

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

Your Royal Highness Princess Muna Al-Hussein, Your Excellency Keva Bain, President of the World Health Assembly,

First of all, I would like to recognize Her Royal Highness Princess Muna for her tireless support over almost six decades for nurses and midwives.

In this International Year of the Nurse and the Midwife, we have become even more acutely aware of the incredible contribution that nurses and midwives make, from the first moments of life to the last.

Your Royal Highness, thank you for your dedication and service to health and humanity. It is with great pleasure that I bestow on you the Director-General's award.

I would also like to thank our sisters and brothers from Tonga for their wonderful performance. I have such fond memories of my trip to Tonga and other Pacific nations last year, and I want to assure you of my commitment to small island developing States and the challenges you face.

I'm sorry we were not able to have you in person here in Geneva – but even from the other side of the world, you have lifted our spirits and touched our hearts. Thank you.

Excellencies, distinguished delegates, dear colleagues and friends, two weeks ago, I became a grandfather. As I looked into my granddaughter Mia's face for the first time and held her tiny hand, I experienced the same joy, wonder, hope, pride and love as any parent or grandparent.

But like any parent or grandparent, that joy was tinged with worry. I wonder what sort of world Mia will grow up in. Although she knows nothing about it, the COVID-19 pandemic will shape her life and the world she grows up in.

Almost 50 million cases of COVID-19 have now been reported to WHO, and more than 1.2 million people have lost their lives. Millions more have died due to disruption of essential health services.

Please join me in observing a moment's silence for those we have lost.

But this pandemic has also taken a toll in ways that no one can measure. We can't measure the grief of families who weren't able to say goodbye to their loved ones. We can't measure the fear felt by so many in the face of an uncertain future. No one knows the long-term effects of this virus on the human body, or on the type of world our children and grandchildren will inherit.

Although this is a global crisis, we must remember that countries have responded differently, and they have been affected differently. Half of all cases and deaths are in just four countries. There are many countries and cities that have successfully prevented or controlled transmission with a comprehensive, evidence-based approach.

Nevertheless, several countries, especially in Europe and the Americas, have now re-introduced restrictions to address the new wave of infections they are facing, and prevent their health systems from being overwhelmed.

We might be tired of COVID-19. But it is not tired of us.

Yes, it preys on those in weaker health. But it preys on other weaknesses too: inequality, division, denial, wishful thinking and wilful ignorance. We cannot negotiate with it, nor close our eyes and hope it goes away. It pays no heed to political rhetoric or conspiracy theories.

Our only hope is science, solutions and solidarity. That is what WHO has been doing since the beginning.

We've advanced science by bringing together thousands of experts to analyse the ever-evolving evidence and distil it into guidance, and identify a research road map to fill the gaps in our knowledge.

More than 600 draft guidance documents have been produced, with up to 9 million downloads per month. Through the Solidarity Trial, we've run one of the largest and most diverse clinical trials, to generate robust data on therapeutics.

We've given countries the solutions they need by sending more than 285 million essential medical products to 168 countries and territories, including masks, gloves, gowns, goggles, swabs, tests and more. We've delivered almost 13 000 oxygen concentrators to 110 countries, and in several countries we're designing and building oxygen generation plants.

The OpenWHO.org learning platform has provided free online training in 17 different topics, in 41 languages, with more than 4.5 million user registrations from all over the world, providing powerful proof-of-concept for the WHO Academy.

And we have worked day and night to foster solidarity.

When the history of the pandemic is written, I believe that the Access to COVID-19 Tools Accelerator (ACT-Accelerator) will be recorded as one of its standout successes. Even as we use the tools we have to suppress transmission and save lives, we know we need better tools to bring the pandemic under control.

The ACT Accelerator is a unique mechanism with two aims: to develop vaccines, diagnostics and therapeutics fast; and to allocate them fairly. And it's delivering real results.

In September we reached an agreement to make 120 million new rapid tests available to low- and middle-income countries. We've secured courses of dexamethasone – the only medicine shown to reduce the risk of death so far – for up to 4.5 million patients in lower-income countries.

And together with our partners Gavi and the Coalition for Epidemic Preparedness Innovations (CEPI), COVAX is supporting the development of nine vaccines, with more in the pipeline. One hundred and eighty-six countries and economies are now participating in the COVAX facility.

The world has come together as never before to ensure these life-saving tools are developed, produced and allocated fairly as global public goods, not private commodities that become one more reason some people are left behind.

