious budget. But we are also asking you to support that budget with more flexible and predictable funding. The Inaugural WHO Partners Forum in Sweden last month was an excellent step in that direction. Tack så mycket, Sweden.

Last year we also launched WHO's first investment case, and we are working on fresh approaches to resource mobilization. To broaden our donor base, I am also pleased to announce that the WHO Foundation will be established this year, which will enable us to generate funding from previously untapped sources.

But lastly, health is about people.

This week you will adopt resolutions and decisions on community health workers, antimicrobial resistance, patient safety, pandemic influenza and much more. But the ultimate outcome of our work this week is not resolutions and decisions. We all have a duty to make sure the decisions we make this week take root in our countries and communities.

This week, I ask you to remember the people, from your family and your country, and from every family and every country, who will be affected by the resolutions you adopt and the decisions you make. They are the reason we are here.

The people of the world are looking to us to deliver results. And the people of the world will hold us accountable for those results, as Natasha said.

Thank you so much. Merci beaucoup. Shukraan jazeelan. Muchas gracias. Xie xie. Spasiba.

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