That's why WHO was also proud to join Costa Rica in May to launch C-TAP, the COVID-19 Technology Access Pool, and it's why we welcome India and South Africa's submission to the World Trade Organization to waive certain provisions of the Agreement on Trade-Related Aspects of Intellectual Property Rights during the pandemic.

The pandemic has highlighted that healthier populations, universal health coverage and global health security are deeply intertwined.

Although WHO has been fully focused on coordinating and supporting the response to the pandemic globally, regionally and nationally, we have continued to implement much of our existing workplans on each of WHO's "triple billion" targets.

First, in our commitment to make 1 billion people safer from health emergencies, COVID-19 is far from the only emergency to which WHO has responded.

It hasn't made the headlines, but so far this year we have responded to more than 60 emergencies, including major outbreaks of chikungunya in Chad, yellow fever in Gabon and Togo, measles in Mexico, conflicts in the Sahel, Middle East and Caucasus, storms in the Philippines and Viet Nam, and much more.

After an 18-month struggle, under the leadership of the government of the Democratic Republic of the Congo and with multiple partners, we ended the Ebola outbreak in the country's east – one of the most complex health emergencies WHO has ever faced, made even more difficult by the world's largest measles outbreak.

I was honoured to visit North Kivu and Ituri 14 times during the outbreak to see first-hand the incredible, selfless work of WHO's people and partners. And we're now counting down to the end of the Ebola outbreak in western Democratic Republic of the Congo.

Following the devastating blast in Beirut in August, WHO and our partners provided care for the injured, mental health support for health workers and communities, and helped to rebuild destroyed hospitals.

We provided urgent support to thousands of refugees and migrants in Greece after the fire at the asylum centre on Lesbos. And we're working to leverage existing partnerships to build a global health emergency workforce to expand, train and standardize high-quality public health and medical assistance to Member States.

There have been successes and setbacks in our efforts to rid the world of polio. Type 3 polio has been eradicated, and the African Region has been declared free of wild poliovirus. Although the pandemic disrupted polio vaccination campaigns in Pakistan and Afghanistan, we have now restarted them.

We remain fully focused both on the final eradication of polio, and on the transition from the polio programme in countries, to ensure the significant investments made in the polio response continue to deliver a return in stronger health systems. And the Global Preparedness Monitoring Board has issued its second report, which lays out the lessons the world must learn and the concrete actions we can and must take to keep the world safe.

Second, there has been progress towards our target to see 1 billion more people benefiting from universal health coverage.

Much of our work this year has been directed at supporting Member States to maintain essential health services, which have been severely disrupted in many countries as a result of the pandemic.

In a WHO survey of 105 countries in August, almost all reported disruption to 25 essential health services, including outpatient care, diagnosis and treatment for communicable and noncommunicable diseases, family planning, mental health conditions and more.

In response, we've supported immunization services in Africa, respiratory triage centres in the Middle East, primary care in Europe and much, much more.

There has also been significant progress in our work to support health system strengthening around the world. As part of the International Year of the Nurse and the Midwife, we published the first State of the World's Nursing Report, showing the world is facing a global shortfall of 5.9 million nurses.

We launched the WHO Listed Authorities initiative, to assess and recognize national regulatory authorities, and speed up the approval of and access to vaccines, diagnostics and therapeutics.

We prequalified the world's first vaccines for Ebola and malaria. We've issued emergency use listings of the novel polio vaccine, a major step in the fight for polio eradication, as well as for urgently-needed diagnostics for Ebola, Zika and COVID-19. We published the first global report on the burden of sepsis, and a charter on health worker safety.

We've drawn new and much-needed attention to mental health, with new guidelines on stress management and adolescent and mental health, and we hosted the Big Event for Mental Health, a global advocacy event seen by more than 600 000 people.

On maternal and child health, we've published new standards for improving the quality of care for small and sick newborns, and provided intensive support for 20 countries to address the indirect impact of COVID-19 on mothers and children.

On sexual and reproductive health, we've scaled up the use of evidence-based family planning interventions using a peer-to-peer approach, where countries in similar contexts share best practices and lessons learned.

We led a huge international trial to show that in addition to its benefits in treating severe COVID-19, dexamethasone can also boost survival of premature babies when given to pregnant women at risk of preterm birth.

And breastfeeding rates continue to increase. More than 44% of babies under 6 months are now exclusively breastfed, up from 37% in 2012. That's 10 million more babies getting the best possible start to life, and a lower risk of disease later in life.

On noncommunicable diseases, there is also progress. More than 3 million people in 18 countries are now receiving treatment for hypertension as a result of implementing WHO's HEARTS package of interventions for cardiovascular disease.

Together with the International Telecommunication Union, we launched a new global standard for safe listening on personal audio systems, which has been implemented by several companies including two leading smartphone manufacturers, Apple and Huawei.

And we're working to address the global burden of diabetes. In Honduras, for example, WHO and PAHO have supported the government to develop a national plan for diabetes, including improving data on diabetes, strengthening dialysis registries and distributing glucometers to primary care clinics for point-of-care glycaemic control.

On communicable diseases, there is cause for optimism. In the Greater Mekong, cases and deaths from malaria are falling and the threat of antimalarial resistance spreading around the world has eased.

More than 480 000 children in Ghana, Kenya and Malawi have received their first dose of the world's first malaria vaccine.

We're on track to achieve the Sustainable Development Goal target on hepatitis B prevalence in children under 5 years of age, and will soon complete development of the criteria for validating elimination of viral hepatitis.

We've supported countries to maintain treatment for HIV, provided emergency antiretrovirals for countries at risk of disruptions, and published new guidelines on voluntary medical male circumcision.

We've rolled out new guidelines for the diagnosis, prevention and treatment of tuberculosis, and developed the Global Strategy on TB Research and Innovation, which was adopted by this Assembly.

You have also adopted the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem – the first time the global health community has committed to eliminating a cancer.

And working hand in hand with Member States, we continue to rid the world of neglected tropical diseases, village by village, country by country. The people of Malawi need no longer fear lymphatic filariasis; the people of Togo have been freed of African trypanosomiasis; endemic rubella has been eliminated in Sri Lanka; and trachoma is no more in Myanmar.

Together with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, we are also continuing to coordinate the global response to antimicrobial resistance.

More than 90 countries have enrolled in GLASS, the Global Antimicrobial Resistance Surveillance System, and WHO has supported 138 countries to establish national action plans on antimicrobial resistance.

For example, in 2018 WHO supported Laos to establish a national surveillance system for antimicrobial resistance. Earlier this year, an outbreak of antibiotic-resistant outbreak *Klebsiella pneumoniae* in an intensive care neonatal unit tragically killed 8 newborns. But thanks to the surveillance system put in place, the outbreak was detected and stopped.

Third, work has also progressed on our target to see 1 billion more people enjoying better health and well-being.

We published our “Manifesto for a Healthy and Green Recovery”, with more than 80 policy prescriptions for protecting natural resources, investing in water and sanitation, renewable energy, healthy food systems, and liveable cities.

Today, WHO and the United Nations Framework Convention on Climate Change are hosting the “Race to Zero” dialogues, to envision how a healthy, equitable recovery from COVID-19 can make us more resilient against future health threats, and drive the rapid decarbonization of the global economy.

We've developed a proposal for a Decade of Healthy Ageing from 2020 to 2030, which has been endorsed by this Assembly and will now be considered by United Nations Member States. And 40 countries have now adopted best-practice policies on the elimination of trans-fats, improving the health of up to 280 million people.

Singapore is a great example. Following WHO's call for Member States to eliminate trans-fats by 2023, Singapore has announced a ban to be introduced next year, making it the first country in the Western Pacific Region to eliminate trans-fats from its food supply.

It's a long list – and it doesn't even scratch the surface. Every day, our 8000 staff all over the world are working in ways most people never see to promote health, keep the world safe, and serve the vulnerable.

A lot of what we do doesn't make headlines. It's not photogenic. But it makes a vital difference to the lives of billions of people.

In recent months, there have been calls for WHO to be reformed. We welcome any and all efforts to strengthen this Organization – not for its own sake, but for the sake of the people we serve. We are committed to continuous learning, continuous improvement, and continuous accountability.

Rest assured that we want change too, which is why for the past three-and-a-half years, together with you our Member States, we have designed and implemented the most deep-rooted transformation in WHO's history.

This is an organization that *has* changed and *is changing*. We have prepared a detailed transformation update, which Member States will receive during the Assembly. But allow me to point out a few highlights.

First, a new strategy focused on delivering impact. Two years ago, this Assembly approved the most ambitious strategic plan in WHO's history, designed to help you, our Member States, deliver a measurable impact in your countries.

All 150 country offices have now developed their own plans to support and implement the Thirteenth General Programme of Work, and as part of our transformation of performance management, every single staff member has now linked their day-to-day work to the General Programme of Work.

Our new division for Data, Analytics and Delivery for Impact is making WHO a modern, data-driven organization that supports Member States with timely, reliable and actionable data to drive impact.

Our impact measurement framework was piloted in 34 countries, and is before you for consideration at this Assembly. Today we are also launching a “triple billion” dashboard to track progress towards the health-related Sustainable Development Goals.

And we've established a new Department of Digital Health and Innovation, and developed a global digital health strategy, which is also on your agenda this week.

Second, new processes to make us more effective and efficient.

Our new Science Division established a fast-track review mechanism to ensure the timeliness, coherence and quality of all WHO guidance, beginning with COVID-19, providing approval or critique within 48 hours.

And based on the Thirteenth General Programme of Work, more than 300 global public health goods have been now defined, giving Member States the technical and normative tools you need to meet your biggest health challenges.

Third, a new aligned operating model, which for the first time clearly differentiates the role of headquarters, regional and country offices, and aligns our structures at all three levels, is enabling us to work more seamlessly to deliver results.

We've flattened our structures to reduce the layers of hierarchy and make us more agile. And we've developed three-level delivery teams, involving staff at headquarters, regional and country offices to work together more closely on delivering the outputs and outcomes of the General Programme of Work.

Fourth, a new approach to partnerships. In the past, WHO has been too focused on the risks of partnership, and not on the opportunities. But we must also see the risks of NOT engaging in new partnerships that could help us achieve our goals.

We've entered new partnerships with the Fédération Internationale de Football Association (FIFA), Google Fit and the International Olympic Committee to promote physical activity.

We've engaged regularly with the private sector through the world's leading business associations, and innovative partnerships with Facebook, Twitter, Google, and others have helped to counter misinformation about the pandemic and brought reliable information to more than 2 billion people in more than 50 languages. And the Global Action Plan on Health and Well-Being for All is progressing, bringing together 12 multilateral agencies to support countries to accelerate towards the Sustainable Development Goals.

Fifth, a new culture that is focused on results. The culture of any organization – its values and mindset – lies at the heart of its ability to succeed. But a positive, unifying culture doesn't happen by accident. It must be shaped.

Two years ago, more than 2700 staff engaged in our online values jam, to identify the values that define WHO and anchor our day-to-day work. The result was our first values charter, which outlines five values that make us who we are: service, excellence, integrity, collaboration, and compassion. We will be relentless in holding ourselves to these values, wherever we operate.

Sixth, ensuring predictable and sustainable funding. We recognized that WHO was too dependent on a handful of large donors, and that we needed to broaden the donor base. To do that, we launched our first investment case, and we expect to release an updated version in the first quarter of next year.

Building on our first Partners Forum in Sweden, we are now in a constructive dialogue with many donors based on our new resource mobilization strategy, approved by the Executive Board earlier this year.



This year also saw a generous and unprecedented response to our COVID-19 Strategic Preparedness and Response Plan – with US\$ 1.6 billion raised so far. As part of that, the innovative Solidarity Response Fund raised almost US\$ 240 million from almost 650 000 individuals, companies and philanthropies, providing powerful proof of concept for the potential of the new WHO Foundation.

Predictable and sustainable funding remains one of the fundamental challenges for the future success of this Organization. For WHO to do its job, we must address the shocking and expanding imbalance between assessed contributions and voluntary, largely earmarked funds.

In the past decade, the world's expectations of WHO have grown dramatically, but our budget has barely changed. And those expectations will only continue to increase in the wake of the pandemic.

Our annual budget is equivalent to what the world spends on tobacco products every single day. If the world can send that much money up in smoke every day on products that maim and kill, surely it can find the funds – and the political will – to invest in promoting and protecting the health of the world's people.

As the report of the Programme, Budget and Administration Committee before this Assembly highlights, there is a major misalignment between the expectations Member States have of WHO and the funding that we receive.

We welcome the recommendation that these issues need addressing urgently, and we thank France, Germany and the European Union for their initiative in addressing this issue.

We're also grateful to those Member States that have supported WHO with increased funding, and with increased flexibility and predictability.

And seventh, building a motivated, diverse and fit-for-purpose workforce. We achieved gender parity in senior leadership for the first time, and we're making progress in other areas.

We've improved conditions and opportunities for interns, national professional officers and general service staff. And we've reduced the time it takes to recruit staff by 20% and we aim to reduce it by half.

As you can see, we've already achieved an incredible amount. Despite the challenges of the pandemic, many aspects of WHO's Transformation Agenda are already coming to life, and have been crucial in enabling us to respond to COVID-19 while sustaining our core programmes.

We still have a lot of work left to do, but we're on the right track. Together, we need to accelerate the implementation of transformation, even as we continue to learn and add new ideas. For us, change is a constant.

As you know, the Independent Panel for Pandemic Preparedness and Response, the IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO

Health Emergencies Programme are all progressing, and you will be hearing updates from them all at this Assembly.

Any discussion about strengthening WHO cannot focus only on the Secretariat. It must include the entire fabric of the Organization, beginning with stronger national capacities and improved international cooperation.

One idea proposed last year by the Central African Republic and Benin as Chair of the Africa Group is a system in which countries agree to a regular and transparent process of peer review, similar to the system of universal periodic review used by the Human Rights Council. We're calling it the Universal Health and Preparedness Review.

Its purpose is to build mutual trust and accountability for health, by bringing nations together as neighbours to support a whole-of-government approach to strengthening national capacities for pandemic preparedness, universal health coverage and healthier populations. We are now in the process of developing a more detailed proposal, which we will share with Member States very shortly.

Since I mentioned the concept in my address to this Assembly in May, Cameroon, the Central African Republic, France and Germany have expressed interest in the idea, and have agreed to work with the Secretariat in the start-up phase to develop and pilot the mechanism.

We welcome any other Member State interested in participating in this pilot phase, and we look forward to discussing this idea further with Member States in the coming weeks and months.

This will not be the last global health crisis. When the next one arrives, will the headlines be the same? Will they say that after the COVID-19 pandemic, the world wrung its hands, wrote reports and changed nothing? Or will they say that COVID-19 was a turning point for global health security, and for global health?

This is our opportunity to write that story now.

A vaccine is needed urgently to control the pandemic. But it will not fix the vulnerabilities at its roots. A vaccine cannot address the global under-investment in essential public health functions and resilient health systems, nor the urgent need for a "One Health" approach that encompasses the health of humans, animals and the planet we share.

There's no vaccine for poverty, hunger, climate change or inequality. None of these challenges can be addressed in isolation. They are deeply intertwined – and so must be our response.

In 2015, the world came together to adopt the Sustainable Development Goals, the Paris Agreement and the Addis Ababa Action Agenda on finance for development, which I had the honour to chair. It was a moment of great convergence; the nations of the world uniting for a common purpose, and a common future.

Since then, the creeping tides of misguided nationalism and isolationism have eroded that sense of common purpose. The Paris Agreement has been undermined; the commitments made in the Addis Ababa Action Agenda have gone largely unfulfilled; and although there has been progress towards the Sustainable Development Goals, too often our efforts have remained siloed and splintered.

We were already off-track to achieve the Sustainable Development Goals before the pandemic. Now we're even further behind. But far from abandoning them, the pandemic has shown why the Sustainable Development Goals, with their sweeping vision for people, planet, prosperity, peace and partnership, are so important, and must remain our guide now and in the post-COVID world.

However, we must be honest: we can only realize the full power and potential of the Sustainable Development Goals if the international community urgently recaptures the sense of common purpose that gave birth to them.

In that spirit, we welcome President Elect Joe Biden's commitment to restore the relationship of the United States of America with WHO, and to rejoin the Paris Agreement.

We need to reimagine leadership, built on mutual trust and mutual accountability – to end the pandemic and address the fundamental inequalities that lie at the root of so many of the world's problems. We need to reimagine investments in our shared future, by allocating and aligning resources with our shared priorities. And we need to reimagine partnership, tear down our siloes and see our own efforts as connected to something bigger.

It's time for the world to heal – from the ravages of this pandemic, and the geopolitical divisions that only drive us further into the chasm of an unhealthier, unsafer and unfairer future.

It's time to forge a new era of cooperation, that puts health and well-being at the centre of our common future.

The world has reached a fork in the road. We cannot afford to pump carbon dioxide into the atmosphere at the same rate and still breathe clean air. We must choose.

We cannot afford ever-deepening inequalities and expect continued peace and prosperity. We must choose.

And we cannot afford to see health merely as a by-product of development, or a commodity that only the rich can afford. We must see it for what it is: a fundamental human right that underpins every human aspiration.

Today and every day, we must choose health.

I thank you.

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